

PROCEEDINGS OF THE ANNUAL MEETING OF THE
NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
AND THE
AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY
OF THE THIRD DISTRICT

Charleston, South Carolina

August 6-8, 2006

**CO-HOSTS: South Carolina Board of Pharmacy
Lee Ann Bundrick, RPh,**

and

**South Carolina College of Pharmacy,
Joseph T. DiPiro, Pharm.D., Dean**

George H. Cocolas, Editor

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Annual Meeting Program

August 6, Sunday Afternoon

11:30 am– 5:00 pm Registration

First General Session

Moderator: Lee Ann Bundrick, RPh
Administrator, South Carolina Board of Pharmacy

12:15 – 12:30 pm **Welcome**
Bobby Brown, RPh
Chairman, South Carolina Board of Pharmacy

12:30 – 1:00 pm **NABP Report**
Lawrence H. Mokhiber, RPh, President
National Association of Boards of Pharmacy

1:00 – 1:30 pm **AACP Report**
Diane E. Beck, PharmD, President
American Association of Colleges of Pharmacy
College of Pharmacy University of Florida

1:30 – 1:35 pm **Necrology Report**
George H. Cocolas, PhD
University of North Carolina School of Pharmacy

1:35 – 1:45 pm **Appointment of Committees**

1:45 – 2:00 pm **Break**

First General Session Continued

Moderator: Lee Ann Bundrick, RPh
Administrator, South Carolina Board of Pharmacy

Patient Safety Issues

3 hours CE Credit (ACPE #062-000-06-042-L04)

2:00 – 4:00 pm **Making the Case for Quality:
A Way to Improve Patient Safety**
Rebecca Snead, RPh
Executive Director, Virginia Pharmacists Association

4:00 – 5:00 pm **Intimidation as a Factor in Medication Errors**
Richard Schulz, PhD
Department of Pharmacy Practice
South Carolina College of Pharmacy, USC Campus

6:00 – 7:00 pm **Reception, Doubletree Hotel Courtyard**

7:00 pm **Dinner on your own**

August 7, Monday Morning

7:30 – 8:30 am **Breakfast**

8:30 – 11:30 am **2nd General Session**
Moderator: Lee Ann Bundrick, RPh
Administrator, South Carolina Board of Pharmacy

Importation and Internet Practice Issues
3 hours CE Credit (ACPE #062-000-06-043-L04)

8:30 – 10:15 am **Coalition for Community Pharmacy Action**
Cathy Polley, RPh
State Government Affairs, NACDS

Pharmacy Practice Legislative and Regulatory Issues
Dale Masten, RPh
State Government Affairs, Southeast Region, NACDS

10:15 – 10:30 am **Break**

10:30 – 11:30 am **Multi-State (Internet) Pharmacy Practice**
Jay Campbell, RPh, JD
Executive Director, North Carolina Board of Pharmacy
Steve Hudson
National Association of Boards of Pharmacy

Noon **Lunch**

Free Afternoon Touring ...Shopping...Horse Carriage Rides...
Golf at Patriots Point Golf Club (pre-registration essential)

6:30– 7:00 pm **Bus Ride to Charleston Aquarium**
Catch bus in front of Double Tree Hotel

7:00 – 10:00 pm **Reception and Dinner at Charleston Aquarium**
Dixieland Band and Plantation Singers; Aquarium Tour
(Buses will provide transportation back to hotel)

August 8 Tuesday Morning

7:30 – 8:30 am **Breakfast**

8:30 – Noon **3rd General Session**
Moderator: Joseph T. DiPiro, PharmD
Dean, South Carolina College of Pharmacy

Pharmacy Technician Education/Emergency Preparedness

3 hours CE Credit (ACPE #062-000-06-044-L04)

8:30 – 9:30 am **Pharmacy Technician Training: Where Is It Going?**
Janet Teeters, RPh, MS
Director, Accreditation Services Division, ASHP
Maria D. Spencer, MA
Director, State Government Affairs, ASHP

9:30 – 9:45 am **Break**

9:45 – 11:30 am **Emergency Preparedness: Lessons Learned**
Fred Mills, RPh
Farmers-Merchants Bank and Trust, Breaux Bridge, Louisiana

11:30 – 11:45 am **AACP Separate Business Meeting**

11:30 – 11:45 am **NABP Separate Business Meeting**

11:45 – 12:15 pm **Combined NABP/AACP Business Meeting**
Report of Committees
Invitation to 2007 NABP/AACP District Meeting
Program Evaluation
Adjournment

District III of the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy thanks the following organizations for their generous support of this meeting through unrestricted educational grants

Barr Pharmaceuticals

Brooks Eckerd Pharmacy

CVS Pharmacy

Kerr Drug

Long Tern Care Pharmacy Alliance

Purdue Pharma

Smith Drug Company

Walgreen Pharmacy

South Carolina Pharmacy Association

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REPORT OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

Lawrence H. Mokhiber
President

This afternoon I will be touching upon a number of items concerning NABP and its programs and services. Some of those programs and services have been around longer than me. Those programs and their acronyms are probably familiar to all of you. Others are new or may be a program or service that you have not heard about before or needed to use. I know how confusing the alphabet soup of acronyms can be, so I will be careful to spell out and explain all of the new acronyms and programs. If I miss one, or there are some programs or services that are not familiar to you, please do not hesitate to stop me or ask me or Carmen about it later.

During all these years, the NABP/AACP District Meetings have always been one of my favorite activities. The District Meetings are a great opportunity to learn what is happening in other states, exchange information with colleagues from the colleges and boards, and interact with some of the best people in pharmacy. The District Meetings truly offer the perfect setting to identify issues that are important to the boards and colleges of pharmacy and provide direction to NABP and AACP.

Let me also take a few minutes to remember our Executive Director Emeritus, Fred Mahaffey. For those of you who are not aware, Fred passed away just a few weeks ago. Needless to say we were surprised and touched by his recent passing. Fred was energetic and in rare form at our Annual Meeting just a few months ago in San Francisco. For those of you who did not know Fred, he was Executive Director of NABP for 32 years and pioneered the development or improvement of some of NABP integral programs such as the NAPLEX and licensure transfer. His whole life was NABP and we are thankful for the leadership and sacrifice he provided to NABP. Please join me in a moment of silence for Executive Director Emeritus Fred T. Mahaffey.

I'd also like to thank our co-sponsor of the District Meetings, the American Association of Colleges of Pharmacy (AACP). The Executive Committee and members of NABP appreciate the leadership AACP provides in representing the colleges and schools of pharmacy at both the District Meetings and nationally. Our collaborations with Lucinda Maine and AACP remain strong and, in fact, are increasing as a result of major initiatives which AACP and NABP are involved in and committed to advance forward.

One such project responds to the requests we heard from the colleges and schools of pharmacy and the Accreditation Council for Pharmaceutical Education (ACPE). NABP and AACP, together with ACPE, are working to develop objective data sources and matrices to assist with curriculum review and development. Over the past few months, AACP, member colleges and schools of AACP, ACPE, and NABP have been in discussions and pilot testing an assessment tool, referred to as the Pharmacy Curriculum Outcomes Assessment (PCOA) mechanism. The blueprint for the proposed PCOA is based on the newly revised FPGEE blueprint that incorporates much of

ACPE's updated standards and guidelines for a pharmacy curriculum as well as outcomes from AACP's CAPE project. The PCOA will provide data and information that can be mapped to a school's curriculum and offers more directly applicable information than the North American Pharmacist Licensure Examination™ (NAPLEX)™ results. Although NAPLEX performance is an important measure, the applicability of this data in directly assessing curriculum is limited because the intent of the NAPLEX is assessment of the application of knowledge and skills necessary for entry-level practice and is not intended for use in the assessment of curricula.

More information about this exciting project will be forthcoming, as AACP, ACPE, and NABP work together to hammer out the concept and details and continue pilot testing. The PCOA is just one of the initiatives that we are involved in with AACP. I'm sure that Lucinda and the leadership of AACP will agree with me when I say, that I expect our collaborations with AACP to increase and the importance of those collaborations increase as well.

During NABP's 102nd Annual Meeting I spoke of the importance of shepherding fledgling programs, like PCOA, through the early years. While programs such as Verified Accreditation of Wholesale Distributors (VAWD), Pharmacist Self Assessment Mechanism (PSAM), PCOA and Pharmacy Authenticated Licensure Service (PALS) program, something which I will talk about more later, received an excellent start due to the leadership of past presidents Donna Wall, Donna Horn, and Dennis McAllister, I believe it is extremely important to continue strong support of these initiatives and expand them to fully address the needs of the state boards of pharmacy. The Executive Committee has agreed to support my efforts to finalize and monitor implementation of all new programs and services.

The support that NABP can provide recognizes the substantial amount of time and effort that goes into preparing new pretest items for the Multi-state Pharmacist Jurisprudence Examination (MPJE) each year. As such, the Executive Committee has approved soliciting the assistance of a consultant item writer for the MPJE. The items written by this consultant will supplement those written by the individual states; and will decrease the number of items that each state is responsible for writing.

Not only am I determined to continue to support the new programs and services that have been launched recently, I am committed to continuing NABP emphasis on the wider issues of patient safety and reduction of medical errors initiated by Donna Wall and Donna Horn. Achieving success in these areas will require a strong connection among NABP members; therefore, I am continuing to investigate and implement more ways to improve communication to board of pharmacy members. Dennis McAllister gave a great start to this with his surveys to the boards regarding their needs and wants. With the feedback received, NABP is redesigning its Web site to include more services to boards by electronic means. This includes a "Members Only" section and interactive communications.

In addition to new services on NABP Web site, it is being redesigned to provide an improved home page with cleaner features, a visually appealing layout and color scheme, and other exciting features. Additionally, online registration for all of NABP programs and services and online ordering of subscriptions and publications will soon be accessible from the Web site.

While expanded electronic communications offers many benefits, it will not replace the personal touch that NABP provides. NABP staff will continue to be available to provide states with critical legislative and regulatory information to face and manage upcoming challenges. The Executive Committee has also approved a major expansion of these services and contacts with the members, states, and districts. Member boards often tell us that NABP serves a central role for them in collecting, organizing, and disseminating information about emerging issues, legislation that is being enacted in the states, and recommendations, through model laws and regulations, that help the boards remain timely and effective. If you have any questions regarding how NABP can help, please feel free to talk to Carmen.

The PALS program which I mentioned earlier is another new service which NABP developed and is now making available to further assist with the validation of pharmacist and pharmacy licensure. NABP recently executed an agreement with Verizon to validate the licensure of pharmacies advertising on web sites involving Verizon services and programs. It is best described as the first step of the Verified Internet Pharmacy Practice Sites (VIPPS) program. We are excited that the PALS program has opened avenues to collaborate with stakeholders like Verizon that understand the public safety importance of not allowing illegal pharmacies and pharmacy sites from promoting themselves to the public as well as the need for employers to verify and validate the licensure of pharmacists they employ. More information about the PALS program will be forthcoming in the NABP Newsletter and the weekly information mailings to the state boards.

Before I close, I'd like to mention that the Association is pleased to announce that we are now accepting nominations for NABP members who truly exemplify the spirit and mission of NABP. These members will receive the 2007-2008 Awards, which will be presented at the 103rd Annual Meeting next May in Portland. The four awards are the Honorary President Award, Lester E. Hosto Distinguished Service Award, Lester E. Hosto Inspector Distinguished Service Award, and the Fred T. Mahaffey Award. Letters of nomination must include an explanation of why the nominee should be considered for an award and include his or her biography or current resume. Please note that nominations for these awards must be received at the Association Headquarters no later than December 31, 2006.

Finally, our Fall Educational Conference will be held on November 3-4, 2006, at the Hyatt Regency Savannah in Savannah, GA. The program will focus on critical issues the boards face today. I hope that you will join us.

REPORT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Diane E. Beck
President, AACP

On behalf of the membership, the Board of Directors of the American Association of Colleges of Pharmacy is pleased to participate in the NABP-AACP district meetings once again to provide an update on AACP activities of mutual interest to NABP and member colleges and schools. In this era of increased attention to quality and accountability in both health care and education there is still much to be done to achieve our shared vision of pharmaceutical care universally integrated across our health care system. District meetings provide an opportunity for dialogue between colleges/schools and state boards on regional and national issues. Evolving models of health care delivery, need for improved quality of medication use, mandates for significant change in federally supported health care programs, concerns about professional workforce size and distribution, and maintenance of professional skills and competence are but some of the many issues that inevitably impact both professional education and the profession's service to society.

