

MINUTES

Oregon Board of Pharmacy 2015 Strategic Planning Meeting

Comfort Suites
1730 NW 9th St.
Corvallis, OR 97330

WEDNESDAY, NOVEMBER 4, 2015

Open Session

Roberto Linares, Board President, called the meeting to order at 8:30AM.

Roll Call

Roberto Linares, President
Ken Wells
Penny Reher
Heather Anderson

Kate James, Vice President
Christine Chute
Brad Fujisaki

The following staff members will be present for all or part of this session:

Marc Watt, Executive Director	Gary Miner, Compliance Director
Karen MacLean, Administrative Director	Chrisy Hennigan, Office Manager
Joe Ball, Chief Investigator	Fiona Karbowicz, Pharmacist Consultant
Cheryl Fox, Inspector	Katie Baldwin, Inspector
Laura Elvers, Inspector	Brianne Efremoff, Inspector

Tom Cowan, Sr. AAG Board Counsel

Donna Silverberg – Strategic Planning Facilitator
Tory Hines – Strategic Planning Assistant

Agenda Review and Approval

MOTION

Motion to approve the agenda was made and unanimously carried (Motion by Wells, second by James).

General Administration

HB 2879 – OR Pharmacists Prescribing Of Contraceptive Therapy

Overview: Pharmacist Consultant Fiona Karbowicz welcomed and introduced Jordon Conger from Representative Knute Buehler's office and thanked him for attending the Board meeting. Rep. Buehler introduced and championed 2015 HB 2879 throughout the legislative session. Fiona also thanked all of the Board staff for their work in the development of the Contraceptive rules that are being discussed today. She specifically thanked Kevin Smith, OSU Intern who worked on the very initial phase of this project and document development during his rotation

with the Board. She explained that this is ground breaking legislation for pharmacy and Oregon will be the first in the country to implement rules that allow a pharmacist to prescribe and dispense contraception in this way. Fiona provided an overview of the bill, stating that it was signed into law by Governor Kate Brown on July 6, 2015 with an operative date of January 1, 2016. The legislative intent is to provide a woman timely access to contraceptive care, by developing procedures for the pharmacist prescribing of certain hormonal contraceptive patches and self administered oral hormonal contraceptives. The Oregon Board of Pharmacy (OBOP) is required to adopt rules to establish these procedures in consultation with the Oregon Medical Board, the Oregon State Board of Nursing and the Oregon Health Authority, as well as consider the guidelines established by the American Congress of Obstetricians and Gynecologists (ACOG).

The rule adopted must require a pharmacist to: complete a training program approved by the Board that is related to prescribing hormonal contraceptives; provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing; refer the patient to the patient's primary care practitioner or women's health care practitioner upon prescribing and dispensing a hormonal contraceptive; provide the patient with a written record and advise her to consult with a primary care practitioner or women's health care practitioner; and the contraceptive must be dispensed to the patient as soon as practicable after the pharmacist issues the prescription.

The rules must prohibit a pharmacist from: requiring a patient to schedule an appointment with the pharmacist for this purpose; and prescribing and dispensing a contraceptive to a patient who does not have evidence of a clinical visit for women's health within three years immediately following the initial prescription and dispensing of a contraceptive.

An individual must be at least 18 years of age; or if under 18 have evidence of a previous prescription from a primary care practitioner or women's health care practitioner for a hormonal contraceptive. The age requirements are set to sunset in 2020.

Fiona explained that the educational training related to prescribing of contraceptives must be Board approved and the following considerations must be included: it must be comprehensive, clinically relevant, an organized delivery of information, professional quality and possess elements of Oregon's Standard Procedures.

The Board has established a "Standard Procedures Algorithm for Pharmacist Prescribing of Contraceptives". This document provides consistent care to all Oregonian women; it includes defined parameters of safety; is streamlined and straightforward and is a process based on: ACOG statements related to safety and access, a Consultative Committee that was established with representatives from those agencies mentioned previously and subject matter experts and clinicians and assisted by directives from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and Family Health International (FHI360).

Fiona explained a number of the supporting documents that are required to be utilized by the pharmacist in the evaluation and prescribing of contraception. "The Standard Procedures Algorithm for Oregon RPH Prescribing of Contraceptives", the "Hormonal Contraceptive Self-Screening Questionnaire" and the "Summary Chart of US Medical Eligibility Criteria for Contraceptive Use" documents are meant to be used together. A "Toolkit" of resources will be available on the Board's website.

