BOARD OF PHARMACY
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date:	Thursday, October 19, 2017
Time:	9:00 a.m.
Place:	Queen Liliuokalani Conference Room King Kalakaua Building 335 Merchant Street, First Floor Honolulu, Hawaii 96813
Members Present:	Kerri Okamura, RPh, Chair, Pharmacist Julie Takishima-Lacasa, PhD, Vice Chair, Public Mary Jo Keefe, RPh, Pharmacist Ronald Weinberg, Public Marcella Chock, PharmD., Pharmacist
Members Excused:	Carolyn Ma, PharmD., BCOP, Pharmacist Kenneth VandenBussche, RPh, BCACP, Pharmacist
Staff Present:	Lee Ann Teshima, Executive Officer ("EO") Shari Wong, Deputy Attorney General ("DAG") Lisa Kalani, Secretary
Guests:	Dean Yamamoto, Dept. of Public Safety Narcotics Enforcement Division Fred Cruz, CVS Caremark Tiffany Yajima, Ashford & Wriston LLP Stacy Pi, Kaiser Permanente Patrick Uyemoto, Times Pharmacy Alanna Isobe, Safeway Lindsey Nikaido, Walmart Kellie Noguchi, Kaiser Permanente Barbara Kashiwabara, public Catalina Cross, Times Pharmacy Cheryl Guzikowski, Safeway
Call to Order:	The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by section 92-7(b), Hawaii Revised Statutes ("HRS"). There being a quorum present, the Chair called the meeting to order at 9:00 a.m.
Chair's Report:	**Announcements and Introductions – Appointment of the Vice Chair** The Chair asked the audience to introduce themselves.

The Chair stated that since Garrett Lau's term ended, the Vice Chair position has been vacant. Dr. Takishima-Lacasa has expressed her interest in volunteering for the position of Vice Chair. She asked if anyone else was interested in volunteering for the Vice Chair position?

There being none, the Board by consensus appointed Dr. Takishima-Lacasa to the Vice Chair position on the Board of Pharmacy.

Approval of the Previous Minutes – September 21, 2017 Meeting

The Chair called for a motion in regards to the minutes of the September 21, 2017 meeting.

There being no discussion, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the September 21, 2017 meeting as circulated.

Executive Officer's Report:

Conferences/Seminars/Meetings

NABP-AACP District 6-7-8 Annual Meeting, October 8-11, 2017, San Antonio, Texas
Ms. Keefe reported at the District 8 business meeting, which is the District that includes Hawaii and the western states and jurisdictions, they reviewed and approved the minutes and treasurer's report from the last meeting. They also voted for officers and Committee members were appointed. Ms. Keefe did not volunteer for a Committee due to time difference and the uncertainty of who will be chosen to attend future meetings. The Executive Committee update was given by Mr. Rich Mazzoni who is District 8's representative on the NABP Executive Board. He reported on the following:

- NABP building renovation;
- LTC pharmacy rules;
- 44 states use PMP interconnect (NABP drug reporting program); and
- 8 states use Blueprint (inspection tool for compounding pharmacies).

The EO commented on the PMP interconnect, that the 44 states who use it are connected to each other?

Ms. Keefe replied yes through NABP's software program.

The EO stated through discussions with some opioid tasks force and the local NED, the reason Hawaii cannot participate is because of the confidentially of the information being passed between the states. How are these other states getting around that?

Ms. Keefe stated that some of the states have it particularly written in their law that they cannot share some information, but does not know how they get around that.

The EO commented that during these discussions with opioid tasks force and the local NED is that others, like the Department of Health want access to the PMP, but right now its restricted on who can have access to it.

Ms. Keefe reported the following resolutions were written for the NABP meeting to be held next year:

1. Encourage education on CBD, which is liquid cannabinoid for the treatment of epilepsy in kids;
2. Opt in by home state BOP to investigate complaints about their licensed pharmacists from another state in which that pharmacist works, but is not licensed. This would be a way of tracking errors, and the home state pharmacy would communicate information back to work state;
3. Reminder that the NABP model rules has an exemption for research compounding. Research compounding is not considered "for office use" compounding.