Increasing Education Capacity

Colleges and schools of pharmacy recognize the responsibility to prepare an adequate number of appropriately educated and qualified pharmacists. Many AACP member institutions have implemented expansions in class size or are actively planning to increase capacity to take more students. We continue to see growth in new programs with over 100 institutions now progressing at least to the point of hiring a founding dean to establish a college or school of pharmacy. In addition, many institutions are adopting creative, flexible and nontraditional delivery methods to facilitate student learning in accelerated timeframes or across geographically separated classrooms.

As of fall 2005, there were 92 colleges and schools of pharmacy with accredited (including candidate status) professional degree programs. There was a 6.0 percent increase in the number of students (46,527) enrolled in first professional degree programs in 2005 from fall 2004. Of the total number of students enrolled in first professional degree programs for fall 2005, 65.5 percent were women and 12.3 percent were underrepresented minority students. For a summary of statistics on institutions, programs and students, refer to *Academic Pharmacy's Vital Statistics* available online at www.aacp.org under the "Institutional Data" link.

Faculty and Leadership Development

The expansion of the pharmacy education enterprise in the US in terms of the number of programs and number of students enrolled in those programs coupled with the current

faculty shortage and anticipated faculty and administrator turnover due to impending retirements are critical issues. We are actively engaged in providing programs and resources to enable faculty to be prepared and successful in meeting the expectations of their academic career and their obligations to their students, practice sites, educational institutions and society. The Academic Leadership Fellows Program, launched in 2004 with founding support from Pfizer, Inc., has enrolled 83 faculty and administrators from over 50 institutions over three years. This year-long development program for aspiring academic leaders provides structured opportunities for networking, self-discovery, and leadership skills development and will contribute greatly to the need for an expanded pool of leadership talent for the growing number of colleges and schools of pharmacy.

Student Recruitment and Diversity in the Health Professions

The Pharmacy College Application Service (PharmCAS) successfully completed its third admissions cycle in April 2006 and launched the fourth cycle in June 2006 with 47 member institutions participating. PharmCAS allows applicants to use a single application and one set of materials to apply to multiple pharmacy degree programs in the US. PharmCAS experienced a 1.5 percent increase in the number of applicants and a 19 percent increase in the number of applications submitted in the 2005-06 (Year 3) cycle as compared to the 2004-05 (Year 2) cycle. The average PharmCAS application to applicant ratio was 3.8 in 2005-06 compared to 3.3 in 2004-05. The number of applications for all pharmacy schools increased 8.7 percent to 79,135 in 2004-05 from 72,799 in 2003-04. The increase in pharmacy applications slowed considerably from the 54% increase experienced between 2002-03 and 2003-04.

AACP plans to use PharmCAS data and students' unique identification numbers in the future to enhance aggregate and individual school research and assessment efforts. As more institutions join PharmCAS, AACP will be able to better predict the academic success of pharmacy students on an institutional and national basis. AACP envisions a comprehensive longitudinal tracking of pharmacy graduates throughout their professional careers. The PharmCAS data has the potential to help the pharmacy profession achieve its goals related to policy discussions, advocacy efforts, and research agendas.

The number of Pharmacy College Admissions Test (PCAT) registrants is another indicator of student interest in pharmacy careers. PCAT experienced a 12.5 percent decline in registrants in 2005 compared to 2004. There was a total of 26,196 test-takers in 2005, a decrease from 29,924 in 2004. Despite the decline, it was the second highest number of PCAT registrants in the history of the exam and in October 2005 the highest number of registrants ever to take a single exam was recorded. There were 13,567 PCAT registrants in October 2005 compared to 9,350 in October 2004 and 12,060 in October 2003. There are three PCAT test dates scheduled for 2006. For the first PCAT exam given in January 2006, there was a total of 10,040 test takers. This is a 19.6% increase from January 2005. The October PCAT test date is now the most popular among applicants as more pharmacy institutions require the PCAT and move admission deadline dates earlier in the cycle. Currently, 62 of the 92 colleges and schools of pharmacy in the US require the PCAT for admission.

AACP is an institutional member of the Health Professions for Diversity (HPD) Coalition which works to raise awareness of the need for diversity in the healthcare workforce among health professionals, policy makers, and the public. In addition to advocacy for promoting diversity in health professions education, AACP is actively involved in

promoting cultural competence in the pharmacy curriculum. Today's students must learn to understand the needs of individuals of varied ethnic and cultural origins so that as healthcare practitioners they can effectively communicate with and counsel their patients. The 2006 AACP Interim Meeting content was devoted to cultural competence and closing the gaps of health disparities. The program provided insights into innovative programs that heighten understanding of cultural issues to enhance quality of care and lessons learned in how pharmacy educators should change their programs to reflect this new sensibility. During the Interim Meeting AACP partnered with the leading Spanish-language communications company in the US to host a medication brown bag review and health screening. Students and faculty of the University of Texas, Texas Southern University, University of Houston and University of the Incarnate Word, along with local practitioners (nursing and pharmacy), provided screenings and medication information for an estimated 1,000 attendees.

Looking ahead, AACP and other health professions education associations will offer a four-day interprofessional institute in January 2007 designed to help faculty and administrators inculcate cultural competence into health professions curricula. Participants will work in teams to explore dimensions of culture that impact interpersonal relationships, communication, and differences that may exist between a health care provider and patient's perceptions of health and healing practices. The institute will introduce tools designed to help educators identify and assess strategies for integrating this content into curricula.

Efforts to promote the benefits of a career in pharmacy included partnering with award-winning producers for public television (WLIW21 New York Public Television), the Parenteral Drug Association Foundation for Pharmaceutical Sciences (PDA Foundation), the American Society of Health-System Pharmacists and the American Pharmacists Association to develop a documentary on contemporary pharmacy education and practice. *Pharmacists: Unsung Heroes* gives viewers a better understanding of the health care resources provided by pharmacists. The program premiered in October 2005 during American Pharmacists Month and has aired in 41 of the top 50 media markets in the US since its launch. PBS affiliates have the option to air the show for the next two-and-a-half years. The program will be re-released in August 2006. AACP encourages member institutions and Boards of Pharmacy to ask their local PBS affiliates to air the show during optimal times such as American Pharmacists Month. AACP is offering complimentary DVDs of the program to all interested high school teachers, guidance counselors and administrators to peak student interest in pharmacy as a career. A 20-minute program accompanies the 60-minute documentary and a teachers guide facilitates its use with high school age students. Copies of the DVD are available from WLIW at <http://www.wliw.org/pharmacists/>.

Educational Programs: Defining Quality and Excellence

Assessment and Accreditation

AACP is committed to enhancing the use of explicit measures of quality and performance in pharmacy education and practice and considers this an essential element of continuously improving education and the services delivered to the public by pharmacists. The AACP Board of Directors submitted significant input into the final phase of the ACPE Standards revision process in October 2005 that focused on educational outcomes and process, assessment, professionalism, experiential education, faculty and institutional scholarship, and process issues

related to program assessment, consistency in standards application, and evaluation team composition. The revised standards released in February 2006 reflected suggestions forwarded by AACP. AACP now looks forward to assisting member institutions, faculty members, and administrators in meeting the new standards through an array of targeted programs, products, and services. For example, we are in discussions with NABP and ACPE around the development of valid and reliable measures of student and program quality.

Communication Skills

AACP hosted Dr. Carole L. Kimberlin (Florida) as the 2005 AACP/Donald C. Brodie Academic Scholar in Residence. During her six-month sabbatical at AACP, Dr. Kimberlin studied the current status of communication skills teaching and assessment at US colleges and schools of pharmacy. Dr. Kimberlin's work, "Communicating with patients: Skills assessment in US colleges of pharmacy" is published in the *American Journal of Pharmaceutical Education*--2006;70(3) Article 67 available at www.ajpe.org. Her work informed the design and content of the July 2006 AACP Teachers Seminar on building a conceptual framework for teaching and assessing communications skills. Topics addressed faculty and TA development for communication skills instruction; assessing communication skills in the admissions process; and motivational interviewing.

Enhancing Experiential Education

With grant support from Merck & Company, AACP launched a new initiative in 2005 to enhance the quality of and capacity for experiential education. The Academic-Practice Partnership Initiative (APPI) seeks to identify strategies that AACP and other stakeholders can use to advance the delivery of patient-focused care in a variety of settings while also enhancing the education of pharmacy students. Recommendations from AACP standing committees, membership task forces and practitioner organizations urged AACP to take a leadership position in developing strategies to identify exemplary practice sites and preceptors in order to meet the experiential educational needs of pharmacy students and the public's need for quality care. Three projects were completed in 2005: a national summit with stakeholder representation from pharmacy organizations, academia, employers, preceptors, consumers, students, NABP and ACPE; a process for documenting practice profiles of exemplary sites; and a web-based resource library for preparing preceptors. The specific goals of the APPI address implementation of the JCPP Future Vision for Pharmacy Practice and enhancing opportunities for pharmacists to become vital partners of colleges and schools of pharmacy as practitioner educators in Doctor of Pharmacy degree programs and residency training efforts; enabling colleges and schools of pharmacy in their efforts to assist practitioners in enhancing their practices; and assisting administrators at both the academic institution and the practice partner organization to enhance the efficiency and effectiveness of experiential program management. As a continuation of APPI goals in 2006-07 AACP, with *U.S. Pharmacist*, is pleased to announce an award program sponsored by Merck, Inc. to recognize the contributions of faculty/administrators of colleges/schools of pharmacy and the practitioner educators who are their practice partners in successfully conducting experiential education in exemplary patient care and teaching environments. The *Academic-Practice Partners Recognition Program* was announced at the AACP annual meeting in July 2006. Details will be available on the AACP website in November.

Historically state boards of pharmacy played important roles in experiential learning and determining the length and content of the “hands on” portions of pharmacists’ preparation. Over time with change in the educational program from the baccalaureate, many boards of pharmacy chose to accept the practical experience in the academic experiential program as satisfying licensure requirements. Now that all pharmacists graduate with the professional doctoral degree it is timely to examine the universal acceptance by Boards of Pharmacy of the educational experience, both introductory and advanced, that comprises more than a quarter of the PharmD curriculum as sufficient to qualify a graduate for licensure and practice. AACP notes the opportunity for collaboration presented in the NABP resolution “Standardized Experiential and Practical Experience Requirements for Student Pharmacists” and welcomes the opportunity to work with NABP, ACPE and the boards.

Interprofessional Education

Included in the AACP Strategic Plan is a goal that states “AACP will provide leadership for the development of interprofessional and multidisciplinary education, research, and patient-care opportunities for faculty and students at all colleges and schools of pharmacy.” In addressing this goal, a Council of Faculties Task Force on Interprofessional Education, Research, and Patient Care addressed curricular models for inter-professional education; educational outcomes; and strategies for implementation of curricular models by colleges/schools. The task force report is available at www.aacp.org, (select Governance-> Council of Faculties-> Final Reports-> 2006). Building upon this work and other collaborative initiatives across health professions (e.g., Institute for Healthcare Improvement (IHI) Health Professions Education Collaborative), the 2006-07 Professional Affairs Committee has been charged to explore the political and collaborative relationships across professional boundaries (health professions practice/regulatory and education) that are necessary to engage other health professions in order to develop truly interprofessional education programs and practice models. This may reveal potential regulatory facilitators and barriers to address with NABP and other licensure organizations.

Workforce

Pharmacy Manpower Project, Inc. (PMP)

Since the Bureau of Health Professions issued its report to Congress concerning the pharmacist shortage, pharmacy workforce issues have commanded attention both within and beyond the boundaries of the profession. Workforce, medication safety, quality assurance, and a mandate for expanded medication therapy management services have contributed to sustained significant media exposure for pharmacy as a healthcare profession and health professions career opportunity. PMP-sponsored workforce projects have made substantial contributions to the literature and to the heightened visibility of pharmacy and recognition of the importance of pharmacy services in the healthcare system. The ongoing web-based demand index (The Aggregate Demand Index (ADI) Project) under the direction of PMP consultant Dr. Katherine Knapp (Touro University-California) has an enhanced website: www.pharmacymanpower.com and new data features. Pharmacist demand information is available by state, region and practice setting in addition to national reporting.

The PMP-commissioned "National Sample Survey of the Pharmacist Workforce" under contract to the Midwest Pharmacy Workforce Research Consortium was released to the public on March 17, 2006. The final report is posted on the AACP Pharmacy Manpower Project webpage. [Go to www.aacp.org, then select Resources, then Pharmacy Manpower Project and click on the link.] The survey builds on the work reported in "National Pharmacist Workforce Survey 2000". The project was undertaken to document characteristics and trends of the pharmacist workforce and characteristics of pharmacists' work environments. Selected findings were reported in publications in the May/June issue of the *Journal of the American Pharmacists Association*.

