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News



Ohio State Board of Pharmacy

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Annual CE Reminder

If your license number begins with 03-1, have you submitted your continuing education (CE) to the Ohio State Board of Pharmacy yet? If not, you only have until May 15 to report it to the Ohio State Board of Pharmacy office. Remember, the procedure has really changed since the last time you reported. You do **not** have to list your individual program numbers as in the past. All you are asked to do is select a statement, certifying that you have done the required continuing education and **that you have the certificates in hand**. You will only have to produce the certificates if you are one of the pharmacists randomly chosen to be audited. Please be sure the certificates are dated on or after March 1, 2007, if you certify your CE on time. If you miss the May 15 deadline, you will be audited automatically. For those who fail to report by May 15, your certificates must be dated within the three years prior to the date you actually certify your CE to the Board office. In addition, beginning this year, the reporting is being done online, using a method similar to the one that you have used for license renewal the last two years. Those who are required to report this year should have received a letter with a user ID and password to use for the reporting. If your license begins with 03-1 and you have not received the instructions from the Board telling you how to report (other than pharmacists newly licensed after June 1, 2009), please contact the Board office immediately.

From now on, please make sure you have your certificates in hand before submitting the report form. If you are audited and cannot provide the certificates or if your certificates are dated **after the date you submit the form**, you will face Board action. In addition, you should be aware that the Board now randomly audits a higher percentage of pharmacists who report continuing education than in the past. Previously, we audited about 10% of those reporting. With this new procedure, that figure is about 25%, so your chances of being audited will be greater. **Please make sure you have the certificates in hand before you submit the reporting form.** In addition, please make sure the three hours of Board-approved jurisprudence CE is listed on the Board's Web site. Do not assume that your courses on pharmacy law will count unless they are listed on the Board's Web page. If you have at least 60 hours worth of certificates in hand and you have verified that your jurisprudence credits are Board approved when you certify that you

have met the requirement, you should not have any difficulty with the audit, should you be so lucky as to be chosen.

If you are audited, please submit the original documents to the Board when requested. It would be a very good idea to make sure you have copies of them before you send the originals to the Board office. Every year, we have one or two people whose documents end up disappearing within the United States Postal Service system.

Have You Changed Your Name, Address, or Work Site?

Now that we are using the online renewal system for the renewal of your pharmacist license, it is critical that you keep the Board's records current. The online system requires that the terminal distributor of dangerous drugs (TD DD) license number that is associated with your pharmacist license number is active. If the TD DD number associated with your pharmacist license number is not listed as active, you will not be allowed to renew online and will have to get things corrected before you will be able to renew. Just as a gentle reminder, you only have a limited time to report changes to the Board office, as required by our rules 4729-5-05 and 4729-5-06, as follows.

Rule 4729-5-05 [Update effective 07/01/1993]

- (A) A pharmacist or pharmacy intern, who has a legal change of name, shall report the change to the board of pharmacy within sixty days from the effective date of such change. Such notification of a name change shall be accompanied by one of the following:
- (1) A notarized affidavit;
 - (2) A certified copy of a court record;
 - (3) A certified copy of a marriage certificate.

Rule 4729-5-06 [Update effective 07/01/1994]

- (A) Every pharmacist and pharmacy intern who changes his/her mailing address shall notify the board of pharmacy of the new address within thirty days after the effective date of such change.
- (B) Every pharmacist and pharmacy intern who changes his/her place of employment shall notify the board

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JCPP 'Future Vision' Sets Course for Advancement of Pharmacy Practice

The Joint Commission of Pharmacy Practitioners (JCPP) brings together the chief executive and chief elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPP meets quarterly and forms workgroups that focus on priority projects. The JCPP has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years, and will continue to influence pharmacy practice through its vision articulated in "Future Vision of Pharmacy Practice."

Past Impact

Recommendations resulting from JCPP conferences and quarterly meetings have been aimed to ensure public health and safety by optimizing the medication use process. Working collaboratively through the JCPP, leaders in the profession "acknowledged that the focus of pharmacy must move beyond the important but narrow aspect of 'right drug to the right patient' and encompass the responsibility for assuring that appropriate outcomes are achieved when medications are part of a patient's individual treatment plan." This perception of the function and responsibility of pharmacy practice helped to facilitate changes such as the shift to a universal doctoral level of education, and practice and legal changes that have helped pharmacists to increase their scope of services.

