

**MINUTES OF THE
IDAHO STATE BOARD OF PHARMACY
April 7-8, 2016**

**Idaho State Capitol Building
Boise, Idaho**

April 7, 2016

This meeting of the Board was held to conduct regular Board business.

Chairman Rich de Blaquiére, PharmD, called the meeting to order at 8:07 a.m. In attendance were Vice Chairman Kristina Jonas, PharmD; Board members Nicki Chopski, PharmD; Holly Henggeler, PharmD; Alex J. Adams, PharmD, MPH, Executive Director; Berk Fraser, RPh, Deputy Executive Director; Fred Collings, Chief Investigator; Lisa Culley, CPhT, Jaime Sommer and Wendy Shiell, Compliance Officers; Andy Snook, Deputy Attorney General; Carl Withroe, Deputy Attorney General; Misty Lawrence, Management Assistant; Ellen Mitchell, Program Information Coordinator, and several members of the public.

Dr. Chopski motioned to approve the minutes of the March 15, 2016 conference call. Dr. Jonas seconded. The motion carried unanimously.

Dr. Adams presented an updated draft of the Board Performance Dashboard. Supervisors developed performance measures for each area of internal operations on which staff performance can directly influence the outcome: Investigations, Compliance, Licensing, and Governance. Staff also included 3 measures related to the Prescription Monitoring Program (PMP), the outcomes of which cannot be directly attributed to staff performance. However, the importance of the PMP makes it beneficial for the Board to track these measures regularly. Dr. Adams asked the Board for feedback on the Dashboard. The Board was pleased with the areas selected for measure as well as the current performance and looks forward to seeing the results at each regular Board meeting.

The Board took up the matter of the Consent Agenda, which contained the following matters:

- Paul Allen, RPh – Inadvertently filled a prescription written for clonazepam 0.25 mg with clonazepam 0.5 mg. During the investigation, Compliance Officer Jaime Sommer was unable to determine if counseling had taken place. Mr. Allen was previously disciplined by the Board in 2014 for a medication error. By signing the Stipulation and Consent Order he has agreed to pay \$2000 in administrative fines and complete Oregon State University's (OSU) 18-hour *Patient Safety and Medication Error Prevention for Pharmacy* course.

- James Frisk, RPh – Inadvertently filled a prescription written for Wellbutrin XL 150 mg with instructions to take one tablet every morning, with five (5) refills, with Wellbutrin XL 300 mg with the same instructions. Following the fifth refill the pharmacy contacted the prescriber and discovered the error. By signing the Stipulation and Consent Order he agreed to complete Oregon State University's (OSU) 18-hour *Patient Safety and Medication Error Prevention for Pharmacy* course.
- Jenny Vo, RPh – Overrode a severe allergy warning twice while dispensing Percocet, resulting in patient-reported harm. By signing the Stipulation and Consent Order Dr. Vo agreed to pay \$2500 in administrative fines, inclusive of a \$500 fine for failure to counsel, and complete Oregon State University's (OSU) 18-hour *Patient Safety and Medication Error Prevention for Pharmacy* course.

Dr. Jonas motioned to approve the Stipulation and Consent Orders of Paul Allen, RPh; James Frisk, RPh and Jenny Vo, RPh from the Consent Agenda, Dr. Henggeler seconded. The motion carried unanimously.

The Board took up the matter of Shane Thurman, PharmD. Dr. Thurman is the Pharmacist-in-Charge (PIC) of Walgreens Pharmacy in Emmett, Idaho. In December 2015 a prescriber received an Unsolicited Report from the Board office indicating he had seen a patient who had received multiple controlled substance prescriptions from multiple providers. The prescriber contacted Board staff indicating he had not seen the patient. During the investigation it was discovered that incorrect information had been submitted to the PMP. During discussion, the Board voiced concerns about incorrect data submitted to PMP. Dr. Henggeler directed Board staff to get information out to corporate entities that information submitted to the PMP must be correct. Following further discussion Dr. Jonas motioned to accept the stipulation as written, Dr. Chopski seconded. The motion carried unanimously. By signing the Stipulation and Consent Order Dr. Thurman agreed to pay a \$250 administrative fine.

The Board took up the matter of Michelle Feldtman, RPh. Ms. Feldtman inadvertently filled a prescription written for Wellbutrin XL 150 mg with instructions to take one tablet every morning, with five (5) refills, with Wellbutrin XL 300 mg with the same instructions. Following the fifth refill the pharmacy contacted the prescriber and discovered the error. Walgreen's policy is the second fill of any prescription be treated as the first fill, requiring verification of the prescription order with a hard copy of the prescription order. The audit trail shows Ms. Feldtman as the pharmacist completing the second fill. Ms. Feldtman also inadvertently filled a prescription for Zoloft 100 mg with Zolpidem 10 mg. By signing the Stipulation and Consent Order she agreed to complete Oregon State University's (OSU) 18-hour *Patient Safety and Medication Error Prevention for Pharmacy* course. Dr. Henggeler motioned to accept the stipulation as written, Dr. Chopski seconded. The motion carried unanimously.