Finances are poor for District 8. The other districts have approximately $70,000 to $100,000 in their accounts, District 8 has $4,000. District 8 is planning on hosting the meeting in 2020 possibly in Utah. Other areas they talked about were:

- Opioid education and naloxone distribution;
- Prescription Monitoring Programs; and
- FDA Oversight of Compounding Facilities.

The DEA did a presentation and one of the interesting things they talked about were changes allowed to a prescription. The DEA allows the following changes to a prescription:

- Address;
- Drug name to generic; and
- Change in drug strength to a lesser strength.

The DEA does not put restrictions on the dating of the prescription or the amount, and they are changing "physician" to "practitioner". 4,000 tons of medications were taken back in the drug take back program in the U.S. Ms. Keefe reported some of her general observations as follows:

1. PCOA is the test administered in colleges of pharmacy after study and before the experiential year. This score is being used to evaluate students by employers or preceptors; this is an inappropriate use of this score;
2. NABPLEX test is new and longer;
3. AACP is academia, and its members are the schools of pharmacy. What the schools of pharmacy are interested in are:
    - Bringing together study and work;
    - Choosing students that are appropriate for pharmacy school;
    - Looking for a diversity of students;
    - Making people aware of what RPHs do so more people will take advantage of the services offered;
    - Basic tools expected as a student graduates and is ready to work; and
    - Strengthening research and leadership.
4. NIOSH list of drugs is the determining factor of what drugs are considered hazardous medications in pharmacies. If a drug is considered hazardous, it needs to be disposed of in a particular way;
5. Are PICs necessary?;
6. Consideration of not putting emphasis on prescribing pharmacist, but rather on standard of care;
7. Look for major changes in Idaho and Washington State and what their pharmacists can do.

2018 Legislation

The EO reported right now she only knows of one possible bill. The Insurance Commissioner is trying to draft a bill in terms of pharmacists and the hormonal contraceptive supplies act, they want to remove the section for reimbursement for pharmacist. The reason is because they are including a new definition for "healthcare provider". So therefore anyone who is a provider of healthcare services will be entitled to reimbursement, and pharmacists will be included under that. Once a final bill is available she will bring it to the Board to review.

Naloxone Collaborative Practice/Standing Order – Status Report

The Board reviewed a draft of a standing order (SO) for prescription of Naloxone for opioid overdose management received yesterday from Dr. Wasserman with the Department of Health. The EO stated she was asked to respond to Dr. Wasserman by close of business tomorrow with feedback because he wants to get this in affect by next month. One of the main things that she had comments on is in the original standing order that the working group had come up with, there was language that tied collaborative practice agreement and standing order together. In this standing order that language is removed. The second thing is in this standing order, under prescription processing, it refers to HAR 16-95-82 Valid Prescriptions, which refers to a patient specific prescription. The intent was to allow pharmacists to dispense Naloxone to family members and caregivers of the patient; but by citing this section, you can't put anyone's name on the prescription except the patient's. Can a pharmacist accept a prescription with a patient's name, but not process the reimbursement?

The Vice Chair commented, shouldn't it be "caregiver" instead of caretaker? The SO references to caretaker.

The Board concurred with the Vice Chair regarding changing caretaker to caregiver.

Ms. Keefe asked how much does it cost?

The EO stated if you look at Attachment 2 of this SO, there is a list of all the different formulations of Naloxone, however Dr. Wasserman is recommending only using the nasal Naloxone, which the EO believes is the most expensive formulation. Is this ok?

The Board and audience did not agree that dispensing of Naloxone should be limited to only the nasal spray formulation.

