

April 2010

News



North Carolina Board of Pharmacy

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Item 2198 – Election for the Southeastern District Board of Pharmacy Seat

This month, the North Carolina Board of Pharmacy is holding an election for the southeastern district seat. The southeastern district consists of Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Johnston, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pender, Pitt, Robeson, Sampson, Scotland, and Wayne counties.

This seat is presently held by Board President **Joey McLaughlin, Jr.**, who is running for a second five-year term. **Jennifer Askew** of Wilmington, NC, and **Andy Bowman** of Buies Creek, NC, are also candidates for the position as of the time this article was submitted for publication.

All pharmacists licensed in North Carolina and residing in the state as of March 15, 2010, are eligible to vote in this election. Voting will be electronic. This year, however, Board staff have implemented a system whereby pharmacists will use their license number and PIN to log onto a voting menu on the Board's Web site. Pharmacists will receive further information and instruction by e-mail and on the Board's Web site.

Any pharmacist who wishes to cast a **paper ballot** must request one. **All requests must be received at the Board office by Tuesday, April 20, 2010.**

All ballots must be cast electronically, physically delivered to the Board office, or postmarked if the ballot is sent by United States mail, **by May 15, 2010.** Results of the election and information on whether a run-off election will be required will be announced at the Board's May 18, 2010 meeting.

Item 2199 – Board of Pharmacy Post Office Box Address Is No Longer Valid

As of March 1, 2010, the Board of Pharmacy is **no longer receiving mail at its post office box address.**

All correspondence to the Board must be addressed to the street address:

6015 Farrington Road
Suite 201
Chapel Hill, NC 27517

Item 2200 – Election for Rehabilitation Supplier Device and Medical Equipment Subcommittee Seat

In June 2010, the Board of Pharmacy Device and Medical Equipment (DME) Subcommittee will hold an election for the rehabilitation supplier representative seat. This seat is presently held by DME Subcommittee Member Mel Elliot, who is eligible to run for a second term.

The rehabilitation supplier representative must practice in the particular area for which he or she is nominated, but need not practice exclusively in that area.

If interested in becoming a candidate for the above mentioned position, a "person-in-charge" of a DME facility (who is the "permit holder" for purposes of North Carolina law) who also meets the practice area qualification stated above may submit a petition to appear on the ballot. Any petitioner must be a registered North Carolina DME permit holder as of March 15, 2010. The petition must be filed in the Board office or postmarked by April 1, 2010. A sample petition form is available on the Board Web site, www.ncbop.org. Anyone wishing to learn more about the duties of a DME Subcommittee member may contact Karen Matthew, director of investigations and inspections, at kmatthew@ncbop.org.

All North Carolina DME permit holders residing in the state as of March 15, 2010, are eligible to vote. Voting will again be electronic, although for this year's election, Board staff are implementing an electronic voting system whereby a DME "person-in-charge" in the state will log on to his or her individual Board account

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JCPP 'Future Vision' Sets Course for Advancement of Pharmacy Practice

The Joint Commission of Pharmacy Practitioners (JCPP) brings together the chief executive and chief elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPP meets quarterly and forms workgroups that focus on priority projects. The JCPP has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years, and will continue to influence pharmacy practice through its vision articulated in "Future Vision of Pharmacy Practice."

Past Impact

Recommendations resulting from JCPP conferences and quarterly meetings have been aimed to ensure public health and safety by optimizing the medication use process. Working collaboratively through the JCPP, leaders in the profession "acknowledged that the focus of pharmacy must move beyond the important but narrow aspect of 'right drug to the right patient' and encompass the responsibility for assuring that appropriate outcomes are achieved when medications are part of a patient's individual treatment plan." This perception of the function and responsibility of pharmacy practice helped to facilitate changes such as the shift to a universal doctoral level of education, and practice and legal changes that have helped pharmacists to increase their scope of services.

Also as a result of JCPP collaborations, coalitions among pharmacy organizations and other stakeholders have been formed, and have helped to shape new state and national legislation and regulations. For example, JCPP coalitions helped influence changes that resulted in Medicare's prescription drug benefit requirement for medication therapy management services as of 2006.

Future Impact

Through the "Future Vision of Pharmacy Practice," adopted by JCPP member organization executive officers in 2004, the JCPP will continue to influence positive change in the practice well into the next decade. The JCPP "Future Vision of Pharmacy Practice," endorsed by each JCPP member organization's board of directors, envisions what pharmacy practice should look like in 2015, as summarized in the document's opening statement: "Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes."

In his incoming speech at the NABP 105th Annual Meeting in May 2009, President Gary A. Schnabel, RN, RPh, endorsed the future vision outlined in the JCPP "Future Vision of Pharmacy Practice," stating, "As boards of pharmacy, I feel that it is also imperative for us to embrace this future vision, and through our statutes and regulations define and advance that vision in the context of patient care and protection of the public health . . . If the boards of pharmacy can provide the regulatory environment that fosters the vision on behalf of the patient and the protection of the public health, then this collective vision of practitioners and regulators will serve as one of the pillars of a new foundation for the practice of pharmacy first proposed some 30 years ago and discussed ad nauseam every year since those words were first spoken and captured in the pharmacy journals."