Carl Withroe, DAG presented the Stipulation and Consent Order regarding Walgreens Pharmacy 05565. Dr. Jonas recused herself. Michael Simko, Senior Associate General Counsel for Walgreens and Scott Fleming, Health Care Supervisor for Walgreens, attended the meeting telephonically. On October 24, 2015, a consumer went to the Walgreens Pharmacy 05565 at Five Mile and Overland in Boise to pick up a prescription that had been called in for her father-in-law, who had been released from the hospital earlier that day. Upon arriving at the pharmacy, the pharmacy had closed at 1:00 p.m., which is earlier than their posted hours. A manager at Walgreens directed the consumer to another Walgreen's store 11083 at Five Mile and Lake Hazel roads in Boise. Upon arriving at the Walgreen's 11083, the consumer was informed that the pharmacy could not fill the prescription because it had been called into the pharmacy that was closed and the prescription information could not be retrieved. The consumer then had to return home to retrieve the physical prescription and take it back to Walgreens Pharmacy 11083 to have it filled. Walgreens has signed a Stipulation and Consent Order agreeing to pay \$500 in administrative fines.

Mr. Simko explained this was an issue of a pharmacist going on vacation, and Walgreens being unable to find another pharmacist to work and keep the pharmacy open. Dr. Adams asked Mr. Fleming if this would be characterized as a one-time occurrence or if it has happened at other Walgreens stores in the past twelve months. Mr. Fleming indicated it has happened more than once in the last twelve months and he will try to pull the data for specifics. Mr. Fleming further indicated they have done a lot a hiring recently, though at the time of the incident the float pool of pharmacists from which to cover shifts was low. Dr. Chopski believes the fine is too low as this was not an emergency situation; instead it was an issue of someone being on vacation. Dr. Chopski reminded Walgreens that incentives are powerful tools to ensure a pharmacy is able to operate at full strength. Following further discussion Dr. Henggeler motioned to amend the stipulation to a \$2000 fine, Dr. Chopski seconded. The motion carried unanimously with Dr. de Blaquiére voting.

Dr. Adams presented the agenda item Compliance & Monitoring. A common element of a PRN contract is the establishment of a worksite monitor at the pharmacy that the PRN participant will be working. Ideally a worksite monitor would be a fellow pharmacist with whom the PRN participant works the majority of hours with each week. In practice, this arrangement is difficult especially in rural areas of the state. As such, Board staff and Southworth have allowed a few PRN participants to have both a store manager and a certified technician jointly serve as worksite monitors. To date, these arrangements have been successful. Dr. Adams indicated that often times PRN participants are serving as floaters at multiple pharmacies, and it has been difficult for Southworth to establish worksite monitors in advance for each of these stores. Board staff and Southworth both have concerns with the effective oversight of floaters at multiple locations, and asks the Board to consider a prohibition on floating as a stipulation in future Board orders. Following discussion Dr. Jonas made a motion that going forward

pharmacists returning to practice under a PRN contract may not work in more than two (2) total locations, (ideally one), Dr. Henggeler seconded. The motion carried unanimously.

The Board also discussed family members serving as worksite monitors for PRN patients. The Board reflected Southworth's significant concerns about a family member's willingness to recognize or report early warning signs of relapse. Dr. Jonas made a motion directing Board staff to develop a policy that a worksite monitor cannot be a family member in any circumstance, with family members being defined broadly and at the discretion of Southworth Associates, Dr. Henggeler seconded. The motion carried unanimously.

Mr. Sperry arrived at the meeting at 9:30 a.m.

Dr. Adams introduced the topic of Independent Monitoring. He met Affiliated Monitors, Inc. at the recent Federation of Associations of Regulatory Boards (FARB) meeting. They are a firm that does independent monitoring pursuant to a Board order. For example, an independent pharmacy with a record of poor controlled substance recordkeeping and inventories could receive a regular visit from Affiliated Monitors to ensure ongoing compliance with law. Affiliated Monitors contracts with local monitors such as former Board members. They have reported doing such work with the Boards of Pharmacy in Arizona, Colorado, Massachusetts and Nevada. This can provide one additional tool to provide oversight of disciplined pharmacists or pharmacies at their own expense, without draining Board staff time. The cost would be the responsibility of the pharmacy or the individual. Dr. Adams will invite Affiliated Monitors to present at a future meeting.

Dr. Adams discussed a new continuing education program offered by his former employer, the National Association of Chain Drug Stores (NACDS). Currently Board staff has the delegated authority to fine pharmacists \$500 for counseling violations. NACDS is now offering an 8-hour course on motivational interviewing, a patient-centered form of counselling that engages patients by promoting positive attitudes and actions about their healthcare. The program consists of 6 interactive modules, with active learning exercises and cases built in throughout. Dr. Adams asked the Board to consider using this program for counseling violations in the same manner the OSU program is used for medication errors. The cost is \$225. Dr. Henggeler indicated that if the Board goes this direction, including an additional \$250 fine may still be appropriate. Dr. Adams will work with NACDS to secure 1-2 comped registrations for Board members to test the education program.

