No Dak PHARMACY

Volume 24, No.4

December 2011



2012 NDPhA Membership Dues Are Now Being Collected...

NDPhA and NAPT are Accepting Award Nominations...



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COLLEGE OF PHARMACY, NURJING, AND





CALENDAR

February

Feb. 15-19, 2012

NCPA Multiple Locations Pharmacy Conference

Naples, FL

http://ncpanet.org/index.php/

events

Feb. 24-26, 2012

NCPA Pharmacy Ownership Workshop Sponsored by McKesson Dallas, TX http://ncpanet.org/index.php/

events

March

March 7-9, 2012

NASPA 2012 Spring Meeting

New Orleans, LA

www.naspa.us/events.html

March 9-12, 2012 APhA Annual Meeting

New Orleans, LA

www.aphameeting.org

April

April 13-14-15

NDPhA Annual Convention, Jamestown Civic Center,

Jamestown

Seasons Greetings

"The ND Pharmacists Association would like to take a quick moment to Thank You, our members, for your support and commitment throughout the years. Our Board of Directors and staff would like to wish you Happy Holidays and many blessings to you and your loved ones this Holiday Season."

Sincerely,

Mike, Lorri, Jayme and Board Members

NAPT PRESIDENTS ARTICLE

Hello to all of my fellow Pharmacy Technicians! I hope this article finds everyone well and happy. This past summer was a busy summer for NAPT. We had our Pharmacy convention in June. I also had the opportunity to attend our national convention in Denver, CO. with AAPT in August. I met Pharmacy technicians in all aspects of our profession. It was very rewarding to learn all the great things our profession is doing. I met lifelong friends in Denver. NAPT also received the chapter of the year award. We led the nation in advancing our profession. The people I visited with were very impressed with our Tele-pharmacy program and the scope of practice in our state. We also received the award because of the support we gave to the nominees on the Board of Pharmacy. Not many states have Technicians on their Board of Pharmacy.

Our fall conference took place in Sept. in Dickinson, ND. I would like to give a huge thanks to the planning committee! I would like to encourage other Technicians in our state to join us in our future Conferences. It is a great way to obtain CE's and network with others in our profession, as well as meet new friends and have a little fun!

Please feel free to contact me with any questions or concerns. My email is ndpha@nodakpharmacy.net phone is 701-278-0726.

Best Wishes

Kristina Foster-President NAPT

Kristina Foster

NAPT TREASURER'S REPORT

Hello from Western North Dakota with an update on the 2011 Fall Convention. It was held on Sept 23 & 24th at The Ramada Inn in Dickinson, ND. There were 23 people who attended the convention. The overall comments were excellent. We had completed 10 hours of CE and the response was awesome on our speakers and their topics. We had speakers talk on Bio-Identical Hormones, Domestic Violence, Nursing Home changes in billing, Nutraceuticals, Law of the west, Basics in Compounding and Dieting. The facility and food was superb. Wish more would have attended, but I feel the ones who did enjoyed their weekend.

Thank-you,

Bobbie Hauck

Bobbie Hauck NAPT Treasurer

NAPT Minutes now available on-line

NAPT MINUTES NOW AVAILABLE ON-LINE

As per request of the general membership of NAPT, General Business and Executive Board minutes of NAPT can be found on the NDPhA website.

For access, go to www.nodakpharmacy.net > about us > academies > Northland Association of Pharmacy Technicians. You will find a listing of minutes available. Please note that not all minutes posted have been approved, a disclaimer is listed at the end of the minutes stating if they have been approved.

You are encouraged to take a moment to review the minutes as a way to stay in touch with Pharmacy Technician issues.

Congratulations to Barb Lacher

Congratulations to Barb Lacher, ND Registered Pharmacy Technician. She was honored as this year's recipient of the Roy Kemp Award, presented by the Pharmacy Technician Educators Council (PTEC). This is an annual award presented at the National PTEC Convention.

Nominees must be a current, active member of the PTEC, demonstrate an above standard contribution to the education of pharmacy technicians, attend at least one annual meeting within a three year time span and participate in PTEC activities. Barb not only meets, but exceeds all standards needed to be an outstanding recipient.

Barb's dedication does not stop at the national level, but continues in the North Dakota in many different ways. One of which is serving as the Parliamentarian on the Northland Association of Pharmacy Technicians (NAPT). Her service to the field is never ending and for that we are so thankful. Congratulations Barb, you are very deserving of this award. Your continued dedication sets the bar and expectations for Pharmacy Technicians.

Submitted by: Diane Halvorson



NAPT PHARMACY TECHNICIAN AWARDS

It is time to start thinking about nominating an individual or company for the NAPT Annual Awards to be presented at the NDPhA 2012 Annual Convention in Jamestown. This individual should be an outstanding achiever in the Practice of Pharmacy and excels in the criteria of each of the following awards.

The nominator shall prepare a letter of recommendation listing the outstanding achievements of the nominee. The nominator shall also include the name of the award they are making a nomination for.

The nominator shall send a letter of recommendation to the attention of NAPT Vice President Donna Kisse via email: ndpha@nodakpharmacy.net or mail to NDPhA 1641 Capitol Way, Bismarck, ND 58501. You may also contact Donna by phone at 701-269-8747.

The **deadline** for nominations is February 20, 2012.

