Department of Consumer Affairs

State of California

Memorandum

To: Board Members

Date: January 6, 2005

From: Communication and Public Education Committee

Subject: Committee Activities – January Board Meeting Update

The Communication and Public Education Committee met January 5, 2005, in a public meeting held in the board's conference room. Minutes of this meeting are provided in this tab section as Attachment A.

Also provided at the end of this tab section is the quarterly update report to the board on the committee's strategic objectives.

Action Items:

Recommendation 1: Develop a *Health Notes* on Pharmacy Emergency Response to Patients in a Declared Disaster Area

The chairperson of the board's Competency Committee, RoseAnn Jankowski, who is a hospital pharmacist, is also active as a disaster response team in Orange County. Dr. Jankowski has contacted the board in hopes of developing a pharmacist disaster response monograph for the board. The board currently has no information in this area available to distribute.

Dr. Jankowski is willing to coordinate this issue, without a fee, and has developed a list of articles and authors. Attachment 1 contains a partial list of proposed articles for this issue. The authors would not be paid for their articles, but would receive attribution as authors in the monograph.

The committee recommended development of this issue; however, the committee requested that Dr. Jankowski attend this meeting to discuss this concept with the board. The committee saw value in the development of such an issue that could readily be added to the board's Web site. Once the articles are written, federal money will be sought to pay for publication costs to expand distribution of this issue as well.

Motion: Communication and Public Education Committee: Develop a *Health Notes* issue on Pharmacy Disaster Response to Declared Emergencies

Information Items

Item 2: Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Background:

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. This project will be coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

The project will have students develop one-page fact sheets on diverse health care topics. The board will work with Dr. Soller to develop these fact sheets, using pharmacy students from UCSF and UCSD.

A prototype format for a series of fact sheets has been developed and the first three fact sheets prepared -- "Cut Your Drug Costs," "Generic Drugs," and "Is Your Medicine in the News?" The fact sheets contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area. Copies of these fact sheets are provided in Attachment 2

The fact sheets will be distributed by the board and the Center for Consumer Self Care. As a joint effort, both agencies have their logos and addresses on the fact sheet, which is a simple design with blue and black ink. An important element of the fact sheet's design is that when photocopied, it still looks good. Many fact sheets will be downloaded from individuals' computers or copied from the colored copies, so the black and white appearance/presentation of the fact sheet is important to the success of the public outreach program.

The goal is to develop three fact sheets per quarter. The committee will explore translating the fact sheets into different languages in the near future. After one year and 12 fact sheets, the Communication and Public Education Committee and the Center for Consumer Self Care will reevaluate the project.

All the fact sheets will address consumer issues involving questions to "Ask a pharmacist" about, so that consumers can make informed decisions.

The committee determined that the fact sheets should address consumer issues involving:

- Safety
- Cost

- Access
- Quality
- Awareness (use and self-use of medications)

Item 3: Update: California Health Communication Partnerships

At the July Board Meeting, the board agreed to join the California Health Communication Partnership as a sponsor and participant. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion. Dr. Soller, of the UCSF Center for Consumer Self Care, is the coordinator of this group.

Four meetings of the partnership have been held. Membership on the committee includes representation from the CSHP, CMA, Medical Board of California, UCSF, FDA, CPhA, Board of Registered Nursing, and the Department of Consumer Affairs. The FDA and National Consumer League have participated via phone and in attendance.

The first integrated project will be an education campaign for practitioners and patients on antibiotic use, misuse and overuse (Attachment 3 contains copies). The title of the series is "Preserve a Treasure." The FDA has produced these materials, but has not been able to distribute them widely.

Between November 2004 and February 2005, the partnership agencies will promote these materials in their quarterly newsletters to licensees and on their Web sites. Consumer materials will be distributed at public education fairs, and hopefully by practitioners in their offices or pharmacies (via download of material from the Internet). The board will publish the poster in its January 2005 newsletter, and provide links to obtain the consumer brochure on our Web site.

An evaluation of these efforts will occur after February.

The next integrated campaign is planned for May 2005, which is seniors' month. Generic drugs will be the focus of this next effort.

Item 4: Status of The Script

The January issue of *The Script* is nearly ready for printing and distribution to pharmacies. This is a large issue and will focus on new legislation and regulation requirements, providing a summary by code section of what is new. To save precious publication space, the board is developing a special section of the board's Web site to list the text of every modified code section, so that interested individuals can quickly access the changed sections of Pharmacy Law.

The forthcoming issue of *The Script* will again be published and mailed to pharmacists the CPhA's Pharmacy Foundation of California.

Item 5: Status of *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996, no issues were published in 2004.

Three issues are pending development:

1. Pain Management

The board's staff is still working to complete this new issue on pain management, which should be published sometime by mid year 2005. Prominent pain management authors have written the articles, and board staff and Board Member Schell are coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend \$0 on this issue.

2. Smoking Cessation

At the April 2004 Board Meeting, the board agreed to work with the UCSF School of Pharmacy to develop a *Health Notes* on smoking cessation. The UCSF is seeking funding for this issue since the board cannot provide the \$40,000 to \$50,000 cost of development. However, the School of Pharmacy has not yet found a secure sponsor, and the staff who would be working on this are focusing their efforts on establishing the Center for Consumer Self Care. So this project is inactive at this time.

3. UCSF Monograph on Atrial Fibrilation (will not be called a Health Notes)

At the April 2004 Board Meeting, the board voted to become a cosponsor with the UCSF School of Pharmacy to produce a monograph on Atrial Fibrillation (A-Fib). Funding for this issue was being sought from a drug manufacturer. Again, the UCSF School of Pharmacy has disbanded this project at the current time to focus its efforts on the Center for Consumer Self Care. This project is now inactive.

Item 6: Redesign of the Board's Web site

On December 22, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

Item 7: Center for Health Improvement: Pending Survey to Study the Impact of the Patient Consultation Requirement on Older Californians

Last year the board was asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Pharmacy Foundation of California and the AARP are also collaborators of this project.

The two-year study's goal is to improve pharmacist consultation process for patients aged 65:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

The Communication and Public Education Committee asked that the director of the study or another person designated by CHI attend the October Board Meeting to discuss the survey with the board. However, a scheduling conflict prevented this appearance. The CHI has requested the opportunity to attend the April Board Meeting to make this presentation so that it will minimize travel expenses for this nonprofit, Sacramento-based program. This request was agreed to by the committee.

The survey of 1000 pharmacists has been completed and the results are being tabulated. The CHI will next discuss the survey results with several focus groups of seniors, pharmacists and physicians in the coming weeks.

