



STANDARD OF CARE COMMITTEE MEETING MINUTES

DATE: August 25, 2022

LOCATION: Note: Pursuant to the provisions of Government Code section 11153, neither a public location nor teleconference locations are provided. Public participation also provided via WebEx

COMMITTEE MEMBERS PRESENT: Seung Oh, Licensee Member, Chair
Maria Serpa, Licensee Member, Vice Chair
Renee Barker, Licensee Member
Indira Cameron-Banks, Public Member
Jessi Crowley, Licensee Member
Nicole Thibeau, Licensee Member

STAFF MEMBERS PRESENT: Anne Sodergren, Executive Officer
Laura Freedman, DCA Staff Counsel
Debbie Damoth, Executive Specialist Manager

I. Call to Order, Establishment of Quorum, and General Announcements

Chairperson Oh called the meeting to order at 1:00 p.m. Chairperson Oh reminded everyone present that the Board is a consumer protection agency charged with administering and enforcing Pharmacy Law. The meeting moderator provided instructions on how to participate during the meeting, including the process to provide public comment.

Chairperson Oh took roll call. Members present included: Maria Serpa, Licensee Member; Renee Barker, Licensee Member; Indira Cameron-Banks, Public Member; Jessi Crowley, Licensee Member; Nicole Thibeau, Licensee Member; and Seung Oh, Licensee Member. A quorum was established.

II. Public Comments on Items Not on the Agenda/Agenda Items for Future Meetings

Members of the public were provided the opportunity to provide comments for items not on the agenda; however, none were provided.

III. Approval of June 22, 2022, Committee Meeting Minutes

Chairperson Oh referenced the draft minutes for the June 22, 2022, Standard of Care Committee Meeting in the meeting materials.

Members were provided the opportunity to provide comment; however, no comments were made.

Motion: Approve the June 22, 2022, Standard of Care Committee Meeting minutes as presented in the meeting materials.

M/S: Serpa/Crowley

Members of the public were provided the opportunity to provide comment; however, no comments were made.

Support: 6

Oppose: 0

Abstain: 0

Not Present: 0

Committee Member	Vote
Barker	Support
Cameron-Banks	Support
Crowley	Support
Oh	Support
Serpa	Support
Thibeau	Support

IV. Presentation on Improving Patient Outcomes Through a Standard of Care Model: Collaboration with Payers, Providers, and Pharmacists. Presenters Include Dr. Steven Chen, Pharm D, FASHP; Dr. Richard Dang, Pharm D, APh, BCACP; Dr. Michael Hochman M.D.; Dr. Alex Kang, Pharm D

Chairperson Oh advised following the last meeting, staff received a request to allow an opportunity to present before the Committee on patient safety and health outcomes. As the chair of the Committee, Dr. Oh approved the request for

the presentation to be provided today. Dr. Oh introduced and welcomed the presenters: Dr. Steven Chen, Dr. Richard Dang, Dr. Michael Hochman, and Dr. Alex Kang.

Dr. Richard Dang presented Improving Patient Safety and Outcomes through a Standard of Care Model: Collaborating with Payors, Providers and Pharmacists. Dr. Dang noted he would be presenting with Dr. Chen, Dr. Hochman, and Dr. Kang. Dr. Dang stated the purpose of their presentation was to provide a summary of evidence and real-world applications in California of how pharmacists enabled to practice at the top of licensure provides an added layer of patient safety/protection while improving health outcome.

Dr. Dang explained how the standard of care model increases equity and access through the community pharmacy as noted by an article published in the Journal of the American Pharmacist Association. Dr. Dang noted the study identified in large metropolitan areas, 62.8 percent of the pharmacies were chain pharmacies while in rural areas, 76.5 percent of pharmacies were franchises or independent pharmacies. Dr. Dang noted if the standard of care is limited in certain practice settings it will hamper equity and access in rural locations. Dr. Dang noted California had 25 counties (43.1 percent) with low pharmacy density (fewer than 1.38 pharmacy per 10,000 residents).

Dr. Dang added community pharmacies are suited for the provision of clinical pharmacy and health services and especially independent pharmacies, are important for equitable access to care. Dr. Dang noted limiting the settings in which standard of care would apply would be a step backwards.

Dr. Dang continued Business and Professions Code (BPC) section 4052 related to the scope of practice details what a pharmacist can and can't do. Dr. Dang noted changing to the standard of care model would simplify the law. Dr. Dang noted the other part of the conversation is personnel and staffing and payment/reimbursement and should be discussed.