With concurrent national shortages of many health professionals it is essential to examine the broad implications of workforce dynamics and more deliberately plan for the future workforce in pharmacy (both pharmacists and technicians). The PMP board of directors extended an invitation to membership to NABP at their annual meeting in June 2006. We invite NABP to collaborate with other national organizations in these endeavors and rejoin the Pharmacy Manpower Project.

Implementation of the JCPP "Future Vision of Pharmacy Practice in 2015"

AACP is committed to implementing the JCPP "Future Vision of Pharmacy Practice in 2015". This vision statement clearly articulates a future vision for pharmacy, how it will be practiced, and how pharmacy practice will benefit society. The AACP standing committees in 2005-06 were charged to make recommendations to guide AACP in developing strategies to implement the vision with regard to faculty roles/preparation, curriculum change, foundational science and cultivation of health professions career preparation and awareness in the potential student pipeline, continuing professional development (students, faculty, preceptors, alumni), and enhancing the relationship between professional and graduate education. The "Foundations of Pharmacy Practice" section of the vision statement not only addresses pharmacy education's role in preparation of pharmacists for this envisioned future, but asserts that pharmacists will maintain their social commitment to patients and their in-depth knowledge, skills and abilities appropriate to contemporary pharmacy practice.

AACP Priorities

We look forward to strengthening the partnerships with all stakeholders, those in and outside of pharmacy, as we embark on new programs to serve our members and help them in the important work they do to prepare the next generation of pharmacists and strengthen the abilities of current practitioners, their alumni, for practice as envisioned in the JCPP "Future Vision of Pharmacy Practice in 2015". AACP leaders and staff are very enthusiastic about our many collaborations on important initiatives and the responsive set of Association services, programs and projects on the AACP agenda. The Academic-Practice Partnership Initiative has resulted in a comprehensive action plan for advancing academic-practice partnerships to enhance patient care and provide exemplary sites, preceptors, and learning experiences for our students. Faculty recruitment and retention, developing excellent teachers and scholars, assessing and continually enhancing the quality of our academic programs, and leading efforts to advance the delivery of patient-centered, team-delivered, quality patient care are AACP's highest priorities. Best wishes for a successful meeting from the Board of Directors and staff of AACP.

Making the Case for Quality? A Way to Improve Patient Safety

Rebecca Snead

Executive Director, Virginia Pharmacists Association

Making the Case for Quality- A Way to Improve Patient Safety



Rebecca Snead
Executive Director
VPhA and NASPA
Sunday, August 6, 2006

Program Objectives

- Identify the importance of quality improvement in healthcare
- Discuss the impact of medication errors on patient safety
- Define elements of a Continuous Quality Improvement (CQI) program
- Differentiate between types of Quality Related Events (QREs)
- Describe the importance of CQI in community pharmacy practice settings
- Discuss current attitudes and experiences related to error reporting
- Identify ways to implement quality improvement processes in your pharmacy practice

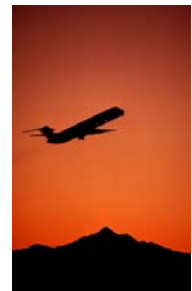
What Was Your Mistake?

- Did that prescription get filled correctly?
- How many of you have made a mistake?
- Introductions



US Airline Industry

- Designs systems for safety
 - Human error is inevitable
- Fatal airline accidents
 - 1970
 - 1 in 2 million
 - 2004
 - 1 in 10.5 million



<http://www.ntsb.gov/aviation/Table1.htm>
<http://www.faa.gov/publicinfo.html>

Complex Systems



- Reduce accidents
 - Simplify and standardize the process
 - Build in redundancy
 - Aviation- Checklist requirements (1937)
 - Develop backup systems

Aviation vs. Healthcare

- Error reporting
 - Aviation Safety Reporting System (ASRS)
 - Accidents, 'near misses,' since 1976
 - More than 30,000 reports annually
 - MedMARx (hospital reporting) 1998
 - Medication error reporting
 - No 'near miss' reporting
- Public Perception

To Err is Human



- 2000 IOM report
- Need for safer national health care system
- Problems that cause mistakes to inevitably occur are *systems* problems

<http://www.nap.edu/books/0309068371/html/>

Crossing the Quality Chasm



- Improving quality to reduce errors and increase patient safety
- Additional endpoints as goals of quality improvement
 - Payment structures
 - Information technology
 - Utilizing (not wasting) resources
 - Consumer satisfaction

<http://www.nap.edu/books/0309072808/html/>

Preventing Medication Errors: Quality Chasm Series



- Released July 2006
- Sets agendas detailing the measures needed to improve the safety of medication use in both the short- and long-term

<http://www.nap.edu/catalog/11623.html>

What's Your CQI IQ?

CQI IQ

1. What is an example of an error?

- A patient receives medication with an easy open lid without signing a release
- A prescription written for Zyrtec gets filled with Zyprexa and dispensed to the patient
- A prescriber changes the directions on a prescription, but the patient isn't counseled and continues to take it as previously prescribed
- All of the above

CQI IQ

2. How many deaths are caused each year due to medication errors?

- 1,000
- 7,000
- 44,000
- 98,000



CQI IQ

3. A pharmacist can be sued when a prescription is filled correctly.

- a. True
- b. False



CQI IQ

4. Who is at fault when an error occurs in your pharmacy?

- a. Technician filling the prescription incorrectly
- b. Pharmacist performing the final check
- c. System breakdown

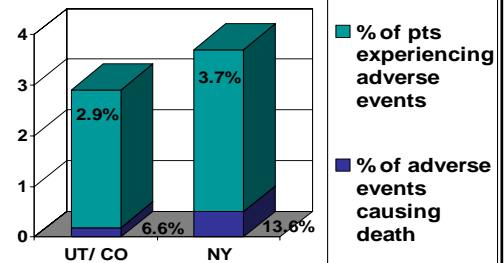
CQI IQ

5. When an error occurs in your pharmacy, what action do you take?

- a. Tell the patient that you weren't working when the error happened and it's not your problem
- b. Ask "Who?" made the mistake
- c. Do nothing
- d. Document error and evaluate possible causes and solutions to improve upon in the future

Do We Have a Problem?

44,000 - 98,000 Deaths



To Err is Human, Building a Safer Health System. IOM; 2000.

Do We Have a Problem?

- 44,000-98,000 deaths annually as a result of medical errors
 - More than motor vehicle accidents, breast cancer, or AIDS
- 7,000 deaths from medication errors alone



To Err is Human, Building a Safer Health System. IOM; 2000.

Do We Have a Problem in Pharmacy?

- If a pharmacy is 99.9% accurate
 - Fills 1,000 prescriptions each week
 - How many mistakes each week? _____
- Other examples of 99.9% accuracy
 - Unsafe airplane landings 84/day
 - Lost mail 16,000/hr
 - Bank check errors 32,000/hr

Dean R. Medication errors: preventing the preventable. Topics in Drug Therapy. 1996.

Do We Have a Problem in Pharmacy?

- Claims against pharmacists
 - >80% mechanical error
 - Wrong drug
 - Wrong strength
 - Wrong directions
 - Wrong dosage form
 - DUR claims increasing
 - Pharmacists can be sued even when a prescription is filled correctly
 - 1989 – 1.4%
 - 1998 – 12.1%
 - 2004 – 7.5% Pharmacists Mutual Claims Study 2004.

Beyond Blame

**NOTHING WILL
CHANGE....**

UNTIL YOU CHANGE IT

Nothing Will Change...

- Improvements in quality
 - Challenging old habits
 - Thinking outside the box
 - “We’ve always done it that way”
- Everyone must commit to improving quality
 - Leaders to rally the troops



Nothing Will Change...

- | | | | | |
|--|------|----------|---------|-------|
| Are you willing to challenge old habits? | Yes | No | | |
| Are you willing to think outside the box? | Yes | No | | |
| Are you someone who is resistant to change? | Yes | No | | |
| Is your staff resistant to change? | Yes | No | | |
| How much risk are you willing to take to change? | None | A little | Average | A lot |
| How invested are you in whether others in this room will change? | None | A little | Average | A lot |
| What would it take to make a change? | | | | |

...UNTIL YOU CHANGE IT

**What Can
We Do?**

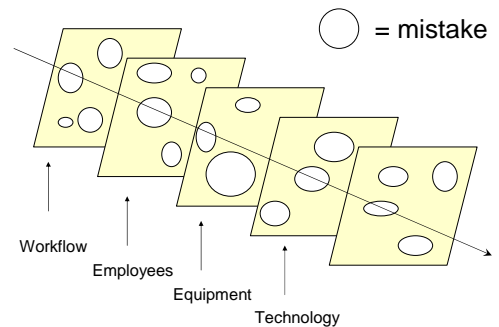
Continuous Quality Improvement

- Goals
 - Fix the *systems* we rely on
 - Not to fix *individuals*
 - Help providers and patients get the job done right the *first* time



- Complex health systems
 - How many steps exist for a patient to receive a prescription?

Swiss Cheese Effect



You Can't Fix the People...

- Errors are a result of system failures
- Error → → Mistake that reaches the patient



Errors- Examples



- Different types of errors
 - Error of execution
 - Failure of a planned action to be completed as intended
 - Error of planning
 - Use of a wrong plan to achieve an aim
 - Others

You Can Fix the System

- Organized workflow
 - A systematic approach will reduce the likelihood that a mistake will be made
 - Less likely to ask, "Now where was I?"
 - Less likely to miss a step that could lead to an error
 - Quality does not happen by chance, it is a result of quality habits
 - Redundancy is positive
 - Process will become ingrained

Quality is a Habit

- Teach quality habits
 - New hires
 - Full and part-time staff
- Look at your system
 - Workflow, personnel, technology, environment
- Document all failures of quality
 - Errors that reach the patient and 'near misses'
- Blame-free, shame-free environment
 - Encourage reporting of errors and 'near misses'

What do you Document?

- Quality Related Events (QRE)
 - Error
 - Near Miss
- Both are important to track and analyze



When an Error Occurs...

- Corrective action
 - Give patient your full attention
 - Show concern to patient
 - Admit there was a mistake
 - Document what happened
 - Notify the prescriber
 - Inform patient or caregiver you will take steps to prevent this type of occurrence from happening again
 - Fix mistake for patient in timely manner
 - Ask if there's anything else you can do for the patient

When a Near Miss Occurs...

- Preventative action
 - Documentation
 - Who discovered the mistake
 - Where in the workflow it occurred
 - What medications were involved
 - How and when it happened
 - Discuss with staff involved
 - Possible causes and possible solutions to improve for the future

Documentation & Analysis

- Document all failures of quality
 - For the purpose of future improvement
 - Not for purpose of punishment
- Discuss with staff involved
 - Every QRE is different
- Analyze collected data
 - Peer review by entire staff

Discussing Errors

Negative

- Dwells on the past
- Threatening, insulting, punitive
- Focuses on WHO made an error
- Concludes erring individual has character flaws they need to correct
- Individuals won't willingly participate

Positive

- Looks to the future
- Open, blame-free, non-punitive
- Focuses on HOW or WHAT in the system allowed error to occur
- Realizes error is a reality and recognizes the opportunities to improve for the future
- Creates blame-free, shame-free environment

CQI

- Continuous Quality Improvement
 - Taking a systems view
 - Committing to change
 - Documenting all failures of quality
 - Analyzing data to identify opportunities to improve for the future
 - Implementing changes

**NOTHING WILL
CHANGE....
UNTIL YOU CHANGE IT**

Rx for Quality and Patient Safety



**What Can
CQI do for
Community
Pharmacy?**

Case Studies

Case study #1

- Medication mix-up

Case study #2

- Wrong bag

Case study #3

- Two medications/One bottle



Case Studies

- Importance of documentation and analysis
- Identification of system causes
 - Case 1
 - Case 2
 - Case 3
- Changing systems to improve for the future
 - Case 1
 - Case 2
 - Case 3

**What Will
You Change
Tomorrow?**

**NOTHING WILL
CHANGE....
UNTIL YOU CHANGE IT**

LET'S CHANGE IT!

Questions?

Thank you

PHARMACY MARKETING GROUP, INC.

**Pharmacists
Mutual** Insurance
Company



Materials developed by the Collaborative Education Institute through a grant provided by the National Council of State Pharmacy Association Executives from Pharmacists Mutual Insurance Company and Pharmacy Marketing Group, Inc.

