



Minnesota Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Disciplinary Activity

The Minnesota Board of Pharmacy took the following disciplinary actions concerning **pharmacists** between the dates of December 3, 2009, and March 17, 2010.

Boos, Jodi A. License #114230. Ms Boos petitioned the Board for reinstatement of an unrestricted license. The Board had placed conditions and limitations on her license in June of 2006 after she admitted to diverting controlled substances from her employer for her personal use. The Board granted Ms Boos' petition and issued an order of unconditional license at its January 20, 2010 meeting.

Duffee, Robert I. License #113195. Mr Duffee admitted that he failed to comply with the terms of his Health Professional Services Program (HPSP) participation agreement, which he entered into after self-reporting the diversion of controlled substances from his employer for his personal use. By order adopted at its March 17, 2010 meeting, the Board placed limitations on his license, including:

Licensee must be monitored by video cameras while working in the pharmacy. In the event that the pharmacy has no such cameras, at least one other pharmacist or pharmacy technician must be on duty and present in the pharmacy whenever licensee is on duty.

The Board also ordered him to participate in HPSP and to comply with his participation agreement. The order will remain in effect until Mr Duffee successfully completes the HPSP program.

Folden, James A. License #112789. Mr Folden petitioned the Board for reinstatement of an unrestricted license. The Board had placed conditions and limitations on his license in July of 2008 after he admitted to diverting controlled substances from his employer for his personal use. The Board granted Mr Folden's petition and issued an order of unconditional license at its March 17, 2010 meeting.

Pobuda, Michel L. License #118034. Dr Pobuda admitted that, while she was pharmacist-in-charge of a com-

munity pharmacy, there were unaccounted for shortages of hydrocodone-containing controlled substance products. In addition, she admitted that she sometimes went into the pharmacy office and slept during episodes of migraine headaches, leaving technicians to work in the pharmacy unsupervised. She further admits that on two occasions, while she was on duty, she was observed to have slurred speech, fluttering eye movements, and difficulty standing without supporting herself on the counter. At the Board's March 17, 2010 meeting it adopted an order reprimanding Dr Pobuda. The order also assesses a \$1,000 civil penalty, requires Dr Pobuda to be evaluated by HPSP, and requires her to have her pharmacy supervisors make certain reports to the Board on a regular basis. The order will remain in effect until Dr Pobuda has worked as a pharmacist for 2,000 hours and has completed her participation in HPSP, if she is found eligible for participation in that program.

Raths, Kathryn A. License #114856. Ms Raths petitioned the Board for reinstatement of an unrestricted license. The Board had placed conditions and limitations on her license in April of 2007 after she admitted to diverting controlled substances from her employer for her personal use. The Board granted Ms Rath's petition and issued an order of unconditional license at its March 17, 2010 meeting.

The Board took the following disciplinary actions concerning **applicants for pharmacist licensure by reciprocity** between the dates of December 3, 2009, and March 17, 2010.

Vesel, Katy A. Pharmacist license pending. Dr Vesel admitted that she practiced pharmacy in the state of Minnesota prior to approval of her application for licensure by reciprocity. She did so by providing remote clinical consultations for patients located in Minnesota while she herself was physically located at a facility in North Dakota. At its March 17, 2010 meeting, the Board adopted an order reprimanding her and assessing a \$500 civil penalty.

The Board took the following disciplinary actions concerning **technicians** between the dates of December 3, 2009, and March 17, 2010.

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NABP

Celebrating
30 Years of
Pharmacy
News

30

1980-2010



National Pharmacy

(Applicability of the contents of articles in the National Pharmacy Compendium and can only be ascertained by examining the original article.)

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](http://www.nabp.net/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.

Boerboom, Dorothy E. Registration #701803. Ms Boerboom petitioned the Board for reinstatement of an unrestricted registration. The Board had placed conditions and limitations on her registration in September of 2006 after she admitted to diverting controlled substances from her employer for her personal use. The Board granted Ms Boerboom's petition and issued an order of unconditional registration at its March 17, 2010 meeting.