Item 8: Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

11

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals.

Since the October Board Meeting, board members and staff have:

- presented 4 public presentations about the board
- provided 6 public presentations about the new controlled substances
- staffed 4 public booths at consumer fairs

Public and licensee outreach activities performed since the last report to the board are listed in Attachment 4.

Item 9: Announcement: Creation of *Consumer Reports* Web site for Ranking "Best Buy" Prescription Medications

Consumers Union, publisher of *Consumer Reports,* recently activated a Web site that will compare the cost, effectiveness and safety of a given class of drugs, so that patients and prescribers can make the best comparative choice of prescription medication for a specific condition.

At this time, Consumers Union has developed this comparative information on three classes of drugs: drugs for lowering cholesterol, drugs for treating heartburn, ulcer and acid reflux disease, and drugs for treating arthritis and pain. The Web site is: www.CRBestBuyDrugs.org.

Attachment 1

Proposal to Develop a <u>Health Notes</u> on Pharmacy Response to Declared Disasters

Proposed *Health Notes* Pharmacy Emergency Response to Patients in a Declared Disaster Area

The following is a list of topics:

- (1) An introduction to the monograph provided by the board president
- (2) Overview perspective of natural disasters, inadvertent disasters (i.e., nuclear power plant accident) and WMD/bioterrorism, the need for the medical community to respond and be prepared in such disasters
- (3) Interpretation of current pharmacy laws dealing with emergency scenarios/dispensing
- (4) Lessons learned: Individual experiences and perspectives from health care practitioners (from a pharmacist from the Northridge or Sylmar quakes, and a community pharmacist from the Northridge quake). What happened, how they reacted, and what they learned. Also one high-level primary physician director who was federally called-up and deployed in the 9-11 attack in NYC. This would give the perspectives of natural and non-natural disasters and the depths of care needed from health care practitioners in the same article.
- (5) Local planning: the actions and experiences from one county. coordinators)
- (6) State planning: California's plans (including the state's Office of Emergency Services)
- (7) The Strategic National Stockpile which can be deployed during emergencies.
- (8) National planning and programs for health care providers and emergency response personnel in California.
- (9) Specific medications/vaccines for use in WMD/bioterrorism events
- (10) CE outline, educational objectives, questions, and answers

Attachment 2

Consumer Fact Sheet Series – Ask a Pharmacist

- o "Cut Your Drug Costs"
- o "Generic Drugs"
- o "Is Your Medicine in the News?"

Ask Your Pharmacist

University of California

School of Pharmacy

San Francisco

Cut your drug costs!

It makes sense. Take your medicine just as your doctor says, and for as long as your doctor says. But ...

Drug costs are high. Everyone knows this, but it is especially hard on those living on fixed incomes, such as Seniors.

A recent study found that 25% of Seniors reduced or stopped their medicines if they use up their yearly drug benefit 2 $\frac{1}{2}$ to 6 months before the end of the year.

Here are some hints on how to cut your drug costs.

- I. Ask your pharmacist for help. Your pharmacist can work with your doctor to safely cut your drug costs.
- 2. With your pharmacist, get the answers to these questions.
 - Can I get my medicine in generic form?
 - Is there another less costly older drug in the same class that can be used as safely for my condition?
 - Does my doctor have free samples that I can take?
 - Does my pharmacy offer mail order, so I can get a lower cost 90-day supply of my medicine?
 - Does my pharmacy offer a discount plan for Seniors?
 - Does the drug manufacturer offer discounts or coupons on my medicine?
 - Will my doctor prescribe a higher dosage, so I can use a pill cutter to cut the pill in half?
 - Do I really need the medicine? Do NOT decide this by yourself. Check with your doctor and pharmacist.

California Board of Pharmacy 400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014 UCSF Center for Consumer Self Care 3333 California Street, San Francisco, CA 9143-0613



Generic Drugs high quality, low cost

What Is a Generic Drug?

A patent gives a drug company the sole right to sell a new drug product. This type of product is called a brand name drug. The patent does not last forever. When a brand name drug loses its patent, a second company may then sell that drug. This type of product is called a generic drug.

The generic drug has the same active ingredient as the brand name drug. The generic drug may not look like the brand name drug. It may have it's own shape or color. This does not affect how it works.

They are the same as brand name drugs...

When used as directed, a generic drug is the same as a brand name drug:

- It has the same use.
- It is as safe.
- It works the same way in the body.
- It is taken the same way.
- It has the same quality.

... But they cost less!

Generic drugs cost less than brand name drugs. The U.S. Food and Drug Administration (FDA) says, if people use generic drugs, they may save up to 15% in drug costs.

Their quality is ensured by FDA

- Each generic drug is tested. It must enter the bloodstream at the same rate and extent as the brand name drug.
- Generic drugs must also be tested to show they are stable.
- A generic drug must have the same identity, strength, quality and purity as the brand name drug.
- FDA inspects the factories of generic drug companies.
- FDA decides whether generic drugs are safe and high quality before they are sold in the USA.

Ask Your Pharmacist!

University of California San Francisco

California Board of Pharmacy 400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014 UCSF Center for Consumer Self Care 3333 California Street, San Francisco, CA 9143-0613



BE AWARE & JAKE CA

Ask Your Pharmacist

Is Your Medicine In the News?

It's not unusual for the media to pick up on a possible safety problem with a popular medicine. After all, nothing is more precious than our health. So, consumers are always interested to hear or read news about their medicines.

It is not a surprise that a new safety problem may arise with a medicine. When a drug is approved by the Food and Drug Administration, not all is known about its safety. This is because the drug has not been studied in a large enough population to identify rare side effects. When drugs are newly approved, only side effects found in about 1% or more of patients are known.

A Common Sense Approach

Here are some steps to take to help make the right decision about your medicines:

- Don't panic. Usually a safety debate about a popular drug relates to reports of rare effects.
- 2. Contact your doctor or pharmacist personally, by telephone, or by e-mail.
- 3. Have a list of things to ask your doctor or pharmacist. If you can, send a copy of your questions before your visit.
- 4. Tell your doctor or pharmacist exactly how you take your medicines. Be sure to say if you are not following directions, taking more than you should, forgetting dosages etc.

5. Ask the following questions.

University of California

School of Pharmacy

San Francisco

• Do you think the benefits of my taking this medicine outweigh the risks? More questions to ask:

- What risks might I face in taking this medicine?
- Are there alternative medicines to the one I am taking?
- Are there alternatives to some of my medicines, such as lifestyle changes?
 Should I try these? What do I need to do to be successful with non-drug alternatives?
- If I have to continue to take this medicine, what side effects should I look out for, and when should I call you about them?
- In summary, would you review the best course of action for me? (Take notes, if you need to.)
- Can we set up an appointment in 1-3 months to review what we've decided and see how I am doing?