Intimidation as a Factor in Medication Errors

Richard Schulz

South Carolina College of Pharmacy. USC Campus

Intimidation in the Workplace and Medication Errors

Presented to

NABP/AACP District III

*Richard M. Schulz, Ph.D., Professor
South Carolina College of Pharmacy*

August 6, 2006

Definitions

- **Error:** The failure of a planned action to be completed as intended, or the use of a wrong plan to achieve an aim.
- **Medication error:** Any error occurring in the medication use process
- **Adverse drug event (ADE):** An injury due to medication

Adverse Drug Events

- **Extent**
 - Hospitals: 380K – 450K annually
 - LTC: 800K
 - Ambulatory: 530K (*Medicare*)
- **Cost**
 - Hospital: \$5,857/ADE @ 400K ~ \$2.3B (1993) \$3.5B (2006)
 - LTC: No studies available
 - Ambulatory: \$1,983/ADE (*Medicare*) ~ \$887M (2000) ~ \$>1B (2006)

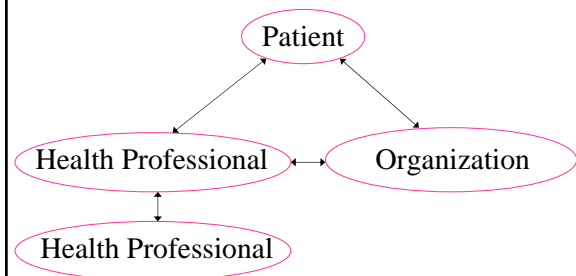
Conclusion

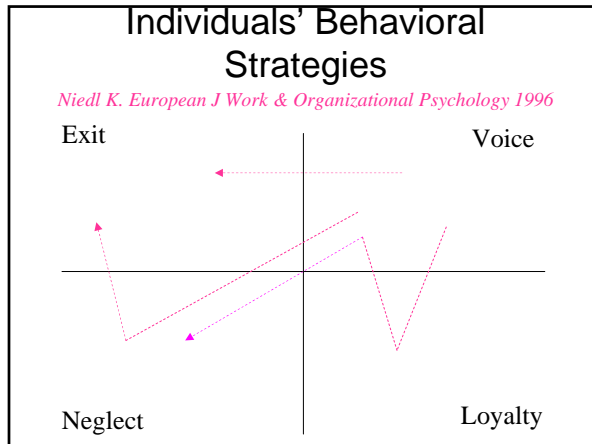
- Most medical errors are **systems** related and not attributable to individual negligence or misconduct
- Key to reducing errors is to focus on improving the **system** of delivering care
- **Systems** improvement has been shown to reduce error rates and improve quality of care.

Systems to Reduce Error and ADE

- Computerized order entry
- Robotics
- Bar coding
- Clinical decision support systems
- Unused medication retrieval systems
- Post hoc error analysis

The System of Interpersonal/Professional Relationships

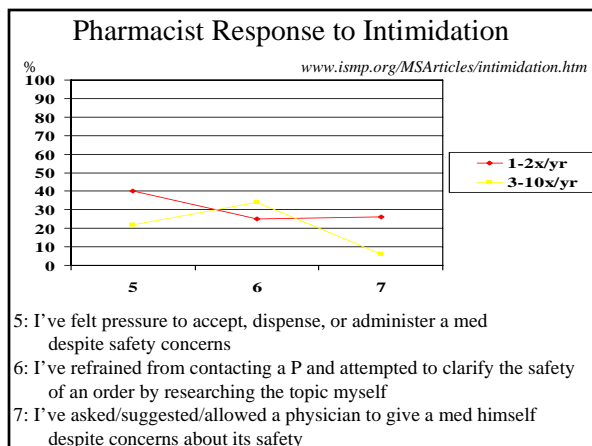
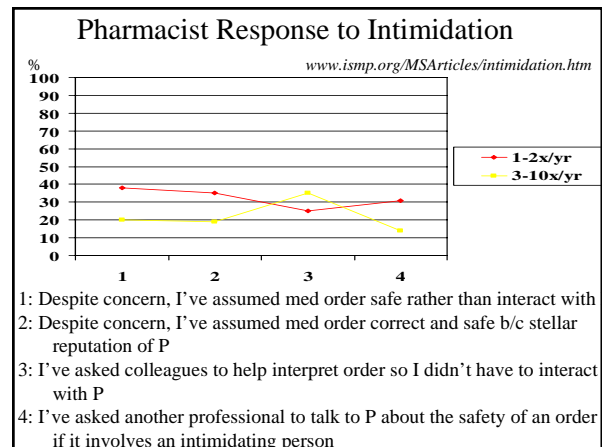
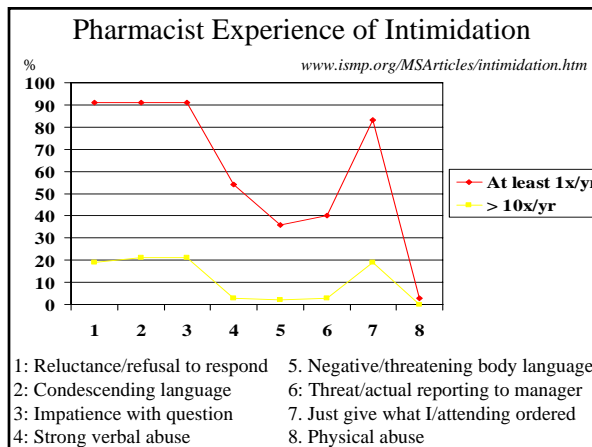




Psychosocial Factors at the Workplace

Traweger C et al, Pharmacoeconomics and Drug Safety 2004

- Objective: Examine relationship between workplace conditions and drug consumption
- Method: 700 employees interviewed via telephone
- Results:
 - 4.1% of employees who believed they had not experienced bullying took drugs because of job problems, while 20 % of employees who believed they experienced bullying took drugs because of job problems



Perception of Organizational Response

	<i>Full Sample</i>	<i>RPh</i>
• My organization has clearly defined an effective process for handling disagreements with the safety of an order	60	50
• My organization deals effectively with intimidating behavior	39	39
• My organization would support me if I reported intimidating behavior by another professional	70	72

Values are % yes www.ismp.org/MSArticles/intimidation.htm

Organizational Strategies

- Establish management support
- Clarify what constitutes intimidating behavior
- Develop a process to identify the nature and extent of the problem
- Share the results of internal assessment with people at all levels
- Develop policies on intimidation
- Offer training in identification of intimidation and conflict management
- Include ability to manage intimidation as a core competency

Group Think 2nd Edition

with permission
CRM Films

Summary

- Intimidation adversely affects the organization, the health professional, and the patient
- Health professionals experience many forms of intimidation in the workplace; pharmacists are not unlike others
- Health professionals' behavior is adversely affected by intimidation
- Individuals attempt various strategies to deal with intimidation

Summary

- If not addressed early, intimidation will continue, as it becomes part of the work culture
- Because intimidation is enabled by a work culture, it must be addressed at the organizational level
- Many health professionals believe that management does not address intimidation effectively
- Selected strategies have been successful at reducing intimidation at work.

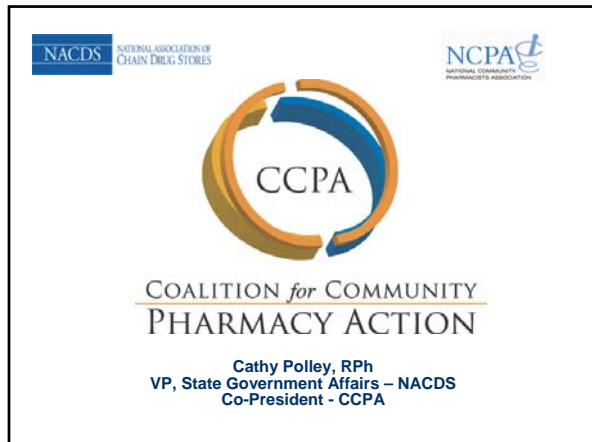
Summary

- Pharmacists may act against their better judgment as a result of intimidation at the individual level (bullying) or at the group level (groupthink).
- Any one person may be both the target and the perpetrator of intimidation
- The inter-professional culture that fosters intimidation enables medication errors to occur

Coalition for Community Pharmacy Action

Cathy Polley

V.P. State Government Affairs, NACDS



NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

CCPA

COALITION for COMMUNITY PHARMACY ACTION

Cathy Polley, RPh
VP, State Government Affairs - NACDS
Co-President - CCPA



COALITION for COMMUNITY PHARMACY ACTION

- An alliance between the National Association of Chain Drug Stores (NACDS) and the National Community Pharmacists Association (NCPA)
 - Full-time staff
- CCPA leverages the support, effort and infrastructure of NACDS and NCPA while engaging community pharmacy to participate and advocate on issues affecting the industry
- Conduit to NACDS Policy Council and NCPA Legislative Committee

CCPA: Campaign Components Research Tools

- **National Cost of Dispensing Study**
 - Last comprehensive study from 1993
 - Results due in December
 - Individual state figures
- **Polling/ Focus Groups**
 - Help determine best, most resonant messages for each target audience: patients, healthcare advocacy groups, lawmakers
 - Norfolk, July 18- TRICARE
 - St. Louis, August 10 - General



COALITION for COMMUNITY PHARMACY ACTION

CCPA: Campaign Components National PR and Media Campaign


- **Create national (earned) media campaign:**
 - Press releases, op-eds, Q&As for placement in targeted media markets
 - Editorial boards
 - Press conferences, desk-side briefings, roundtables
 - Create consumer and media friendly messages
 - Identify local and national spokespeople
- **Create advertising (paid media) campaign to support grassroots efforts.**
 - TRICARE Ad



COALITION for COMMUNITY PHARMACY ACTION

CCPA: Campaign Components Broader Community Education

- **District or statewide education campaigns**
 - Community Based Organizations
 - Supplements Key Influential Ally Activities
 - Cost effective
- **Specific call-to-action tied to a legislative or regulatory activity**



COALITION for COMMUNITY PHARMACY ACTION

CCPA: Campaign Components Grassroots: Store, District and State Levels

- **Widespread In-Store Campaigns**
- **Prioritize target states and districts**
 - Mix of demographics, political situation



COALITION for COMMUNITY PHARMACY ACTION



- **TRICARE...YOUR Care.**
- You deserve choice in your military prescription plan just like that given to all other Federal drug programs.
- Congress can limit your military drug benefit or they can obtain discounts from drug manufacturers. Tell your Member of Congress to support Senate Section 721 of the Department of Defense Conference Bill to preserve your TRICARE benefit.
- Call 1-800-418-1934 TODAY!

In-store bag stuffers available for August recess - directed to House Members.

Medicaid Update

- Definition and Reporting of AMP
 - CMS should clearly redefine AMP to reflect only manufacturers' sales to traditional community-based retail pharmacies.
 - Omit
 - Mail Order, Nursing Homes, rebates paid to PBMs, customary prompt pay discounts to wholesalers, and payments made for returned and outdated goods.
 - Scope of AMP data released to states should be limited until AMP is redefined



Medicaid Update

- Dispensing Fees
 - States should be required to conduct comprehensive annual cost of dispensing studies
 - Incorporate all pharmacy overhead costs
 - Result in appropriate adjustments to fees actually paid
- Minimum Medicaid Pharmacy Reimbursement
 - CMS should establish an annually-adjusted minimum Rx reimbursement
 - Ensures pharmacies recover their costs, including a reasonable return
 - States may not increase their fees to offset AMP reduction



DRA FUL Implementation Timeline

Key DRA FUL Dates:

- July 2006: "Transparency" Provisions
 - States received diskettes with manufacturer-reported AMP data on both brand and generics.
 - CMS requires states to keep data confidential.
 - Secretary was supposed to start to make AMP data available through public website.
 - Delayed by CMS, probably until AMP better defined.
- End of 2006: CMS to release draft definition of "AMP" for public comment.
- End of First Q 2007: First new AMP-based FULs published by CMS.
- July 1, 2007: Secretary required to adopt final regulation defining AMP, 4 MONTHS OR MORE AFTER AMP-BASED FULS ARE FIRST RELEASED.

Medicaid Update

- SPA Issues - Louisiana and Rhode Island
 - Direct contact with CMS Baltimore and regional offices
 - Congressional delegation involvement



Medicaid Update

- Transformational Grants
 - Authorized by DRA
 - Over \$150 million over 2007,2008
 - Pharmacy interests
 - Reducing patient error (e-prescribing)
 - Reducing Medicaid expenditures by increasing utilization of generics
 - Implementation of medication risk management
 - CMS teleconference August 15
 - State applications due September 15



Medicaid Update

- Recoupment Initiatives
 - Cost recovery for dual-eligible claims paid by Medicaid-----beneficiary should have been enrolled in Part D.
 - CMS - “plan to plan recovery”
 - Maine, Iowa, West Virginia

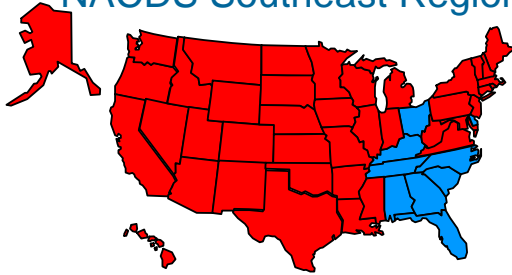


Pharmacy Practice Legislative and Regulatory Issues

Dale Masten
Manager, State Government Affairs
Southeast Region



NACDS Southeast Region



Prescription Drug Monitoring Programs

- The federal National All Schedules Prescription Electronic Reporting Act of 2005 (“NASPER”) allocated funds for states to establish new or improve existing PMPs

- 8 states created programs in 2006 to take advantage of the available funds: CT, IA, ID, IN, LA, MS, SC, VT.
- Others on horizon: NC, OH



Prescription Drug Monitoring Programs

Chain community pharmacy supports laws which address drug diversion & abuse.

