

GROUP 4 (PHARMACY) BOARD DIRECTOR REPORT

March 2011

1.) Board Meetings Scheduled & Held

<u>Board</u>	<u>Scheduled</u>	<u>Held</u>	<u>Date</u>	<u>Reason Cancelled</u>
Pharmacy (Board)	March 14, 2011			Scheduled and Held

2.) # of Out-of-State License Verifications Processed & Walk-ins Served

<u>Board</u>	<u># Verifications Processed</u>	<u># Walk-ins</u>
Pharmacy	11	35

3.) # of Complaints and Petitions for Summary Suspensions Filed by OAG

<u>Board</u>	<u># of Complaints</u>	<u># of Petitions for Summary Suspensions</u>
Pharmacy	5	2

4.) # of Full Board & ALJ Hearings and Personal Appearances (Disciplinary & Appeal)

<u>Board</u>	<u># of Full Board</u>	<u># of ALJ</u>	<u>Separate ALJ Day?</u>
Pharmacy	20	no	no
INSPECT	0	no	no
CSR Applications	6	no	no
EDI	0	no	no

5.) # of Discipline Actions Taken During Previous Month

<u>Board</u>	<u># put on Probation</u>	<u># of NPD</u>	<u># Suspended</u>	<u># Reinstated</u>
Pharmacy	2	2	5	0
<u># of Surrender</u>	<u># of Revocation</u>	<u># CE Audit Suspensions</u>		
0	2	0		

6.) Concerns & Additional Information

- **Staffing/HR:** I have substantially completed the interview process for the fifth compliance officer position that will be taking a large chunk of the southern district from

Eric Percy. I'm hoping to make an announcement the week of the Board meeting on the new hire and how we plan to rework the compliance team (I've already discussed this with management and all the members of the compliance team and received positive feedback thus far). I hope to be able to share the name of the fifth individual as soon as they accept our offer and we have final clearance from the State Personnel Department.

At this point, I'm looking at breaking up the original four districts into five districts, with four larger districts and a fifth district that is about half the size of the other four in terms of overall numbers of facilities (facilities include all entities that we are required to inspect including retail and institutional pharmacies, HME/DME, CSR facilities (research, animal shelters, clinics, etc.), and wholesale drug distributors). We would then have a southeastern district, southwestern district, east central district, west central district, and finally a northern district.

The decision to keep the Diversion Officer assigned to some inspection responsibilities came about in part as a reflection of the unique geography of southern Indiana and the issues inherent in trying to find a good candidate that can adequately cover that entire area and still keep costs down. Two other factors in deciding to make five districts included one, the fact that we have needed to rebalance all of the districts for some time now given the different workloads and travel times – particularly sharing and breaking up the more complex hospital systems so that there was more equity between compliance officers and no one individual was responsible for the complexity inherent in institutional pharmacy – and two, because it made more sense to continue to have the diversion officer perform a smaller number of inspections since he would continue to be onsite at so many different facilities in and out of his district.

Also, following the last Board Meeting, our Litigation Specialist, Stacie, gave birth to a baby boy - Jordan Matthew Barclay - and for approximately the next month and a half will be on maternity leave, leaving us one woman down on the pharmacy team. So far, we have been able to make the necessary adjustments to keep up with the work flow (although, the litigation in particular has increased the last few weeks, which has been positive as it means more of our consumer complaints are being filed). We wish Stacie and her family the best.

I have no new updates on any progress relating to trying to create the position of Board Counsel and/or Regulatory Affairs Coordinator. These projects are not dead, but are continuing to be developed as we look at need and funding. While I don't think anyone questions the need for additional resources, we have not satisfactorily identified the funding mechanism at this time.

- **IT Update & Issues:** Aside from the INSPECT issues related to RxWatch and the upgrade to reporting in the new ASAP 2007 standards (which Josh will be discussing with the Board during his next report; specifically, how to handle an influx of compliance hearings that we anticipate), we had a quiet month IT wise. The only notes of interest would be the launch of the Board of Pharmacy Newsletter during the month, which so

far has received very positive response. The second item is the launch on our web pages of materials for remote locations. We are providing detailed directions and essentially a road map for how a facility needs to apply for a remote location and what materials we require them to submit. Here is a link to the page for the remote location instructions:

<http://www.in.gov/pla/3181.htm>

Additionally, Josh Klatte and I are working on a presentation of RxWatch that I will be giving at the Poster Session at the NABP Annual Meeting in May. We have been in testing for about a month on the site and are continuing to add new materials. We want to get the jump on showing this off nationally before another state develops a similar site.