Dr. Chen presented about the Evidence and the California Right Meds Collaborative. Dr. Chen identified the value of comprehensive medication management and making sure the right medication is chosen for a patient's diagnosis at the right dose. Dr. Chen noted other health care entities that support overwhelming evidence of pharmacists practicing at the top of licensure to achieve outcomes documented in literature.

Dr. Chen referenced the article "A Cluster-Randomized Trial of Blood Pressure Reduction in Black Barbershops" published in the New England Journal of Medication 2018; 278:129-1301 (Victor, M.D., Ronald G., Kathleen Lynch, Pharm.D.,

et. al.). Dr. Chen reviewed the importance of involving pharmacists, pharmacists' role in Barbershop HTN Program and the results of the Barbershop Project.

Dr. Chen reviewed the \$12 Million grant for the USC/AltaMed Center for Medicare and Medicaid Innovation Health Award: Specific Aims included 10 teams (pharmacist, resident and clinical pharmacy technician), telehealth clinical pharmacy and the outcomes: healthcare quality, safety, total cost/ROI, patient and provider satisfaction and patient access. Dr. Chen reviewed the grant's value proposition and medication-related problems identified.

Dr. Chen reviewed the California Right Meds Collaborative's (CRMC) vision and mission. Dr. Chen explained health plans sent high-risk patients to the specifically trained pharmacists at pharmacies. Dr. Chen explained the training and ongoing support the pharmacists received. Dr. Chen reviewed the keys to making the program work including partnering with vetted pharmacies, training platforms, and rigorous quality improvement process. Dr. Chen reviewed the process for developing the value-based payment for CMM; quality improvement report card; health plan partnership; and preliminary impact results. Dr. Chen reviewed the LA Care CRMC impact and updated outcomes. Dr. Chen identified next steps as increasing the number of pharmacies and patients as well as health plan partners with the addition of a psychiatric component. Dr. Chen reviewed the value summary for patients, front-line provider, and health plan/payers.

Dr. Hochman presented about the physician experience with pharmacists. Dr. Hochman commented the impact of the pharmacists being involved is very dramatic. Dr. Hochman explained the interaction with using a clinical pharmacist. Dr. Hochman reviewed the medication-related problems identified through the CMMI Program. Dr. Hochman noted pharmacists outperformed doctors in the results for the patients. Dr. Hochman stated this program hits the quadruple aim: improved clinician experience, better outcomes, lower costs, and improved patient experience. Dr. Hochman explained Healthcare in Action: A Member Organization of SCAN about street medicine opportunities with pharmacists.

Dr. Kang presented on payer perspective on pharmacist clinical services as the Director of Pharmacy at LA Care Health Plan. Dr. Kang provided an overview of the Plan's demographics. Dr. Kang noted independent pharmacies were important to use because the pharmacist speaks the language of the patients. This helps with increases in adherence for patient compliance. Dr. Kang noted the pharmacists are trained and can spend time with the patients which increases patient compliance and health outcomes. Dr. Kang reviewed the outcomes he has seen and noted the pharmacy is the easiest access to health care for patients.

Members were provided the opportunity to comment.

Member Thibeau requested thoughts for more unique ways to use this program. (e.g., unhoused population, etc.).

Dr. Kang advised they had a pharmacy that delivered to homeless populations. Dr. Kang added it could be expanded to independent pharmacists who have the flexibility, language skills, and mental health experience. He stated LA CARE now partners with LA County Mental Health. Dr. Kang stated without standard of care, the paperwork is difficult. Dr. Chen advised they have developed a program to help pharmacists empower pharmacists to help homeless and mental health.

Member Thibeau inquired if this could be used and set up quickly for public health emergencies.

Dr. Dang commented this is an example of how standard of care could help with public health emergencies. With the change in law that allowed pharmacists to administer vaccines, pharmacists were better able respond quickly to public emergencies rather than wait for approval of waivers. Dr. Dang would like to see the standard of care applied to vaccines to other therapeutics.

Member Crowley commented the programs were impressive. Dr. Crowley noted the study showed how pharmacists can help address gaps and health inequities. Dr. Crowley commented as acknowledged by the authors of the study, part of the success was due to the collaboration between pharmacists and community members rather than just pharmacists themselves. Dr. Crowley noted the pharmacists came to the people in the barbershop and would be interested in a controlled group vs. barbershop. Dr. Crowley inquired about any measurement for pharmacist burnout in the UCS CMMI study.

Dr. Chen agreed the barbershop was the key to the barbershop project and noted in the community pharmacy leader in the pharmacy is often the pharmacy technician. The challenge was efficiency.