California Board of Pharmacy 400 R Street, Suite 4070, Sacramento, CA 95814 (916) 445-5014 UCSF Center for Consumer Self Care 3333 California Street, San Francisco, CA 9143-0613



513

Attachment 3

FDA Materials on Antibiotic Resistance

PRESERVE A TREASURE

Antibiotics are precious resources but they are not cure-alls for all that ails your patients. Let us help you keep antibiotics potent resources that you and your patients can count on.

Contact FDA for bulk copies of "**Preserve a Treasure: Know When Antibiotics Work"** an easy-to-read brochure of frequently asked questions to help your patients understand the importance of prudent antibiotic use.

dpapulbs@cder.fda.gov.or 1-888-INFO-FDA



U.S. Department of Health and Human Services Food and Drug Administration

Over ne-Counter Medications:

There are a variety of OTC medications out there to also help you feel better. Always read the label – including the warnings – before taking any medication. If you have a pre-existing medical condition, such as high blood pressure, diabetes or heart disease, check with your doctor about which OTC product is best for you.

Antihistamine: reduces itchy watery eyes, sneezing, scratchy throat

Decongestant: reduces nasal congestion

Cough Suppressant: reduces coughing

Expectorant: breaks up mucus (phlegm) in the chest

Pain reliever: reduces aches and pain

Fever Reducer: reduces body temperature

Contact Jur Doctor Again if:

- Your symptoms get worse.
- Your symptoms last a long time.
- After feeling a little better, you develop signs of a more serious problem.
 Some of these signs are a sick-to-your-stomach feeling, vomiting, high fever, shaking chills, chest pain.

A message from the "Get Smart: Know When Antibiotics Work" *campaign.*

For more information: http://www.fda.gov/oc/opacom/hottopics/ anti_resist.html



U.S. Department of Health and Human Services Food and Drug Administration

(FDA) 03-1513A



U.S. Department of Health and Human Services Food and Drug Administration

PRESERVE A TREASURE



Cough? Sore throat? Runny nose?



You or a loved one feels miserable and you've come to the doctor looking for help.

Q: I'm sick. Don't I need a prescription for an antibiotic?
A: Your doctor has examined you and determined that your illness is caused by a viral infection. Antibiotics do NOT treat viral illnesses like colds, flu and most sore throats.

Q: If antibiotics don't treat viral illnesses like cold and flu, what do they treat?
A: Antibiotics are used to treat illnesses caused by bacteria. Examples of illnesses caused by bacteria include strep throat, tuberculosis and many types of pneumonia.

Q: Even though my illness may be caused by a virus, what harm can it do to take an antibiotic?A: Taking antibiotics when they aren't needed contributes to the serious problem of antibiotic resistance.

Q: What is antibiotic resistance? **A:** This is when bacteria cannot be killed by antibiotics. The bacteria has become resistant. If this continues, over time some recurring infections may have to be treated with different and stronger antibiotics and the very real possibility that eventually no antibiotic will be effective in killing the bacteria.

Q: If antibiotics will not help me, what will?

A: There are many over-thecounter products available to treat the symptoms of your viral infection. These include cough suppressants which will help control coughing and decongestants to help relieve a stuffy nose. Read the label and ask your pharmacist or doctor if you have any questions about which will work best for you.



Help Yourself Feel Better While You Are Sick

A cold usually lasts only a couple of days to a week. Feeling tired from the flu may continue for several weeks.

To feel better while you are sick:

- Drink plenty of fluids.
- Get plenty of rest.
- Use a humidifier an electric device that puts water into the air.

Over-the-Counter Medications:

There are a variety of OTC medications out there to also help you feel better. Always read the label – including the warnings – before taking any medication. If you have a pre-existing medical condition, such as high blood pressure, diabetes or heart disease, check with your doctor about which OTC product is best for you.

Antihistamine: reduces itchy watery eyes, sneezing, scratchy throat

Decongestant: reduces nasal congestion

Cough Suppressant: reduces coughing

Expectorant: breaks up mucus (phlegm) in the chest

Pain reliever: reduces aches and pain

Fever Reducer: reduces body temperature

Contact Your Doctor Again if:

- Your symptoms get worse.
- Your symptoms last a long time.
- After feeling a little better, you develop signs of a more serious problem.
 Some of these signs are a sick-to-your-stomach feeling, vomiting, high fever, shaking chills, chest pain.

A message from the "Get Smart: Know When Antibiotics Work" campaign.

For more information: http://www.fda.gov/oc/opacom/hottopics/ anti_resist.html

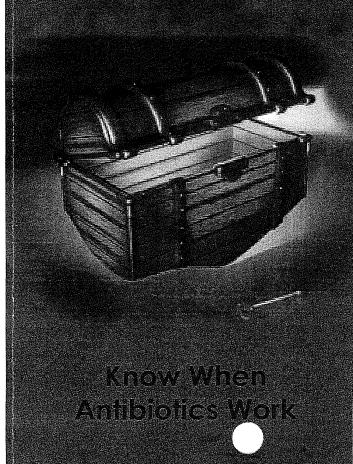


U.S. Department of Health and Human Services Food and Drug Administration



U.S. Department of Health and Human Services Food and Drug Administration

PRESERVE A TREASURE



Snort. Sniffle. Sneeze. No Antibiotics Please.

Treat colds and flu with care. Talk to your doctor.

As a parent, you want to help your child feel better. But antibiotics arent block of antibiotics are an antibiotics are an antibiotics and a set of the se

For more information, please call 1-888-246-2675 or visit www.cdc.gov/getsmart.

Talk to your doctor. Find out when antibiotics work - and



FDA

Snort. Sniffle. Sneeze. No Antibiotics Please.

Treat colds and flu with care. Talk to your doctor.

aren't always the answer. They don't fight the vituses that cause colds and flut. What will? Flutids and plenty of rest are best. Talk to your doctor. Find out when antibiories work – and

For more information, please call 1-888-246-2675 or visit www.cdc.gov/getsmart.