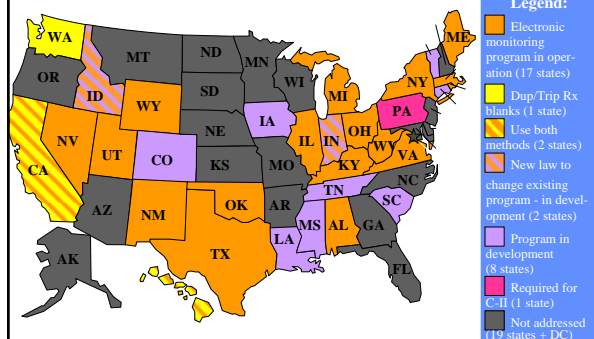
PMPs should not be overly burdensome or disruptive to the legitimate practices of medicine and pharmacy nor to patient care

Should be electronic
 Include data from dispensing physicians
 Use standard content, data format and communications protocols as provided in May 1995 version of ASAP Format

PMP not to be funded through pharmacy fees or assessments
 HIPAA compliant
 Assure accountability for effectiveness of program, including number of prosecutions/convictions



Diversion: Prescription Drug Monitoring Programs



Prescription Drug Pedigrees

Pedigrees

FDA stay on pedigree requirement to end

- National requirement for pedigrees for unauthorized drug distributors effective December 1, 2006

Issues for pharmacies:

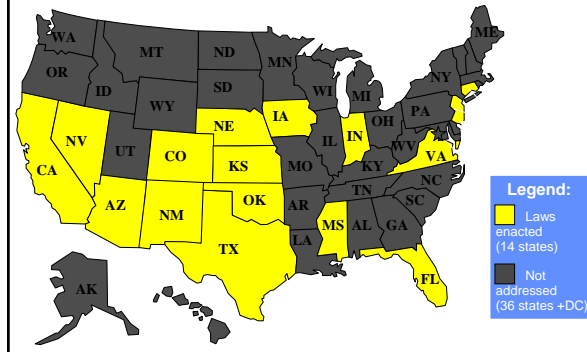
- Drug returns, recalls, etc. back to manufacturers and wholesalers
- Managing Authorized Distributor of Record (ADR) status
- No uniform pedigree → Federal pedigree requirements and Different state pedigree requirements
- Lack of uniform technology standards for RFID pedigrees
- Drop shipments, pharmacy buy-outs

Stronger Licensure Requirements for Wholesale Drug Distributors

Stronger wholesale drug distributor licensure requirements will eliminate unscrupulous wholesalers. Wholesale distributors should be required to...

- Post a \$100,000.00 bond
- Be subject to more mandatory inspections
- Perform background checks of key employees
- Designate a representative responsible for daily oversight of facility operations
- Be subject to increased and strict penalties for statutory and regulatory violations

Pedigree Laws Enacted



State Regulation of PBMs

State Regulation of PBMs

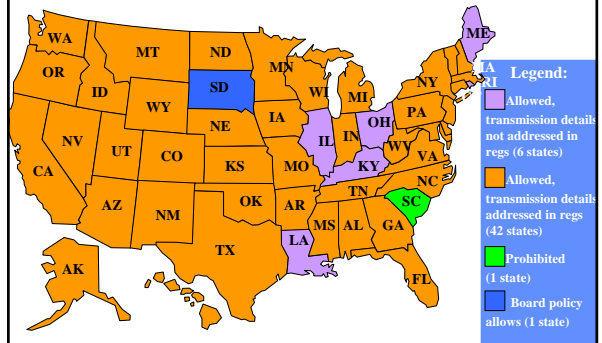
The roles of PBMs have changed!

- Originally PBMs received administrative fees for facilitating claims processing between payers and pharmacies.
- Now, PBMs exert some control over nearly all aspects of the prescription process as a means of managing costs and generating revenue.
 - Drug substitution programs, mail order pharmacy, contacting physicians on prescribing habits, disease management.....

Electronic Transmission of Prescriptions



Electronic Transmission



Thank you

www.nacds.org

Pharmacy Practice Legislative and Regulatory Issues

Dale Masten

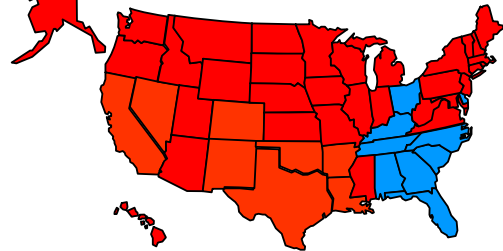
State Government Affairs, SE Region

Pharmacy Practice Legislative and Regulatory Issues

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Manager, State Government Affairs
Southeast Region



NACDS Southeast Region



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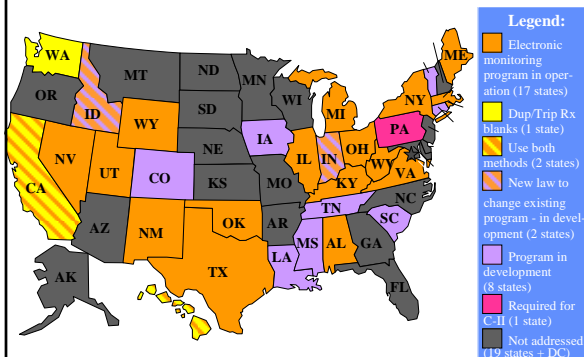
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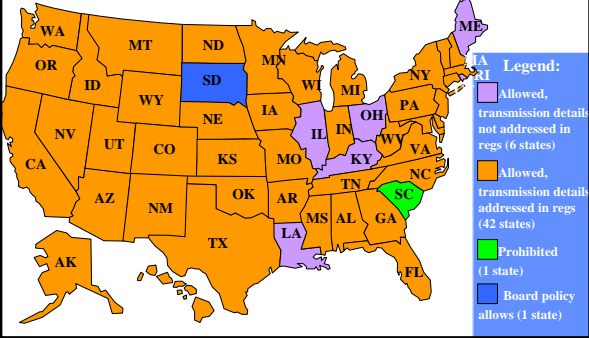
Diversion: Prescription Drug Monitoring Programs



Prescription Drug Pedigrees



Electronic Transmission



Internet Pharmacy Practice
Jay Campbell
Executive Director, North Carolina Board of Pharmacy
Steve Hudson
National Association of Boards of Pharmacy

Internet Pharmacy

**2006 NABP/AACP
District III Meeting**

Jay Campbell
Executive Director
North Carolina Board of Pharmacy

Steve Hudson
National Association of Boards of Pharmacy

"The explosion of [prescription drug abuse] has been magnified by the Internet. Not only are there more psychotropic drugs to choose from, it's easier than ever to learn what to take, how much to take and what effects to anticipate."

G. Whitley, *Generation Rx: Adrift in a Sea of Psychotropic Pharmacology, It's Easy for Kids to Drown*, Dallas Observer, May 19, 2005

What Is Internet Pharmacy?

Business Models

- No Record Online Pharmacies or "NROPs"
 - Customer logs onto a website and simply orders prescription medication; or
 - Customer logs onto a website and fills out a "questionnaire." Based on the questionnaire, a "prescriber" issues a "prescription" to the customer. The "prescription" is farmed out to a brick-and-mortar site for filling and then shipped to the customer.

Business Models

- Record Online Pharmacies ("ROPs")
 - Developed to try and end-run state requirements for legitimate prescriptions.
 - Customer logs onto website, orders a particular drug, and/or fills out a "questionnaire."
 - The order or questionnaire is sent to a "prescriber" affiliated with the web site. The customer sends "medical records" to the "prescriber."
 - The "prescription" is farmed out to a brick-and-mortar site for filling and then shipped to the customer.

**We Are Not Talking About
e-Prescribing**

- e-Prescribing is simply a method of transmitting a prescription order.
- The fundamental question in Internet pharmacy issues is the nature of the patient-prescriber relationship, not the particular method of transmitting a prescription order.

The Usual Diagnoses from "Questionnaires"?

- The "patient" is:

– IN PAIN



The Usual Diagnoses from "Questionnaires"?

– ANXIOUS



The Usual Diagnoses from "Questionnaires"?

– IMPOTENT



The Usual Diagnoses from "Questionnaires"?

– AN INSOMNIAC



The Usual Diagnoses from "Questionnaires"?

– OVERWEIGHT



Business Models

- Whatever model is used, patients are able to obtain controlled substances without any physical examination, without any prior prescriber-patient relationship, and without any meaningful medical oversight.
- The volumes can be staggering. An Internet pill mill shut down in North Carolina was filling 5,000 to 7,000 "prescriptions" per day.
- These are cash businesses. The profit margins are enormous. The same North Carolina pill mill ran over \$12 million through a single bank account in a two-week period.

Business Models

- Some pharmacies affiliated with Internet operations are simply stand-alone pill mills. (2 such facilities closed in North Carolina in March and April 2006)
- Other Internet operations channel prescriptions to pharmacies with “legitimate” front-end operations. (2 such facilities closed in North Carolina in May 2006)

Legal Bases for Action

- State Laws
 - North Carolina, 21 N.C.A.C. 46.1801(b): “A pharmacist shall not fill or refill a prescription order if the pharmacist actually knows or reasonably should know that the order was issued without a physical examination of the patient and in the absence of a prior prescriber-patient relationship”
 - Idaho Code § 54-1733: “A prescription drug order . . . is not valid unless it is issued for a legitimate medical purpose arising from a prescriber-patient relationship Treatment, including issuing a prescription or drug order, based solely on an online questionnaire or consultation outside of an ongoing clinical relationship does not constitute a legitimate medical purpose.”

Legal Bases for Action

- Alabama Admin. Code r. 680-x-.33: “A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should have known under the circumstances, that the order for such drug was issued on the basis of an Internet-based questionnaire, an Internet-based consultation, or a telephonic consultation, all without a valid preexisting patient-practitioner relationship.”
- Colorado Pharmacy Rule 3.00.21: “A pharmacist shall not dispense a prescription drug if the pharmacist knows or should have known that the order for such drug was issued on the basis of an Internet-based questionnaire, an Internet-based consultation, or a telephonic consultation, all without a valid preexisting patient-practitioner relationship.”

Legal Bases for Action

- North Carolina Controlled Substances Act, NCGS § 90-87(23), defines “prescription” as: “A[n] . . . order . . . For a controlled substance . . . Issued by a practitioner who is licensed in *this State* to administer or prescribe drugs in the course of his professional practice”

Legal Bases for Action

- DEA Regulations, 21 CFR 1306.04:

“A prescription for a controlled substance to be effective must be issued for a *legitimate medical purpose* by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but *a corresponding responsibility rests with the pharmacist who fills the prescription*. An order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of Section 309 of the Act . . . and *the person knowingly filling such a purported prescription . . . shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.*”

Gatekeeping: How to Prevent Illegitimate Internet Pharmacies From Obtaining a Permit

- Substantial resources have been expended by federal and state authorities to shut down operating Internet-based operations.
- It’s much better to prevent them from operating in the first instance.
- All four Internet pharmacies recently shut down in North Carolina had valid pharmacy permits.

Gatekeeping

- Separate Permit

– Florida Practice Act § 465.0197. “Any person desiring a permit to operate an Internet pharmacy shall apply to the department for an Internet pharmacy permit.”

Gatekeeping

- Special Certification:

- Nevada Revised Statute § 639.23288: “An Internet pharmacy located . . . [w]ithin this state shall not fill or refill a prescription or otherwise engage in the practice of pharmacy . . . unless the Internet pharmacy is certified by the [Board of Pharmacy].”
- Nevada Admin. Code § 639.426: “The Board will grant an application for certification as an Internet pharmacy . . . if . . . The pharmacy is certified by the Verified Internet Pharmacy Practice Sites Program of the [NABP]; or the Board determines that the pharmacy satisfies [other requirements set forth in the rule].”