NAPT Nominations

NAPT

Board of Directors

NAPT President

Kristina Foster Employer: White Drug #39, Fargo Work #: 701-235-5511 Email: <u>kristinafoster23@yahoo.com</u>

NAPT Vice-President

Donna Kisse Employer: Thrifty White Drug, Fargo Work #:701.269.8747 Email: dkisse@ThriftyWhite.com

NAPT Secretary

Sharon Kupper Employer: Workforce, Safety & Insurance Work #: 701.570.3148 Email: dskup@wil.midco.net

NAPT Treasurer

Roberta Hauck Employer: Irsfeld Pharmacy Work #: 701.483.4858 Email: n/a

NAPT Parliamentarian

Barbara Lacher Employer: NDSCS, Wahpeton Work #:701.671.2114 Email: barbara.lacher@ndscs.edu

NAPT Member-At-Large

Luci Koepplin

NAPT Member-At-Large

Jennifer Joyce

Immediate Past President

Angela Buchanan Employer: CSM, Fargo Work #:701.235.8002 ext. 210 Email: angelakb@cableone.net Please enter the name of the candidate and place of employment under the title of the award. The nominator must prepare a letter of recommendation listing the outstanding achievements of the nominee and send the letter to the Selection Committee, attention Chairperson of such committee. Such letter must arrive within the determined due dates as posted yearly by the Selection Committee. The criterion for each award is listed below.

DISTINGUISHED YOUNG PHARMACY TECHNICIAN

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

- 1. Practicing as a Pharmacy Technician for less than 10 years.
- 2. Registered as a Pharmacy Technician in North Dakota.
- 3. Practice sites shall include but are not limited to; Institutional, Managed Care, Retail, or consulting pharmacy in the year selected.
- 4. Nominee should demonstrate an outstanding work experience in the Profession of Pharmacy. Participation in national technician association, professional programs, state association activities, and or community services is not required but would be good examples of dedication to the profession.

Nominee:		
Submitted by:	 	

DIAMOND AWARD

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

- 1. Current or past registration as a N.D. pharmacy technician is required.
- 2. The nominee must be living, awards are not posthumously.
- 3. The nominee is not a past recipient of this award.
- 4. The nominee is not currently serving as an officer of the NAPT Association.
- 5. The recipient has demonstrated and outstanding record of community service such as; involved in church, community (scouts, school, PTA, Jaycees or other organizations). The recipient also demonstrates an outstanding service to the Profession of Pharmacy.

Nominee:			
Submitted by:			

FRIEND OF NAPT

Minimum Selection Criteria/ Nominations will be accepted from any ND Registered Pharmacy Technicians

- 1. The nominee has not been a previous recipient of this award.
- 2. The nominee has been an advocate of NAPT and the Profession of Pharmacy Technicians.

The nominee may include but are not limited to; Registered Pharmacy Technician, Registered Pharmacist, or any related Pharmacy Business. The recipient is not limited to a specific person; a company can also be noted as a recipient.

	,	1	'	,	,	'
Nomin	ee:					
Submit	ted by:					

NAPT PHARMACY TECHNICIAN OF THE YEAR AWARD

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSPH

- 1. The nominee shall be a Registered Pharmacy Technician in North Dakota.
- 2. No nominee shall be a member of the Selection Committee or past recipient of the award.
- 3. Each nominee shall be actively practicing as a Pharmacy Technician in North Dakota. However, need not be actively involved with NAPT.

Nominee:		
Submitted by:	 	

Katy's Kids Community Education Program

Katy's Kids is a community education program presented by pharmacists and student pharmacists to kindergarten - 2nd grade students. Katy the Kangaroo has visited hundreds of classrooms across the country to present Katy's Kids and teach children about medication safety since 1988.

Katy's Kids is designed to increase the health literacy and the knowledge of medicine safety within a community. Along with Katy the Kangaroo, pharmacists and student pharmacists teach children about medicine and its proper use. The six main objectives taught through the Katy's Kids program are:

- 1) Medicine can be dangerous if not taken correctly,
- 2) Pharmacists are medicine experts,
- 3) Medicine is NOT candy,
- 4) Never take medicine meant for someone else,
- 5) Medicine should be taken only when you are sick or to keep you well,
- 6) Only your parents or adults you know should give you medicine.

The NDPhA Board of Directors approved the purchase of the Katy's Kids Kangaroo Costume and encourage member's to use this tool to help educate children on medication safety. Pharmacist Lane Nelson was the first to use the Katy costume.

Pharmacist Nelson: We visited Edgeley K-2 on Tue, Nov 1 then went to Kulm Wed, Nov 2. The presentations went well, and the kids really seemed to pick up on the information presented in the video. Thank you again for making the costume available. This year we just presented the video and had classroom question and answer time. We didn't use any of the supplemental activities.

I plan to make next year a bigger event.



NDPhA 2011 Award Nominations



Call For Nominations

Fax to: (701) 258-9312 or email to: ndpha@nodakpharmacy.net by January 5, 2012. A list of past recipients and a sheet explaining the rating system for each award can be found on our website at http://www.nodakpharmacy.net/Awards.html

Nominations should be submitted **along with biographical information**. The following awards will be presented:

AWARDS NOMINATIONS CRITERIA AL DOERR SERVICE AWARD

The recipient must: be a pharmacist licensed to practice in North Dakota. The recipient must be a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; has compiled an outstanding record for community and pharmacy service.

Nominee:	Submitted by:
1 tollillice.	Jubilitica by.

UPSHER-SMITH LABORATORIES EXCELLENCE IN INNOVATION AWARD

❖ The recipient should be a practicing pharmacist within North Dakota and a member of NDPhA who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

Naminaa	Cubmitted by
Nominee:	Submitted by:

Pharmacists Mutual Distinguished Young Pharmacist Award

❖ The goal of this award is to encourage the newer pharmacists to participate in association and community activities. The award is presented annually to recognize one such person for involvement and dedication to the practice of pharmacy. The recipient must: have received his/her entry degree in pharmacy less than nine years ago; be a pharmacist licensed to practice in North Dakota; a member of NDPhA; have practiced community, institutional, managed care or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service.

Nominee:	Submitted by:	

APHA/NASPA BOWL OF HYGEIA

❖ The recipient must: be a pharmacist licensed to practice in North Dakota; a member of NDPhA: be living (not presented posthumously); not have been a previous recipient of the award; is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or its awards committee; have compiled outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

Nominee:	Sub	bmitted by:

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U.S. Drug Enforcement Administration



U. S. Department of Justice
Drug Enforcement Administration
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Springfield, Virginia 22152

www.dea.gov

AUG 2 4 2011

Mr. Carmen Catizone, M.S., R.Ph., D.Ph. National Association of Boards of Pharmacy 1600 Feehanville Drive Mount Prospect, Illinois 60056

Dear Dr. Catizone:

This correspondence is in response to your letter dated July 26, 2011, to the Drug Enforcement Administration (DEA) seeking clarification on DEA's policy regarding information a pharmacist may provide when it is missing from a prescription for a schedule II controlled substance. Thank you for contacting DEA on this issue.