Dr. Chen commented in the three-year sprint there was no burnout in the CMMI but it wasn't measured. Dr. Dang added pharmacist burnout is important to address with the standard of care model and can tie in staffing, valued and reimbursement model. Dr. Chen noted having the pharmacy technician providing support really helped.

Member Crowley inquired about the CRMC vetting process and expectation of pharmacy.

Dr. Chen advised they reached out to the providers and identified pharmacies interested in joining the program. Surveys were sent to identified clinical services

provided (e.g., experience, outcome metrics, etc.). An onsite assessment is completed with the health plan and CRMC.

Member Crowley inquired about health literacy measured through the program. Dr. Chen stated they had patient satisfaction surveys and were able to demonstrate patient satisfaction.

Member Crowley thanked Dr. Dang for pointing out staffing levels in the standard of care model and inquired how pharmacies and pharmacists were compensated.

Dr. Chen advised they looked at the cost of delivery care per patient which was about \$1,000 divided into value-based payment model where part went to the pharmacy as fee for service and part was held until the metrics were met.

Member Crowley appreciated the limitations in a chain setting and leveraging the independent pharmacies to overcome the cultural barrier in settings like the independent pharmacy. Dr. Crowley inquired if they were looking for a separate standard of care model for independent vs. chain pharmacy setting.

Dr. Kang commented the chain pharmacies need more time to implement noting independent pharmacies have more flexibility. Dr. Kang stated the goal was to have the independent pharmacies make a living wage and the model expand to the chain pharmacies. Dr. Chen commented they tried for over a year to get a chain on board but it took a year before corporate would not allow for the participation.

Member Barker inquired regarding pharmacies vetted and trained in the CRMC what was defined as a failure. Dr. Barker asked if they were supported to succeed.

Dr. Chen advised the failed pharmacies were independent solo pharmacists who thought they could do it but through the granular quality improvement metrics were able to identify by the second or third visit, there was an issue. Dr. Chen noted sometimes it was evident that they didn't have the time to dedicate to the process.

Member Barker inquired how could rural participation be increased.

Dr. Chen advised with telehealth there was already a template and noted telehealth had a good history of working in rural areas.

Member Barker asked about the title, training, and ratio for the clinical pharmacy technician. Dr. Chen noted there were many activities done by a clinical pharmacist that doesn't require a PharmD such as calling, following up, translation, managing patient assistant program, etc. Then, they trained the pharmacy technicians on all those items.

Chairperson Oh noted no one disputes value added and improved patient outcomes. As current law allows for this model, Dr. Oh inquired what improvements standard of care enforcement model would bring.

Dr. Dang advised all this was happening under a collaborative practice agreement (CPA) which takes a lot of work to put into place and more difficult for independent pharmacies to establish. Dr. Dang advised having to established CPAs for individual providers disincentivizes participation and delays care. The standard of care enforcement model would reduce barriers to allow more locations to engage in the activities and apply services quicker.

Chairperson Oh noted with the current staffing and resource challenges and inquired how the increased complex workload be balanced so that it doesn't negatively impact the pharmacists. Dr. Oh noted the Board licenses pharmacies that include chain and independent pharmacies.

Dr. Chen noted they didn't want to put the patient at risk and were moving toward getting a full panel size enrollment for 200 patients to each pharmacist. Dr. Chen noted with value-based model, it will support a full-time pharmacist and pharmacy technician. Dr. Chen didn't see a big divide between chain and independent pharmacies and wouldn't be surprised if a chain joins or mirrors the program.

Dr. Dang commented more personnel is needed and maybe different ratios are required. Dr. Dang suggested the ratio may need to be tied to the number of services to ensure adequate staffing or requires minimum number of staff to provide services.

Dr. Kang commented the goal of the program is to allow independent pharmacies to be profitable and sustainable.

Member Crowley inquired how many patients were under the care of each pharmacist.

Dr. Chen advised for CMMI, 350-700 patients were assigned to a pharmacy team (pharmacist and pharmacy technician) with the ideal number being about 350 in an integrated health system. Dr. Chen advised in the CRMC the pharmacy that has the highest enrollment today is close to 100 patients. Dr. Chen advised the pharmacists were fully dedicated in response to Dr. Crowley.

Member Crowley commented 200 patients is alarming and spoke in concern that this would be added to the current workload of a pharmacist in a chain setting.

Dr. Chen responded this was why they wanted to make sure that the volume could sustain additional personnel so that it wouldn't be added workload.