Gatekeeping

– Kentucky Revised Statutes § § 315.035, .0352

“Any [‘pharmacy within the Commonwealth’ or ‘out of state pharmacy’] doing business primarily or exclusively by use of the Internet shall, prior to obtaining a permit, receive and display in every medium in which it advertises itself a seal of approval for the [NABP] certifying that it is a Verified Internet Pharmacy Practice Site (VIPPS). VIPPS certification shall be maintained and remain current.”

Gatekeeping

- Proposed North Carolina Rule:

In addition to all of the other requirements for issuance and renewal of a pharmacy permit imposed by statute and rules of the Board, the Board shall not issue any original or annual renewal pharmacy permit to any Internet pharmacy until the Board is satisfied that:

(1) The Internet pharmacy is certified by the National Association of Boards of Pharmacy as a Verified Internet Pharmacy Practice Site (VIPPS);

(2) The Internet pharmacy has certified the percentage of its annual business conducted via the Internet and submits such supporting documentation as requested by the Board, and in a form or application required by the Board, when it applies for permit or renewal;

(3) The Internet pharmacy has provided the Board with the names, addresses, social security numbers, phone numbers, facsimile numbers, email addresses, and titles of all principal corporate officers of the Internet pharmacy; the names, addresses, social security numbers, phone numbers, facsimile numbers, email addresses, and titles of all principal officers of any company, partnership, association, or other business entity holding any ownership interest in the Internet pharmacy; the names, addresses, social security numbers, phone numbers, facsimile numbers, email addresses, and titles of any individual holding any ownership interest in the Internet pharmacy; and

(4) This provision does not relieve an out-of-state pharmacy from compliance with all provisions of 21 NCAC 46.1607 governing out-of-state pharmacies.

Internet Pharmacy. A pharmacy that:

- (a) maintains an Internet web site for the purpose of selling or distributing prescription drugs; or
- (b) uses the Internet to communicate with or obtain information from patients; uses such communication or information, in whole or in part, to solicit, fill or refill prescriptions; or uses such communication or information, in whole or in part, to otherwise engage in the practice of pharmacy.

Won't Permit Seekers Simply Lie On Their Applications?

- Perhaps. But consider NCGS § 90-85.38(a) - (c):

"The Board may . . . revoke . . . a license to practice pharmacy . . . if the licensee has . . . [m]ade false representations or withheld material information in connection with securing a license or permit."

"The Board may . . . revoke . . . any permit for the same conduct as stated in subsection (a)."

"Any . . . permit obtained through false representation or withholding of material information shall be void and of no effect."

Investigating and Prosecuting Illegitimate Internet Operations

Information Gathering

- Public Complaints
 - Family Members
 - Complaints about financial issues
- Medical Personnel
- Regulatory Agencies – State and Federal
- Law Enforcement
- Drug Wholesalers/Distributors

Information Verification

- In-Depth Interviews of Complainants
- Review of Medical Records
- Wholesaler/Distributor Records
- FedEx/UPS Shipping Records

Cooperation With Other Agencies

- Food & Drug Administration
- Drug Enforcement Administration
 - At its annual Drug Diversion Conference, DEA expressed a wish/desire for more state/federal cooperation on Internet issues. Cooperation has its pluses and minuses.
- State Police/State Bureau of Investigation
- Local Police
- Other State Administrative Agencies (e.g., Medical Board)

Investigation

- Determine if there is an immediate threat to the public health and safety
 - Examples: Hospitalization or death attributable to drugs dispensed by Internet operation; patients placed into drug rehabilitation as a result of addiction fed by Internet operation.
 - Key: The Board must develop the facts to support customer harm on its own, and NOT depend on law enforcement or other agency.

Investigation

- If there is a documented, immediate threat to the public health and safety, consider summary suspension of licenses and permits.
- If there is no provable, immediate threat to the public health and safety, continue investigation with on-site inspection(s)
 - Collect customer names, prescriber names, methods of ordering drugs, filling "prescriptions," and shipping.

Investigation

- Interview customers.
- Interview prescribers.
- Coordinate with other Boards of Pharmacy for conducting interviews, determining licensure/permit status in other states. Report violations of other states' laws to those states.

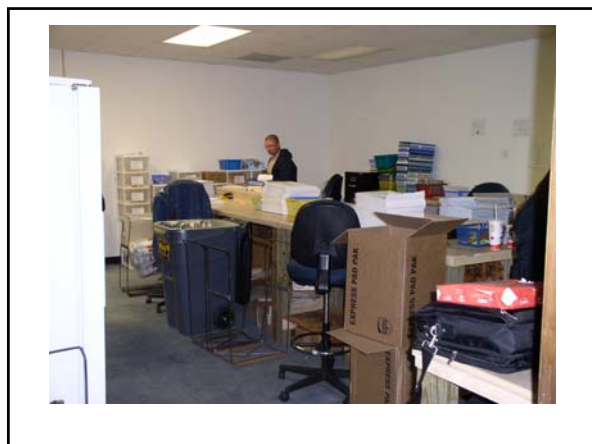
Internet Pill Mill in Wilmington, NC
March, 2006






Internet Pill Mill in Fayetteville, NC
April, 2006





Questions?

“The Safety of the People shall be the Highest Law”
Cicero



Contact Information


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shudson@nabp.net

Pharmacy Technician Training
Janet Teeters
Director, Accreditation Services, ASHP
Maria Spencer
Director, State Government Affairs, ASHP


DRAFT
Pharmacy Technician Training: Where Is it Going?

Janet L. Teeters, R.Ph., M.S.
 Director, Accreditation Services Division
 &
 Maria D. Spencer, M.A.
 Director, State Government Affairs




HISTORIC EVOLUTION

- 1950's—discussion of “lay help”
ASHP/AACP Form Joint Cmte. to discuss technicians
- 1960's--Role of Technicians further defined
Statement on Hospital Pharmacy Technician-Helpers considered by ASHP-AACP Joint Committee



HISTORIC EVOLUTION

- 1970's and 80's Education and Training Programs evolve
 - ASHP Accreditation Programs
 - ASHP Council on Educational Affairs recommendation for national certification program
- 1990's National Certification Programs
ASHP, APhA, the Illinois Council of Health-System Pharmacists (IHP), and the Michigan Pharmacists Association (MPA), creates (PTCB) National Association of Boards of Pharmacy (2001)




CURRENT HISTORY & BEYOND

- Numbers of Nationally Certified Technicians increasing
- ASHP accredited training programs on the rise
- New ASHP Policy on Laws and Regulations of Pharmacy Technicians
- New Standards should be part of long range process to formalize occupation



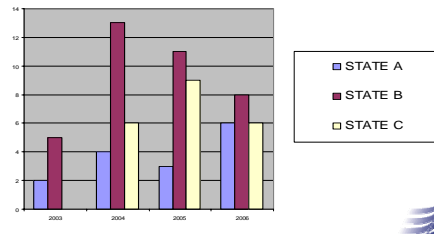
WHY THE NEED FOR CHANGE?

- Pharmacists need for increased direct patient care
- Current training does not engender public confidence and trust
- Variability in the knowledge, skills and abilities of technicians
- Variability in State laws and Regulations that govern technicians




WHY THE NEED FOR CHANGE?

Increased Board Resources for technician disciplinary action



Year	STATE A	STATE B	STATE C
2003	2	4	1
2004	4	11	6
2005	3	9	7
2006	5	6	6



WHY THE NEED FOR CHANGE?

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- Current training does not engender public confidence and trust
- Variability in the knowledge, skills and abilities of technicians
- Variability in State laws and Regulations that govern technicians



LICENSURE, CERTIFICATION AND REGISTRATION

- 29 States currently register technicians
- 7 States require licensure
- 6 States certify technicians
- Montana is the only state requires PTCB for registration
- 24 states currently specify PTCB or a Nationally recognized exam for certification or registration



TECH ROLES AND RESPONSIBILITIES

Supervision—Laws and Regulations on Tech-check-Tech

Increased roles in compounding and other pharmacy tasks

Variations of Technician Roles
State Examples



NABP MODEL RULE VS. CURRENT LAWS AND REGS

NABP recommendation:
Graduation from a Training Program

State Laws and Regulations:
No Clear Standards



NABP MODEL RULE VS. CURRENT LAWS AND REGS

NABP recommendation:
Documentation of Completed training program by PIC

State Laws and Regulations:
Education and Training Program unclear and not uniform in law or regs.



NABP MODEL RULE VS. CURRENT LAWS AND REGS

NABP Recommendation:
Passage of Board approved exam

State Laws and Regulations:
Many states have few requirements for examination



ASHP POLICY:INTERIM GOALS

To advocate registration of pharmacy technicians by state boards of pharmacy; further,
To advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either



ASHP POLICY:INTERIM GOALS

- (1) to have completed a nationally accredited standardized program of education and training or
- (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further,



ASHP POLICY:INTERIM GOALS

To advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge.



ASHP POLICY FUTURE VISION:

- To advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety:
- (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians;
 - (2) mandatory completion of a nationally accredited standardized program of education and training as a prerequisite to pharmacy technician certification; and



ASHP POLICY FUTURE VISION:

- (3) mandatory certification by the Pharmacy Technician Certification Board (or another comparable nationally validated, psychometrically sound certification program approved by the state board of pharmacy)
as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further,
To advocate registration of pharmacy technicians by state boards of pharmacy;



EVOLVING STANDARDS

ALTERNATIVE EXAMS
AND
EDUCATION AND TRAINING
PROGRAMS



ALTERNATIVE EXAM



ALTERNATIVE EXAMS

ASHP Opposition

ASHP Policy “Nationally Validated,
Psychometrically Sound”

Two-Tiers of Pharmacy Technicians

Reciprocity Issue



ALTERNATIVE EXAMS

Current State Activity

- Board of Pharmacy acceptance of alternative exam
- On-going Efforts in multiple states



PTCB EXAM

- Since 1995 the PTCB has certified of **240,000** pharmacy technicians.
- The PTCB has the support of major employers in all pharmacy practice settings.
- Allows for reciprocity among states.
- Nationally-administered exam for eleven years.
- Recognized and supported by the National Association of Boards of Pharmacy (NABP).



PTCB EXAM

- The development of the PTCE follows **all** relevant standards set forth by the testing industry (AERA/NCME/APA, 1999).
- NABP conducted a comprehensive review of the PTCB examination in 2001. NABP's involvement in the PTCB, through its formal affiliation on December 31, 2001, recognizes that the PTCE **is** a valid assessment mechanism and the PTCB program **represents a credible certification process.**
- Additional documentation on the Exam Audit conducted by the NABP is available upon request to the PTCB.



Computer-Based Testing (CBT) Timeline

- In June 2005 the PTCB released a Request for Proposal (RFP) to Computer-Based Testing (CBT) vendors.
- Proposals were reviewed by PTCB's evaluation committee and presentations were given at PTCB Headquarters by selected vendors in early October.
- PTCB signed a letter of intent with a CBT vendor in April 2006. An official announcement will be released this summer.
- Launch of the PTCE in a CBT format is expected for late 2006/early 2007.
- **More details coming soon!**



ASHP ACCREDITED TRAINING PROGRAMS



ASHP ACCREDITATION

- State Recognition of ASHP Accredited Programs
- Wyoming Regulations
 - PTCB and completion of ASHP Accredited training program for registration
 - Governor Veto—Board & Pharmacy groups
 - Next Steps
- Other Pending States



ASHP ACCREDITATION SOUTH CAROLINA EXPERIENCE

- High Ratios and scope of duties for State Certified Technicians
- Collaboration with all Stakeholders and ASHP as Accrediting Body
- Implementation of Statutes and On-going enforcement



ASHP ACCREDITATION SOUTH CAROLINA EXPERIENCE

- Legislative and Regulatory Action—Next Steps (other actions by stakeholders)
- ASHP Accreditation of Corporate Sites
- Implications Nationwide



Accreditation:

Protecting the Public
Through Meeting
National Standards



Accreditation:

A quality process using experts to:

- Set acceptable standards
- Measure compliance against standards
- Provide periodic ongoing assessment



Accreditation:

A Voluntary means of providing:

- Quality assurance
- Credibility
- Continuous monitoring & improvement
- Consistency in baseline training
- Drives change in the profession
- Consumer protection



Accreditation:

Why is it important to a site?

- Commitment to excellence
- Challenges site to improve training
- Enhances credibility
- Peer review
- Funding
- Requirements set by regulatory bodies



Accreditation:

Why important to Board of Pharmacy?

- Thorough validation of training programs is an intensive process
- Better to delegate responsibility to a known national accrediting body with infrastructure to handle the process



What confidence are you provided by using ASHP accreditation?