The Board took up the reinstatement application of Shannon Jones, PharmD. Dr. Jones attended the meeting in person without counsel. She was forthcoming in about her struggles with alcohol and her treatment process. She has a job waiting for her at St. Luke's in Twin Falls. Mr. Collings answered questions from the Board indicating there had been no evidence of work related issues. Individual C.J. reported intercepting a

package sent from another pharmacist to Dr. Jones, containing two prescription bottles, one labeled zolpidem and one labeled alprazolam. C.J. also provided photographs of the prescription bottles. Around the same time period, Dr. Jones had a dispute that escalated to law enforcement involvement. Mr. Sperry asked Dr. Jones if she was still in a professional recovery program. Dr. Jones indicated she completed 90 meetings in 90 days and attends 3 meetings a week and an after care group. She is working through the 12 Steps with a sponsor, she participates in prayer/meditation and has an exercise program in place. She has been out of treatment since November 30, 2015. After treatment she stayed in a sober living home until the end of February 2016. When Dr. Henggeler asked why she should be allowed back to work so early after leaving treatment, Dr. Jones indicated she hasn't worked in seven months, she never diverted medications, and that she instead took her own prescription medications albeit too soon. Dr. Henggeler also expressed concerns regarding Dr. Jones holding two jobs which would require two monitors and two jobs could put her over the limit of 40 hours per week quickly. Dr. Jones indicated she is happy to work at the hospital only if needed.

Dr. Chopski acknowledged Dr. Jones' efforts and accomplishments in recovery and motioned to accept the application for reinstatement with the restriction of no PIC and follow the conditions of her PRN contract. After further discussion, Dr. Chopski restated her motion to approve the application with no PIC for the duration of PRN contract, full compliance with the PRN contract, and limitation of no more than 2 work sites, Dr. Jonas seconded. The motion carried with Dr. Henggeler opposed.

The Board took up the matter of Lee Self, MD. Dr. Self attended the meeting without legal counsel. Dr. Self's Controlled Substance registration was restricted for a minimum of two years to prohibit ordering controlled substance prescriptions by phone, to not maintain controlled substances (including samples) in her home, office or auto and to not order controlled substances into her office for dispensing or administering. She has complied with all the restrictions since the Order of August 23, 2011 she is requesting her Registration be returned to unconditioned status. Mr. Collings identified Dr. Self as having ordered controlled substances during a review of wholesale reports. Subsequently, Mr. Collings and a DEA Diversion Investigator visited Dr. Self's office and discovered she didn't have the necessary dispensing or inventory records required by state and federal law. During questioning by the Board, Dr. Self shared a picture of the purportedly secure cabinet she is using to store controlled substances. Dr. Henggeler motioned to restore Dr. Self's Controlled Substance registration to an unconditioned status, Dr. Jonas seconded. The motion carried unanimously.

The Board took up the matter of Michael Gilbert, PharmD. Dr. Gilbert attended the meeting without legal counsel to appeal Board staff's denial of his reciprocity application. Dr. Gilbert indicated he has accepted a job in Idaho and is currently under stipulation with the Oregon Board of Pharmacy for failing to keep adequate controlled substance dispensing records at the hospital where he was employed. He is asking the

Board to allow him to practice in Idaho with the same restrictions. Dr. Chopski motioned to grant the reciprocity application with a stipulation that mirrors Oregon's stipulation. Mr. Sperry seconded. During discussion Dr. Henggeler reminded the Board they had required the applicant to approach the other Board for release from the restrictions before Idaho would approve the application. Mr. Snook reminded the Board that the statute says Dr. Gilbert may not be eligible for reciprocity, and granting the application may be an 'exception' to Idaho Code and needs to be part of the discussion. Dr. Jonas offered a substitute motion to table the issue until the June meeting, Dr. Chopski seconded. The motion carried with Dr. Henggeler opposed. Dr. Adams and Mr. Snook will research the issue for presentation at the June meeting in Coeur D'Alene.

The Board took up the matter of Brett Zundel, PA. Matt McCall, Attorney-at-Law represented Mr. Zundel telephonically. Colleen Zahn, DAG presented background on Brett Zundel, PA. In February 2014, Mr. Zundel voluntarily surrendered his ability to handle controlled substances listed in Schedule II. In August 2014, the United States Drug Enforcement Agency (DEA) issued a notice of intent to move hydrocodone combination products from Schedule III to Schedule II. At that time Mr. Zundel requested authority to reinstate his Schedule II authority. Subsequently, Mr. Zundel was granted the authority to prescribe Schedule II products containing hydrocodone only. Mr. Zundel is currently under a stipulation with the Board of Medicine to not treat pain at all, though he can prescribe a 30 day supply of pain medication on an emergency basis. He is going to a family practice clinic and needs the ability to prescribe Schedule II medications for ADD and ADHD. Dr. Henggeler motioned to grant the request and mirror the February 2015 Order with the Board of Medicine. After discussion Dr. Henggeler amended her motion create a new order mirroring the Board of Medicine Order in terms, conditions and length of time, Dr. Jonas seconded. The motion carried unanimously.