FD/

Attachment 4

Public Outreach Activities since the October 20, 2004 Board Meeting

Public outreach activities undertaken or scheduled since the October 2004 report to the board are:

- The board staffed a booth at the Yreka Health Fair, where 450 people attended.
- The board staffed a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7 nearly 1,000 people attended.
- Supervising Inspector Ratcliff spoke at the California Primary Care Associations' Tenth Anniversary Conference on October 7.
- On October 15 board staff presented a telephone session on the new controlled substances requirements to 50 health care providers in Redding.
- On October 16 board staff hosted a booth at the Healthy Aging Summit in Sacramento where 700 people attended.
- Board staff presented information about new controlled substances requirements to the Santa Clara Medical Society.
- Supervising Inspector Nurse provided information about the board to a meeting of HICAP in October for training about when consumers who call HICAP should be routed to the board.
- Board staff provided consumer information at the Paso Robles Senior Center's Senior Health Fair to approximately 400 people on November 6.
- Board President Goldenberg speaker on importation at the CSHP's 2004 Seminar in Long Beach in November. More than 500 people attended.
- Supervising Inspector Robert Ratcliff gave the keynote address at CSHP's 2004 Seminar in Long Beach in November 2004.
- Supervising Inspector Ming presented an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.
- Board staff presented information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA, approximately 80 pharmacists attended.
- Board Member Jones and Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to 70 pharmacists at a Indian

Pharmacist Association Meeting in Artesia on December 10.

- Supervising Inspector Nurse presented information to the Northern California Pain Initiative Executive Committee on December 14, 2004 via teleconference to approximately 164 prescribers.
- Supervising Inspector Ratcliff will present information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the South Bay Pharmacy Association on January 6, 2005.

Future Presentations Scheduled

- The board will participate as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people are expected to attend this event on January 8 and 9, 2005.
- Supervising Inspector Ratcliff will present information about new controlled substances law to approximately 50 pharmacists at Vietnamese pharmacists on January 12.
- Supervising Inspector Ratcliff will present information on new pharmacy law to Phi Delta Chi at USC on January 20.
- The board will staff a booth at the Consumer Protection Day event in San Diego on January 29, 2005. Department Director Charlene Zettel will be the keynote speaker.
- Board Member Jones will present a section at the CPHA's Outlook 2005 Meeting in San Diego in February 2005.
- Supervising Inspector Ratcliff will present information to 4th year students at Western's School of Pharmacy on February 10.
- Supervising Inspector Ratcliff will present information on prescribing and dispensing controlled substances to approximately 60 pharmacists to the San Fernando Bay Pharmacy Association on February 16, 2005.
- Supervising Inspector will present information to 1st year students at UCSF's School of Pharmacy on February 22.

Attachment A

Minutes of the Communication and Public Education Meeting of January 5, 2005



STATE AND CONSUMERS AFFAIRS AGENCY DEPARTMENT OF CONSUMER AFFAIRS ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of January 5, 2005 400 R Street, Suite 4080 Sacramento, CA 9:35 – 11:15 a.m.

Present: Andrea Zinder, Board Member and Chairperson Bill Powers, Board Member Ken Schell, Board Member Patricia Harris, Executive Officer Virginia Herold, Assistant Executive Officer

Absent: Richard Benson, Board Member

Call to Order

Chairperson Zinder called the meeting to order at 9:35 a.m.

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities.

R. William Soller, Ph.D., of the UCSF Center for Consumer Self Care attended this meeting to discuss the project.

The project will have students develop one-page fact sheets on diverse health care topics. The board will work with Dr. Soller to develop these fact sheets, using pharmacy students from UCSF and UCSD.

The prototype format for the fact sheets, as well as the first three fact sheets were submitted to the committee for review. The committee was pleased with the design of the fact sheets, and asked that these be distributed at a public health fair in Sacramento to be held in four days. The topics for the first three fact sheets are: "Cut Your Drug Costs," "Generic Drugs," and "Is Your Medicine in the News?" The fact sheets contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

The fact sheets will be distributed by the board and the Center for Consumer Self Care. As a joint effort, both agencies have their logos and addresses on the fact sheet, which is a simple design with blue and black ink. An important element of the fact sheet's design is that when photocopied, it still looks good. Many fact sheets will be downloaded from individuals' computers or copied from the colored copies, so the black and white appearance/presentation of the fact sheet is important to the success of the public outreach program.

The goal is to develop three fact sheets per quarter. The committee will explore translating the fact sheets into different languages.

The three prepared fact sheets will be shared at next board meeting.

All the fact sheets will address consumer issues involving:

- Safety
- Cost
- Access
- Quality
- Awareness (use and self-use of medications)

Update: California Health Communication Partnerships

The board is a member of the newly formed California Health Communication Partnership. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion. Dr. Soller, of the UCSF Center for Consumer Self Care, is the coordinator of this group.

Since the first meeting in September, there have been monthly meetings. Members include representatives from the Board of Pharmacy, Medical Board of California, CPhA, CSHP, Board of Registered Nursing, California Medical Association, UCSF, Department of Consumer Affairs, and FDA and National Consumers League.

Dr. Soller advised the Communication and Public Education Committee about the recent activities of the partnership to broaden its membership basis to include seniors groups and such agencies as the Department of Health Services.

The first integrated project is promotion of the FDA's materials developed for practitioners and patients on antibiotic use, misuse and overuse. The board will publish in its January 2005 newsletter the FDA's public service announcement for health practitioners in the form of a small poster about antibiotic misuse. The Medical Board will publish the same material in its January 2005 newsletter to physicians. A link at the board's Web site will allow pharmacies to download and print consumer materials on antibiotic misuse to provide to interested patients.

A post campaign evaluation by the partnership will be conducted in February or March.

Meanwhile the partnership has begun working on its next project which is targeted for May 2005, Seniors Month. The issue: generic drugs.

Development of Internet Subscriber Lists

Since the last committee meeting, the board has activated a subscriber list feature on the board's Web site. This feature sends e-mails to interested parties announcing that the board's Web site has been updated, and the nature of the update. Interested parties can subscribe themselves to the board's Web site, and are responsible for keeping their e-mail addresses current. There is no fee to the subscriber for this service, and no workload to the board to keep the e-mail addresses up to date.

The board was the first agency in the department to use this feature, but other agencies will soon follow. The board will highlight this service in the forthcoming *The Script*.

Status of The Script

The January issue of *The Script* is nearly ready for printing and distribution to pharmacies. This is a large issue and will focus on new legislation and regulation requirements, providing a summary by code section of what is new. To save precious publication space, the board is developing a special section of the board's Web site to list the text of every modified code section, so that interested individuals can quickly access the changed sections of Pharmacy Law.

The forthcoming issue of *The Script* will again be published and mailed to pharmacists the CPhA's Pharmacy Foundation of California.