- ASHP is currently the only accrediting body “specifically” for Pharmacy Technician Training Programs
- ASHP accreditation is recognized nationally (CMS)
- Follows guiding principles for pharmacy accreditation (CCP/ASPA)
- National accreditation, accepted across the country



ASHP Accreditation:


798 Residency Programs

92 Technician Training Programs

- 44 Vocational/Technical Colleges
- 39 Community College
- 3 Military
- 2 Hospital
- 2 University
- 2 Chain stores



Accreditation Oversight Body

- 19 pharmacists
- Includes pharmacy partners with dedicated representation:
 - Pharmacy Technician Training Program Educator
 - APhA 
 - AMCP 
 - ACCP 



Accreditation Process

1. Application & initial screening



Review Process:

2. Self assessment Pre-survey



3. On-site survey process



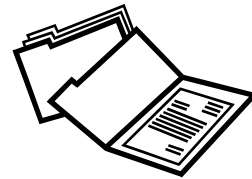
& site response to findings

4. Commission Review



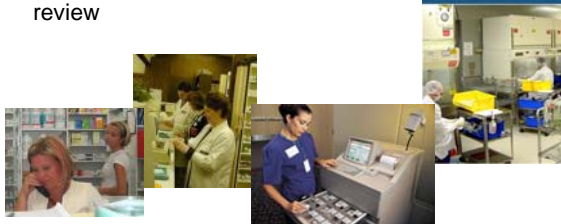
5. Ongoing Monitoring of Programs

Required follow up reports or visits



6. Standards Updates

- Approximately every 5 yrs
- Based on task analysis as practice changes
- All areas of pharmacy are reviewed
- All interested parties have an opportunity for review



ASHP Training materials:

MODEL CURRICULUM FOR PHARMACY
TECHNICIAN TRAINING
2nd EDITION

Developed Collaboratively by:

American Association of Pharmacy Technicians
American Pharmaceutical Association
American Society of Health-System Pharmacists
National Association of Chain Drug Stores
Pharmacy Technician Educators Council

©Copyright, 2001 American Society of Health-System Pharmacists.

For more information about ASHP accreditation:

<http://www.ashp.org/technician/accreditation.cfm>



Providing adequately trained technician workforce for the future:

- Increased demand
- Training and certification
- National, standardized, certification process, that uses psychometrically sound principles
- National accrediting body to ensure training meets minimum requirements across the country



Pharmacy Technicians 2006 and Beyond

- NABP and State Board must address technician issues and lack of uniformity
- Alternative exam efforts will continue but must be opposed for consistency, assurance & patient safety
- ASHP Accreditation of a variety of settings, including corporate entities will continue
- Advocacy of ASHP Policy



Questions?



Emergency Preparedness: Lessons Learned

Fred Mills

Farmers-Merchants Bank and Trust, Breaux Bridge, Louisiana

Board's of Pharmacy

When Disaster Hits Home

It "Shall" Be The Board

Why Board's of Pharmacy?

- Public Health & Safety
- Enforcement Capabilities
- Trust Factor & Non-Profit
- Coordination Capabilities
- Resources & Staff
- Expertise
- Big Brother
- Arm of the Government
- Funding Source

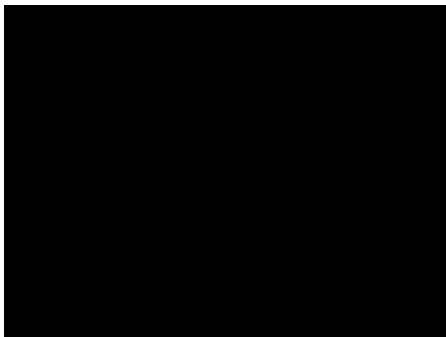
It "Shall" Be the Board

- Emergency Regulations
- Man Power Availability
- Networking Capability
- We Have "THE HOOK"
- So Many Questions to Answer
- The Damn Media

The Board Can Make Decisions

- No One Wants to Answer the Tough Questions
- Elected Officials are Looking for the Experts
- Pharmacists are Looking for Permission
- Church Groups want our Help
- Someone Has to be the Boss

Thank You My Lawyer



Coordination of Donations

- Storage
- Inventory
- Distribution
- Security
- Destruction
- How about sending us the money?

Turf Battles

- Private Industry *versus* Government
- Politics *versus* Common Sense
- Dishonesty *versus* “The Well Intended”
- Monetary Issues *versus* Lives
- Speed to Market *versus* Slow Government

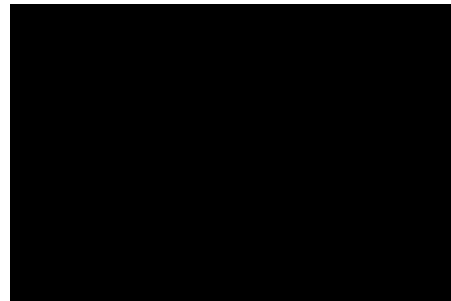
Let's Put Everyone In A Shelter

- Coordination of the Shelters
- Do You Need a Mobile Pharmacy?
- Day's Supply of Medication
- Where are You?
- Who is in Charge?
- You Need How Many and When?

Where to Get Help?

- Ask for It if Needed!
- Wholesaler
- Manufacturer
- Strategic National Stockpile
- Hospitals
- Nursing Homes
- Everyone Wants to Help
- School's of Pharmacy

Online Banking



Volunteer's to the Rescue

- Out of State Coordination regarding Technicians & Pharmacists
- Stagger the Volunteer Teams
- Deploy Where and When Most Needed
- Housing is a Major Challenge

Don't Let Them See you Sweat

- Control Your Profession
- Act with Complete Authority if not another government agency “will”
- The Future will be under your control
- Fake it if you have to. No one else has a solution.
- You are the “Expert”

Show Us The Money

- Who will Pay the Bills?
- Document, Document, Document
- Identify Resources
- Develop Contracts
- Get Creative- "Shelter Eligible"
- Utilize All Resources

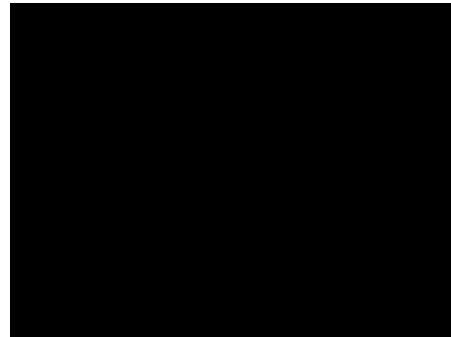
FEMA

- Get A Signed Contract
- Develop a Payment Plan
- Contract With Pharmacy Providers
- Develop a Payment Process
- Governor's Office Must Get Involved
- Board Must Get Involved
- DO NOT GIVE UP

Next Time

- Develop Solid Contracts with Profitability
- Coordinate Private, Government and Church Groups Immediately at Onset of Emergency
- Document and Execute All Commitments
- Know who will be in Charge well in Advance

T-Fred Delivers



Next Time

- Begin Educating Your Team Now and Often
- When People Retire or Move On Download Their Knowledge
- Continue to Know Key Government Leaders
- Firm up Your Regulations NOW

Louisiana Thanks You

Without the Help and Prayers of all of You
we could not have made it.

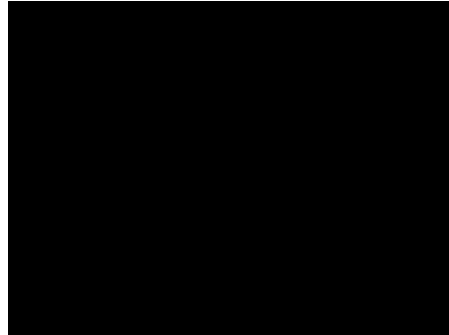
The rebuilding has just begun, please do not
forget us!

We have before us perhaps the most difficult and discouraging of all periods. No longer is there the excitement of catastrophe, the stimulation of heroism and fine sacrifice.

Reconstruction is always the most trying period of all disasters.

Herbert Hoover, May 23, 1927 New Orleans

We Aim to Please



Necrology Report

According to the information provided by the by the Boards of Pharmacy and Colleges of Pharmacy the following have deceased since the 2004 meeting in Biloxi, Mississippi

Auburn University Harrison School of Pharmacy

Professor Thomas N. Riley 66 Died suddenly on April 13 of this year
A faculty member in the Department of Medicinal Chemistry and Pharmacognosy since 1982. after being on the faculty from 1969-1981 at the University of Mississippi. He was a B.S. Pharmacy Graduate of Kentucky and received his Ph.D. from Minnesota as a student of Phil Portoghese.

University of Florida College of Pharmacy

Rudolph H Blythe 95 died July 2005 -
Pioneering industrial pharmacist at SmithKline and French Laboratories
Faculty member 1966-1975;

Nova Southeastern University College of Pharmacy

Paul Magalian 79 - died December 22, 2004
Dean Emeritus of the College of Pharmacy
Served for the period 1988-2004

University of Georgia College of Pharmacy

Irvin L. Honigberg 75 died March 2, 2005
Professor Emeritus, Department of Medicinal Chemistry 1964-1994
B.S. University of Connecticut - 1951
Ph.D University of North Carolina 1957 and was a student of Walter Hartung

University of Mississippi

Amy Beth Jaeger - Clinical Assistant Professor
Department of Pharmacy Practice for the period Sept 1, 2003 to March 14, 2005
B.S. Pharmacy University of New Mexico
Pharm.D. Medical University of South Carolina

Mississippi Board of Pharmacy

Harold Stringer 60
B.S. Pharmacy University of Mississippi 1970
Executive Director of the Mississippi Board of Pharmacy in 1972-1992
District Manager for Fred's Pharmacies

University of Tennessee

Robert A. Cates 66 died July 28, 2005
President and Secretary Treasurer of Tennessee Society of Hospital Pharmacists 2001
Dr. Andrew Lasslo 80
Faculty member of the College of Pharmacy 1960-1990
Professor and Chair of Medicinal Chemistry
On retirement in 1990 he was granted Professor Emeritus status.

Tennessee Board of Pharmacy

Harold Warmbrod 93
President of the Board of Pharmacy 1960-1965
Norval F. Webb, Jr. 76
A graduate of the University of Tennessee
President of the Board of Pharmacy from 1980-1984

Those attending the meeting session were asked to rise in moment of silent medication in memory of our departed colleagues in pharmacy.

Committee Appointments

Time and Place Committee

Peter Edwards – Dean, University of South Carolina School of Pharmacy
Terry Lewis Chair – South Carolina Board of Pharmacy

Joint NABP/AACP Resolutions Committee

Reggie Dilliard – Chair – Kentucky Board of Pharmacy
Jim Eoff – University of Tennessee School of Pharmacy
Barbara Wells – University of Mississippi School of Pharmacy

Audit Committee

George E. Francisco, Chair, – University of Georgia College of Pharmacy
John G. Sowell – McWorter School of Pharmacy, Samford University
Dwayne Green – Kentucky Board of Pharmacy

* * *

NABP Business Meeting

Presiding: Kendall M. Lynch – Tennessee Board of Pharmacy

Michael Burleson of the Kentucky Board of Pharmacy and Eddie Madden of the Georgia Board of Pharmacy were selected as delegate and alternate delegate, respectively, for District III to the NABP Resolutions Committee.

* * *

Committee Reports

Report of the Joint NABP/AACP Resolutions Committee

Whereas the 2005 NABP-AACP District III meeting was supported by the following contributing sponsors with unrestricted educational grants;

Whereas, the participants of the 2005 NABP-AACP District III meeting appreciated and received benefit from the speakers and program supported by the contributing sponsors;

Whereas the participants of the 2005 NABP-AACP District III meeting enjoyed the hospitality and entertainment provided by the contributing sponsors;

Whereas the participants of the 2005 NABP-AACP District III meeting benefited from the Boards of Pharmacy and Colleges of Pharmacy meeting together;

Therefore be it resolved that the Secretary send a letter of appreciation to the contributing sponsors on behalf of the members of District III NABP-AACP.:

Time and Place Committee

Terry Lewis of the South Carolina Board of Pharmacy on behalf of the Board and College announced that the District III meeting would be held in Charleston, South Carolina on August 6-8, 2006. The host hotel will be the Doubletree Guest Suites.

Audit Committee

George E. Francisco, Jr. reported that the Committee reviewed the receipts and expenses of District III NABP-AACP for the period July 1, 2004 to June 30, 2005 and found them in order. The financial statement is on page 68.

Report of the Secretary-Treasurer

George H. Cocolas, School of Pharmacy, University of North Carolina

I am pleased to be able to continue to serve as your secretary-treasurer and be a part of making it possible for the Boards and Schools to meet and carry on their business in this District. The location of the District III NABP/AACP office after 25 years at Auburn University is now located in Chapel Hill in the School of Pharmacy at the University of North Carolina. District III is grateful to the School for providing an office to carry out its business.