Christopher Erb attended the meeting to update the Board on his progress toward licensure by examination in Idaho. Mr. Erb is currently completing 500 hours of internship in preparation to sit for the NAPLEX and MPJE. He is interning at an independent pharmacy that also performs compounding. He is working with graduate students and he enjoys being back in pharmacy. His past experience has been in long term care. He is now in a retail setting and claims to be learning a great deal. Mr. Erb asked the Board if there was a deadline for him to complete his internship. After discussion the Board indicated it did not intend to set a deadline for him at this time. The Board was pleased with his progress and looks forward to seeing him next year.

Misty Lawrence, Management Assistant, presented the Board financial report. The Board's supplemental FY16 budget and FY17 budget were passed by the legislature and signed into law by Governor Otter. These budgets included \$250,000 to build a new licensing/compliance system, though Board staff does not have an estimate on the actual cost yet. Board staff is currently working with a contractor to create the Request for Proposal (RFP) and draft a contract. The office expansion is moving forward and

staff is planning space to allow Board meetings to be held at the office. The non-pharmacy drug outlet fee change was approved this past legislative session and the change should end up being budget neutral. Ms. Lawrence explained that in order for the Board to spend any money the cash has to be in the account (cash balance) and there has to be approval from the legislature (appropriation). When she first started doing the budget there was roughly 2.5 years of operating cash in the fund. Traditionally the Board has always had a large cash fund as our executive directors have been very conservative in spending. The budget has grown each year and we are no longer reverting monies as we did in the past, meaning the balance will remain healthy, but not as large. Having more than one year of reserves has been a negative finding on state audits, and the Board is due to be audited by the Legislative Services Office (LSO) this year. Dr. Adams commended Ms. Lawrence's work with the Governor's Office, LSO and the Division of Financial Management in completing the agency budget each year.

Following lunch Chairman de Blaquiére commenced the Administration Hearing of Heather Anderson, PharmD. Carl Withroe, DAG represented the Board. Dr. Anderson attended the meeting with legal counsel, Trevor Castleton. After Chairman de Blaquiére swore in the witnesses, Mr. Withroe presented the Board's complaint against Dr. Anderson alleging she created and filled 7 invalid controlled substance prescriptions on multiple occasions while working as PIC at Fred Meyer pharmacy in Idaho Falls. The alleged invalid medications were called in by a physician assistant (PA) for the PA's own self use, with the PA's alleging that they were authorized by the PA's supervising prescriber. Mr. Withroe entered the prescriptions in question into evidence. Following the presentation of the complaint and questioning of witnesses, Dr. Henggeler motioned to assess a \$500 fine for each of the 7 occurrences listed in the complaint and completion of 6 hours of Red Flags continuing education. Mr. Sperry seconded. Following further discussion, Dr. Henggeler withdrew her motion.

Dr. Chopski motioned to find the respondent at fault of the violations listed in the Administrative Complaint and assess a \$500 fine for each of the 7 occurrences of creating and filing invalid prescriptions, complete 6 hours of Red Flags CE and pay the Board's investigative costs. Dr. Henggeler seconded. After further discussion, Dr. Chopski amended her motion to include investigative costs not to exceed \$3000. Mr. Sperry seconded. The motion carried with Dr. Jonas against.

Dr. Adams led the agenda topic Legislation & Rule Review with a specific focus on the telepharmacy rule. A draft had been circulated to the Board in advance of the meeting, and several members separately and individually provided feedback to Dr. Adams. Dr. Adams has incorporated the Board's comments into the current draft and additionally received feedback from Dr. Rex Force of Idaho State University (ISU). He has removed items from the draft rule update that are required of all retail pharmacies as these are still requirements of telepharmacies, and removing them will better highlight what is required of telepharmacy operations above and beyond a standard retail pharmacy. Dr.

Adams highlighted sections of the telepharmacy rule seeking direction on language changes. Directional feedback for a subsequent draft of the telepharmacy rule was provided by the Board, though final decisions will only be made in open negotiated and proposed rulemaking sessions that are properly noticed through the administrative bulletin and include a public comment periods. The following directional feedback was given:

- Any specific reference to an ADS will be changed to “electronic verification system” as it was not the intent to require each facility use only an ADS
- Fifteen road miles was discussed as the distance between a remote dispensing site and a retail pharmacy that would not require prior Board approval
- Strike the requirement that a remote dispensing site cease operations if a retail pharmacy opens within close proximity
- Set the PIC ratio to a maximum of 2 sites to 1 PIC

Dr. Adams will provide a cleaner version of the draft telepharmacy rule at the June meeting based on the Board’s directional feedback.

Adam Chesler, PharmD, Vice President of Pharmacy for Telepharm, attended the meeting to participate in the discussion regarding the telepharmacy rule.