Also as a result of JCPP collaborations, coalitions among pharmacy organizations and other stakeholders have been formed, and have helped to shape new state and national legislation and regulations. For example, JCPP coalitions helped influence changes that resulted in Medicare's prescription drug benefit requirement for medication therapy management services as of 2006.

Future Impact

Through the "Future Vision of Pharmacy Practice," adopted by JCPP member organization executive officers in 2004, the JCPP will continue to influence positive change in the practice well into the next decade. The JCPP "Future Vision of Pharmacy Practice," endorsed by each JCPP member organization's board of directors, envisions what pharmacy practice should look like in 2015, as summarized in the document's opening statement: "Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes."

In his incoming speech at the NABP 105th Annual Meeting in May 2009, President Gary A. Schnabel, RN, RPh, endorsed the future vision outlined in the JCPP "Future Vision of Pharmacy Practice," stating, "As boards of pharmacy, I feel that it is also imperative for us to embrace this future vision, and through our statutes and regulations define and advance that vision in the context of patient care and protection of the public health . . . If the boards of pharmacy can provide the regulatory environment that fosters the vision on behalf of the patient and the protection of the public health, then this collective vision of practitioners and regulators will serve as one of the pillars of a new foundation for the practice of pharmacy first proposed some 30 years ago and discussed ad nauseam every year since those words were first spoken and captured in the pharmacy journals."

The 2015 future vision is detailed in the document in three sections: the foundations of pharmacy practice, how pharmacists will practice, and how pharmacy practice will benefit society. The first section outlines the foundations of pharmacy education that prepares pharmacists

"to provide patient-centered and population-based care that optimizes medication therapy." The second section explains that the pharmacist's scope is to include managing medication therapy, accounting for patients' therapeutic outcomes, and promoting patient wellness. The section also emphasizes that as they work with other health care professionals, pharmacists will be the most trusted source of medications and supplies, and the primary resource for advice regarding medication use. Finally, the last section stresses that, by realizing the expanded scope of their practice, pharmacists will achieve public recognition as practitioners who are essential to providing effective health care.

In January 2008, the JCPP released the final version of "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice," which identifies three critical areas for initial focus as it works toward achieving the vision. JCPP anticipates more discussions to help align the action steps of the implementation plan and the policies of participating organizations. Thus, in keeping with the organization's mission, JCPP continues to implement its initiatives, including the "Future Vision of Pharmacy Practice," through the collaborative efforts it fosters.

The JCPP's "Future Vision of Pharmacy Practice" and "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice" can be downloaded from the National Alliance of State Pharmacy Associations' Web site at www.naspa.us/vision.html.

ISMP Stresses Need to Remove Non-Metric Measurements on Prescriptions and on Patient Labels to Prevent Error



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a FDA MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

ISMP is calling upon prescribers, pharmacists, and other health care professionals, as well as pharmacy computer system and e-prescribing system vendors, to remove or prevent the use of "teaspoonful" and other non-metric measurements in prescription directions in order to better protect patients.

In the past, mix-ups involving confusion between measuring medications in milliliters or teaspoonfuls and other non-metric measurements have resulted in the serious injury of children and adults.

These mistakes continue to happen. ISMP has received more than 30 reports of milliliter-teaspoonful mix-ups, including cases where injuries required treatment or hospitalization. In one case, a child who recently had surgery was seen in an emergency department and later was admitted with respiratory distress following an unintentional overdose of acetaminophen and codeine liquid. The pharmacy-generated label on the child's medication bottle instructed the parents to give the child six



teaspoonfuls of liquid every four hours. The original prescriber stated the prescription was for 6 mL. The child received five doses before arriving at the emergency department.

In a second case, a child received an overdose of the antifungal medication Diflucan® (fluconazole) suspension. The physician phoned a prescription for Diflucan 25 mg/day to a community pharmacy for a three-month-old child with thrush. The pharmacist dispensed Diflucan 10 mg/mL. The directions read “Give 2.5 teaspoons daily.” The directions should have read “Give 2.5 mL daily.” Prior to the error, the child had been ill for the previous three weeks with an upper respiratory infection, nausea, vomiting, and diarrhea. It is suspected that the child’s subsequent hospitalization was related to this error.

