

Meeting Notes

**HB 2879 Advisory Group Brainstorming Session
July 30, 2015, 9-11am
Board of Pharmacy; 800 NE Oregon Street Portland 97232**

ATTENDEES

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| <input type="checkbox"/> Marc Watt, BOP | <input type="checkbox"/> Nicole Krishnaswami, OMB |
| <input type="checkbox"/> Fiona Karbowicz, BOP | <input type="checkbox"/> Sarah Wickenhagen, OSBN |
| <input type="checkbox"/> Gary Miner, BOP | <input type="checkbox"/> Christy Cowgill, OSBN |
| <input type="checkbox"/> Kevin Smith, BOP Intern | <input type="checkbox"/> Crystal Bryan, Fred Meyer |
| <input type="checkbox"/> Emily Elman, OHA | <input type="checkbox"/> Lorinda Anderson, OSU |
| <input type="checkbox"/> Connie Clark, OHA | |

Unable to Attend: Helene Rimberg, OHA; Dr. Carrie Miles, Dr. Peter Palacio

Agenda Item	Desired Outcome
Welcome	<p>Introductions. Marc Watt provided an overview of the process to the committee. An early focus of the group is to decide upon the essential elements of the mandated training/education program, as the other components will intuitively follow from there. We have reached out to the only ACPE CE provider in the state, who has the existing infrastructure (IT, equipment, etc.) to develop the program. Additionally, we envision the development of a protocol with algorithms based on the USMEC and ACOG guidelines for pharmacists to utilize in prescriptive decision-making (product selection and the handling of side effects). This will provide a level of comfort with the process as well as promote consistency among those participating throughout the state. The details for rules will follow directly from these efforts, and, finally, will allow for participating pharmacists to complete the training and pharmacies to develop policies & procedures for implementation at their locations.</p>
Components of HB 2879	<p>The group discussed the bill, as enrolled – HB 2879 – key components include:</p> <ul style="list-style-type: none"> • Pharmacist prescriptive authority • Self-administered oral hormonal contraceptives and patch • BOP to establish rules and standard procedures in consultation with OMB, OSBN, OHA and in consideration of ACOG guidelines. Must include: <ul style="list-style-type: none"> * Training/education program * Based on self-screening risk assessment tool used by patient * Notification/referral to practitioner * RPH shall not require the patient to schedule an appointment and cannot continue to prescribe and dispense without evidence of a clinical visit within 3 years
HB 2879 Committee-Work Planning	<ul style="list-style-type: none"> • Timeline overview • Goal: ‘up and running’ by January 1, 2016 <p>-Training/education components known asap in order to facilitate program’s development.</p> <ul style="list-style-type: none"> • Currently drafted as 5 modules: <ul style="list-style-type: none"> * Family Planning and Birth Control Options * MOA of Hormonal BC * Foundation of Hormonal Contraception * Risks, Counseling Points and the Self-Screening Risk Assessment Tool * Creating a protocol or work-flow when seeing patients <p>-Training/education program completed in time to allow RPH to start training prior to Jan 2016</p> <p>-Rules drafted by mid Q4 in order to allow pharmacies to develop P&P</p> <p>-Communications and outreach will be ongoing</p>

Discussions	<p>Discussions among the group included the following topics:</p> <ul style="list-style-type: none"> • Comprehensive review of the Self-Screening Risk Assessment Tool • Components of the Protocol and decision-making algorithms • Components of the “toolkit” that will be created for participating pharmacists • Components of the rules/protocol to include: <ul style="list-style-type: none"> * Accommodations to ensure confidentiality * When to refer to clinician * Continuing education requirements * Record-keeping and charting • Reimbursement considerations • Partnerships with local county health, family planning and clinics
Good of the Order	<p>Next steps – Review of materials by participants Deliverables and due-dates Preferred method of communication Meetings schedule – A ‘Doodle Poll’ will be sent out. Plan to meet bi-monthly initially.</p>