# Agenda

## Committee Members

- Evon Anukam, RPh
- Kat Chinn, RN MSN
- Sean Jones, MD
- Amy Valdez, RPh
- Amy Burns, Pharm D
- Mark Helm, MD
- Helen Turner, DNP

### OBOP Staff to Committee

- Marcus Watt, Executive Director
- Karen MacLean, Administrative Director
- Brianne Efremoff, Compliance Director
- Fiona Karbowicz, Pharmacist Consultant
- Tim Frost, Pharmacy Fellow

## Unable to Attend:

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Desired Outcome</th>
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</thead>
<tbody>
<tr>
<td><strong>WELCOME</strong> -</td>
<td>Roll call</td>
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<tr>
<td>Introductions – Committee members introduced themselves.</td>
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<tr>
<td>Agenda review and approval</td>
<td>Motion to approve agenda was made and unanimously carried. Motion by Turner, second by Chinn.</td>
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## COMMITTEE BUSINESS

- Selection of Officers - 1 year term
  - Motion to select Amy Valdez as Chair and Mark Helm as vice Chair was made and unanimously carried. Motion by Turner, second by Chinn.
- Review 2017 HB 2397
  - Executive Director Marc Watt provided an overview of 2017 HB 2397.
    - An intent of the new law is increased patient safety & improved access to necessary care, via pharmacist issuance of prescriptions per protocols and items on the approved formulary of drugs and devices.
    - The formulary compendium shall be made up of items that can be prescribed and dispensed by a pharmacist pursuant to a diagnosis by a health care practitioner.
    - Statute provides examples drugs and devices such as diabetic testing supplies, emergency refills of insulin, albuterol inhalers, epinephrine auto-injectors, smoking cessation aids, discharge medications for transitions of care, rapid strep tests, spacers and travel health medications.
      - Some of these examples are non-diagnostic or used for minor, self-limiting/symptom treatments, and may be added to the protocol compendium.
      - Currently in Oregon, pharmacist prescribing and administering vaccines are managed via statewide protocol.
• The process shall be accomplished by the committee providing recommendations to Oregon Board of Pharmacy (OBOP) and OBOP establishing rules related to pharmacist prescribing and committee recommendations.

• Statute states that a pharmacist may submit a concept for the committee’s consideration of items to add to the formulary or protocol.

• Committee members commented on the possible need to consider special populations as they evaluate requests.

❖ Marc Watt and Karen MacLean led a discussion regarding how the Committee shall plan to do business.

➢ The Committee agreed to meet again in February, then April, and quarterly thereafter.

➢ The Committee plans to meet in Portland, for all-day meetings initially, for the purposes of proper start-up.

• These meetings will be noticed; public may attend.

➢ Board Staff will provide support to the Committee and coordinate meeting agenda with the Committee Chair.

➢ As the work is developed, Board staff will regularly maintain the webpage dedicated to the Committee.

• http://www.oregon.gov/pharmacy/Pages/PharmacyFormularyAdvisoryCommittee.aspx

BREAK

❖ Board Fellow Tim Frost gave a presentation and handout to the Committee related to Core Elements of Pharmacist Prescribing.

➢ The Committee discussed the language of each element that may be a necessary component to require for pharmacist prescribing.

➢ The Committee addressed each item and provided the following feedback:

• Standard of Care

  o The Committee noted the importance of developing a standard of care requirement to allow the Board to determine whether or not a pharmacist prescribing actions fall above or below the standard of care.

• Education

  o The Committee noted the importance of a pharmacists having achieved education and maintained competency for any drug or device they are prescribing.

  o The Committee agreed it was not necessary to require a new continuing education requirement for each drug and device added.

  o The Committee noted it was not necessary to require a specific residency training or board specialty certification for pharmacist to have the authority to prescribe.

  o Executive Director Marc Watt asked the Committee if a there should be a requirement for an overall pharmacist prescribing training program. The committee did not discuss further on whether or not this requirement was necessary on top of the already specified education requirements.

• Patient-Pharmacist Relationship
The Committee noted the importance and value of a patient-pharmacist relationship. However, the Committee determined it was not necessary to define the patient-pharmacist relationship.

The Committee agreed to take a few of the components of a patient-pharmacist relationship language such as “face-to-face patient interaction” and add it to the requirements of a patient assessment, or put the language into the prohibited practices.

The Committee had a brief discussion on whether or not a pharmacist should be authorized to prescribe face-to-face via telepharmacy. The Committee asked to edit language to the patient assessment to include both “face-to-face” and “in person.”