ISMP Safe Practice Recommendations

The health care industry – including practitioners and computer vendors – needs to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. Steps, like the following ISMP recommendations, must be taken to prevent errors:

- ◆ Cease use of patient instructions that use “teaspoonful” and other non-metric measurements, including any listed in pharmacy computer systems. This should include mnemonics, speed codes, or any defaults used to generate prescriptions and labels.
- ◆ Express doses for oral liquids using only metric weight or volume (eg, mg or mL) – never household measures, which also measure volume inaccurately.
- ◆ Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- ◆ Coach patients on how to use and clean measuring devices; use the “teach back” approach, and ask patients or caregivers to demonstrate their understanding.

The *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy’s (Model Act)* labeling provisions state that the directions of use language should be simplified, and when applicable, to use numeric instead of alphabetic characters such as 5 mL instead of five mL. The *Model Act* also provides for the pharmacist to personally initiate counseling for all new prescriptions, which can decrease patient injuries due to improper dosing.

Clarification on HIPAA Regulations and Claims Submission

NABP received questions about a statement that appeared in the article, “Concerns with Patients’ Use of More than One Pharmacy,” published in the 2009 fourth quarter *National Pharmacy Compliance News* which read, “Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient.”

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.501) establishes a foundation of federal protection for personal health information with which health care practitioners must comply. To avoid interfering with a patient’s access to, or the efficient payment of quality health care, the privacy rule permits a covered entity, such as a pharmacy, to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities. The rule includes the determination of eligibility or coverage and utilization review activities as examples of common payment activities, therefore allowing a pharmacist to submit cash claims. Additional information may be found at www.hhs.gov/ocr/

[privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html](http://www.nabp.net/privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html).

Pharmacists should, however, verify with their state boards of pharmacy as to whether there are existing state laws that prohibit this practice.

State Newsletter Program Celebrates 30 Years of News on Pharmacy Regulation

This year, the NABP State Newsletter Program celebrates its 30th anniversary of partnering with the boards of pharmacy to provide pharmacists with vital information about their state’s pharmacy laws and regulations.

The State Newsletter Program, which is part of the NABP Foundation, was developed to support the Association’s educational programs and research and development projects. Published on a quarterly basis, the program serves the state boards of pharmacy by communicating board information to pharmacists, pharmacy technicians, pharmacies, and others throughout the pharmacy profession.

The goal of the State Newsletter Program was, to improve communications with practitioners regarding federal and state law, this allowing them to comply with the law on a voluntary basis, demonstrating that an informed and responsible professional is one of the most effective means of protecting the public health.

In addition to the news provided by the boards of pharmacy, a copy of the *National Pharmacy Compliance News* is included in each issue. Published quarterly by NABP, *National Pharmacy Compliance News* provides important news and alerts from the federal Food and Drug Administration, Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, Consumer Product Safety Commission, and ISMP, as well as current national developments affecting pharmacy practice.

Using *National Pharmacy Compliance News*, merged with locally developed state news, a total of 16 states joined the program in its original summer 1979 publication, including 13 states that still participate today: Arizona, Arkansas, Delaware, Idaho, Kansas, Kentucky, Montana, Minnesota, North Carolina, Ohio, Oregon, South Carolina, and Washington.

Today, 31 states participate in the program. Of these, 18 state boards of pharmacy publish electronic newsletters rather than printed newsletters. The e-newsletter option was implemented in 2004, and has allowed boards with limited resources the opportunity to communicate important board information in a timely and cost-effective manner. State e-newsletters are posted on the NABP Web site rather than published by a printer; the board may also post the Newsletter to their Web site.

In 2006, the e-newsletter portion of the program was enhanced and NABP began offering the boards an e-mail alert service. The e-newsletter e-mail alert service, which consists of an e-mail notification that is sent through a state-specific e-mail database, is provided free of charge to participating state boards of pharmacy. Each alert notifies recipients that the e-newsletter is now available to download and provides a link to access the board’s newsletter. The Arizona State Board of Pharmacy was the first state to utilize this free service, and now the number of participating boards has grown to 12 states.

All NABP Foundation State Newsletters, including a copy of the *National Pharmacy Compliance News*, are available on the NABP Web site at www.nabp.net. Please note, years prior to 2000 are only available in hard copy form, and therefore, cannot be downloaded online. For more information about the NABP State Newsletter Program, contact custserv@nabp.net.

of pharmacy of the address of the principal place where they practice their profession, including pharmacist placement services, within thirty days after they have commenced such practice.