DEA is aware that pharmacists are sometimes presented with prescriptions for schedule II controlled substances that are missing information required for a valid prescription under state or federal law. In accordance with DEA regulations, pharmacists have a corresponding responsibility with practitioners for the proper prescribing and dispensing of controlled substances and must ensure that prescriptions for controlled substances conform in all essential respects to the law and regulations. 21 C.F.R. §§ 1306.04(a) and 1306.05(f). In particular, DEA regulations require that all prescriptions for controlled substances be dated as of, and signed on, the day when issued and bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of the practitioner. 21 C.F.R. § 1306.05(a). Whether it is appropriate for a pharmacist to make changes to the prescription, such as adding the practitioner's DEA number to the prescription or correcting the patient's name or address, varies case-by-case based on the facts present. Consequently, DEA expects that when information is missing from or needs to be changed on a schedule II controlled substance prescription, pharmacists use their professional judgment and knowledge of state and federal laws and policies to decide whether it is appropriate to make changes to that prescription.

To this end, pharmacists and other practitioners must be mindful of what dispensing-related activities violate the Controlled Substance Act (CSA). For instance, it is unlawful to knowingly or intentionally furnish false or fraudulent material information in, or omit any material information from any application, report, record, or other document required to be made, kept, or filed under the CSA; to dispense a controlled substance in violation of 21 U.S.C. 829, which includes requirements for a schedule II controlled substance prescription; or to knowingly or intentionally use in the course of dispensing of a controlled substance a registration number that is fictitious, revoked, suspended, expired, or issued to another person. See e.g., 21 U.S.C. §§ 842(a)(1), (2), and (5), and 843(a)(2), (3), and (4)(A).

Mr. Carmen Catizone, M.S., R.Ph., D.Ph.

Page 2

I would like to thank you again for your willingness to work with DEA and I look forward to our continued cooperation.

Sincerely,

oseph T. Rannazzisi

Deputy Assistant Administrator Office of Diversion Control









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PQC Putting Continuous Quality Improvement into Action

Pharmacy Quality Commitment – Putting Continuous Quality Improvement into Action

Implementing a sound quality assurance (QA) program takes time, but if you do it right, it may be the most valuable investment that you make all year.

The primary reason to maintain a QA program is to provide the safest, highest level of quality care possible to your patients. It is also a sound business decision to strive to reduce the pharmacy's exposure to potential errors by implementing processes to monitor, analyze discovered weaknesses, and develop a plan for improvement. A solid QA program often results in improvement in operations and eventually in a reduction in "redo" prescriptions. This ultimately translates into more free time for you to utilize elsewhere. Finally, if the pharmacy fills Medicare prescriptions it needs an operational Quality Assurance (QA) or Continuous Quality Improvement (CQI) program in order to meet third party contract requirements.

What should you do if you are looking to implement or enhance a QA/CQI program in your pharmacy? First of all, you should make sure that you are participating in a program that provides protection for the safety of quality and error data, also referred to as patient safety work product (PSWP). It is very important to familiarize yourself with state reporting requirements and protections. Certain states require QA/CQI programs to be implemented and others provide protection for patient safety data and its subsequent review. However, there are states that remain silent on this respective issue. The best way to ensure protection of the data is to arrange to report to a Patient Safety Organization (PSO). A PSO is a public and private entity, recognized by the Department of Health and Human Services, that is established to collect and analyze quality-related events (QRE). These QRE's can include incidents that reach the patient whether they caused harm or not, near misses, and unsafe conditions reported by healthcare providers and healthcare entities. A PSWP that is reported to an approved PSO is protected from discovery at both the state and federal level. A PSO is essential improving and moving patient-centered, pharmaceutical care forward in the context of our changing healthcare system; pharmacists report data to a PSO, evaluate it, implement plans for improvement in their pharmacy. It offers definite safety and legal protections afforded by legislation. In addition, PSOs provide valuable feedback and resources to its reporters. For more information on PSOs, visit http://www.pso.ahrq.gov/.

For a QA/CQI program to thrive, owners and management must make a conscious commitment to quality and embrace the change that is necessary to move beyond the traditional "name and blame"

mindset of medication errors. A positive culture change must come from the leadership. The staff must understand that the pharmacy needs to work together in a non-punitive environment that rewards proactive cooperation in order to reduce the chance of a medication error reaching the patient. The appointed QA supervisor should encourage participation from the staff and ensure training on maintaining confidentiality of patient safety data within the pharmacy's patient safety evaluation system. The program should be easy to use as collection and ongoing monitoring demands that the recording of data be a simple and quick task that requires minimal disruption and easy incorporation into the daily workflow. Incidents that reach the patient should be collected, but certainly do not overlook the value of recording the "near misses" that might have caused harm had they not been caught. The collection and analysis of all qualityrelated event (QRE) data holds invaluable lessons to be learned for each pharmacy and can greatly contribute to reduction of error rates in pharmacy practice.