Training Program: Fiona introduced Oregon State University (OSU) faculty member Lorinda Anderson, R.Ph. and Director of Alumni Relations & Professional Development Paige Clark, R.Ph. who worked on the development and implementation of the brand new online training program for *Comprehensive Contraceptive Education and Training for the Prescribing Pharmacist* at the Board's request with the Consultative Committee. A program specific to address pharmacist prescribing contraceptives did not exist anywhere in the country and OSU is currently the only ACPE (American Council for Pharmacy Education) accredited Continuing Education provider in the state to create and provide this resource in a timely manner. It was the Board's goal to ensure that a quality training program was established within the short time-frame required to allow for the January 1, 2016 operational date and OSU was able to assist. With Lorinda's leadership and participation on the Consultative Committee along with OSU faculty members and other subject matter experts, this training was developed to meet the training needs. Other training programs may be considered by the Board in the future.

Lorinda and Paige were available to answer any questions the Board Members may have regarding the training program. All members had the opportunity to review the program and outline prior to the meeting. The training meets the legislative and rule requirements for training and is established as an interactive adult learning program. Because this is new information, OSU has committed to making this available to individuals that take the training for two years to allow them to get updated information. They intend to add additional information as it becomes available. Thank you to Lorinda and Paige.

Rules: Fiona took the Board through the draft rules and Board Members discussed the requirement for an ACPE accredited training program. Some believe the importance of having this program established at the level of ACPE accredited continuing education standards which requires a program be evaluated to ensure that it is fair, balanced and non-biased training is essential. It was pointed out that this is inconsistent since Oregon doesn't require ACPE CE. However, the Board's mission is to protect public safety and ACPE brings a high standard some are not willing to compromise by taking this requirement out of the rule. It was pointed out that this is not just a CE program; it is a training program and its unique and the first in the country to be developed at this level. By having the ACPE requirement, it sets a standard for all future programs on this topic and it lets the public know it's been vetted nationally. Paige mentioned that she has received calls from corporations, asking if the training will be accredited for cross-state continuing education use; yes.

There was some discussion about helping to identify pharmacies that will provide this service once the pharmacists are trained, however, Executive Director Marc Watt pointed out that this is driven by the pharmacists, not the pharmacies. There was a question about how the public will know that pharmacists can prescribe; Marc expects pharmacies to announce this through traditional advertising methods.

Compliance Director Gary Miner and Fiona will be available to assist drug outlets with development of policies and procedures. Gary pointed out that in the future if the Board gets any cases regarding this topic, it would be helpful to think of the science of pharmacy vs the art of prescribing.

Paige stated that the Oregon State Pharmacy Association (OSPA) has a group that is reaching out to facilitate discussions regarding payment and coding for pharmacists to provide and be paid for this consultative service with health plans.

Upon completing the review of rules, the Board adopted OAR 855-019-0400 through 855-019-0435 as a temporary rule to be effective upon filing, in order to approve the training program which maximizes the time available for pharmacists to begin taking the educational training and pharmacies the opportunity to evaluate the requirements for their outlets to develop policies and procedures prior to the January 1, 2016 operational date.

Staff intends to have the Temporary Rules filed and effective with the Secretary of State's Administrative Rules Division by the close of business on Friday, November 6, 2015, after this meeting. A dedicated webpage has been drafted for this subject matter and the rules, "Tool-kit", resources and links to the training program will be posted by then as well. Staff also identified the timing around steps for the permanent rulemaking process which will include a rulemaking hearing in March 2016, in order for the Board to complete final adoption of the permanent rules at the April 2016 Board meeting.

MOTION

Motion to adopt OAR 855-019-0400 through 855-019-0435 Prescriptive Authority temporary rules for contraception was made and carried (Motion by Anderson, second by Chute). Ken Wells recused due to a potential conflict of interest.

MOTION

Motion to approve the Comprehensive Contraceptive Education and Training for the Prescribing Pharmacist program as developed by Oregon State University that is ACPE approved was made carried (Motion by Chute, second by James). Ken Wells recused due to a potential conflict of interest.

Upon adoption of the rules, the Board thanked Fiona for her excellent presentation and everyone's work on this landmark project that advances the practice of pharmacy in Oregon and everyone applauded in appreciation.