There is one new member school in District III this year with the addition of the School of Pharmacy at South University located in Savannah, Georgia. We welcome Dean Jim Wynn and his faculty to our midst and hope that they benefit from the meetings of District III and enjoy our company.

District III assets at Centura Bank in 2004 were initially placed in a small business checking account that will be changed following the meeting in Knoxville to a non-profit checking account to take advantage of a no minimum in the checking account balance. The asset balance for District III as of June 30, 2005 is \$22,271.11 which includes a \$12,000 CD maturing August 8, 2005. The financial statement for District III NABP-AACP is found on page 65

As has been done in the past, the Proceedings are mailed to the organization members of District III and sponsors of the meeting. Files of the past District III Proceedings meetings published will be found on a link in the UNC School of Pharmacy web site www.pharmacy.unc.edu. In addition to their archival value they can be useful to those who cannot be at the meeting. The web site is presently being modified to put this link on the site so that you can access the Proceedings. The Proceedings include the texts of the NABP and AACP reports to the District and copies of the power point slide presentations. A report from the business meetings and financial statements of the District are also included. I encourage comments from you about the Proceedings publication and suggestions for change.

District III NABP/AACP Financial Statement
July 1, 2004 –June 30, 2005

Checking and Savings Account RBC Centura # 042-005-015-1

Deposits

Beginning Balance July 1, 2004	\$21,588.49	
Dues received from 26 Boards and Colleges at \$100	2,600.00	
Reimbursement of deposit for Beau Rivage Hotel	1,000.00	
Interest of CD # 042-005-016-1	138.98	
Deposit	<u>5.00</u>	
Total		\$25,332.47

Dissbursements

CD # Centura Bank #0429164016		\$12,000.00	
Bank Charge		15.00	
Office Expenses			
Printing 75 copies of Proceedings	\$430.69		
Mailing Proceedings	64.46		
Office Supplies	61.99		
Administrative Services	<u>160.00</u>		
Total		717.14	
Secretary-Treasurer Expenses			
Travel Expenses to Biloxi, MS	329.22		
Honorarium	<u>2,000.00</u>		
Total		<u>\$2,329.22</u>	
Total disbursements			<u>\$15,061.36</u>
Ending Balance June-30, 2005			<u>10,271.11</u>

NET ASSETS

RBC Centura CD # 042-005-016-1 matures August 8, 2005		\$12,000.00
Ending Checking Account Balance June 30, 2005		<u>10,271.11</u>
		\$22,271.11

NABP/AACP District III Registration

August 7-9, 2005
Knoxville, TN

Alabama

Joyce C. Altsman (Board)
Jackson Como (Board)
Scott Daniel (Board)
Richard Lambruschi (Board)
Roland Nelson (Board)
Tammy Rogers (Board)
Lynda C. Staggs (Board)
Rick Stephens (Board)
Robert E. Smith (Auburn University)
Tony McBride (Samford University)
John Sowell (Samford University)

Florida

Gail A. Merrell (Board)
Bob Parrado (Board)
Rebecca Poston (Board)
John Baldwin (Nova Southeastern University)
Charles Collins (Palm Beach Atlantic University)
Diane Beck (AACP President, University of Florida)
Michael McKenzie (University of Florida)

Georgia

C. Richard Allen (Board)
Eddie & Linda Madden (Board)
George Francisco (University of Georgia)
David Hawkins (South University)
Julie Hixson-Wallace (Mercer University)

Kentucky

Michael Burleson (Board)
Katie Busroe (Board)
Becky & John Cooper (Board)
Mark Edwards (Board)
Steve & Lisa Hart (Board)
Cheryl Lalaonde-Mooney (Board)
Phil & Julie Losch (Board)
Greg Naseman (Board)
Pete Orzali (Board)
Jeffrey L. Osman (Board)
Maxine Snively (Board - Retired)
Patricia & Bill Thornbury (Board)
Dwayne Green (University of Kentucky)
Kenneth & Kittye Roberts (University of Kentucky)

Mississippi

Joseph Byrd (University of Mississippi)
Barbara & Richard Wells (University of Mississippi)

North Carolina

J. Parker Chesson (Board)
Betty Dennis (Board)
David R. Work (Board)
Robert Blouin (University of North Carolina)
George & Erie Cocolas (University of North Carolina)
Robert & Diane Supernaw (Wingate University)

South Carolina

Terry Lewis (Board)
Dock & Barbara Rose (Board)
Peter & Laurie Edwards (Medical University of SC)
Wayne & Gail Buff (University of South Carolina)
Michael Dunphy (University of South Carolina)
Cliff Fuhrman (University of South Carolina)

Tennessee

Rex Brown (University of Tennessee)
Larry Calhoun (East Tenn. State University)
Peter Chyka (University of Tennessee)
Reggie Dilliard (Board)
Jim Eoff (University of Tennessee)
Walter & Becky Fitzgerald (South College)
Julie Frazier (Board)
Dick Gourley (University of Tennessee)
Richard Hadden (Board)
J. Bryant Herring (East Tenn. State University)
Rich Helms (University of Tennessee)
Kendall & Carole Lynch (Board)
Sheila Mitchell (Board)
Peter Rice (East Tenn. State University)
Ralph Staton (Board)

NABP

Carmen Catizone (Exec.Director/Secretary)
Dennis K. McAllister (President)
Dana Oberman (Exec. Assistant)

Other Participants

Diane Crutchfield (Speaker)
Bill Fitzpatrick (Omnicare, Inc.)
John Harris (Abbott Labs)
Bill & Barbara Johns (Speaker)
Howard Kramer (K-Mart)
Bruce McNeil (Speaker)
Ruth Miller (US Pharmacopeia)
Jerry Moore (WalMart)
Kevin Nicholson (NACDS)
Rich Palombo (Medco)
David & Betty Jo Pesterfield (Pharmacy Plus)
Rod Presnell (Medco)

**District III National Association of Boards of Pharmacy
and
American Association of Colleges of Pharmacy**

YEAR	PLACE	CHAIRMAN OF BOARDS	CHAIRMAN OF SCHOOLS AND COLLEGES	SECRETARY TREASURER
1936	Charleston, S.C.	Bd. Mbr. From Charleston	William A. Prout	-----
1937	-----	-----	-----	-----
1938	Augusta, GA	Lew Wallace	Robert C. Wilson	Robert T. Walker
1939	Memphis, TN	Paul Molyneux	R.L. Crowe	Robert T. Walker
1940	Biloxi, MS			
1941	Miami, FL	E.L. Hammond	-----	Robert T. Walker
1942	Charleston, SC	R.Q. Richards	Perry A. Foote	Paul Molyneux
1943	No meeting-voted no	Robert T. Walker	Robert C. Wilson	R.D. Rainey
1944	Atlanta, GA	Robert T. Walker	Robert C. Wilson	R.D. Rainey
1945	-----	-----	-----	-----
1946	Birmingham, AL	Lehman M. Alley	L.S. Blake	E. W. Gibbs
1947	Jacksonville, FL	K. J. Attwood	E.L. Hammond	H.C. McAllister
1948	Chapel Hill, NC	R. A. McDuffie	Perry A. Foote	H. C. McAllister
1949	Charleston, SC	Robert T. Walker	M.L. Jacobs	H.C. McAllister
1950	Atlanta, GA	Robert T. Walker	Kenneth L. Waters	H.C. McAllister
1951	Biloxi, MS	George Roberts	E. L. Hammong	Kenneth L. Waters
1952	Gatlinburg, TN	R. L. Yeargan	E. A. Brecht	Kenneth L. Waters
1953	Charleston, SC	Tom Wyatt	Karl Goldner	Kenneth L. Waters
1954	Mobile, AL	Floy Macon	George Hargreaves	Kenneth L. Waters
1955	Asheville, NC	H.C. McAllister	E.A. Brecht	Kenneth L. Waters
1956	Pensacola, FL	Dewey Johnson	Perry A. Foote	Kenneth L. Waters
1957	Savannah, GA	Homer Avera	Melvin Chambers	Kenneth L. Waters
1958	Biloxi, MS	Chester E. Jones	Lewis Nobles	Kenneth L. Waters
1959	Gatlinburg, TN	Tom Lemond	Bill Prout	Lewis Nobles
1960	Columbia, SC	Horace McAllis	Robert Morrison	Lewis Nobles
1961	Mobile, AL	Lester Haggard	Samuel T. Coker	Lewis Nobles
1962	Asheville, NC	Roger McDuffie	E.A. Brecht	Lewis Nobles
1963	Daytona Beach, FL	John Stadnick	Charles Haupt	Lewis Nobles
1964	Jekyl Island, GA	Mills Harrison	Kenneth L. Waters	Lewis Nobles
1965	Biloxi, MS	E.E. Cammack	Charles W. Hartman	Lewis Nobles
1966	Memphis, TN	R.C. Hoskins	Seldon D. Feurt	Lewis Nobles
1967	Myrtle Beach, SC	Ed Walsh	R.W. Morrison	Lewis Nobles
1968	Point Clear, AL	Dan Dennis	Woodrow Byrum	Lewis Nobles
1969	Wrightsville Beach, NC	H.C. McAllister	George Hager	William B. Swafford
1970	Cocoa Beach, FL	H.F. Bevis	Kenneth Finger	William B. Swafford
1971	Jekyl Island, GA	N.W. Chism	Oliver Littlejohn	William B. Swafford
1972	Biloxi, MS	Robert H. Read	Joe B. McCaskill	William B. Swafford
1973	Knoxville, TN	Drew Haskins, Jr.	Seldon D. Feurt	William B. Swafford
1974	Myrtle Beach, SC	Stokes Alexander	William H. Golod	William B. Swafford
1975	Gulf Shores, AL	Mahlon Turner	Ben F. Cooper	William B. Swafford
1976	Wrightsville Beach, NC	Jesse M. Pike, Sr.	Seymour Blaug*	William B. Swafford
1977	Clear Water Beach, FL	H.F. Bevis	Charles Walker	William B. Swafford
1978	Savannah, GA	William A. Atkins	Howard Ansel	William B. Swafford
1979	Biloxi, MS	H.W. Holleman	Wallace L. Guess	Samuel T. Coker
1980	Gatlinburg, TN	Norval Webb	John Autian	Samuel T. Coker
1981	Charleston, SC	Howard Sudit	Julian H. Fincher	Samuel T. Coker
1982	Gulf Shores, AL	George S. Hiller	John E. Winter	Samuel T. Coker
1983	Wrightsville Beach, NC	William R. Adams, Jr.	Tom S. Miya	Samuel T. Coker
1984	San Juan, PR	Pedro J. Vanga	Victor D. Warner	Samuel T. Coker
1985	Howey-in-the-Hills, FL	Monroe Mack	Michael A. Schwartz	Samuel T. Coker
1986	Savannah, GA	George D. McFarland	Dick R. Gourley	Samuel T. Coker
1987	Biloxi, MS	H.W. Holleman	Wallace L. Guess	Samuel T. Coker
1988	Gatlinburg, TN	J. Floyd Ferrell, Jr.	Michael R. Ryan	Samuel T. Coker
1989	Charleston, SC	Terry B. Netherton	William F. Golod	Samuel T. Coker
1990	Orange Beach, AL	Clemont Carpenter	William H. Campbell	Samuel T. Coker
1991	Ashville, NC	Jack G. Watts	Ronald W. Maddox	Samuel T. Coker
1992	Orlando, FL	T. Ray Lowe	William O. Hardigan	Samuel T. Coker
1993	Lexington, KY	Glenn L. Watson	Jordan L. Cohen	Samuel T. Coker

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1994	St. Simons Island, Ga	Joseph Whaley	Stewart Feldman	Samuel T. Coker
1995	Biloxi, MS	William Jackie Thompson	Kenneth B. Roberts	Samuel T. Coker
1996	San Juan, PR	Arnaldo LaLuz	Ilia Oquendo	Samuel T. Coker
1997	Chattanooga, TN	John M. Smith	Dick Gourley	Samuel T. Coker
1998	Charleston, SC	Carol Bateman	Wayne Buff	Samuel T. Coker
1999	Destin, FL	Mark Conradi	Joseph O. Dean	Samuel T. Coker
2000	Asheville, NC	David R. Work	William H. Campbell	Samuel T. Coker
2001	Amelia Island, FL	Mike Stamitoles	Henry Lewis III	Samuel T. Coker
2002	Louisville, Kentucky	Thomas S. Foster	Kenneth B. Roberts	Samuel T. Coker
2003	Savannah, GA	John Sherrer	Hewitt W. (Ted) Matthews	Samuel T. Coker
2004	Biloxi, MS	Leland "Mac" McDivitt	Barbara G. Wells	George H. Cocolas
2005	Knoxville, TN	Kendall M. Lynch	Dick R. Gourley	George H. Cocolas