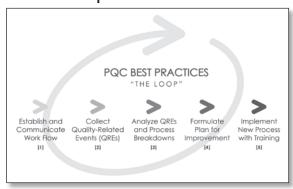
The Alliance for Patient Medication SafetyTM (APMSTM), a federally listed PSO, offers a continuous quality improvement and reporting program specifically designed for pharmacies (Figure 1). Pharmacy Quality Commitment™ (PQC) provides the education and the process for pharmacies to securely report, study and protect patient safety data. (Figure 2). The manual details suggested workflow guidelines for the "stations" in the prescription process and offers 20 "pharmacy best practices" to consider in order to reduce the chance of a medication error. Pharmacies record any errors or near-miss QREs through a simple, secure, webbased portal. Once a pharmacy starts reporting QREs, it will have instant access to charts and graphs of its data, which can provide extremely valuable insight into various trends. The QA supervisor can use this data to improve the dispensing process and decrease the likelihood of costly errors. Reviewing this data progressively over time enables the pharmacy to determine where potential weaknesses might be and how the processes in the pharmacy's workflow can be improved. The pharmacy can implement and experiment with new processes to lower the incidence of the type of QRE targeted. Over time, data is accumulated and can be analyzed determine if there was an improvement. Through cycles of data-driven improvement, the pharmacy can continue to revise the workflow. This will allow maintaining and adhering to safety standards at an excellent level with relative ease.

PQC Putting Continuous Quality Improvement into Action

Figure 1. Alliance for Patient Medication Safety, a Patient Safety Organization



Figure 2. Pharmacy Quality Commitment™
Continuous Quality Improvement
"Loop"



A pharmacy gets a two-fold benefit from reporting to APMS as their reported PSWP data is aggregated with thousands of reported patient safety data from other pharmacies across the country. The APMS currently receives over 10,000 QRE reports each month, analyzes the aggregate, de-identified information and reports the national trends back to participating pharmacies. Pharmacies reporting through PQCTM receive recommendations on best practices and workflow processes to help reduce medication errors, improve medication use and enhance patient safety and health outcomes.

Access to the APMS resource and online reporting site is easy. The PQCTM participant is assigned a unique, encrypted password and username that allows entry. Once logged in, the pharmacy is directed to a robust Resource Area that includes recent newsletters with guidance and recommendations, aggregate trending information, and other patient safety tips. Also posted is a PQCTM Quality Assurance Policy and Procedure template, a patient safety evaluation system for the pharmacy, reporting forms and tools, and ongoing resources for the Quality Supervisor. This includes instructions on how to set up a Peer Review process and how to maintain active reporting status for the pharmacy.

Managed care organizations, regulatory bodies or other entities may have reason to want to know if a pharmacy is actively participating in a Continuous Quality Improvement program. APMS has developed criteria for determining if a pharmacy is considered "Continuous Quality Improvement – Verified" (CQI Verified) with the PQC program. Once training is completed and data is being reported on a consistent basis, the pharmacy is able to print out a "CQI-Verified" certificate.

Implementation of the program is simple and straight-forward, but like any effective management process will require some time, effort and a commitment to improvement to be truly effective. The experts on staff at APMS have helped thousands of pharmacists successfully incorporate PQCTM into their workflow and are eager to help. Several PowerPoint training modules are available that range from "Getting PQC Started" to "Compliance Training". The pharmacy also has the option to set up as many free individual one-on-one online training sessions as needed. They provide a toll-free line (866) 365-7472 and online access at info@pqc.net.

In summary, the PQCTM program provides three things no other continuous quality improvement program offers:

- Access to forms, manuals, and ongoing training assistance (toll free number and online support) that makes sure PQC™ becomes a meaningful and ongoing program for improvement in the pharmacy - not simply another manual on a shelf.
- A secure, password-protected Patient Safety Organization (PSO) web portal for each pharmacy to enter patient safety data; to protect it from discovery so none of the patient safety data can be used against the pharmacy in a legal proceeding.
- A quick and easy way to print proof-of-use of a continuous quality improvement program.

PQCTM can be ordered through a link on the state pharmacy association website or at www.pqc.net. The first year license fee is \$300 and annual renewal is \$200. APMSTM is dedicated to encouraging voluntary reports of patient safety work product and to performing analysis of aggregate information to improve quality of care provided by the pharmacy workforce. In support of these goals, APMSTM provides funding to state pharmacy associations to promote PQCTM and to provide QA/CQI education to pharmacists in their states.

Questions Lead to Answers

In the Pharmacy Quality CommitmentTM (PQCTM) program, any mistake, or "near miss", which is caught by the system before it reaches the patient, is called a "success story" because quality assurance is judged to have worked and the pharmacy has data to study. Data is good, but data does not provide automatic answers. This will lead to the right questions being asked that can lead to answers. Pharmacies are encouraged to review generated charts at staff meetings in order to formulate questions and facilitate effective discussions on how to develop solutions.

Let us consider the PQCTM "Where in the Process" chart from one hypothetical pharmacy over a 3 month period (Figure 3.). In this pharmacy 31% of all of the quality related events (QREs) were made during computer entry process. We know "where" but we don't know why or how the process is breaking down. There does not seem to be a trend in the type of mistake, just where they are occurring. What could you do if this was your pharmacy? What questions come to mind to investigate? What solutions could be put into place?

One suggestion is that for the next month the pharmacy concentrate on the computer entry process and incorporate at least one "best practice" that could either stop a QRE from occurring or would catch it before it reached the patient. This pharmacy could consider using the best practice "Take 5." "Take 5" is the first step in a process, whereby the person's first job is to check what occurred in the immediate step before. In this case, use "Take 5" in the new prescription filling process, which usually immediately follows computer entry and label generation. The person filling the prescription first takes a short amount of time (5 seconds) to compare the prescription against the label for accuracy before they go to the next step in the process. Are the patient's name, drug name, strength and directions correct? It has been estimated that "Take 5" will catch 95% of all mistakes occurring up to that point as it serves to focus the brain on a task for a short time for a specific goal. Train the staff, remind the staff and evaluate in a few weeks whether there was an effect.

PQCTM provides tools and resources for the Quality Supervisor to aid in determining the root cause of the QREs and articles such as the "Enhancing your Continuous Quality Improvement Program with Effective Peer Review Practices".