Strategic Planning

After a break, Board President Roberto Linares moved the meeting to the topic of Strategic Planning. Executive Director Marc Watt introduce facilitator, Donna Silverberg from DS Consulting. Donna established some guidelines with the Board for this meeting and provided an overview of her objective to drive the focus of the meeting for each topic, including: (1) Desired outcomes, (2) What actions will be taken (2a) by Whom and (2b) by When.

Technician Rules & Education & Evolution – “The Technician Vision”

The Board discussed the role of pharmacy technicians and whether their duties as outlined under the statute should be further clarified. Additionally, Board members examined the current education and training requirements for technicians and discussed whether the current approach is satisfactory. It was noted that in 2020, the industry is aiming to increase the educational requirements which may result in financial hurdles preventing some from pursuing a career as a technician. Currently, technicians can only work under the supervision of a pharmacist if they are doing the duties of a technician. Cases have come before the Board where an individual is acting as a pharmacy technician and performing pharmacy related tasks; it would be beneficial to define what those tasks include and whether they fall under the auspice of “technician duties.”

The Board acknowledged the challenge ahead of them: as the role of the pharmacist expands into prescribing, how will this change the role of technicians? One member noted that further defining the rules around technician responsibilities may be too restrictive. If the Board decides to list all of the duties of a technician this may prevent flexibility in the future as the position continues to evolve. It was noted that technicians are phenomenal assets to the day to day operation of a pharmacy and clarifying the scope of their practice will further the efficient running of pharmacies.

The following are a few of the points that were raised during the discussion:

- At this moment, the practice of pharmacy is rapidly evolving. We are now compelled to look at the role of technicians and try to envision where their role will be ten years from now. This is a very exciting time in the history of pharmacy.
- In the past, technicians were developed to help pharmacists get the job done. As the responsibilities of pharmacists expand, the responsibilities of technicians must also expand.
- Our goal is to protect the public and to remember that we are a licensing entity. If we provide a license to an individual who is then removed from the realm of pharmacy (the realm being defined as 'being in close proximity of a Pharmacist'), we can no longer regulate them. This is a large concern, because technicians are being used in a way that does not protect the public and they remain potentially unregulated depending on their role at the time.
- The educational requirement for technicians should follow a standard set forth by the Board which does not financially burden those seeking a technician license.
- The Board's approved exams offered by National Healthcareer Association (NHA) and the Pharmacy Technician Certification Board (PTCB). NHA and PTCB are changing their eligibility requirements. Changing eligibility requirements such as the addition of a certain amount of time supervised experience and a specific training program in order to be eligible to take the exam are just two examples. The exam standards differ from what the Board approved 2006 and this is why the Board should be clear on the educational requirements of those studying to become technicians.
- Secondary licensure may be required for technicians performing higher level tasks.
- When developing the rules, it would be wise to specify different levels of technician support.

Small Groups Discussion (between Board members and staff): Do you support the concept of pharmacy technicians working independently? If no, what does supervision look like? If yes, for what and under what conditions?

In general, the group was not supportive of technicians working independently. There are clear examples, which when defined, a technician would be able to work independently, but for the most part technicians require supervision. The following comments were added to this idea:

- All agree that the pharmacist should always conduct a final review of a technician's work product.
- A pharmacist should be readily available to answer any and all questions from technicians. They are tethered together, the technician should know who is supervising their work and vice versa, the pharmacist should know whose work they are supervising.
- Supervision does not necessarily entail direct oversight of technicians; in certain circumstances a pharmacist could verify a drug via a camera and microphone set up at a dispensary.
- The Board should retain clear boundaries for technicians and other staff. It is better for the practice of medicine to keep those lines clear. If a person is wearing a technician uniform, one should reasonably believe they are functioning as a technician.

- It should be known to all pharmacists that ORS 689 considers technicians an agent of the pharmacist. Technicians are directly under the supervision of pharmacists and if a technician is functioning in that capacity, the Board will hold the pharmacist accountable.
- However, if a technician is acting outside the practice of pharmacy, that could be considered a misrepresentation. But, even when this does occur the presumption is that the pharmacist should know how the technician is handling themselves and therefore will be held accountable by the OBOP.

The Board discussed ideas around: What roll it should play moving forward; is it time to make changes to the current rules or is there something else to propose? Revising the rule and adding a policy statement, will that provide enough in the area of technician rules and education? Or should they convene a taskforce that is multi-disciplinary to address concerns?