During the Open Public Comment period, Trenton Jenks, PharmD asked the Board for clarification on the following issues:

- Rule 611.01 regarding which support personnel can perform activities in the secured pharmacy area. He is specifically seeking guidance on whether his bookkeeper and delivery drivers need to be registered as pharmacy technicians in order to complete their daily tasks inside the pharmacy. Neither position has duties that require technician training or status. After discussion the Board determined that Dr. Jenks needs to create an office or separate space for his bookkeeper. Other individuals can enter a pharmacy for legitimate business purposes if under the direct supervision of a pharmacist, but for a limited time. Otherwise, all support personnel behind a counter must be a properly registered pharmacy technician.
- Rule 241 regarding hazardous materials. Recently, the United States Pharmacopoeia (USP) released Chapter 800 which relates to hazardous drug compounding, but does not go into effect until July 2018. The Board will be looking at USP 800 at future meetings, but indicated it does not intend to go faster than the USP implementation date. For guidance on what the Board expects as it relates to sterile and non-sterile compounding, Dr. Jenks was referred to the Board’s website where the new inspection forms that are being used by the Board’s compliance officers are publicly posted for voluntary self-assessment purposes.
- 54-1733 (b) regarding Electronic Prescriptions and if his pharmacy’s current process meets the requirement of an ‘electronic prescription’. The prescriber

would scan the prescription and send it through secure file transfer protocol (sftp), which is a similar process to an e-fax with no hard copy produced. Dr. Jenks pharmacy is a closed door facility and generally serves hospice patients. The Board viewed this as an electronic fax and did not see any prohibitions to the use of this technology in state law, though they encouraged Dr. Jenks to check with the DEA for any federal restrictions.

John Sullivan, PharmD from Idaho Society of Health-System Pharmacists (ISHP) asked the Board if having a published formulary for biological substitution meets the requirement of prescriber notification when substituting biologic medications under the requirements of House Bill 483, which takes effect on July 1, 2016. The Board agreed with Dr. Adams' interpretation that a published formulary does this meet the prescriber notification requirement as all prescribers are apprised of a formulary in advance.

Kevin Page, pharmacy student at Idaho State University, asked the Board to consider adding student pharmacists to the list of those authorized to access the state's PMP, not as a delegate of a pharmacist but under their own authority. The Board is in full support of this change to the statute. Mr. Page is drafting the language for the next Legislative session. Dr. Chopski encouraged that education and training be included in his language. Dr. de Blaquiere believes P4 students should have their own access as they are completing their externship rotations.

Chelsea Capley and Steve Kochman, pharmacy students at Idaho State University, asked the Board to consider extending the role of pharmacists to prescribe hormonal contraceptives. Their research shows improved access, lower costs, fewer unplanned pregnancies and abortions when pharmacists are allowed to prescribe contraceptives. They noted that, in Idaho, 39% of pregnancies are unplanned with 50% of those being publicly funded. Pharmacists can obtain the necessary training through continuing education programs. Oregon and California currently allow pharmacists to prescribe birth control, and the Oregon law was written by a physician. Dr. Chopski expressed her desire to see this law written and passed. The Board encouraged staff to discuss this with the state pharmacy association and others.

The agenda item Delegated Authority was moved to the June meeting. Dr. Adams provided a brief overview of the Travel calendar.

Dr. Jonas motioned to adjourn, Mr. Sperry seconded. Meeting adjourned at 6:35 p.m.

April 8, 2016
Senate Majority Caucus Room

This meeting of the Board was held to conduct discussions in preparation of the Board's Strategic Plan. The discussions were specific to the roles of pharmacy technicians and the Board's role in mitigating prescription drug abuse.

Chairman Rich de Blaquiere, PharmD, called the meeting to order at 8:02 a.m. In attendance were Vice Chairman Kristina Jonas, PharmD; Board members Nicki Chopski, PharmD; Holly Henggeler, PharmD; Ed Sperry, Public Member; Alex J. Adams, PharmD, MPH, Executive Director; Berk Fraser, RPh, Deputy Executive Director; Andy Snook, DAG; Lisa Culley, CPhT, Jaime Sommer, and Wendy Shiell, Compliance Officers; Misty Lawrence, Management Assistant; Ellen Mitchell, Program Information Coordinator, and several members of the public.

Pharmacy Technicians

Dr. Adams introduced the topic of pharmacy technicians' roles, responsibilities, education and training. He wanted to begin the discussion with aspirational roles and responsibilities of technicians *prior* to discussing the current national technician certifications. He believes that in order to move forward we must start with the end in mind. By first creating a clear vision of what roles we need the pharmacy technician workforce to fulfill, we can then work backwards and determine the education and training that will be needed to get there.

Dr. Adams conducted 8 listening sessions around the state seeking input from pharmacists and pharmacy technicians on the expansion of pharmacy technician roles. These sessions were strongly attended by pharmacists, pharmacy technicians, and members of the public. More than 300 individuals self-identified on sign-in sheets collected at the listening sessions.

The question is '*where do you want to see profession of pharmacy headed over the next 5 to 10 years and what roles can pharmacy technicians play in making this vision a reality?*'

Idaho currently has three categories of pharmacy technician registrations:

1. Certified Pharmacy Technician – 1,453 current registrants
2. Grandfathered Technician – 408 current registrants
3. Technician-in-Training – 772 current registrants

The composition of the technician workforce has changed since the Board began requiring certification. Currently 84% of Idaho technicians are either certified or on a pathway to become certified, up from 39% in 2011. Idaho's certified technician workforce is also becoming more experienced, with 45% of Idaho's certified technicians

having 3 or more years of experience, making Idaho's pharmacy technician workforce better trained and better educated than in the past.