The EO stated in the Act it reads, a SO means a prescription order for opioid antagonist issued by a healthcare professional who is otherwise authorized to prescribe an opioid antagonist that's not specific to, and does not identify a particular patient and which may be applicable to more than one patient. It does not refer to family member or caretaker. Does that mean it can be dispensed to anyone? Based on that language, can the Board develop a generic term for the Naloxone recipient?

The DAG suggested, R.O.N., Recipient of Naloxone.

The Board by consensus agreed that they would like to use R.O.N. (Recipient of Naloxone) as a generic term for the patient.

The EO clarified for the audience if a generic term is used for the recipient of Naloxone, like R.O.N., then the person picking it up is going to have to pay out-of-pocket; because a patient's name would be required if they want to try and file a claim for reimbursement.

The Chair stated the purpose is to increase accessibility.

The EO clarified there is no way to overdose or abuse Naloxone?

The Chair and Dr. Chock replied no.

The EO stated Dr. Toma from Medquest asked the question if now all pharmacists can dispense Naloxone. The EO told him, no; the practice act is permissive, and only those pharmacists that have received the appropriate training and education can enter into this SO and dispense Naloxone. Also, regarding the appropriate training and education, right now it's only the University of Hawaii. Once the pharmacist has completed the training program, they will submit a copy of their completion certificate along with their name, license number and the name of the pharmacy, address, and license number they are working out of to the Board, and that information will be added to a list that will be maintained on the Board's webpage. The EO asked regarding the statement on the SO pertaining to if a patient has a known hypersensitivity to Naloxone, how could the pharmacist possibly know that?

The Board by consensus recommends removing the language from the SO that pertains to if a patient has a known hypersensitivity to Naloxone.

The EO asked if everyone was ok with the DOH reporting requirements indicated on the SO?

Ms. Yajima stated it will be difficult to pull this information on a quarterly basis from our current systems.

Ms. Isobe stated right now they report immunizations to DOH, couldn't it be a process similar to that one instead of something completely different?

Ms. Nikaido asked if there could be a way that every time its dispensed you log into a website and provide the patients information or R.O.N., and what formulation was dispensed right after you do it, and then you won't have to try and go back and pull the information quarterly.

The EO asked the Board and audience if they would prefer real-time reporting?

The Board and the audience concurred that they would prefer real-time reporting.

The DAG recommended that the language that tied collaborative practice agreement and standing order together should go back in the SO.

The EO stated she will do a draft based on the discussions and input today and get it to the Board and Working Group members by this afternoon. If anyone has further comments after reviewing the draft; they need to respond right away so she can respond to Dr. Wasserman by COB tomorrow.

2018 Board of Pharmacy Meeting Schedule.

The Board was provided a copy of the 2018 Board of Pharmacy Meeting Schedule that is attached to these minutes and will be posted on the Board's web page.

Correspondence: **Tri-Regulator Collaborative Release Position Statements Addressing Electronic Health Records, Practitioner Burnout**

The Chair led the discussion on a Tri-Regulator Collaborative position statement addressing electronic health records and practitioner burnout. The Tri-Regulator Collaborative, the governing board of the three organizations representing the state board that license physicians, nurses, and pharmacists – the Federal of State Medical Boards (FSMB), National Association of Board of Pharmacy (NABP), and National Council of State Boards of Nursing (NCSBN) – have drafted and approved two position statements that highlight the organizations' shared commitment to protecting public health as well as the common issues faced by the three groups.

The "Tri-Regulator Collaborative Position Statement on Electronic Health Records (EHRs) calls for improving interoperability and uniformity of use, declaring that the seamless transfer of this data is essential to the delivery of high-quality health care and to patient safety. The multiple systems that comprise today's health care network provide little to no interoperability and present serious concerns for practitioners and regulators. The Collaborative is urging that steps be taken by all stakeholders to bring uniformity and interoperability to EHRs across all practice settings.