It was decided to focus on:

- 1) Clarify the message to pharmacists regarding their role in the supervision of technicians; and
- 2) Investigate possible rule revisions to include a provision about the use of technology to expand “the work station”.

The Board expressed consensus for supporting these two actions and noted the following: Sending a clarifying message will help pharmacists, but before we do a rule change, we should get stakeholders involved.

Further the Board discussed: How does the Board want to address the entry level education requirements for technicians? The certification for technicians came about to streamline the quality of technicians coming from various technician schools. The current exams are not part of the technician educational program; the Board has the ability to write rules and redefine the education requirements.

It was decided to have staff provide the various educational options available to technicians for the Board to review and discuss any proposed changes at the 2016 Strategic Planning Meeting.

The desired outcome is to: Examine the duties of pharmacy technicians as outlined in the statute and discuss whether their roles/duties should be further clarified / defined.

Medication Reconciliation (a.k.a. Technician Supervision)

Following the discussion on the role of technicians, the Board discussed the technician’s role and pharmacist supervision when preparing a medical history and a medication list when a patient is entered into the hospital. It was noted that there is little guidance on whether a pharmacist should be supervising technicians during patient intake. Technicians are being utilized more and more to prepare medical histories in hospital or in-patient facilities; however, it is becoming clear that pharmacist supervision isn’t as direct as the Board would expect upon inspection.

The following are the points raised during the discussion:

- Medication reconciliation begins at admissions and moves through transitions of care. At each transition of care medication reconciliation is conducted and it is important for the technician to understand their role throughout this process. It is equally important that technicians are qualified to provide a good medical history. The challenge has been creating a process by which the technician operates within the guidelines and has his/her work routinely verified by a licensed pharmacist.
- It is a challenging job for the admissions technician to gather and create one true document which details all of the medications a patient is taking or has taken in the past.

- Along the way, we've learned that, if we are able to expand the sequence of medication reconciliation, then we get better outcomes. By expanding the sequence we are adding an emphasis on accurate reporting.
- The rule states that a technician cannot make a clinical decision.
- Maybe a solution is to have the pharmacy involved from the very beginning, that way the technicians will be supervised.
- Where are pharmacists expected to check-in during this process?
- Everyone is relying on EHR (Electronic Health Record); it becomes each individual's responsibility to know their role. They should know what happened prior to them seeing this record and who will review this record after them.
- University of Kansas created a Medication Reconciliation Advisory Board, whereby they defined every role from the technician to the pharmacist to the inpatient side.
- If a technician creates the medication list, then the pharmacist should review that list and look back to the admitting physician list to review any and all work of previous technicians to be sure there are no errors.
- It would be a burden on staff to force a pharmacist to review all inputted medical histories.
- The unanswered question remains: to what extent will technicians be involved in the history-taking component of medication reconciliation?
- Prior to the medicine's release to a patient, a pharmacist will do a DUR which includes the review of any technician medical history reporting.

The desired outcomes are:

- 1) Send a clear message to pharmacists and technicians about the Board's expectations in Medication Reconciliation.
- 2) Hospital pharmacies should move toward enhanced training for personnel use for Medication Reconciliation and technician oversight.
- 3) Develop a rule specific to Medication Reconciliation and oversight.
- 4) Prepare a "Best Practices" article to be added to the website and distributed in the OPOB newsletter, which cites new rules. The goal is to complete this work by the end of 2017.

The Board thanked Donna for a productive session today.

Adjourn

MOTION

Motion to adjourn at 5:15 PM was made and unanimously carried (Motion by Fujisaki, second by James).

THURSDAY, NOVEMBER 5, 2015

8:30 AM OPEN SESSION, Roberto Linares, Presiding

Roll Call

Roberto Linares, President
 Ken Wells
 Penny Reher
 Heather Anderson

Kate James, Vice President
 Christine Chute
 Brad Fujisaki

The following staff members will be present for all or part of this session:

Marc Watt, Executive Director	Gary Miner, Compliance Director
Karen MacLean, Administrative Director	Chrisy Hennigan, Office Manager
Joe Ball, Chief Investigator	Fiona Karbowicz, Pharmacist Consultant
Cheryl Fox, Inspector	Katie Baldwin, Inspector
Laura Elvers, Inspector	Brianne Efremoff, Inspector

Tom Cowan, Sr. AAG Board Counsel

Donna Silverberg – Strategic Planning Facilitator

Tory Hines – Strategic Planning Assistant

Strategic Planning continued.