Dr. Adams has spent time discussing the aspirational roles of technicians across the state and at national meetings. The desired roles from stakeholders generally fell into two categories, medication dispensing support and technical support for pharmacist clinical services.

Medication dispensing support included:

1. Accepting a verbal prescription
2. Transferring a prescription
3. Consultation/clarification with a prescriber prior to filling a prescription
4. Perform final verification of uncomplicated refill medications
5. Perform search of the Prescription Monitoring Program (PMP)

At the listening sessions, Dr. Adams indicated that pharmacists at the listening sessions appreciated the difference between permissive and mandatory rules, and understand that assignment of expanded functions would still be at the discretion of the pharmacist. Dr. Adams presented data on the states that allow these types of services already, and shared observations from the Boards of Pharmacy in such states.

Dr. de Blaquiére welcomed Anthony Pudlo from the Iowa Pharmacy Association to discuss a pilot project his association has conducted at seven community pharmacies assessing the safety and effectiveness of tech-check-tech. Dr. Pudlo highlighted the programs guardrails, as well as the technician training requirements. Namely, participating technicians needed to be certified, have at least 2,000 hours of training, take advanced modules produced by the association on detecting and preventing medication errors, and to undergo an experiential period. Dr. Pudlo indicated the following outcomes were achieved:

- There was no statistical difference in dispensing errors after the implementation of the technician verification model
- There were significant differences in pharmacist workday composition
 - The percentage of the workday that pharmacists reported spending time in dispensing decreased from 67.30% to 50.91%
 - The percentage of the workday that pharmacists reported spending time on patient care activities increased from 15.96% to 32.85%

Dr. de Blaquiére welcomed Kathleen Rayburn, Pharmacy Technician Supervisor from Saint Alphonsus Regional Medical Center. Ms. Rayburn presented on the tech-check-tech initiative that St. Al's has operated for nearly 10 years in the state of Idaho. Ms. Rayburn indicated that the program has been widely successful and popular – saving an average of 5.5 hours of pharmacist time per day which can be more appropriately directed to advanced patient care activities. Ms. Rayburn provided anecdotal feedback from staff indicating its support:

- “Having a verification technician has allowed me to be more productive as a pharmacist. It increases the value of care we provide to patients and decreases cost by allowing pharmacists to perform other duties.” -Kevin McWilliams, Pharmacist
- “With a verification technician on staff I can get more work done and verify more orders than I could without one.” -Doug Schoonover, Pharmacist
- “Having a verification tech has decreased my workload immensely and takes a world of worry off my mind and allows me the ability to focus on clinical activities.” -Gretchen Bleffert, Pharmacist
- “When she is not here we can really feel the impact, especially on weekends. The workload is then shifted onto the pharmacists [who] are less efficient with our time and it compounds from there.” -Todd Montrose, Pharmacist
- “Our TCT program not only frees up pharmacists to focus on improved patient care through more focused clinical intervention, but also allows technicians the opportunity to advance in their careers, providing them ownership, leadership, and improved job satisfaction.” –Amanda Chase, Pharmacist

Dr. de Blaquiere called on Pam Eaton of the Idaho State Pharmacy Association, and John Sullivan, representative of the Idaho Society of Health-System Pharmacists, to share their organization’s perspectives on tech-check-tech. Both indicated support for broader use of this service model.

The Board discussed how to approach the medication dispensing support topics. The purpose of this meeting is to provide directional support to staff; no final decisions were made. Any final decision would be vetted through negotiated and open rulemaking sessions that are properly noticed through the administrative bulletin and include a public comment period. Instead, this meeting is intended to task Board staff with pursuing draft rule language, more staff research, or no further action. The Board provided the following directional feedback:

- Draft preliminary rule language that would allow a certified technician to take verbal prescriptions in institutional settings
- Draft preliminary rule language that would allow a certified technician to transfer a prescription
- Draft preliminary rule language that would allow certified technicians to consult with a prescriber prior to filling a prescription at the direction of a supervising pharmacist

- Draft preliminary rule language that will expand tech-check-tech to practice settings beyond acute care hospitals

The Board discussed feedback received at the listening sessions regarding clinical service support provided by pharmacy technicians. Dr. Adams stated for the record that no stakeholder advocated technicians performing clinical services; instead, they mapped out the steps necessary for pharmacists to perform clinical services and found that some steps require clinical judgment, and other steps could be safely performed by a technician. Dr. Adams stated that several aspirational tasks in this category are already supported in the Idaho pharmacy laws, and asked the Board for their interpretation. The Board concurred with Dr. Adams' interpretation that a pharmacy technician authorized by a supervising pharmacist can currently:

- Administer CLIA-waived laboratory tests
- Perform basic physical assessment such as collecting a pulse, temperature or blood pressure, among others
- Conduct medication reconciliation or preparatory work for Medication Therapy Management

Dr. de Blaquiére welcomed Mark Phillips, Regional Pharmacy Director for Saint Alphonsus Regional Medical Center to discuss their medication historian technician program. Annually the program interacts with nearly 15,000 patients and 90% of the patient medication histories are completed within 24 hours. The facility has seen significant quality improvements as a result. Dr. Phillips provided a quote from the Director of Emergency Services: "Long story short we love having pharmacy's presence in the ED. It helps the nurses and docs be more efficient but ultimately it is the patient that benefits because I know they are receiving safer care."