Status of Health Notes

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are three issues:

1. Pain Management Issue:

The board's staff is still working to complete this new issue on pain management, which should be published sometime by mid year. The new issue will update information on new pain management therapies. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners. Prominent pain management authors have written the articles, and board staff and Board Member Schell are coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend \$0 on this issue.

2. Smoking Cessation

At the April 2004 Board Meeting, the board agreed to work with the UCSF School of Pharmacy to develop a *Health Notes* on smoking cessation. The UCSF is seeking funding for this issue from manufacturers of smoking cessation products, but has not yet found a secure sponsor. The board lacks the resources to fund \$40,000 to \$50,000 to contract with UCSF to develop this issue.

Meanwhile staff of the UCSF's School of Pharmacy who would be working on this are focusing their efforts on establishing the Center for Consumer Self Care. So this project is inactive at this time.

3. UCSF Monograph on Atrial Fibrilation (will not be called a Health Notes)

At the April 2004 Board Meeting, the board voted to become a cosponsor with the UCSF School of Pharmacy to produce a monograph on Atrial Fibrilation. The audience would be pharmacists and physicians. Funding for this issue would come from a drug manufacturer. Continuing education credit for those who complete the CE credit requirements would be one outcome of this project.

The UCSF School of Pharmacy has disbanded this project at the current time to focus its efforts on the Center for Consumer Self Care. This project is now inactive.

Proposed Health Notes on Disaster Response

At the last committee meeting, the committee voted to recommend that the board move forward to developing a future *Health Notes* on pharmacy disaster response.

The concept for this issue came from the chairperson of the board's Competency Committee, RoseAnn Jankowski, who is a hospital pharmacist, and also active as a disaster response team leader in Orange County. Dr. Jankowski suggested developing a pharmacist disaster response monograph for the board. The board currently has no information in this area available to distribute.

Dr. Jankowski is willing to coordinate this issue, without a fee, and has developed a list of articles and authors.

The committee asked that Dr. Jankowski present this idea to the board directly. Dr. Jankowski was unable to attend the October Board Meeting, but will attend the January Board meeting to make this presentation.

Redesign of the Board's Web site

On December 22, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

<u>Center for Health Improvement: Pending Survey to Study the Impact of the</u> <u>Patient Consultation Requirement on Older Californians</u>

Recently the board has been asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Pharmacy Foundation of California and the AARP are also collaborators of this project.

The two-year study's goal is to inform and improve the pharmacist to patients aged 65 and over consultation process:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

The committee asked that the director of the study or another person designated by CHI attend the October Board Meeting to discuss the survey with the board. However, a scheduling conflict prevented this appearance. The CHI has requested the opportunity to attend the April Board Meeting to make this presentation so that it will minimize travel expenses for this nonprofit, Sacramento-based program. This request was agreed to by the committee.

The survey of 1000 pharmacists has been completed and the results are being tabulated. The CHI will next discuss the survey results with several focus groups of seniors, pharmacists and physicians in the coming weeks.

Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are wellreceived by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals.

The committee observed what the board's display booth for consumer outreach events looks like.

Public and licensee outreach activities performed since the last report to the board are (each is listed to demonstrate the significant effort involved in this):

- The board staffed a booth at the Yreka Health Fair, where 450 people attended.
- The board staffed a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7—nearly 1,000 people attended.
- Supervising Inspector Ratcliff spoke at the California Primary Care Associations' Tenth Anniversary Conference on October 7.
- On October 15 board staff presented a telephone session on the new controlled substances requirements to 50 health care providers in Redding.
- On October 16 board staff hosted a booth at the Healthy Aging Summit in Sacramento where 700 people attended.
- Board staff presented information about new controlled substances requirements to the Santa Clara Medical Society.
- Supervising Inspector Nurse provided information about the board to a meeting of HICAP in October for training about when consumers who call HICAP should be routed to the board.
- Board staff provided consumer information at the Paso Robles Senior Center's Senior Health Fair to approximately 400 people on November 6.
- Board President Goldenberg speaker on importation at the CSHP's 2004 Seminar in Long Beach in November. More than 500 people attended.
- Supervising Inspector Robert Ratcliff gave the keynote address at CSHP's 2004 Seminar in Long Beach in November 2004
- Supervising Inspector Ming presented an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.
- Board staff presented information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA, approximately 80 pharmacists attended.
- Board Member Jones and Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to 70 pharmacists at a Indian Pharmacist Association Meeting in Artesia on December 10.

Supervising Inspector Nurse presented information to the Northern California Pain Initiative Executive Committee on December 14, 2004 via teleconference to approximately 164 prescribers.

Future Presentations:

- Supervising Inspector Ratcliff will present information on prescribing and dispensing controlled substances to approximately 60 pharmacists to the South Bay Pharmacy Association on January 6, 2005.
- The board will participate as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people are expected to attend this event on January 8 and 9, 2005.
- Supervising Inspector Ratcliff will present information about new controlled substances law to approximately 50 pharmacists at Vietnamese pharmacists on January 12.
- Supervising Inspector Ratcliff will present information on new pharmacy law to Phi Delta Chi at USC on January 20.
- The board will staff a booth at the Consumer Protection Day event in San Diego on January 29, 2005. Department Director Charlene Zettel will be the keynote speaker.
- Board Member Jones will present a section at the CPHA's Outlook 2005 Meeting in San Diego in February 2005.
- Supervising Inspector Ratcliff will present information to 4th year students at Western's School of Pharmacy on February 10.
- Supervising Inspector Ratcliff will present information on prescribing and dispensing controlled substances to approximately 60 pharmacists to the San Fernando Bay Pharmacy Association on February 16, 2005.
- Supervising Inspector will present information to 1st year students at UCSF's School of Pharmacy on February 22.

<u>Discussion: Creation of Consumer Reports Website for Ranking "Best</u> <u>Buy" Prescription Medications</u>

The committee reviewed materials describing the new Web site created by Consumers Union, publisher of *Consumer Reports*, that will compare the cost, effectiveness and safety of a given class of drugs, so that patients and prescribers can make the best comparative choice of prescription medication for a specific condition.

At this time, Consumers Union has developed this comparative information on three classes of drugs: drugs for lowering cholesterol, drugs for treating heartburn, ulcer and acid reflux disease, and drugs for treating arthritis and pain.

<u>Adjournment</u>

There being no additional business, Chairperson Zinder adjourned the meeting at 11:15 p.m.

Strategic Plan Status Report Second Quarter 2004-05 <u>Communication and Public Education Committee</u>

Goal: 4:Provide relevant information to consumers and licensees.Outcome:Improved consumer awareness and licensee knowledge.