2017 Legislative Concepts

The Board reviewed aspects of ORS 689, the Oregon Pharmacy Practice Act. This was last reviewed in February of 2014; staff asked the Board for input on some housekeeping concepts provide feedback at a future meeting. If the Board wants to submit an agency directed concept for Governor Brown to approve for the 2017 session, the concept must be submitted by April 15, 2016.

The Board also discussed there may be a need for some policy concepts that may require a workgroup to focus during the interim. If the Board deliberately decides not to move forward with statutory revisions, the next opportunity will be in 2019. Some of the ORS 689 review issues that may need to be considered in the future include: revising the statute to prevent apothecaries and “farmacies” from acting as a pharmacy; the proper licensing for medical and recreational marijuana; reciprocity rules for pharmacists; and pharmacies in the medical home.

The Board agreed to address housekeeping items at the next few meetings. The Board will review other policy decisions that are more controversial during the interim with workgroups in anticipation of the 2019 Legislative Concept deadline in April 2018.

How we do business – Positive Changes / What can we change?

The Board and staff added this item to the agenda to give an opportunity for reflection on the processes and actions that support the Board’s work. The desired outcome was to discuss: Enterprise Values, Delegated Authority Grid, Agenda Development, Board Orientation and Roles as well as Expectations of the Board and staff Leadership to see if there are any changes or clarification that could enhance the Board’s work.

Enterprise Values: Executive Director Marc Watt shared that the Governor’s Office has engaged agencies in an exercise to define the state’s “Enterprise Values”. Marc asked Board members to participate in an exercise to select five enterprise values to apply to their work as a manager for Oregon government. After a couple of rounds of selection and discussion, the five values selected by the Board, in order of the number of votes, were: (1) Safety, (2) Integrity, (3) Honesty, (4) Ethics and (5) Equity. Marc shared that the staff’s top five were: (1) Integrity, (2) Excellence, (3) Customer Service, (4) Accountability and (5) Safety. All agreed that these combine to make an effective licensing and regulatory agency.

Delegated Authority Grid: The group discussed the staff grid which was designed to allow staff certain authorities delegated to them by the Board, with review by the Board as consent items. Compliance Director Gary Miner noted that for 2015, they will have reviewed nearly 700 disciplinary cases with the top three being theft, fraud and drug charges. Staff sought advice and clarification from the Board on two issues. One issue posed was: how to treat applicants who have marijuana related charges on their record? Another issue posed was: how to deal with unsworn falsifications on license applications (e.g. failing to report an arrest that happened twenty years ago)?

The following points were made during the discussion:

- It is the responsibility of all applicants to be honest and accountable when they apply for licensure.
- Reporting can be complex; we have heard of attorneys advising applicants that an arrest was expunged and so it is no longer on their record, when in fact staff finds these via the national FBI criminal background checks done for licensees.
- Marijuana possession cases should be handled parallel to alcohol impairment cases.
- One possibility is to modify the parameters on the application and make responses more bright lined. For example, the application could read "list any convictions or arrests in the last 5 years (instead of 25)." We should examine why the number of unsworn falsifications is increasing, are we receiving more applications or are background checks improving?
- The number of misrepresentations we see on applications comes mostly from technicians and it is possible they are not being advised by their technician schools how to properly report prior arrests.
- From 2011-2014 the average case of misrepresentation for pharmacists was 1, for technicians this year alone we've had 50.
- Also consider the implication on the applicant if they are dinged for a falsification: An individual must pay a fine of \$150.00 and when they apply for any future job their license will show Board action against it. This is a much greater discipline than we intended.
- This appears to be a process problem, the grid would work better if we established clearer guidelines and adjusted the language on these applications.

The desired outcome includes: Discretion is authorized for the staff to rewrite the application portion relating to marijuana possession so that marijuana possession cases will be treated similarly to alcohol impairment cases; and Board will grant delegated authority to the Executive Director and Compliance Director to sign orders and place them on the grid. The grid will be reviewed in June 2016 at the Annual Business Meeting and Compliance Director Gary Miner would like the discussion of redefining the application parameters for arrests to be continued at that time.