At multiple listening sessions, pharmacists asked why a properly-trained pharmacy technician could not administer a medication such as an immunization. Pharmacists noted that prescribers routinely delegate such services to both licensed and unlicensed support personnel. Per Idaho Code, a pharmacist can prescribe an immunization, but under rule of the Board, the administration is only permissible by a properly-trained intern. Several pharmacy technicians have stated their sincere interest in pursuing immunizations and other tasks as a way to continue to grow professionally. Some pharmacists have further noted they employ certified technicians who were previously medical assistants or phlebotomists who could perform such administrations in a medical office but not a pharmacy. The Board provided directional feedback to draft preliminary rule language allowing delegation of this task. The Board further tasked Dr. Adams with assessing how this task is delegated to support personnel (e.g., medical assistant; medical technician) under the rules of the Board of Medicine, and what level of training on medication administration such personnel have.

Dr. de Blaquiére welcomed Miriam Mobley Smith, PharmD from the Pharmacy Technician Certification Board (PTCB) and Lyndsey McDonald from National Healthcare Association (NHA) which administers the ExCPT examination. Dr. Smith was excited to hear the Board discussion regarding expanded technician roles in Idaho and indicated her belief that the Board's discussion is in line with national trends. PTCB has recently made enhancements to their certification program. Beginning in 2020 PTCB will require candidates for initial certification to complete a pharmacy technician education program accredited by the American Society of Health-System Pharmacists (ASHP)/Accreditation Council for Pharmacy Education (ACPE). Accredited programs will include practical experience as well as didactic course work and simulations. The Recertification process will also be enhanced by the addition of continuing education related to patient safety created specifically for pharmacy technicians. The acceptable number of college courses and in-service courses will also be limited.

Lyndsey McDonald provided a brief overview of the NHA program.

Following the discussion Dr. Adams will draft preliminary rules for the Board to review as described previously. He will also ask Pharmacists Mutual to present on technician and pharmacist liability issues at a future meeting to address concerns raised by pharmacists at listening sessions.

Prescription Drug Abuse

Dr. Adams recognized Fred Collings for being selected to receive the John F. Atkinson Service Award from the National Association of Boards of Pharmacy (NABP). Mr. Collings will receive his award at the NABP Annual Meeting in May. Dr. Adams noted that the John F. Atkinson Service Award is awarded in recognition of exemplary service in protecting the public health and should encompass pharmacy law, inspectors, and compliance officers. It is awarded to an individual who has supported the goals and objectives of the Association and the state boards of pharmacy to protect the public health and advanced the need to maintain the safety and integrity of the distribution and dispensing of medications. The extraordinary achievement must have resulted in an accomplishment as exceptional and outstanding as to clearly set the individual apart from his colleagues.

Dr. Adams introduced the agenda topic of Prescription Drug Abuse. Prescription drug abuse is the nation's fastest-growing drug problem. Potential solutions to prescription drug abuse must be approached thoughtfully and carefully to ensure continued access to needed medications for patients with legitimate pain. Controlled substances have great potential for relieving suffering and pain, and thus policies must strike a balance between these dual goals:

- Our desire to minimize abuse of prescription drugs; and
- Our desire to ensure access for their legitimate use.

Dr. Adams presented two questions for the Board's consideration:

1. How can Idaho optimize the use and functionality of the state's Prescription Monitoring Program (PMP)?
2. How can we enhance the ability of pharmacists to exercise their "corresponding responsibility" for controlled substance prescriptions?

Currently only prescribers are statutorily required to register for PMP access, though pharmacists do have a corresponding responsibility with the prescriber for medications dispensed to patients.

Board staff recently attempted to voluntarily increase pharmacist enrollment through the following actions:

- A March 2016 newsletter article strongly encouraged pharmacists to enroll, and warned that not being registered with the PMP is not a defense against administrative complaints;
- Board staff has incorporated pro-PMP messaging into CE presentations across the state;
- Board staff emailed all pharmacists with a CS registration; and
- A measure on pharmacist enrollment was added to the Board's dashboard, to be reviewed at each regular business meeting of the Board.

As of March 18, 2016 an additional 207 pharmacists have registered for the PMP as a result of these actions. The Board can continue to encourage voluntary registration of pharmacists or pursue a statute change requiring enrollment. There is a misconception that the PMP is difficult to register for and has an additional fee attached to it.

Legislation changes will take effect on July 1, 2016 allowing for pharmacists to name up to four technicians as their delegates to access the system. This will likely create more use of the system in the pharmacy and Board staff will monitor the impact.