- Patient Assessment
  - The Committee noted the importance of a pharmacist performing a patient assessment and that a pharmacist should assess patients using a protocol based on clinical guidelines and evidence-based recommendations.
  - The Committee noted the importance of the protocol specifying both inclusion and exclusion criteria; and explicit referral criteria.
  - The Committee agreed it was necessary to require pharmacist to revise the protocol when applicable to ensure continued compliance with current clinical guidelines and current evidence-based research findings.
  - The Committee recognized that clinical guidelines and evidence-based research findings will set the parameters that prevent a pharmacist from prescribing for high risk patient populations such as children, elderly, and certain disease states.
  - The Committee asked to include within the patient assessment language that states a pharmacist must obtaining information related to the patient diagnosis when applicable.
  - Executive Director Marc Watt noted, it would not be administratively feasible for the Board to create a standardized algorithmic protocol for every drug and device. Marc also noted, if the Committee felt strongly to define a standardized protocol for a particular drug or device, they have the authority to make that recommendation to the Board at any time. The Committee agreed.

- Collaboration with Other Health Care Providers
  - The Committee agreed the importance of developing a standard that makes a pharmacist responsible for recognizing the limits of knowledge and experience and for resolving issues by consulting with or referring patients to other health care providers.

- Requirements for Prescriptions
  - The Committee agreed all requirements for prescriptions the pharmacist prescribe need to be in accordance with state and federal prescription regulations.

- Follow-Up Care Plan
  - The Committee noted the importance of a pharmacist developing and implementing treatment goals, monitoring parameters, and follow-up care plan, in accordance with clinical guidelines.
  - The Committee agreed it would be more appropriate to rename the standard to be “Treatment Care Plan.”
• Documentation of Records
  o The Committee noted the importance of a pharmacist maintaining a complete documentation record.
  o The Committee asked to change language for documentation requirements to include the prescription record and a visit summary.
  o Pharmacist Consultant Fiona Karbowicz agreed to develop an example template visit summary for the committee to review at the February meeting.

• Notification
  o The Committee spent a significant amount of time talking about how the patient assessment, treatment care plan, documentation of records, and notification standards all play an important role in preventing the fragmentation of patient care.
  o The Committee agreed on five days being an appropriate time period to provide notification of prescribing to other prescribers.
  o The Committee asked for edits to be made to the notification language to provide more clarity on who the pharmacist must notify and what must be included within that notification.
  o Pharmacist consultant Fiona Karbowicz noted the visit summary could likely serve as the notification requirement, because it encompasses all the key elements to prevent fragmentation of care.

• Prohibited Practices
  o Executive Director Marc Watt noted our current rules for pharmacist prescribing of hormonal contraception prevents a pharmacists from prescribing to self or immediate family members.
  o The Committee asked for clarification on the statute definition in Oregon of “immediate family members.” Staff agreed to research the definition and report back at the February meeting.

- Staff was instructed to make edits to the Core Elements as provided by the Committee, and per communication with OBOP legal counsel. A revised draft will be provided to the Committee at the February meeting.

- Consultant Fiona Karbowicz provided an overview of the potential process for the Committee’s intake of concepts for review.

  - Staff created a visual flowchart outlining the steps for the Committee/OBOP process.
    - Concept form is received
    - Staff reviews request; gathers additional information if necessary
    - Staff will summarize the information and present the concept to the Committee
    - Committee reviews and discusses concept
    - Committee makes a recommendation to the Board (via motion)
    - Board reviews recommendation; if approved, staff will draft/present related rule
    - Board sends proposed rule to public Rulemaking Hearing for comment
    - Board reviews comments, decides to approve (“adopt”) or not approve propose rule
• Committee reviews formulary and protocols on a regular basis

➢ Staff created a draft Concept Intake Form and the Committee provided input, with suggested items to add.
  • The Form is divided into three components:
    o Explanation of the public health need
    o Impact on patients and stakeholders in Oregon
    o Summary of the proposed concept

➢ Staff was instructed to make edits to the Concept Intake Form as provided by the Committee. A revised draft will be provided to the Committee at the February meeting.

➢ Once form is finalized, it will be shared with other practitioners.

❖ Executive Director Marc Watt provided the Committee with its first concept for consideration.

➢ Continuation of Medication Therapy
  • This concept was initiated at the request of multiple Oregon Senators and the Secretary of State. There is an expectation that the Committee will support a recommendation and move on this quickly to ensure there isn’t a gap in life-saving medication prescriptions.
  • Staff presented the Committee with research highlighting other state and Canadian province approaches.
  • The Committee decided that controlled drugs should not be prescribed by pharmacists at this time, especially in light of the opioid epidemic.
  • The Committee will discuss this concept further at the February meeting.

GOOD OF THE ORDER

❖ Wrap up and next steps

❖ Future Committee meetings have been scheduled for the following dates, locations to be confirmed:
  ➢ February 16, 2018 - Conference room 1A
  ➢ April 13, 2018
  ➢ July 13, 2018
  ➢ October 26, 2018

Committee Chair, Amy Valdez closed the meeting at the conclusion of the agenda at 4:27PM.