Agenda Development: The group agreed to maintain the current process for agenda development and distribution with a slight modification. Board members will continue to e-mail agenda topics to the Board President, Vice President, the Executive Director and Administrative Director. Board members also requested brief summary statements about each agenda item in the emails to which attachments are sent to provide better context for the upcoming meeting.

Board Orientation: Board members agreed that the Compliance book review and the Board Buddy system are working well for new members and should be maintained. It was noted that the Board Buddy program helps build relationships and creates stimulating conversation for both

new and old members. It was also suggested that older Board members describe their process for managing documents to the newer members. Board members requested that the OBOP iPads include a reference library with the staff delegation grid and other important documents. Finally, Board members suggested developing a “mock public session” for new Board members to learn the ebb and flow of disciplinary cases.

Board Member & Staff Leadership Roles/Expectations:

Board Members

The roles and expectations of Board Members are to keep Oregonians safe by maintaining the practice of pharmacy at a high level. The Board is fortunate to be comprised of a blended group of individuals who bring together unique perspectives. The group agreed that the Board will be strengthened when the two new technician members join the Board in the coming months. One area of improvement for the Board’s process would be to develop a consistent form of consensus building. As topics are concluded, define who is doing what and by when.

The desired outcome: The President will co-facilitate meetings with the Executive Director and the Vice President will act as a process advisor. In the role of a process advisor, the Vice President will clarify action items and poll the group to see where each member stands on the issue. The goal is to implement this immediately.

Executive Director

Board members praised the Executive Director for his active communication with members and for the positive environment he has created for the staff. Others noted that the Executive Director is very receptive to comments from the Board and felt it is clear that the staff is thriving under his guidance. It was noted that Marc’s maintaining a flexible, professional approach with the Board has been greatly appreciated.

Compliance and Administrative Directors

Board members acknowledged the incredible work, finesse and diplomacy exhibited by the Compliance and Administrative Directors on a daily basis. Both Directors are easily accessible for any questions and they are always prepared and organized, which allows meetings and day-to-day operations to flow with ease. It was also noted that they do an exceptional job with hiring and mentoring staff.

Board Counsel

The President noted that having accessible Board Counsel is an invaluable tool. Particularly when legal questions arise, the Board Counsel provides a level of oversight and clarity to challenging regulatory discussions. It was also noted that he has a wonderful reputation with the Administrative Law Judges, many of whom have spoken highly regarding his personal integrity. Other members agreed that the Board Counsel has a calm nature in his ability to articulate needed advice. Everyone was appreciative of his expertise, advice and feedback.

Staff

Board members praised staff saying that the Office Manager is always eager to pitch in and assist in any area as needed. Customer surveys routinely commend the Licensing staff, their work and their communication with the public. The Compliance staff is always professional and they handle tough cases with integrity and respect. It was suggested that the staff, especially those who do not attend Board meetings regularly be encouraged to join the Board during lunch in order to get and stay connected. There was also a suggestion that it would be helpful if staff

members rotate and give a brief report on their role and how they are connected to the Board of Pharmacy.

Pharmacist Consultant

Board members noted that the Pharmacist Consultant is enthusiastic and willing to dive into varying topics suggested by the Board. She is able to deliver information well, she thinks about her audience and in many ways she acts as the face of the Board. She is a positive representation of the Board of Pharmacy and appreciated by the Board.

Executive Director Marc Watt asked the Board to send suggestions for recommendations, changes or improvements around the roles and expectations of those described above to him.

Prescription Errors

In Oregon, there is no legal requirement to report prescription errors. Errors are discovered either through voluntary reporting or the media. How can the Board improve the health and safety of the citizens of Oregon by increasing reporting and decreasing errors? A Board member proposed one solution to the underreporting of prescription errors. It involved creating a task force of a few Board members, staff members, and IT representatives from both OBOP and the Oregon Patient Safety Commission (OPSC). Data would be collected based on the type of error (e.g. incorrect patient, incorrect medication, wrong dose, sold to the wrong person, outdated, etc.). The reporting would be anonymous, but the individual's position would be revealed (e.g. pharmacist, technician or nurse who committed the error). In addition, a root cause analysis that included what happened would be requested. From there, the task force could look at the data and make impactful recommendations. Staff could then write newsletter articles to help the field learn as well. The overall goal of this effort would be to increase reporting in order to learn lessons and improve pharmacy practices in Oregon—not to find errors in order to penalize practitioners.