The Board discussed potential agency legislation in 2017 to require pharmacists with a CS registration to register for the PMP, consistent with the requirement for prescribers. A majority of Board members agreed and asked Dr. Adams to draft such legislation for review at a future meeting. Pam Eaton of the Idaho Pharmacists Association noted a similar effort to mandate registration that experienced challenges in the legislature during the 2016 session.

Dr. Adams indicated that some states have increased PMP usage by integrating their PMP with electronic health records, electronic medical records, and pharmacy dispensing systems, while others have combined PMP and e-prescribing of controlled substances.

Dr. de Blaquiére welcomed Krishnan Sastry and Natalie Browning from Appriss. Mr. Sastry presented an overview of the PMP Gateway® program. Gateway® was designed

to enhance data sharing in the healthcare setting by integrating pharmacy software and electronic medical records with prescription monitoring data. Mr. Sastry indicated that 16 states have currently adopted and implemented PMP Gateway® with other states under active exploration. Integration allows health care professionals to access PMP data from the patient profile or health record without the burden of logging into a separate system. Hospitals, pharmacies, and other providers can use Gateway® to connect to their state PMP using the existing PMP InterConnect infrastructure. There are currently 31 states using InterConnect with more working toward using it. NABP owns InterConnect while Appriss built and maintains the system. States maintain complete control over their PMP data and who they provide access to the system using the existing administrator tools. The system doesn't store any data, though it does provide audit trail documentation including who accessed the system, what they viewed and when, among other parameters to maintain data security and appropriate use. Mr. Sastry indicated that if a company has entered into a contract with Appriss to use Gateway®, and subsequently granted permission to use the system, it is just a matter of making it active in that new state. If a hospital owns a group of physician offices and uses the same system that has been integrated with Gateway®, they too would be able to integrate, though the hospital may charge the physician a licensing fee. Teresa Anderson, Program Information Coordinator for Idaho's PMP expressed concerns regarding access by providers and/or delegates that have been deactivated by a state. Mr. Sastry indicated the provider would access the PMP information from the EMR or patient profile eliminating the need for a delegate. Deactivation of a provider would be handled by the facility. Mr. Sastry reiterated the need for a delegate is eliminated in Gateway® as access is so much faster than logging into a separate system for the information. He also indicated credentialing would be handled by the facility so if a provider was terminated in the afternoon, access through Gateway® would be revoked immediately. Dr. Adams stated providers would still want their own accounts and delegates for instances of Gateway® being unavailable they would still be able to access the PMP. Mr. Sastry indicated Idaho's PMP system has been up 99.87% of the time since 2014.

Mike Menkhaus, RPh from Kroger presented information regarding use of Appriss' PMP Gateway® in their pharmacies. Kroger is the parent company of Fred Meyer, which has 15 stores across Idaho that would like to use Gateway®. He indicated access to PMP is much faster and more efficient, which has increased use by their pharmacists. Kroger currently uses PMP Gateway® in 13 states and 869 stores in total, which is nearly half of their pharmacies. In many cases they are sharing information with border states. If Idaho were to go live with Gateway®, Mr. Menkhaus would anticipate three times the number of current requests coming from Kroger stores in Idaho's border states including Nevada, Montana and Wyoming. Kroger's motivation for implementing the system is patient safety and they encourage Idaho to consider implementation. Mr. Menkhaus further demonstrated how Gateway® fits into their pharmacy workflow, which uses sophisticated analytics to prompt pharmacists to check the PMP data if certain red

flags are hit. He shared anecdotes about instances in which Gateway® helped identify abuse before a prescription was dispensed.

Stephen Mullinex from NCPDP attended the meeting telephonically and presented information on a system they are trying to launch nationwide that would create a connection between PMP and pharmacy dispensing systems. NCPDP's system would share real-time PMP information at the point of care, thereby reducing the burden on providers to access a separate system. By allowing providers real-time access they are able to make critical decisions regarding prescribing and dispensing of controlled substances. This system would allow the state PMPs to report to a National PMP Facilitator that would then transmit information to a centralized location. The centralized location would disperse the information to the healthcare provider. Funding can be accomplished through transaction fees, grants or other resources. Though there are currently no states using the system, they anticipate a few states will participate in pilot programs.

Following the presentations, the Board discussed desired elements in a system that integrates PMP data into EMRs and pharmacy dispensing systems. The Board articulated the following priorities:

- Integrated into the workflow
- Low or no cost to providers
- On-demand or automated to recognize controlled substances
- Data security
- State-level autonomy

Dr. Adams will work with the Board's PMP staff and legal counsel to identify what statutes, if any, need to be changed in order to accommodate such integration.

Following a discussion regarding workload in pharmacies, the Board directed Mr. Fraser to gather the following data when investigating medication errors and/or failure to counsel violations:

- Staffing level on the day of the error
- Number of prescriptions filled on the day of the error

Hearing no further business, Mr. Sperry motioned to adjourn, Dr. Chopski seconded. The motion carried unanimously, meeting adjourned at 4:00 p.m.