The Board took the following disciplinary actions concerning **drug wholesalers** between the dates of December 3, 2009, and March 17, 2010.

Pharmaceutical Returns. License #360856. Proprietor Andrew Goetz signed an order of revocation on behalf of this drug wholesaler, which was operating as a reverse distributor. By signing the order, Mr Goetz admitted that he sold controlled substances to undercover police informants, instead of destroying them as his company was supposed to do. The Board adopted the order and revoked the license of Pharmaceutical Returns at its March 17, 2010 meeting.

Board of Pharmacy Elects New Officers

At its meeting on January 20, 2010, the Board of Pharmacy elected pharmacist Karen Bergrud, of Stewartville, MN, as board president for calendar year 2010. Pharmacist member Stacey Jassey, of Maple Grove, MN, was elected as vice president.

Ms Bergrud has over 30 years of experience in the pharmacy field. She is the assistant director of pharmacy operations at Mayo Clinic in Rochester. In addition to her duties at Mayo, she is responsible for the operations of the central and satellite pharmacies at Saint Mary's and Rochester Methodist hospitals. Ms Bergrud received her bachelor of science degree in pharmacy from the University of Minnesota. She is a member of the Minnesota Society of Health-System Pharmacists. Ms Bergrud was appointed in 2007 by Governor Tim Pawlenty.

Dr Jassey has over 22 years of experience in the pharmacy profession. She is a community clinical pharmacist for Walgreens where she also serves as one of the nationwide interpreters for Spanish speaking Walgreens patients. She is an assistant professor at the University of Minnesota College of Pharmacy. She received her bachelor of science and her doctor of pharmacy degrees from the University of Minnesota College of Pharmacy. She was appointed in 2008 by Governor Tim Pawlenty.

Cody Wiberg was elected to serve as Board secretary (executive director) for an additional year. In addition to electing officers, the Board designated Candice Fleming to be associate director for compliance and Pat Eggers to be assistant director for administrative affairs.

Pharmacist Interns and Preceptors

Approximately 150 pharmacy students will become eligible to work as pharmacy interns this summer. Many of these students will be seeking employment in order to obtain their required internship hours. Minnesota phar-

macists who will be hiring pharmacy students as pharmacist interns over the summer **must be sure that students are registered** with the Board of Pharmacy as interns and that the pharmacists under whose supervision the interns will be working are properly registered with the Board as pharmacist preceptors. Failure of students to properly register as interns or failure of pharmacists to properly register as preceptors will result in loss of intern hours for the student and the potential for disciplinary action involving the pharmacist.

Every year individuals are found to be working in Minnesota as interns based on intern registration in another state. Registration as an intern in another state does **not** allow a pharmacy student to work as an intern in Minnesota. A student of a college of pharmacy located in another state, who is employed in a Minnesota pharmacy as an intern, must be registered as an intern in Minnesota.

At its June 2009 meeting, the Board went on record as clarifying the interpretation of existing rules to mean that there is a 1:1 intern:preceptor ratio so that a preceptor may not have more than one assigned intern at any one time without requesting a variance from the Board. However, since the Board is in the process of adopting a rule change that would modify the ratio to 2:1, the Board also directed staff to automatically approve variance requests that ask for permission to use a 2:1 ratio.

In Memoriam: Former Board Member John 'Jack' Quistgard

John Edward "Jack" Quistgard died on February 13, 2010, in Bemidji, MN. Mr Quistgard received his degree in pharmacy from North Dakota State University in 1941. Upon graduation, he worked at his father's pharmacy in Warren, MN. He practiced pharmacy for over 25 years, owning stores in several northern Minnesota communities. Mr Quistgard served as president of the Minnesota Pharmacists Association and was the first recipient, in 1969, of the Harold T. Popp Memorial Award for outstanding service to the profession of pharmacy. He was a member of the Minnesota Board of Pharmacy between 1963 and 1973 and was elected president. He also served a term as president of the National Association of Boards of Pharmacy®. The Board recognizes and honors Mr Quistgard's many contributions to the public and to the profession and offers its condolences to his family and friends.