Practitioner wellness is a patient safety issue and is increasingly affecting practitioners in the medical, nursing, and pharmacy professions. In the "Tri-Regulator Collaborative Position Statement on Practitioner Wellness," the Tri-Regulator Collaborative expresses its commitment to identifying and preventing practitioner burnout. Today, knowledge overload, numerous technology innovations, social media pressures, and a rapidly changing practice environment create numerous challenges. More needs to be done to provide practitioners with the wellness strategies and assistance they need to deal with the stress of these challenges, which often leads to practitioner burnout and/or unhealthy responses.

Remote Verification

The Chair called on Ms. Keefe to lead the discussion on an email inquiry from a pharmacist in Virginia asking if she could work from home doing remote verification into Hawaii.

Ms. Keefe stated that if she wants to work remotely in Hawaii she needs a Hawaii license.

The EO asked what can she do remotely that a pharmacy is not needed?

The Chair and Ms. Keefe replied counseling, remote order entry or perform MTM.

The Board by consensus determined that when referring to "remote verification" you may perform pharmacy practice that includes but is not limited to counseling, remote order entry for a Hawaii health facility or perform MTM, etc. remotely from your home and DOES NOT include dispensing of any prescription drug or device, then you must be licensed as a Hawaii pharmacist to perform these activities for any resident or facility in this State.

Programs for Impaired Pharmacists

The Chair called on Dr. Chock to lead the discussion on an email inquiry asking what the Hawaii Board of Pharmacy does in the case of an impaired pharmacist and to see if they may be of assistance in treating any pharmacists in need of addiction treatment.

Ms. Keefe stated the organization Pu'ulu Lapa'au that did a presentation for the Board back in February was very good. We could probably use them if anything should come up.

The EO replied yes, other healthcare related Boards have used them, so this Board could always refer to them if needed.

The Board by consensus determined that at this time, it has no formal program for impaired pharmacists.

RICO Pharmacy Advisory Committee

The Chair asked if anyone had comments or concerns with the names on the RICO Pharmacy Advisory Committee list and the addendum language?

There being none, upon a motion by Dr. Chock, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the RICO Pharmacy Advisory Committee list and addendum language as is.

Community Pharmacist' Subjective Workload and Perceived Task Performance: A Human Factors Approach

The Chair called on the Vice Chair to lead the discussion on an article titled, "Community Pharmacist' Subjective Workload and Perceived Task Performance: A Human Factors Approach". The article reads in part, there are an estimated 51.5 million medication errors dispensed from community pharmacies each year across the U.S. Workload, measured as the number of prescriptions dispensed per hour or day, or number of prescriptions per pharmacist, has been shown to be positively associated with dispensing errors. In 2009, greater than two-thirds of pharmacists reported that their workload is high or excessively high, an increase of 14% compared to 2004. In addition, 61% of pharmacists reported that workload increased or greatly increased compared to the previous year. The high proportion of pharmacists experiencing high workload is particularly concerning given the likely future increase in demand for prescription drugs due to the aging of the population, and the likely expansion of pharmacists' roles due to the addition of pharmacist-provided services, such as medication therapy management services and immunizations.

Workload has been conceptualized to have both objective and subjective dimensions. Similar to pharmacy, nursing workload traditionally was quantified as, for example, nurse-to-patient ratios. However, researchers recognized that this objective measure was insufficient, and characterized other dimensions of workload including physical, cognitive, and emotional workload. Cognitive demands of nursing workload, such as being rushed, being interrupted, and having divided attention, were associated positively with the likelihood of errors and complications.

This study had three goals. The first was to measure community pharmacists' subjective workload in three categories (task, job, and organization). The second goal was to measure community pharmacists' perceived performance of three tasks in the medication dispensing process: performing a patient consultation for a new medication. The third goal was to measure the association of each category of perceived workload on perceived performance of each task.