Waiting until renewal time to get these records updated will not only delay your renewal, but it could also be a violation of the Board's requirements. As you can see, these rules have been in effect without change for over 15 years. Please make sure you keep your records current.

You can notify us of a change in name, employment, or address by going to the Board's Web site and clicking on the "Forms" box on the right-hand side. Once there, you will find the proper form, which you can fill out on the screen, print, sign, and mail or fax to us. Pretty soon, you will also be able to notify us of a change in address from our Web site. You will need your user ID and password that you use for renewal and CE reporting. That process will be completed and available by the time the August State Board News is published and we will try to have instructions in the *Newsletter* then.

This is particularly important for pharmacists working for one of the major chains who got new TDDD numbers for many of their pharmacies this past year and for anyone else whose pharmacy got a new TDDD number for any reason. Please make sure that you file a change of employment form with the Board if the TDDD number at your place of employment changed, **even if your actual work site remained the same.**

As always, if you have questions about this process, please contact the Board office. As stated above, it is critical that you maintain accurate records with the Board.

Corresponding Responsibility is Needed More Than Ever

As many of you know, we are having a tremendous problem in Ohio with so-called pain clinics who are doing nothing but providing large amounts of controlled substances, particularly oxycodone and hydrocodone, to people who have no legitimate medical need for them. The problem of prescription drug abuse has risen to such a level that the Department of Health has identified "accidental" drug poisonings as a greater cause of death in Ohio than traffic fatalities. In several areas of Ohio, the abuse and misuse of these drugs has reached epidemic proportions. On April 2, Governor Ted Strickland issued an executive order creating the Ohio Prescription Drug Abuse Task Force, which will make recommendations to state leaders on ways to combat this problem.

As noted in one of our *Newsletters* last year, pharmacists responded in a very positive way to our e-mail blast about the Florida "pain" clinics and that response has continued in large part throughout Ohio this year as our own version of professional drug trafficking has exploded onto the scene. Many of the "patients" who are getting prescriptions for these drugs for reasons other than legitimate medical purpose have had to resort to traveling many miles in an effort to find a pharmacy willing to fill them. They have even resorted to calling the Board office in an attempt to find someone willing to fill them!

However, please be aware that there are both legitimate and illegitimate pain treatment providers working in Ohio. In addition, there are both legitimate pain patients and people who are trying to obtain these drugs for illegitimate use. The pharmacist

is often the last person who has the opportunity to make an independent judgment as to the legitimacy of the prescription and the patient. Both Ohio laws and rules and federal laws and regulations place a corresponding responsibility on the pharmacist to make that judgment and hold the pharmacist accountable for that judgment. Please note that the pharmacist is the one held accountable for making that independent judgment, not the employer, supervisor, or a fellow employee. The fact that the pharmacist called the prescriber and was assured that the prescription was legitimate may not be enough. The pharmacist needs to look at the prescribing habits of the prescriber, the patient and his or her condition, and the dose of the drug or drugs being prescribed. In addition, the pharmacist should take into consideration the distance that separates the patient, prescriber, and pharmacy. Just as in the Florida examples from last year, is it reasonable for a patient to travel long distances, passing by numerous doctors and pharmacies, in order to obtain prescription medications? Sometimes it may be, but usually that is indicative of a problem.

Having said that, please remember that there are legitimate pain specialists and legitimate pain patients out there. Legitimate patients should have their prescriptions filled in a timely fashion and without harassment. People who travel long distances and prescribers whose pain therapy appears to come from a cookbook should receive a little extra review before medications are dispensed. The reports available from the Ohio Automated Rx Reporting System program will frequently be able to provide assistance in making those judgments.

Disciplinary Actions

Anyone having a question regarding the license status of a particular practitioner, nurse, pharmacist, pharmacy intern, or dangerous drug distributor in Ohio should contact the appropriate licensing board. The professional licensing agency Web sites listed below may include disciplinary actions for their respective licensees.

State Dental Board – 614/466-2580, www.dental.ohio.gov

State Medical Board – 614/466-3934, www.med.ohio.gov

State Nursing Board – 614/466-3947, www.nursing.ohio.gov

State Optometry Board – 614/466-5115, www.optometry.ohio.gov

State Pharmacy Board – 614/466-4143, www.pharmacy.ohio.gov

State Veterinary Medical Board – 614/644-5281,
www.ovmlb.ohio.gov

Drug Enforcement Administration – 800/882-9539,
www.deadiversion.usdoj.gov