- It was suggested that, rather than create a task force, require reporting to be made to the Oregon Patient Safety Commission who already has the mechanisms in place. From there, the Board could examine the data rather than trying to create their own reporting forum.
- Other members were uncertain as to whether the OPSC is the proper reporting forum; they have limitations on their data collection and require employers to sign up to participate.
- A staff member suggested accessing ISMP for reporting data, it is easily accessible and they have fewer reporting restrictions than OPSC. The group agreed that the first step will be to collect data from ISMP. They will then review it and as a Board decide whether a task force is needed.

To further this discussion, the Board asked staff to review data from ISMP and report back findings at the April 2016 meeting. In addition, the Executive Director and Ken Wells will meet with OPSC staff members between now and April to discuss creating an Oregon specific reporting forum.

Interns / Preceptors

The pharmacy preceptor/intern relationship is: 1) required both for school and 2) to support professional development for the intern. Because of the importance of this role, the Board discussed whether preceptors should be licensed or whether the requirements for becoming a preceptor should be increased. Currently in Oregon, 2,138 individuals are registered as preceptors. Yet, schools are struggling to find preceptors to mentor pharmacy interns. Several Board members felt licensing preceptors was a barrier to the program. They recalled that, in

past years, to become a preceptor all a pharmacist had to do was take and pass a test, and sign up with the Board, as well as monitor the student's hours. In recent years, the preceptor-intern program is managed by the universities, removing the Board's ability to monitor the program effectively. However, employer-based preceptors do not follow the university training and are only required to fill out an application to be a preceptor. The group discussed writing a newsletter to detail out the laws and rules of the intern-preceptor relationship as well as nominating a "Preceptor of the Year" in the newsletter. It was decided that Pharmacist Consultant Fiona Karbowicz and Inspector Laura Elvers will write a 'Intern & Preceptor Good Practices' article, which will include rules and laws, for the Newsletter in 2016.

2016 - 125th OBOP Celebration

2016 marks the celebration of the 125th anniversary of the Oregon Board of Pharmacy. It is an opportunity to raise awareness about the Board, note key historical moments, and reflect on the accomplishments of the Board. The staff was asked to plan a high impact, low cost event that raises awareness for the 125th anniversary to include inviting previous Board members and inquiring about a display at the State Capitol to highlight OBOP's contributions in a glass case.

NABP / AACP District VI-VIII Meeting planning (September 11-14, 2016)

Marc Watt and Karen MacLean briefed the Board on the needs and initial ideas for next fall's meeting in Oregon. There was some discussion about who should speak on behalf of OBOP during various portions of the meeting and a few names were suggested on certain topics including the possibility of highlighting Oregon's decision to allow pharmacists to prescribe contraceptives.

Board members also suggested including a greeting or welcoming from local university Dean's and a workshop on opiod over-prescription that links with the current task force on that topic.

The group broke out into small groups to discuss a few options to highlight the city and Oregon. There was support for and a river cruise and an optional bus tour to Oregon vineyards.

Board members also asked for a working agenda to determine what kind of fiscal investment hosting the district meeting will require. The District hosts the meeting. The local Board is responsible for coordinating the meeting. It was noted that Board members will play an active role throughout the meeting. At the 2015 District meeting in Tahoe, the NV Board of Pharmacy Executive Director was the coordinator. For the Oregon meeting, Marc and Karen will coordinate and Board members may be asked to hold round table discussions and provide information gathering opportunities.

Marc and Karen will provide the Board with updates as this meeting begins to come together. Staff will work with NABP to develop the agenda for the session and any additional plans for the meetings. The Board would like to follow agenda development, costs and desired roles for Board members.

Donna will summarize the retreat outcomes for staff and the Board to review and finalize by the end of December. The Board thanked Donna once again for a productive day and meeting.

Adjourn

MOTION

Motion to adjourn at 3:59 PM was made and unanimously carried (Motion by James, second by Chute).

Accepted by:

A handwritten signature in black ink, appearing to read "Marcus Watt". The signature is fluid and cursive, with a prominent "W" and "T".