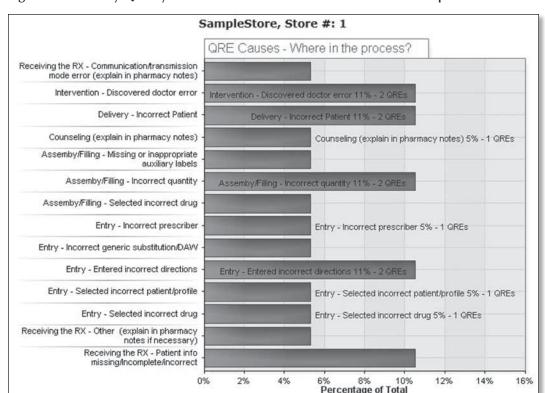


Figure 3. Pharmacy Quality Commitment™ "Where in the Process" Example

Tara M. Modisett is the Executive Director for the Alliance for Patient Medication Safety

NDPhA Board of Pharmacy



Amanda Volochenko, Pharm.D. Candidate 2012

Description: The North Dakota Prescription Drug Monitoring Program (ND PDMP) collects data on all Schedule II, III, IV, & V controlled substances as well as carisoprodol (C-IV) and tramadol and makes it available to healthcare providers and law enforcement. ND PDMP is designed to improve patient care and reduce drug diversion.

Reports: All Pharmacies that dispense controlled substances and/or tramadol in the state of North Dakota or for patients residing in North Dakota are required to report to the database. Information collected includes patient name, date of birth, address, prescriber, dispensing pharmacy, and specific prescription information, such as date, drug, dosage, and quantity. Collected information is stored in the database for 3 years.

Law enforcement, prosecutorial officials, judicial authorities, prescribers, pharmacists, licensed addiction counselors (LAC) in a state licensed program, Medicaid, peer review committees, state licensing boards, Workforce Safety, insurance companies, or an individual are able to request profile reports. A practitioner, pharmacist or LAC must have a current patient relationship or new appointment scheduled to request a profile report. Law enforcement officials must have an active investigation to request a history report.

There are two ways to request a profile report. A request can be made by fax or through Direct Online Access. To fax a request, print the appropriate form from the ND Board of Pharmacy (NDBOP) website under the Prescription Drug Monitoring Program tab. Fill out the form and fax it into the ND PDMP Office. The profile report should be faxed back to you within one business day.

Direct Online Access allows database access 24/7 with an assigned login. Prescribers, Pharmacists, & LACs can fill out the online application for a login to Direct Online Access at the NDBOP website (http://www.nodakpharmacy.com/directaccess.asp). A 15 minute online training session is also required to obtain a login. Supportive staff may also apply

for a Delegate Login and access the database on behalf of the physician/pharmacist. They must also complete the appropriate application and online training session.

Direct Online Access provides almost immediate feedback as well as convenience. It is a powerful tool that enables healthcare providers to safely and efficiently manage their patient's health. ND PDMP can be useful in determining compliance, patient history, possible abuse, and more. Utilization of ND PDMP and Direct Online Access can benefit the prescribers, pharmacists, and more importantly, the patient.

Unsolicited Reports: These monthly reports contain the profile report of qualified patients and are mailed to each physician and dispenser on the report. To qualify for an unsolicited report, patients must have filled prescriptions from 6 or more physicians and/or dispensers in a 6 month period.

What to do with Reports: Once a profile report is received, use professional judgment to determine whether or not to share the information with your patient and/or file the report in the patient's chart. You may contact other healthcare professionals in the report to discuss the findings but sharing the physical profile report is a violation of statute. If they would like to see the report, they may request one at any time from ND PDMP. If illegal activity is suspected: contact law enforcement.

<u>Information Error:</u> If you believe that information on a profile report is incorrect please contact the ND PDMP office. The claim will be investigated and corrected if necessary.

Contact: If you have any questions or concerns regarding the ND Prescription Drug Monitoring Program contact Kathy Zahn at 701-328-9537.

NDPhA Time Capsules

2011 (Fourth Quarter)

1986—Twenty-five years ago:

Food and Drug Administration approval of the first monoclonal antibody drug, Muronomab-CD3 (also known as Orthoclone OKT3), for treatment of transplant rejection.

Total health care expenses for a population of approximately 244 million were approximately \$477 billion.

Average prescription price was \$14.36 and the average number of new and refill prescriptions filled per year was 29,100 according to the *Lilly Digest*.

1961—Fifty Years Ago:

Pharmacist Donald Hedgpeth and the Northern California Pharmaceutical Association indicted for violation of the Sherman Anti-trust Act for the development of a pricing schedule that incorporated a professional fee.

Amitriptyline HCl (Elavil) was introduced in the US by Merck Sharp & Dohme.

Total health care expenses for a population of approximately 189 million were approximately \$29 billion.

Average prescription price was \$3.25 and the average number of new and refill prescriptions filled per year was 15,100 according to the *Lilly Digest*.

1936—Seventy-five Years Ago:

Johnstown, PA was hit with a devastating flood on St. Patrick's Day. Initial reports were that 27 out of 34 drug stores were destroyed. Pharmacists and manufacturers rushed aid to the city to assure that essential medicines were available.

1886—One hundred twenty-five years ago:

The Brooklyn College of Pharmacy was formed in 1886. Renamed, it is now the Arnold and Marie Schwartz College of Pharmacy and Health Sciences of Long Island University.

By: Dennis B. Worthen Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

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Empowering Healthcare

NDPhA About the Patient Update

Jayme Steig, PharmD RPh



PAIN MANAGEMENT PROGRAM UPDATE

The pain management program for ND Workforce Safety and Insurance (workers comp) launched in May as a pilot pain management program to injured workers in Burleigh, Morton, Stark, and Walsh counties. The goal of the program is to help injured workers better manage their pain from their injuries and properly manage their medication. Since its launch, some adjustments have been made to enrollment criteria in an effort to select those who would best benefit from the program. The pilot program has also been expanded to Cass County. YOU CAN STILL PARTICIPATE IN THE PROGRAM. Home study modules and recorded webinars are used to complete the course. The certificate course is offered through NDSU and is FREE to pharmacists with a ND license. We encourage anyone interested to complete the certificate program. Also, pharmacists in Cass county interested in becoming providers for the program should contact the NDPhA office.