The 2015 future vision is detailed in the document in three sections: the foundations of pharmacy practice, how pharmacists will practice, and how pharmacy practice will benefit society. The first section outlines the foundations of pharmacy education that prepares pharmacists

"to provide patient-centered and population-based care that optimizes medication therapy." The second section explains that the pharmacist's scope is to include managing medication therapy, accounting for patients' therapeutic outcomes, and promoting patient wellness. The section also emphasizes that as they work with other health care professionals, pharmacists will be the most trusted source of medications and supplies, and the primary resource for advice regarding medication use. Finally, the last section stresses that, by realizing the expanded scope of their practice, pharmacists will achieve public recognition as practitioners who are essential to providing effective health care.

In January 2008, the JCPP released the final version of "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice," which identifies three critical areas for initial focus as it works toward achieving the vision. JCPP anticipates more discussions to help align the action steps of the implementation plan and the policies of participating organizations. Thus, in keeping with the organization's mission, JCPP continues to implement its initiatives, including the "Future Vision of Pharmacy Practice," through the collaborative efforts it fosters.

The JCPP's "Future Vision of Pharmacy Practice" and "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice" can be downloaded from the National Alliance of State Pharmacy Associations' Web site at www.naspa.us/vision.html.

ISMP Stresses Need to Remove Non-Metric Measurements on Prescriptions and on Patient Labels to Prevent Error



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a FDA MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

ISMP is calling upon prescribers, pharmacists, and other health care professionals, as well as pharmacy computer system and e-prescribing system vendors, to remove or prevent the use of "teaspoonful" and other non-metric measurements in prescription directions in order to better protect patients.

In the past, mix-ups involving confusion between measuring medications in milliliters or teaspoonfuls and other non-metric measurements have resulted in the serious injury of children and adults.

These mistakes continue to happen. ISMP has received more than 30 reports of milliliter-teaspoonful mix-ups, including cases where injuries required treatment or hospitalization. In one case, a child who recently had surgery was seen in an emergency department and later was admitted with respiratory distress following an unintentional overdose of acetaminophen and codeine liquid. The pharmacy-generated label on the child's medication bottle instructed the parents to give the child six



teaspoonfuls of liquid every four hours. The original prescriber stated the prescription was for 6 mL. The child received five doses before arriving at the emergency department.

In a second case, a child received an overdose of the antifungal medication Diflucan® (fluconazole) suspension. The physician phoned a prescription for Diflucan 25 mg/day to a community pharmacy for a three-month-old child with thrush. The pharmacist dispensed Diflucan 10 mg/mL. The directions read "Give 2.5 teaspoons daily." The directions should have read "Give 2.5 mL daily." Prior to the error, the child had been ill for the previous three weeks with an upper respiratory infection, nausea, vomiting, and diarrhea. It is suspected that the child's subsequent hospitalization was related to this error.

ISMP Safe Practice Recommendations

The health care industry – including practitioners and computer vendors – needs to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. Steps, like the following ISMP recommendations, must be taken to prevent errors:

- ◆ Cease use of patient instructions that use "teaspoonful" and other non-metric measurements, including any listed in pharmacy computer systems. This should include mnemonics, speed codes, or any defaults used to generate prescriptions and labels.
- ◆ Express doses for oral liquids using only metric weight or volume (eg, mg or mL) – never household measures, which also measure volume inaccurately.
- ◆ Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- ◆ Coach patients on how to use and clean measuring devices; use the "teach back" approach, and ask patients or caregivers to demonstrate their understanding.

The *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy's (Model Act)* labeling provisions state that the directions of use language should be simplified, and when applicable, to use numeric instead of alphabetic characters such as 5 mL instead of five mL. The *Model Act* also provides for the pharmacist to personally initiate counseling for all new prescriptions, which can decrease patient injuries due to improper dosing.

Clarification on HIPAA Regulations and Claims Submission

NABP received questions about a statement that appeared in the article, "Concerns with Patients' Use of More than One Pharmacy," published in the 2009 fourth quarter *National Pharmacy Compliance News* which read, "Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient."

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.501) establishes a foundation of federal protection for personal health information with which health care practitioners must comply. To avoid interfering with a patient's access to, or the efficient payment of quality health care, the privacy rule permits a covered entity, such as a pharmacy, to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities. The rule includes the determination of eligibility or coverage and utilization review activities as examples of common payment activities, therefore allowing a pharmacist to submit cash claims. Additional information may be found at www.hhs.gov/ocr/

[privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html](#).

Pharmacists should, however, verify with their state boards of pharmacy as to whether there are existing state laws that prohibit this practice.

State Newsletter Program Celebrates 30 Years of News on Pharmacy Regulation

This year, the NABP State Newsletter Program celebrates its 30th anniversary of partnering with the boards of pharmacy to provide pharmacists with vital information about their state's pharmacy laws and regulations.