Objective 4.1:	Develop 10 communication venues to the public by June 30, 2005.
Measure:	Number of communication venues developed to the public
Tasks:	 Convert Health Notes articles into consumer columns or fact sheets for wide dissemination to the public. Develop and update public education materials. August 2003: Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries. October 2003: Emergency Contraception fact sheet has suggested revisions to reflect new treatment guidelines. Four brochures targeted for translation into Spanish (Emergency Contraception, Purchasing Drugs for Less, Purchasing drugs from foreign countries and discount drug
	 prices available to Medicare Beneficiaries) Board approves revised fact sheet at October Board Meeting February 2004: Nine translations of the Emergency Contraception fact sheet are place on board Web site. April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online. Board to consider project with UC schools of pharmacy to use interns to develop informational fact sheets for the public. October 2004: Informational fact sheet series that will be developed with UCSF pharmacist interns ready for development of the first three topics January 2005: Three fact sheets developed and distributed: "Generic Drugs," "Cut Your Drug Costs," and "Is Your Medicine
	 in the News?" 3. Maintain a vigorous, informative Web site. July 2003: Materials for public meetings, including board meetings and most committee meetings placed on Web site for downloading by the public. August 2003: New staff person assigned to revamp Web site, who completes Web site development training September 2003: Board completes pilot testing for integration of enforcement information into license verification portion of Web site. The board will add this look-up feature before January 1, 2004. October 2003: SB 361 enacted which will authorize verification of licensure when info is downloaded from the board's Web site. November 2003: Board adds information regarding new exam

procedures and requirements to applicants for a pharmacist license
December 2003: Enforcement status data undergoes pilot testing
before full implementation and activation into license
verification section of Web site.
Address of records of board licensees added to Web site
January 2004: Board updates Pharmacy Law and Index to reflect
new laws. New pharmacy technician form placed online
February 2004: Security printer applications and instructions placed
online. Emergency contraception fact sheets in 10 languages
now available online
March 2004: Material explaining new prescribing and dispensing
requirements for controlled substances placed online.
California pharmacist examination Candidates' Handbook
placed online. Sample test questions also developed and
placed online. <u>The Script</u> March 2004 added to Web site.
Legislative analyses on bills affecting the practice of pharmacy
or the board's jurisdiction placed online.
April 2004: Information about preventing fraud for those who are
planning the purchase of Medicare Drug Discount Cards
developed and put online.
June 2004: Web site includes information on implementation of new
prescribing and dispensing requirements for controlled drugs in
California, including a Powerpoint presentation.
October 2004: Web site being redesigned to comply with Governor
Schwarzenegger's directives for state agencies, this process
should be complete by January 1.
December 2004: Redesigned Web site activated.
January 2005: Three new consumer fact sheets added to Web site.
Web link added to FDA materials on antibiotic misuse:
"Preserve a Treasure."
Sponsor "Hot Topics" seminars to the public.
July 2003: This series, sponsored by UCSF, the Department of
Consumer Affairs and the board, concluded in May 2003. All
parties are interested in resuming this project if staff are
available to coordinate.
The first of consumer fact sheets developed from this series is
drafted for board review by the Department of Consumer
Affairs.
5. Evaluate the need for public education for patients who need to
request prescription labeling in a language other than English.
June 2004: committee discusses this topic as a possible fact sheet
for the public. Patient literacy and its impact on medication
compliance discussed by committee.
6. Participate as founding member of the California Health
Communication Partnership, to help integrate public information
outreach campaigns among diverse health care providers an
educators
July 2004: Board agrees to join this coalition of health care
educators
 September 2004: Board attends first meeting, the group elects to

4

7. 8. 9.	 parties about additions to the board's Web site October 2004: implemented system January 2005: system promoted in the board's The Script newsletter. Participate in the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign July 2004: Board endorses program. Participate in the Circle of Advisors, a group of the Pharmacy Access
9.	July 2004: Board endorses program.

Objective 4.2:	Develop 10 communication venues to licensees by June 30, 2005.
Measure:	Number of communication venues developed to licensees
Tasks:	 Publish The Script two times annually. October 2003: The Script is published and mailed to all pharmacies. CPhA's Education Foundation will print and mail the newsletter to all California pharmacists November 2003: CPhA's Education Foundation mails October The Script to all pharmacists.
	 January 2004: Articles for the next issue of The Script are completed and sent for legal review. March 2004: The Script is published and mailed to all California pharmacies. April 2004: The March issue is provided to CPhA's Pharmacy Foundation of California for printing and mailing copies to California pharmacists.
	Board begins contract solicitation for future issues. April 2004: Board agrees to work with UCSF to development and promote monograph on Atrial Fibrilation. June 2004: Contract for newsletter editor awarded for next two years
	 August 2004: Board hires retired annuitant to develop newsletter. January 2005: Board publishes January 2005 issue of The Script. Publish one Health Notes annually. September 2003: Discussions begin to coordinate a major revision to "Pain Management" Health Notes, updating treatment information as well as new requirements for prescribing and dispensing controlled drugs in California enacted by SB 151,which will take effect in a series of stages throughout 2004. November 2003: Authors for "Pain Management" selected and

commit to writing articles, which are due in late January.
February – April 2004: board receives and edits articles from
authors
April 2004: Board agrees to work with UCSF to produce a future
issue on smoking cessation. Outside funding will be sought for
development of this issue.
June 2004: Board Member Schell edits articles for new "Pain
Management" <u>Health Notes</u> .
October 2004: Board staff edits for "Pain Management""
3. Develop board-sponsored continuing education programs in
pharmacy law and coordinate presentation at local and annual
professional association meetings throughout California.
July 2003: Board presents Powerpoint continuing education
program to 35 MediCal staff in Los Angeles and 60
pharmacists at local association meeting in Santa
Barbara.
September 2003: presentation to 40 pharmacists at the Long-Term
Care Academy .
Board Member Jones attends the Indian Pharmacist
Association Meeting to present board Powerpoint presentation.
October 2003: Presentation and information booth provided at
CSHP's Seminar 2003
December 2003: Board provides continuing education to 80
pharmacists at Coachella Valley local association
January 2004: Board provides compounding pharmacy information
to 25 health directors of large hospital chain in U.S.
February 2004: Board presentation to 125 pharmacists and students
at USC's School of Pharmacy, and later in the month new
pharmacy law changes presented to 125 students at UCSF's
School of Pharmacy.
Board CE presentation provided to Circle of Advisors Meeting of
the Pharmacy Access Partnership
March 2004: Board CE presentation provided to 125 students at
UCSF
Presentation on quality assurance programs provided to the
San Diego Association for Healthcare Risk Management.
April 2004: Presentation of CE program and the new examination
process for pharmacists to 115 students at Western School of Pharmacy.
May 2004: Presentation of the board's CE program to the San
Diego Pharmacists Association.
Presentation of CE program and the new examination process
for pharmacists to 200 UOP students, and 50 Loma Linda
students, to 100 people at USC.
June 2004: Presentation to the Department of Health Services on
pharmacy issues.
CE presentations made to the Korean Pharmacists Association
(50 individuals) and the University of Santo Tomas' Alumni
Association (50 individuals).
 Presentation to DHS' audit and investigation staff on pharmacy