DIABETES PROGRAM UPDATE

The NDPERS diabetes management program continues. This spring, it was reauthorized for the 2011-2013 biennium. We are looking at ways to increase patient enrollment. Discussions are being held with NDPERS on ways to increase enrollment.

MTM EXPRESS UPDATE

MTM Express has undergone a few updates to add some features such as the entering of surveys, increase the speed and stability of the software, and fix some issues. We hope this has not caused too much disruption through having to reinstall the software and that the changes will make up for any disruption that may have occurred.

NEW LEADERSHIP

This will be my last update as Clinical Coordinator of the About the Patient program. It's been an honor and pleasure serving as the Clinical Coordinator. I look forward to seeing the program continue to grow and evolve under new leadership. I have enjoyed working with you and commend you all for your dedication to patient care. Remember, it's all about the patient.





about the PATIENT

Pharmacists in the 'Peace Garden State' create a patient care network

By Jayme Steig, PharmD, RPh

"Empowering patients to self-manage and improve their health"

is, and has been, the goal for North Dakota's About the Patient program since its inception in 2008. The program has accomplished that goal over the course of the last three years. Through ups and downs the program continues today in its efforts to provide direct, face-to-face interaction between pharmacists and patients to optimize medication therapy and disease management while controlling health care expenditures. Currently, some 125 pharmacists at 70 pharmacy locations throughout the state participate in the program providing disease and medication management services in both urban and rural settings.

Program Origins

During the 2007 North Dakota legislative session, legislators were exploring ways to improve the health of members of North Dakota's public employees' health plan who have been diagnosed with chronic diseases, while simultaneously controlling health care costs. Pharmacists and drug industry representatives presented information regarding the Medicare Medication Therapy Management program and the successful Asheville Project. As a result, two bills were passed and signed by the governor relating to the provision of drug and disease management services by pharmacists and other health care professionals to state employees and their dependents. The legislation encourages the state employee health plan board to adopt a collaborative drug therapy program to improve the health of individuals in identified health populations. It also intended to manage health care expenditures, and more specifically, established a collaborative diabetes management program involving pharmacists and other qualified state health care providers.

In response to this legislation, the North Dakota Pharmacists Association (NDPhA) led a group of pharmacists into discussions with the state employees' health plan to provide a diabetes management program. The NDPhA collaborated with its membership, the North Dakota State University College of Pharmacy, Nursing, and Allied Sciences (NDSU), and with the North Dakota Board of Pharmacy to develop a diabetes management program proposal. This joint effort of many pharmacists from across the state led to the execution of an agreement between the North Dakota Pharmacy Service Corporation (NDPSC–a NDPhA subsidiary) and the state employees' health plan to provide diabetes management services, thus launching the "About the Patient" program.



...the program was able to launch with more than 125 certified pharmacists providing care at approximately 70 pharmacy locations throughout the state.

Diabetes Program Development

There were many pieces that had to be put together to launch a statewide pharmacist care network. Through their collaborative efforts, pharmacists from across the state completed a multitude of tasks enabling the "About the Patient" program to launch in July 2008, slightly more than a year after passage of the legislation authorizing the program.

Provider certification was addressed through a 16-hour diabetes management certificate course developed with the NDSU Continuing Education Department. It consists of 12 hours home study and four hours of live sessions delivered via classroom or online settings. Provider network contracts are negotiated and executed between the NDPSC and pharmacy locations, employing pharmacists certified to provide program services. A unique aspect to the "About the Patient" program is that it is owned and administered by the NDPSC. The NDPSC executes a service agreement with a group to provide services. Then the NDPSC, not the health plans whose members the program will serve, contracts with the pharmacies to provide program services.

The response to the "About the Patient" program from the pharmacy profession was positive. As mentioned previously, the program was able to launch with more than 125 certified pharmacists providing care at approximately 70 pharmacy locations throughout the state. Locations are geographically distributed throughout much of the state, with a strong presence in both urban and rural areas.

A group of pharmacists from varying practice settings developed the certificate program curriculum that was approved by a state committee composed of physicians and pharmacists. Data management for the program was initially provided by the Assurance

System™ from Medication Management Systems. A program website and communication system was developed. A clinical coordinator position was created to provide overall program oversight. Meetings occurred between the NDPSC, the state employees' health plan, and BlueCross BlueShield of North Dakota (the administrator of the health plan), to define client-related specifics such as eligibility, billing, file formats, and patient incentives.

Diabetes Program

The diabetes program consists of a series of up to eight visits distributed over a 24-month period. Each visit addresses a specific diabetes-related topic as specified in the program manual. National guidelines and standards of care are utilized to provide a replicable, sound, and consistent program. The entire health of the patient and their input is used to develop patient specific goals. Medication therapy management also occurs during the visit. Results of the visit are shared via report to both the patient and their primary health care provider. The visit is documented and billed through the data management software, which is provided to network pharmacies by the NDPSC at no charge.

Participating members of the state employees' health plan are provided financial incentives to participate in the program. A portion of the patient's out of pocket expenses is reimbursed on a quarterly basis on glucose-lowering medications, ACE inhibitors and ARBs, and diabetes testing supplies.

Results

Clinical, humanistic, and economic outcomes are considered in evaluating the program. Demographic information is provided in Table 1.

Pertinent clinical information including height, weight, blood pressure, hemoglobin A1C, and lipid levels measured at each program visit or by contacting the patient's primary health care provider. Surveys are administered at specified visits to record quality of life and patient satisfaction. More than 400 patients have participated in the program. Program results have demonstrated a drop in hemoglobin A1C and lipid levels. Patient satisfaction with the program is high, with more than 90 percent of



TABLE 1. BASELINE PATIENT PROFILE			
Mean Age	53.7 years		
Sex	52% female		
Type of diabetes	72% non-insulin dependent (type II)		
Mean # of medical conditions	6.1		
Mean # of medications	10.3		
Mean # of pharmacist identified medication related problems	3.4		

respondents evaluating their care received in the program as "excellent" or "good."