ISMP Warns that Emphasizing Speed in Community Pharmacy Prescription Dispensing Can Lead to Errors

The Chair led the discussion on an article titled, "ISMP Warns that Emphasizing Speed in Community Pharmacy Prescription Dispensing Can Lead to Errors". The article reads in part, the Institute for Safe Medication Practices (ISMP) is sending a strong warning about a safety issue illustrated by a wave of recent national advertising-promoting and rewarding the speed at which community pharmacies dispense prescriptions. The Institute has written to the National Association of Board of Pharmacy (NABP) to ask for its support in discouraging speed as a primary marketing tool for pharmacy services. In addition to writing to NABP, ISMP has featured this issue in the ISMP Medication Safety Alert! Acute Care and Ambulatory/Community Care editions as well as ISMP President Michael Cohen's health blog.

"Should boards of pharmacy set hourly dispensing quotas?", Drug Topics Article

The Chair led the discussion on a Drug Topics article titled, "Should boards of pharmacy set hourly dispensing quotas?". The gist of this article was that it may be not necessary to set hourly dispensing quotas in the law, and that pharmacists are professionals and should be able to determine how quickly they can work to safely dispense prescriptions. This article follows the same subject as the previous articles on the agenda.

"Pharmacists' attitudes towards dispensing errors: their causes and prevention"

The Chair led the discussion on another article about errors from the Journal of Clinical Pharmacy and Therapeutics titled, "Pharmacists' attitudes towards dispensing errors: their causes and prevention". The article talks about similar things mentioned in the previous articles that can cause errors like prescription volume, pharmacist fatigue, overworked, interruptions, and similar confusing drug names.

The EO stated the reason these articles were brought before the Board is because when she attended the opioid task force meetings there was also discussion about dispensing errors, especially for controlled substances. One of the main reasons for it is the community or retail pharmacies have a quota that they have to meet, so the pharmacists are pumping out prescriptions and its causing errors. It is concerning.

The Chair stated it is a big problem.

Mr. Yamamoto stated there is an alarming trend in terms of dispensing errors, and for whatever reason the dispensing errors are always giving more, not less. Over the past year the dispensing errors have increased. When doing investigations, he sees that some situations that the pharmacists are working in are not ideal, and at this point he sees the dispensing errors as trending upwards. As a public safety matter, we need to take that into consideration on what we're doing and how we're addressing this particular situation. My analysis of a pharmacy is something similar to a bank where there should be accurate count and accountability at all times.

The EO stated another reason this is concerning besides what Mr. Yamamoto brought up, is that now pharmacists do so many other services, like immunizations, dispensing Naloxone, counseling, etc., all these things are taking time away from dispensing. These things affect your entire practice act.

The Vice Chair was excused from the meeting at 10:26 a.m.

Applications: **Ratification List**

Upon a motion by Mr. Weinberg, seconded by Dr. Chock, it was voted on and unanimously carried to approve the attached ratification lists.

Next Meeting: The Chair announced that the next Board meeting is scheduled for Thursday, November 16, 2017.

Dr. Chock stated she is not able to attend.

The EO stated she will check with the Board members who are not present today to see if they are available to attend.

Thursday, November 16, 2017
9:00 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 10:35 a.m.

Taken and recorded by:

/s/ Lisa Kalani
Lisa Kalani, Secretary

Reviewed and approved by:

/s/ Lee Ann Teshima
Lee Ann Teshima, Executive Officer

10/27/17

[ ] Minutes approved as is.
[X] Minutes approved with changes; see minutes of 11/16/17

BOARD OF PHARMACY
October 19, 2017 Ratification List

Miscellaneous Permits (PMP)

Change of PIC

Diamondback Drugs of Delaware LLC dba Diamondback Drugs (PMP-1098)
7631 E Indian School Rd. Ste. 105
Scottsdale, AZ. 85251
Effective: 9/13/17
New PIC: Kory Muto

Dynamic Rx Labs (PMP-1270)
923 Powell Ave. SE #150
Renton, WA. 98057
Effective: 9/15/17
New PIC: Angelique Williams