	issues.
	Presentation to Sacramento Valley Health System pharmacists
	(25 individuals)
	October 2004: Presentation to Sacramento Valley Health System
	pharmacists on sterile compounding and quality assurance
	programs (25 individuals)
	Presentation about board to Indian Pharmacists Association
	(about 500 individuals)
	Presentation to California Primary Care Association's
	October meeting. Also, presentation to HICAP to train
	their staff about the board's jurisdiction for consumer
	complaints and when consumers should be routed to
	the board.
	November 2004: Supervising Inspector Robert Ratcliff gives
	the keynote address at CSHP's 2004 Seminar in Long
	Beach. Also President Goldenberg speaks on
	importation. Supervising Inspector Dennis Ming
	presents an "Update and What's New in Pharmacy
	Compounding." More than 500 people attend the
	CSHP's 2004 Seminar.
	4. Maintain important and timely licensee information on Web site.
:	July 2003: All information packets for public meetings of the board
	placed on Web site in addition to agendas
	October 2003: The October 2003 The Script added to Web site
	November 2003: The board places information about new
	pharmacist licensure examinations on Web site
	January 2004: Web page modified to make it easier to find
	pharmacist licensure examination information
	Licensure verifications can be performed by printing license
	verification information from the Web site, eliminating need to
	obtain this directly from board
:	Board updates Pharmacy Law and Index to reflect new laws.
	New pharmacy technician form placed online
	February 2004: Security printer applications and instructions placed
	online. Emergency contraception fact sheets in 10 languages now available online
	March 2004: Material explaining new prescribing and dispensing
	requirements for controlled substances placed online.
	California pharmacist examination Candidates' Handbook
	placed online. Sample test questions also developed and
	placed online. The Script March 2004 added to Web site.
	Legislative analyses on bills affecting the practice of pharmacy
	or the board's jurisdiction placed online.
	July-October 2004: additional material on prescribing controlled
9	substances in California added. Information about how exams
	are graded and reapplication procedures added to Web site.
	Modified emergency contraception protocol to reflect new
	manufacturers. Agendas, minutes, and meeting packets added
	to Web site of all public meetings held during this period.
	October 2004: information added from the Public Health Section of
	the Department of Health Services regarding priorities for

 distributing flu vaccines to Californians due to a shortage of the
vaccines.
November 2004 – January 2005: Agendas, minutes, and meeting
packets added to Web site of all public meetings held during
this period. December 2004: information added to aid pharmacies in filling
controlled substances prescriptions that may not fully conform
with new security prescription forms.
10. Create a consumer fact sheet series in conjunction with California
schools of pharmacy on topics of interest.
April 2004: Board agrees to work with UCSF's Center for Consumer
Self Care to develop the fact sheets.
June 2004: Committee meets with director of UCSF's Center for
Consumer Self Care to begin work on the fact sheets. The
goal is to produce three fact sheets per quarter, and reevaluate
the project in one year
October 2004: UCSF ready to work with students on the first three
fact sheets
January 2005: First three fact sheets developed and distributed.
Efforts begin to seek translation of these fact sheets into
different languages.
11. Create public education activities to educate prescribers, dispensers,
patients and law enforcement about changes in law regarding
dispensing of controlled substances.
January 2004: Board develops Power Point presentation on new
prescribing and dispensing requirements for controlled drugs,
and revises its Powerpoint CE program on the board and
pharmacy law.
Board presents information on new prescribing and dispensing
requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting.
February 2004: Presentation of new controlled substances
requirements provided to San Francisco Health Plan P & T
Committee.
March 2004: Presentation of new controlled substances
requirements to 60 members of California Coalition for
Compassionate Care "train the trainers" meeting, to 60
members of the Northern California Pain Coalition meeting, the
Medical Board of California's complaint handlers, and to groups
of physicians in two events.
April 2004: Presentation on prescribing and dispensing controlled
substances under the new California requirements to a
teleconference of pain management specialists, to the
Academy of Long Term Care, to a meeting of 25 pharmacists in
Sacramento, and to attendees at a DHS Public health grand
rounds.
May 2004: Presentation on new requirements for prescribing and
dispensing controlled substances provided to 1,294 prescribers
and pharmacists via teleconference. Also, the board
advertised another teleconference presentation on its Web site and presented this information to a large number of

	pharmacists. Another presentation was made to the San Luis
	Obispo County Narcotic Task Force.
	June 2004: Presentation of the new requirements made to 150
	physicians at Memorial Care Hospital in Anaheim.
	Presentation to 25 pharmacists at Sacramento hospital
	pharmacist association meeting, presentation to DHS auditors
	July 2004: Questions and answers added to board Web site.
	Presentation of the new requirements made to Sacramento
	Valley Health Systems Pharmacists (25 pharmacists),to
	physicians, pharmacists and law enforcement in San Luis
	Obispo
	August 2004: Audiotape of the board's Power Point presentation
	placed on the board's Web site. Presentation of the new
	requirements made to staff of the Department of Justice; to 40
	pharmacists, physicians and other health care providers in
	Sacramento; to staff of the Department of Health Services; to
	over 50 health care providers at an event hosted by the
	Pharmacy Foundation of California; to investigators of the
	Department of Justice; and to more than 600 individuals at
	CMA's annual pain conference.
	September 2004: Presentation of the new requirements made to
	staff of the UCSF Medical Center, to Department of Justice
	diversion investigators, to pharmacists at the San Diego
	Chapter of ASCP, and to 100 health care providers at St.
	Mary's Medical Center in Orange County
	October 2004: Presentation of the new requirements made to 50
	health care providers in Redding via telephone conference, and
	to the Santa Clara County Medical Society
	November 2004: Supervising Inspector Robert Ratcliff gives
	the keynote address at CSHP's 2004 Seminar in Long
	Beach.
	Presentation to 80 pharmacists at the Orange County
	Chapter of the CPhA November 18 meeting.
	December 2004: Presentation to 70 pharmacists at a Indian
	Pharmacist Association Meeting in Artesia on December 10.
	Presentation to 164 health care providers via a
	telephone conference presentation to the Northern California Pain Initiative Executive Committee on
	December 14.
	January2005: Presentation to 90 pharmacists at the South
	Bay Pharmacy Association meeting on January 6.
Objective 4.3:	Participate in 20 forums, conferences and public education events
-	by June 30, 2005.
Measure:	Number of forums participated
Tasks:	1. Participate in forums, conferences and educational fairs.
	August 2003: Board staffs an information booth at Sacramento's

Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4
Agency on Aging and Congressman Matsui:
September 2003: Board President Jones attends NABP's District VII
and VIII annual meeting
October 2003: Board staffs an information booth at CSHP Seminar
2003
Board staffs an information booth at Los Angeles County
Health Fair and Senior Festival, over 2,000 people attend.
Board staffs an information booth at Sacramento's Healthy
Aging Summit
January 2004: Board staffs an information booth at CPhA's Outlook
2004. Board presentations include information on new
pharmacy law, board operations and new examination
requirements.
April 2004: Board members attend National Association of Boards of
Pharmacy Meeting in Chicago.
May 2004: Board staffs booth at Healthy Aging 2004 in
Sacramento, 300 people attend.
Board staffs booth at the Senior Health Fair in Yreka,
over 150 consumers attend.
June 2004: Former board president attends discussion
session hosted by the Pharmacy Foundation of
California on the importation of drugs into the US.
Board inspector attends two-week drug diversion and
investigation training sponsored by the Drug
Enforcement Administration at the FBI's headquarters in
Quantico, VA
July 2004: Board endorses the California Tobacco Control Alliance's
Smoking Cessation Benefits Everyone campaign
Board staffs booth at Asian Community Fair
August 2004: Board staffs a booth at the San Diego Better Business
Bureau's "Consumer Expo"
September 2004: Executive officer attends Clearinghouse on
Licensure and Enforcement Meeting in Kansas, and presents
segment on regulators doing more with less.
Board staff provide information about the board and senior
discount programs for drugs at Triple R program in Sacramento
Board staff provide information at a senior fair in Yreka where
nearly 450 attend. Board staff distribute information to consumers at the 6 th Annual Los Angeles County Health Fair
and at the Senior Exposition where 1,000 people attended, at
the Healthy Aging Summit in Sacramento where 700 people
attended. Nevember 2004: the beard staffs a basth at the Base Bables
November 2004: the board staffs a booth at the Paso Robles
Senior Center's Senior Health Fair where approximately
400 people attend

Objective 4.4:	Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.
Measure:	Percentage response to information requests from governmental agencies
Tasks:	 By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam. <i>April 2004: Draft report provided to board members at April Board Meeting</i>
	 Provide information to legislators regarding board implementation of statutory requirements. April – June 2004: Board provides substantial technical assistance to authors with pending legislation regarding implementation of importation of Canadian drugs, automated dispensing machines in skilled nursing facilities, and wholesaling requirements for drugs
	 within and into California. Provide agency statistical data (ASP) information to the department. Sept. 2003: Board submits data to department as required. Nov. 2003: Board provides information to department on impact of budget reductions in terms of funding and staff in response to request from Senate Business and Professions Committee September 2004: board submits ASP data to department as
	 required. 4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003. September 2003: data provided January 2004: All staff collect data for survey of public contacts by
	 the language of the individual 5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review October 2003: Board compiles 180-day post audit report to the department March 2004: Board compiles 360-day post audit report to the department. April 2004: Department evaluates and submits final post-audit review of board activities; the board is in compliance.
	 6. Software Inventory Report of all software in use by Board of Pharmacy <i>December 2003: Board compiles this massive and detailed report</i>
	 Regulation Summary Report of all regulations enacted from 1999- 2003, pursuant to Executive Order S-2-03 January 2004: Report compiled and submitted timely
	 Review of board operations, procedures, procedure manuals, applications, publications, etc., for underground regulations pursuant to Executive Order S-2-03
	 January 2004: Report compiled and submitted timely 9. Board meets with delegation from China Zhejiang Provinical Drug Administration at request of this agency in December 2003 10. Board compiles self-evaluation and transition plan report on services and procedures for equal access for employees, applicants to assure

	
	no policies discriminate against persons with disabilities and the
	public
	11. Report backlogs and impacts of staffing and budget reductions on work load
	Sept. 2003: Report compiled and submitted.
	Nov. 2003: Report compiled and submitted.
	February 2004: Report compiled and submitted.
	March 2004: Report compiled and submitted
	April: Report compiled and submitted.
	May: Report compiled and submitted.
	June: Report compiled and submitted.
	July: Report compiled and submitted.
	August: Report compiled and submitted.
	September: Report compiled and submitted.
	October: Report compiled and submitted.
	Requests for these reports end after submission of the October 2004
	report.
	12. Prepare report required by Business and Professions Code section
	4200.1 regarding the impact of requiring 16 units of remedial education in pharmacy coursework for applicants who fail the
	pharmacist licensure examination four times.
	December 2004: Report prepared and submitted to the Legislature as required.
Objective 4.5	Respond to 100 percent of public information requests regarding
Objective 4.5	board programs and activities.
	board programs and activities.
Measure:	Percentage response to information requests from the public
Measure:	Percentage response to information requests from the public
	1. Respond to public information requests.
Measure: Tasks:	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes.
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes.
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days.
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the linquiries were responded to within 10 days.
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the license verifications were performed within 10 days.
	 Respond to public information requests. <i>July</i> – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the license verifications were performed within 10 days.
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the linquiries were responded to within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 70 percent of the license verifications were performed within 10 days. July-September 2004: the board received 64 public inquiries, five
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas were responded to within 10 days, all subpoenas were responded to within 10 days, all subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were performed within 10 days. July-September 2004: the board received 64 public inquiries, five subpoenas and 227 written license verifications. Seventy-eight
	 Respond to public information requests. July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes. Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes. Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the linquiries were responded to within 10 days. April – June 2004: the board received 37 public inquiries, three subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 70 percent of the license verifications were performed within 10 days. July-September 2004: the board received 64 public inquiries, five

of the license verifications were responded to within five days.
October – December 2004: the board received 49 public inquiries,
requests for 208 written license verifications, and four
subpoenas. Seventy three percent of the inquiries were
responded to within 10 days, 64 percent of the license
verifications were performed within 10 days, and all subpoenas
were responded to within five days