**Marcus Watt,
Executive Director**

Oregon Board of Pharmacy 2015 Strategic Planning – Retreat Outcomes

Issue	Desired Outcomes	Actions to be Taken	By Whom	By when
Board Process	To improve the board’s process by developing a consistent form of consensus building. As topics are concluded, define who is doing what and by when.	<ul style="list-style-type: none"> • The President and Executive Director will co-facilitate meetings, using the 1-5 consensus tool whenever possible; • The Vice President will assist by clarifying action items and polling the group for consensus. 	The President, Executive Director, & the Vice President of the Board.	February 2016 meeting & onward.
NABP/AACP District Meeting Planning	Support development of a plan for hosting district meeting in Oregon.	<ul style="list-style-type: none"> • Work with NABP to develop agenda for events; • As agenda is developed, keep board members in the loop; • Clarify desired roles for Board members as the events approach. 	Karen MacLean & Marc Watt will coordinate and report to Board.	Ongoing
2017 Legislative Concepts	<p>(1) Review housekeeping related issues and submit those this year;</p> <p>(2) Select three to five policy concepts and have a workgroup focus on these topics with a recommendation submitted by April 15, 2018.</p>	<ul style="list-style-type: none"> • The board will address housekeeping items at the February 2016 meeting. • . The board will identify topics if necessary for the 2019 Session. 	<p>The Board</p> <p>The Board</p>	<p>February 2016 meeting</p> <p>February 2018 meeting</p>
2016 125th OBOP Celebration	Plan a high impact, low cost event that raises awareness for the Oregon Board of Pharmacy’s 125 th Anniversary.	Invite all previous board members to a celebration event.	Oregon Board of Pharmacy Staff & Board Members	September 2016

Oregon Board of Pharmacy 2015 Strategic Planning – Retreat Outcomes

Prescription Errors	<p>To improve the reporting of prescription errors through anonymous data collection based on (1) the type of error and (2) the position of the person who committed the error.</p> <p>The goal of this effort is to increase reporting in order to learn lessons and improve pharmacy practices in Oregon—not to find errors in order to penalize practitioners.</p>	<p>Step 1: The staff will review data from ISMP and in April of 2016 a staff member will report findings to the board.</p> <p>Step 2: Marc and Ken will meet with OPSC staff members between now and April to discuss creating an Oregon specific reporting forum and report back to the Board.</p>	<p>Oregon Board of Pharmacy Staff</p> <p>Marc Watt & Ken Wells</p>	<p>April 2016 meeting</p> <p>April 2016 meeting</p>
Interns/Preceptors	<p>To clarify the laws and rules of the intern-preceptor dynamic and to remind the field of the importance of this relationship for professional development.</p>	<p>Staff will write an ‘Intern & Preceptor Good Practices’ article, which will include rules and laws, for the pharmacy Spring 2016 newsletter.</p>	<p>Fiona Karbowicz & Laura Elvers</p>	<p>Spring 2016</p>
How We Do Business	<p>Clarify: (1) how to treat applicants who have marijuana related charges on their record and (2) how to deal with unsworn falsifications on license applications (e.g. failing to report an arrest that happened twenty years ago)?</p>	<ul style="list-style-type: none"> • Staff will rewrite the application portion relating to marijuana possession so that marijuana possession cases will be treated similarly to alcohol impairment cases. • Staff’s authority to sign orders will be placed on the grid. • The grid will be reviewed at June board meeting (including discussion of redefining the application parameters for arrests). 	<p>Staff</p> <p>Marc Watt & Gary Miner</p> <p>Board</p>	<p>June 2016</p>
Technician Rules, Education and Evolution	<p>Examine the duties of pharmacy technicians as outlined in the statute and discuss whether their roles/duties should be further clarified/defined.</p>	<p>Staff will provide the various educational options available to technicians for the board to review and discuss any proposed changes at the 2016 Strategic Planning Meeting.</p>	<p>Oregon Board of Pharmacy Staff</p>	<p>2016 Strategic Planning Meeting</p>

Oregon Board of Pharmacy 2015 Strategic Planning – Retreat Outcomes

<p>Medication Reconciliation</p>	<p>(1) Send a clear message to pharmacists and technicians about the Board’s expectations in Medication Reconciliation. (2) Move toward enhanced training for pharmacies in hospital settings. (3) Develop a “Best Practices” article to be distributed in the OPOB and pharmacy newsletters, which cites rules and statutes. (4) A rule needs to be created about Medication Reconciliation.</p>	<ul style="list-style-type: none"> • Staff will draft a clarification article on “Best Practices” in the November 2017 newsletter 	<p>Oregon Board of Pharmacy Staff</p>	<p>After the Rule in August of 2017 & in the November 2017 newsletter</p>
---	--	--	---------------------------------------	---