Central Admixture Pharmacy Services Inc. (PMP-108)
10370 Slusher Dr. Unit 6
Santa Fe Springs, CA. 90670
Effective: 9/22/17
New PIC: Jasmine Sim

Revival Animal Health (PMP-796)
1700 Albany Pl. SE
Orange City, IA. 51041
Effective: 9/30/17
New PIC: Richard Dykstra

Domen Life Science Services LLC (PMP-551)
17877 Chesterfield Airport Rd.
Chesterfield, MO. 63005
Effective: 9/29/17
New PIC: Arijit Aichbhaumik

Closure/Cancellation

Civic Center Pharmacy (PMP-769)
7331 E Osborn Dr. #208
Scottsdale, AZ. 85251
Effective: 9/18/17

Pharmacy (PHY)

Change of PIC

Nineteen Fifty-One Partners Inc. dba Malama Compounding Pharmacy (PHY-845)
74-5563 Kaiwi St. #129
Kailua-Kona, HI. 96740
Effective: 9/9/17
New PIC: Patrick Adams

Ko'olauloa Community Health and Wellness Center Incorporated dba Ko'olauloa Pharmacy (PHY-788)
56-119 Pualalea St.
Kahuku, HI. 96731
Effective: 9/5/17
New PIC: Allen Bagalso

Closure/Cancellation

Open Door Pharmacy LLC dba Open Door Pharmacy (PHY-910)
1130 N Nimitz Hwy. #A153
Honolulu, HI. 96818
Effective: 9/19/17

Board of Pharmacy Ratification List for October 19, 2017

Pharmacist

PH 4234 KELSEA A Y <MIZUSAWA<
PH 4235 KIMBERLY A <SORICONE<
PH 4236 MARLA J <ZIPPAY<
PH 4237 SOUICHI R <WOOD<
PH 4238 JENNA C <SUNKIN<
PH 4239 DANA S <SHIMABUKURO<
PH 4240 DEANDRA A <VILUAN<
PH 4241 ZACHARY A <JONETT<
PH 4242 KELLI R <HARMON<
PH 4243 NICOLE D <STINNER<
PH 4244 SHAWNA C P <KINILAU<
PH 4245 DERRICK J <CHUN<
PH 4246 CHELSEA L <TASAKA<
PH 4247 JAMIE L <BUTTERS<
PH 4248 LILY J M <FANG<
PH 4249 JOHN P <BLAZEK<
PH 4250 JUNE D <GUSTINA<
PH 4251 ALYSSA N <NII<
PH 4252 KRISTINE D V <LUONG<
PH 4253 YUESHI <LIN<
PH 4254 DANN M <HIRAYASU<

Pharmacies

PHY 915 1778 ALA MOANA BLVD #208 HONOLULU HI 96815 WHA J KIMBALL INC
PHY 916 1450 ALA MOANA BLVD STE 2401 HONOLULU HI 96814 LONGS DRUG STORES CALIFORNIA LLC

Miscellaneous Permit

PMP 1440 32131 INDUSTRIAL RD LIVONIA MI 48150 MEDCART SPECIALTY CARE LLC
PMP 1441 11800 WESTON PKWY CARY NC 27513 BIOLOGICS INC
PMP 1442 C/O PHARMACY DEPT HAUPPAUGE NY 11788 BETTER LIVING NOW INC
PMP 1443 12002 SHADOW CREEK PKWY #106 PEARLAND TX 77584 ROYAL PHARMACY
PMP 1444 3 WING DR #102 CEDAR KNOLLS NJ 07927 SCHRAFTS 2.0 LLC
PMP 1445 833 N COOPER RD #104 GILBERT AZ 85233 EXPRESS VETERINARY PHARMACY LLC
PMP 1446 33389 VAN DYKE STERLING HEIGHTS MI 48312 LAKE CITY PHARMACY LLC