- **Abandon Rate:** Our abandoned call rate for the month of March was 2% (a repeat of the month of February – continuing to show strong consistency and performance for the group). We achieved first place in the agency among all groups for the month (even as we started to move into renewals and see a slight increase in our call numbers).
- **Legal/Legislative:** With the legislature back to work again, we do have some good news to report on four items: Take Back Legislation, Eprescribe Legislation, Pharmacist Immunization Authority, and PSE.
 1. Take Back – Our Take Back Bill – HB 1121 – was heard in the Senate Health Committee just this last week and voted out of committee successfully with no “nay” votes. There was one amendment offered by PhRMA that we were supportive of and that helped to clarify whether or not we could require an entity to engage in take back or charge them a licensing fee. We don’t think the amendment changed the underlying intent of the bill. We anticipate that the Bill will make it through second and third readings with no problems, and that it should receive a concurring vote in the House and go to the Governor’s desk. We have been told that PhRMA intends to use our bill as a national model for potential take back legislation.
 2. E-Prescribe – We believe our legislative team has resurrected e-prescribe language into HB 1298 which is currently being heard in the Senate. We have been getting lots of questions on this issue, but have not been able to report much progress because of the legislative walkout last month. As of last week, it looks like this issue may have been resurrected. However, it has not gained a full committee vote as of yet.
 3. Pharmacist Immunization Authority – Like e-prescribe, members of the Retail Council and other constituencies were able to convince the authors of HB 1298 to allow a watered down version of expanded immunization authority to be amended into the bill. The Bill is becoming the proverbial professional licensing Christmas tree bill. The watered down scope would apply to shingles, but would

not change the age limits. Again, the bill has not been voted out of committee as of the date of the submission of this report.

4. PSE – while we did not take a position on this bill, I can report that the senate version of the tracking bill was voted out of the House Public Health committee and sent to the floor. As of this report, I have no new updates. The only version alive concerns tracking and electronic reporting through the NPLEX system (MethCheck).
- **Economic Development:** This last month was relatively quiet on the pharmacy economic development front. The Board and I completed a round of inspections with Medco but do not anticipate any additional developments with them for the time being. We also started to engage on a potential project with a retail chain, but are still waiting on details and additional needs/questions from that chain. I also completed and signed a new agreement with Stericycle that reviewed their expansion plans and their need for continued flexibility in warehousing. The primary key to the Stericycle agreement focused on the fact that they are engaged in reverse distribution for destruction purposes. They do not redistribute or do sale of front end product to the consumer.
 - **Board President Meeting:** The Board President, Bill Cover, and I met on February March 8th and March 28th. Both meeting focused on upcoming projects for the Board related to what we had termed our Prescription Transfer Rule, but now are terming our Pharmacy Technology and Modernization rule. We spent two full day sessions in attempting to figure out what aspects of our administrative regulations needed to be addressed.
 - **Update on Boxes & Storage:** As of last week, and thanks to the leadership of Eric Percy, we have completely eliminated all of the confiscated and/or adulterated drugs that were being stored in the back closet of IPLA Storage Room. This constituted over 15 boxes of prescription drug product ranging from drugs that were turned over to the compliance team, drugs that were confiscated for adulteration purposes, etc. Mr. Percy arranged for destruction locally through Covanta Energy who destroyed the drugs at no cost and as a public service. Covanta is a DEA approved incinerator that is used by many of our licensees. It is our hope to develop a future policy and procedure to do destructions again if the need arises. While it is my hope that we avoid at all cost ever taking possession of drug product again in the future, practically speaking, I know that there will always be a need and that it is a part of our duty and responsibility to assist when there is no other resort for turning over drugs.

Additionally re: boxes, we are down to approximately 9 boxes of old renewals left to be scanned, indexed, and sent to ICPR for destruction. Amy Phillips and the case manager team continue to work on these boxes. It is my hope that when Stacie returns we will be able to get rid of our litigation boxes, which she has already scanned and indexed. I believe we are still waiting for the OK from operations and ICPR. With those two items complete, we will have removed all pharmacy boxes from the office.

- **Renewal Issues/Update:** We started pharmacist intern renewals at the beginning of March and are approximately to the half way point on successfully renewing all eligible candidates. We anticipate a large rush in the next two weeks with lots of questions regarding need of a license (i.e. for P4 students still wishing to work) and transfer of hours to other states. Per usual, our intern classes are slightly more complicated renewals because they cannot renew online with the required additional material that needs to be submitted with their forms (i.e., transcripts, etc.). We are also seeing an increase in the number of Interns coming from Sullivan University, along with more P1's needing to be signed up early so they can begin completing their IPPE hours.
- **Outreach:** During the month of March, I participated in the following meetings, presentations, or workgroups that involved the Board of Pharmacy or had contact with media on the following issues:
 1. Meet with the Vet Board about the Cass County Animal Shelter case at their request. In the future, we will be working with Dr. Kovach from that Board to ensure that their recommendations on facilities seeking to obtain CSRs (and related to Veterinary medicine) are considered before the Board of Pharmacy takes any final action. This is part of deal with made after the dissolution of CSAC last year.
 2. Working on completing our second monthly newsletter. Our only issue at this point seems to be man-power. The newsletter received great response, but I am finding it difficult to keep the project going on a timely basis. I may need to reevaluate some duties in the group to see if we can ease the burden on our editor.
 3. Worked with the Board Member Inspection Team to review new additions at the Medco Facility in Whitestown, Indiana following the March Board Meeting. They anticipate doing their grand opening at some point this spring or early summer.
 4. I did a site visit with a retail pharmacy chain regarding some upgrades they hope to make in their stores.
- **Dept. of Health/Medicaid Workgroups:** I did not have meetings with these groups during the month of March but do have two planned during April.