The State Newsletter Program, which is part of the NABP Foundation, was developed to support the Association's educational programs and research and development projects. Published on a quarterly basis, the program serves the state boards of pharmacy by communicating board information to pharmacists, pharmacy technicians, pharmacies, and others throughout the pharmacy profession.

The goal of the State Newsletter Program was, to improve communications with practitioners regarding federal and state law, this allowing them to comply with the law on a voluntary basis, demonstrating that an informed and responsible professional is one of the most effective means of protecting the public health.

In addition to the news provided by the boards of pharmacy, a copy of the *National Pharmacy Compliance News* is included in each issue. Published quarterly by NABP, *National Pharmacy Compliance News* provides important news and alerts from the federal Food and Drug Administration, Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, Consumer Product Safety Commission, and ISMP, as well as current national developments affecting pharmacy practice.

Using *National Pharmacy Compliance News*, merged with locally developed state news, a total of 16 states joined the program in its original summer 1979 publication, including 13 states that still participate today: Arizona, Arkansas, Delaware, Idaho, Kansas, Kentucky, Montana, Minnesota, North Carolina, Ohio, Oregon, South Carolina, and Washington.

Today, 31 states participate in the program. Of these, 18 state boards of pharmacy publish electronic newsletters rather than printed newsletters. The e-newsletter option was implemented in 2004, and has allowed boards with limited resources the opportunity to communicate important board information in a timely and cost-effective manner. State e-newsletters are posted on the NABP Web site rather than published by a printer; the board may also post the Newsletter to their Web site.

In 2006, the e-newsletter portion of the program was enhanced and NABP began offering the boards an e-mail alert service. The e-newsletter e-mail alert service, which consists of an e-mail notification that is sent through a state-specific e-mail database, is provided free of charge to participating state boards of pharmacy. Each alert notifies recipients that the e-newsletter is now available to download and provides a link to access the board's newsletter. The Arizona State Board of Pharmacy was the first state to utilize this free service, and now the number of participating boards has grown to 12 states.

All NABP Foundation State Newsletters, including a copy of the *National Pharmacy Compliance News*, are available on the NABP Web site at www.nabp.net. Please note, years prior to 2000 are only available in hard copy form, and therefore, cannot be downloaded online. For more information about the NABP State Newsletter Program, contact custserv@nabp.net.

to cast ballots. More detail, including instructions on how to request a paper ballot if preferred, will follow in the coming weeks.

Item 2201 – Proposed Rule to Implement the Drug, Supplies, and Medical Device Repository Program (S.L. 2009-423)

In late 2009, the North Carolina General Assembly passed “An Act to Establish the Drug, Supplies, and Medical Device Repository Program in the North Carolina Board of Pharmacy.” The statute provides, for the first time, concrete guidelines for the donation and redispensing of certain drugs, medical supplies, and medical devices. A copy of the statutory text may be found at www.ncbop.org/PDF/DrugDepository.pdf.

The act directs the North Carolina Board of Pharmacy to issue a rule implementing the act and establishing the regulatory framework for donating these items. The Board published the proposed rule for commentary in February 2010. The text may be found at www.ncbop.org/PDF/DrugRepositoryproposedruleApril2010.doc.

The Board will host a public hearing on the proposed rule on Monday, April 19, at 5 PM in conjunction with the public hearing on the Board’s proposed rule concerning advanced pharmacy technicians in in-patient hospital settings (discussed in the January 2010 *Newsletter*). The Board will continue to accept written comments on the proposed rule until the public hearing. Instructions for submitting written comments are included in the link to the proposed rule text given above.

Item 2202 – Renewal Period Has Ended; Instructions for Reinstatement

Any pharmacist who failed to renew his or her license to practice pharmacy by March 1, 2010, is no longer licensed to practice pharmacy in the state. Continuing to practice despite a lapsed license violates North Carolina law and could subject the pharmacist to penalty from the Board and law enforcement authorities. A pharmacist wishing to reinstate a license must apply

to the Board to do so. The reinstatement application form is available at www.ncbop.org/Forms%20and%20Applications%20-%20Pharmacists/PharmacistReinstatementApplication.pdf.

Likewise, any pharmacy technician, dispensing physician, dispensing physician’s assistant, or dispensing nurse practitioner registration not renewed by March 1, 2010, is lapsed. Further practice in any of these capacities also violates North Carolina law.

The reinstatement application for a dispensing physician is available at www.ncbop.org/Forms%20and%20Applications%20-%20Dispensing%20Practitioners/DispPhysicianReinstatement.pdf.

The reinstatement application for a dispensing physician’s assistant or nurse practitioner is available at www.ncbop.org/Forms%20and%20Applications%20-%20Dispensing%20Practitioners/PA-NPReinstatement.pdf.

Pharmacy technicians wishing to reinstate a registration must access the online reinstatement application, located at <https://www.ncbop1.org/techapp/Techreinststate.aspx>.

Any pharmacy permit or DME permit that was not renewed by March 31, 2010, has been closed. Continuing to operate a pharmacy or DME without a permit violates North Carolina law. Any closed pharmacy or DME facility that wishes to resume operations in North Carolina must submit a new permit application.