While About the Patient provided the clinical and humanistic reporting, the state employees' health plan elected to complete an independent economic evaluation of the program. The cost analysis included all plan administrative expenses and patient incentive costs. The study showed overall health care expenditure monthly savings of \$71.14 per program participant when compared to a control group, a savings of \$2.34 for every \$1 spent on the program. The economic outcome results, like many other economic analyses of disease management programs, were not statistically significant due to the sample size and variation in health care costs among participants, but still demonstrate a positive savings trend for those who participated in the program.

The program results reaffirm that pharmacists provide effective disease and medication management services in a manner that improves patient health outcomes and has a high level of patient satisfaction,



Since 2008, North Dakota's About the Patient program has provided quality pharmacist care at 70 locations across the state.

all while controlling health costs. It demonstrates that such results can be accomplished through the delivery of the services across a statewide network.

Growth and New Pain Management Program

The NDPSC has sought to grow About the Patient to serve other patient populations with other health plans and with other disease and medication management services. The diabetes program was utilized by North Dakota's high risk insurance pool in 2009 and 2010 with funding for the pool received from grant by the Centers for Medicare & Medicaid Services.

In 2010, discussions began with North Dakota Workforce Safety and Insurance (WSI), the sole provider and administrator of the workers' compensation system in North Dakota, regarding the role pharmacists could potentially have in assisting injured workers to more effectively manage their pain and their medications. WSI had conducted a claims analysis that indicated a growing incidence of chronic narcotic usage and over-usage by injured workers. This trend became an area of concern for WSI from a patient-care perspective and from a financial perspective. As a way to address this concern, WSI and the NDPSC have developed a pilot program that will use pharmacists to provide pain manage-

ment services to injured workers. The goal is to improve the health of worker's compensation patients, return patients to work sooner, and reduce improper utilization of narcotics by educating proper medication use and adherence.

Mirroring the diabetes program, a collaborative effort has been launched with pharmacists across the entire state to develop a pain management program. NDSU was asked to develop a pain management certificate program of similar length and design as the diabetes program.

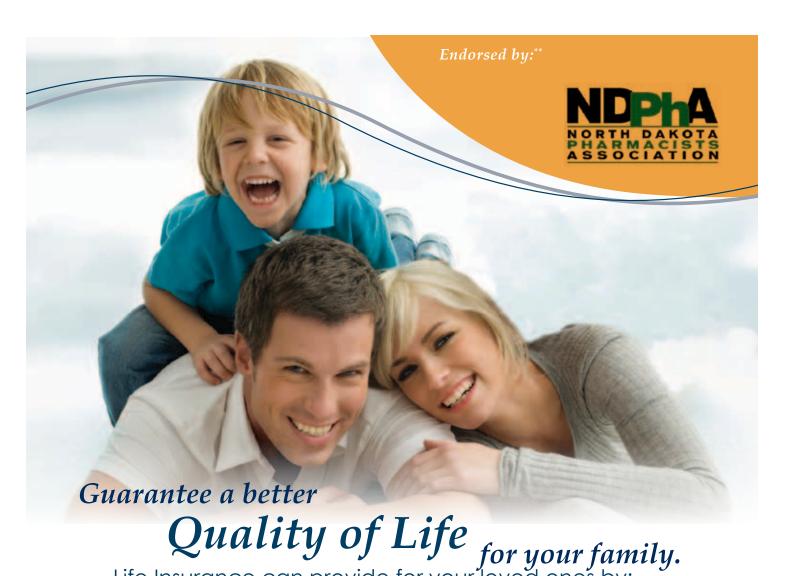
The pain management pilot program began patient enrollments in May 2011 for injured workers residing or seeking medical care in four North Dakota counties. While it is still too early to evaluate the outcomes of the program, those involved hope that the results will demonstrate the value pharmacists can have in providing pain management and related patient care.

Conclusion

Over the last three years, About the Patient has provided quality pharmacist care to patients across North Dakota. The endeavor began by offering a diabetes management program that has demonstrated positive clinical, humanistic, and economic outcomes. A new venture hopes to continue the success of the diabetes program through the provision of pain management services to injured workers. The collaboration and cooperation that has occurred throughout the profession in the state to launch and sustain the program demonstrates that pharmacists' focus is all "about the patient." ap

Jayme Steig, PharmD, RPh, is clinical coordinator of the About the Patient Program. He can be reached at jsteig@frontierrx.com.

For additional information regarding the About the Patient program or to contact the program for additional information, please visit the program website, www.aboutthepatient.net.



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The pharmacist and the budget

What does the recent debt ceiling deal, known as the Budget Control Act of 2011, mean for pharmacy? How can pharmacists influence the 12 Members of Congress on the new Joint Select Committee on Deficit Reduction, commonly referred to as the super committee? Staff from the APhA Government Affairs team and outside advisor SNR Denton, a major law firm in Washington, DC, discussed these questions with APhA Advocacy Key Contact (AAKC) members during an August 30 conference call with 179 participants.

The political context for the debt ceiling deal dates back to the November 2010 election, Mark W. Weller, JD, SNR Denton Partner, said on the call. More than 80 freshman Republicans came to Congress with two key goals: They wanted to change the way Washington works, and they wanted to reduce the cost of government to the taxpayers. The debate about the rising federal debt ceiling was an opportunity for them to do just that, Weller said. He added that the debt ceiling increase usually happens with little fanfare and that many people claim the crisis was manufactured.

Debt ceiling

The debt ceiling deal has two main components: raising the debt ceiling so the federal government doesn't default, and deficit reduction by the super committee on an aggressive timetable, John R. Feore III, JD, SNR Denton Associate, said on the call. The debt ceiling is being raised in a couple of phases. First, there's an immediate \$400 billion increase, with an additional \$500 billion increase in the next 6 months, starting August 2. Depending on what happens with the super committee and Congress, another increase of \$1.2 trillion to \$1.5 trillion can occur. For deficit reduction, the super committee is charged with producing \$1.5 trillion in cuts, with a de facto goal of \$1.2 trillion, over the next 10 years beginning in fiscal year 2012.