Dr. Dang clarified these 250 patients aren't seen in a day but through the duration of the program. Dr. Dang advised a PCP has a panel ranging from 1,000-3,000 patients. A community retail setting would be much lower. This would be a pharmacist and pharmacy technician in addition to the regular pharmacy staff dispensing prescriptions. Dr. Chen advised 16 visits a day can support a panel of 200-250 patients.

Member Crowley inquired would happen if the panel dropped below 200-250 patients and was no longer financially sustainable.

Dr. Kang stated 250 is not enough and need more pharmacists. Dr. Kang was pushing for the standard of care enforcement model to add more pharmacists. Dr. Chen advised about 15-20 percent of the population need these services.

Chairperson Oh spoke of concern about the unofficial disparities between the practice setting of a pharmacist (e.g., dispensing, clinical, etc.). Dr. Oh inquired as to what could be proposed to reduce the barriers and not create a division.

Dr. Dang provided the USC also has hybrid staffing model where pharmacists are doing both dispensing and clinical services. Dr. Chen advised a combination of dedicated and hybrid noting that a pharmacist doesn't have to have clinical background and can be trained in this model.

Counsel Freeman commented that the Committee is focused on the task that the legislature gave to determine if the standard of care enforcement model is feasible and appropriate for pharmacy. Ms. Freeman noted the Board allows for a standard of care which is the standard expected of all pharmacists when practicing. Ms. Freeman noted the discussion today seemed to be a scope of practice discussion noting it was a legitimate discussion but wanted to point out for the Committee to be mindful of what is being discussed.

Members of the public were provided the opportunity to comment.

A pharmacist commented on the excellent presentation and commented there was no place in Chapter 9 where standard of care was mentioned. The pharmacist stated the reason this was being discussed was to try to create a regulatory environment that supports pharmacists as health care providers.

A pharmacist inquired how the standard of care enforcement model would impact advanced pharmacists in BPC 4052. Dr. Dang responded that BPC 4052 was a

good example of standard of care being used currently and how it can be applied.

A pharmacist representative of CSHP spoke in support of the concept as California has a history of pharmacists being involved. The representative commented migration to the advanced practice enforcement model would help the patients receive timely health care.

Chairperson Oh thanked all and encouraged all to monitor the Medication Error Reduction and Workforce Committee and Board Meetings.

V. Discussion and Consideration of Statistics, including information on Pharmacy Ownership and Investigation Timeframes

Chairperson Oh advised the meeting materials include the data requested by the Committee at its last meeting noting that Board of Pharmacy's time frames are less than Medical Board time frames.

Members were provided an opportunity to provide comment; however, no comments were made.

Members of the public were provided an opportunity to provide comment; however, no comments were made.

VI. Discussion and Consideration Development of Pharmacy Survey Related to Current Practice and Possible Movement to Standard of Care

Chairperson Oh noted concern that the Committee has generally not received input from pharmacists a key stakeholder in this discussion. Dr. Oh supported development and release of a survey to solicit feedback from pharmacists on current issues as suggested in the meeting materials. Dr. Oh stated belief that this information is necessary as the Committee completes the comprehensive review of the issue. Dr. Oh noted this information could assist in developing a recommendation and demonstrating the efforts undertaken by the Committee and Board to solicit feedback from stakeholders.

Chairperson Oh noted the survey would not be intended for formal research but rather similar to a short questionnaire as a means to provide an additional method to obtain input in this process. Dr. Oh added if the Committee was agreeable with this approach, Dr. Oh could work with staff to finalize the survey in consultation with DCA experts and release the survey ideally in sufficient time to allow the Committee to review general results as part of the next meeting.

Members were provided an opportunity to provide comment.

Member Serpa inquired about information that is identifiable for pharmacy, pharmacist, or workplace and if identifiable the Board is liable to open an investigation. Ms. Freeman commented if needed comments can be elevated. Ms. Sodergren advised intent would be to be similar to the Medication Error Reduction and Workforce survey and add a reminder during the survey to not include workplace names.

Member Serpa inquired of the survey could include a pathway for individuals to report employers if needed. Ms. Sodergren stated it could be added at the end of the survey.

Members agreed to adding a definition or concept of what standard of care means to the survey.

Member Crowley recommended separating question five into two questions.

Members reached consensus to have Chairperson Oh to work with staff to develop the survey so that results could be distributed at the October meeting.

Members of the public were provided an opportunity to provide comment.

A representative of CCAP requested in the introduction of the survey there be a reference indicating that the results will be reflected at the October meeting.

VII. Future Committee Meeting Dates

Chairperson Oh reported the next Committee Meeting was scheduled for October 25, 2022.

VIII. Adjournment

The meeting adjourned at 3:08 p.m.