The debt ceiling deal already includes a cap on discretionary spending for \$917 billion in deficit reduction over 10 years, making reaching agreement on these cuts much more difficult, according to Brian Gallagher, BSPharm, JD, APhA Senior Vice President of Government Affairs.

Timeline

Feore described the timetable for the super committee to produce actual legislative language that can be scored by the Congressional Budget Office (CBO) and on which at least 7 of the 12 super committee members agree. The first two meetings were held September 8 and September 13.

The super committee has to agree to a package that accomplishes the \$1.2 trillion to \$1.5 trillion in cuts by November 23, the day before Thanksgiving. If the super committee approves this package, it needs to transmit the CBO budget score, the legislative text, and a summary of the provisions to Congress and President Barack Obama by December 2. Committees in the U.S. House of Representatives and Senate can debate the package until December 9, at which point it goes to the full House and Senate floors for votes. The House and Senate need only a simple majority to pass the bill, which cannot be amended or filibustered, by December 23.

Sequester

If the super committee doesn't produce a legislative package that reduces the deficit by \$1.2 trillion or the bill doesn't become law by January 15, the "sequester" takes effect, Feore said. In the sequester, the Office of Management and Budget will be charged with implementing across-the-board cuts in most programs, split between defense and nondefense, to reach the \$1.2 trillion target. Further, if Congress enacts cuts that are any less than the target of \$1.2 trillion, the automatic cuts under the sequester will make up the difference.

Under the sequester, Medicare can be cut by up to 2%, but cuts must be limited to provider reimbursement. Medicaid and other low-income programs are exempt from the cuts.

"So you've got a situation where the super committee itself can come together with a package that essentially reduces Medicaid, changes Social Security, and does a few things here or there to Medicare, versus the sequester, which cannot touch Medicare [by more than 2%], Medicaid, and Social Security," Feore noted.

Some people are concluding that the super committee failing to reach agreement and facing the automatic cuts would be better than any deal it may make. In a perspective published August 31 on the *New England Journal of Medicine* website, "Fallback cuts or super-committee concoction: Choosing health care's policy poison," a former senior health care advisor to President Bill Clinton from 1994 to 2001 wrote that "health care stakeholders are beginning to conclude that any plan agreed on by the super committee would result in larger aggregate cuts and would have a greater negative impact."

Conversely, Gallagher told *Pharmacy Today*, if the super committee thinks providers can accept the automatic cuts, it may start with them as a baseline.

Super committee

The 12 members of the super committee are split evenly between the House of Representatives and the Senate and between Democrats and Republicans. They are Reps. Xavier Becerra (D-CA), James Clyburn (D-SC), Chris Van Hollen (D-MD), Dave Camp (R-MI), Jeb Hensarling (R-TX), and Fred Upton (R-MI); and Sens. Jon Kyl (R-AZ), Rob Portman (R-OH), Pat Toomey (R-PA), Max Baucus (D-MT), John Kerry (D-MA), and Patty Murray (D-WA). Hensarling and Murray are cochairs.

Making pharmacy's case

"A lot of people are going to be pressing their case as to why they shouldn't be cut ... and we need to be up there making a case about what a good job medications do and how catastrophic it would be to patients if cuts were made to that," Gallagher said on the call. Medicare, Medicaid, and the Children's Health Insurance Program are 21% of the federal budget, followed by defense and Social Security at 20% each, he added. "Now's the time for all of us to realize that if meaningful cuts are going to be made, these programs have to be up for discussion," Gallagher told *Today*. "Pharmacists need to all stand up and work for our profession."

To that end, pharmacists can set up a pharmacy tour or a district meeting with their Member of Congress or their congressional staff, Abbie Laugtug, APhA Director of Government Affairs, said on the call. "A pharmacy tour is probably the most powerful way to deliver the message of what a pharmacist can do," she said. "If you can get them into a pharmacy and actually show them the area that you have set aside [for medication therapy management] or how you consult with a patient, they're going to remember that." Regarding district meetings, Members of Congress have offices in their district and pharmacists can arrange to visit them or their staff.

In response to questions from AAKC members, Gallagher said that pharmacists could talk to their Members of Congress to lobby those on the super committee, that patient testimonials make a big difference, and that APhA is working closely with other pharmacy organizations.

For AAKC members, the Government Affairs team prepared talking points and a checklist on how to set up meetings. The talking points are posted on www. pharmacist.com. To join AAKC, APhA members can visit www.pharmacist.com/keycontact.

—Diana Yap

Regulatory scorecard: What is happening NOW!

Requests for information for which comment periods have closed:

- CDC: Draft document from the National Institute for Occupational Safety and Health with proposed additions and deletions to the hazardous drug list for 2012
- ☑ FDA: Proposed research exploring the nature of including information about a disease and promotional information about a specific drug treatment in the same advertising piece
- FDA: Draft guidance on how the agency intends to apply its regulatory authorities to select medical software applications intended for use on mobile platforms

Etc

- ☑ FDA: A public workshop regarding the approach of the Center for Drug Evaluation and Research to addressing drug shortages was held September 26.
- ☑ CMS: Medicare Part D open enrollment for patients to change plans for next year starts October 15 and ends December 7—earlier than in previous years.
- ✓ FDA: A public meeting will be held October 24 to discuss proposed recommendations released September 1 for the Prescription Drug User Fee Act (PDUFA V) reauthorization.
- ✓ For a complete list of all the issues and regulations being monitored and acted on by APhA, access the Government Affairs section of pharmacist. com. Also, print readers of the Hub should know that hyperlinks to pharmacist.com, Federal Register notices, and other useful websites can be accessed in the online version of the Hub, located at www.pharmacytoday.org.





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