

STATE OF MARYLAND

Department of Health and Mental Hygiene

BOARD OF PHARMACY



FISCAL YEAR 2015 ANNUAL REPORT

July 1, 2014

through

June 30, 2015

Vision:

Setting a standard for pharmaceutical service which ensures safety and quality healthcare for the citizens of Maryland.

Mission:

To protect Maryland consumers and to promote quality health care in the field of pharmacy, through licensing pharmacists, registering pharmacy technicians and issuing permits to pharmacies and distributors; setting standards for the practice of pharmacy through regulations and legislation; receiving and resolving complaints; and educating consumers.

FY 2015 BOARD COMMISSIONERS

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Home Infusion Representative

Secretary

David Jones

Long Term Care Representative

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Chain Drug Store Representative

Daniel Ashby

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Efstratios (Steve) Bouyoukas

Chain Drug Store Representative

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BOARD COUNSEL

Linda Bethman, AAG

Brett Felter, Staff Attorney

Fiscal Year (FY) 2015 BOARD STAFF 410-764-4755	
EXECUTIVE	
LaVerne Naesea , Executive Director Anasha Page , Executive Assistant	Board Operations, Board Members and Board Minutes
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Patricia Gaither , Administration & Public Support Manager Janet Seeds , Public Information Officer Rhonda Goodman , APS Assistant Lawrence Tate , Secretary/Receptionist Doris James , Data Integrity Supervisor Daisha Lyell , Data Integrity Specialist Achia Brockington , Data Integrity Specialist	Fiscal, Budget, Procurement, Travel, Personnel and Public Information
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Anna Jeffers , Legislation and Regulations Manager	Legislation and Regulations and Pharmacy Practice Committee
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LICENSING	
Latoya Waddell , Licensing Manager Doris James , Licensing Specialist Keisha Wise , Licensing Specialist Courtney Jackson , Licensing Specialist Vacant , Licensing Secretary	Licensing, Permits, and Registration, Reciprocity, and Scores
MANAGEMENT INFORMATION SERVICES	
John Johnson , MIS Manager Jacqueline Green , Database Officer John Bozek , Computer Specialist	Computer, Database and Website and On-line Renewals

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MESSAGE FROM THE EXECUTIVE DIRECTOR

La Verne G. Naesca

There's a Change a Comin'!

Shortly after my February 2000 appointment as the Executive Director, the *then* Board and staff members engaged in a retreat to develop a strategic plan. Six goals statements were established and have guided the Board's actions since that time. Despite the Board's subsequent expansion in responsibility and size, the original retreat goals still direct Board actions. I will retire this December, and wish to summarize a few ways that Board Commissioners have realized those goals over the past fifteen years.

Communication: *The Maryland Board of Pharmacy will utilize various means of communication to maximize the efficiency and effectiveness of Board activities.*

The expanded popularity of web posting, e-mails and other new modes of communication made it easier to maximize Board communications. Eventually, new applications and renewal reminders will be processed and sent on-line. The Board initiated quarterly newsletters and began publishing and updating biennially, a comprehensive, non-editorialized law book provided at no charge to all new pharmacists and Maryland pharmacies. Board members initiated live continuing education sessions and encourages licensees' to learn about Board activities and actions by offering up to four (4) live CE credits for attending two Public Board meetings biennially. The Board is also considering live streaming of Board sessions in the future.

Compliance: *An efficient, fair and consistent compliant process that enhances the quality of care provided through licensed health care professionals and the regulated industry.*

The Board developed and published sanctioning guidelines to assure the rendering of fair and consistent disciplinary decisions. Additionally, an increase in investigator staff and the Board assumption of responsibility to perform annual inspections of Maryland pharmacies and biennial inspections of wholesale distributors, has contributed to more efficient complaint reviews and resolutions. Soon all establishments may renew applications on-line. Direct on-going monitoring by the Board staff has also served to enhance public protection. Technology currently under Board review may further enhance the inspection process by allowing inspectors to remotely access information from its databases.

Public Awareness: *The Public is informed about the availability of pharmaceutical services and how appropriate medication use can enhance the quality of care and safety.*

As a result of the creation of Public Relations and Emergency Preparedness committees, the Board engages in several public safety campaigns, as well as routine drills to test systems developed to protect Maryland citizens during emergencies. The work of the Emergency Preparedness Committee has greatly contributed to its umbrella agency, the Department of Health and Mental Hygiene consistently receiving the highest rating for emergency preparedness in the country. Also, outreach to consumers and licensees at exhibitions at state and local events and pharmacy associations' meetings are now on-going.

Addressing Change: *Statutes and regulations that govern the practice of pharmacy, as well as the policies of the Board, reflect current standards of practice. Pharmacists and permit holders have access to timely and relevant information and guidance that helps improve their practice, safely utilize new technology and remain current with the regulatory policies of the Board.*

Close to thirty legislative proposals and several more implementing regulations have been passed and promulgated over the past 15 years to keep pace with practice and patient trends. Key patient protection successes have included the expansion of laws governing the oversight of wholesale distributors, non-resident pharmacists and pharmacies, pharmacy technicians, pharmacy student interns, foreign graduates and dispensing practitioners; ensuring safe pharmacy practices by entities that perform sterile compounding; protecting Maryland's most vulnerable pharmacy patients in long term care facilities; assuming direct Board inspections of pharmacies and wholesale distributor establishments; enacting and enforcing patient safety and quality assurance requirements at pharmacies; and expanding pharmacists' scope of practice to include engagement in administration of vaccines, collaborative drug therapy and a variety of other new practice venues.

Political Relationship: *Strong partnerships with stakeholders (to include governmental officials, consumer groups and the regulated pharmacy industry) who are educated and informed about pharmacy related issues that affect health care quality, and the safety and welfare of the citizens of Maryland.*

The Board's relationships with political stakeholders are very strong thanks to its efforts to communicate initiatives both informally and formally. An important driver of the Board's success in meeting this goal has been Anna Jeffers, the Board's Regulations/Legislation Manager. Board Commissioners, staff members and I have had the good fortune of working with Anna to communicate, support, and implement key statutory and regulatory initiatives for nearly 11 years. Anna's law degree, legislative and regulatory expertise, superior organization skills and amicable, yet professional demeanor contributed greatly in strengthening Maryland's pharmacy and patient safety laws. She has guided the passage of successful legislation and regulations, staffed numerous Board and legislature appointed workgroups, and responded to consumers, practitioners, politicians, and the media with ease and commitment. Anna also plans to retire in the first quarter of 2016. She has however set a model standard and foundation for building strong political relationships that will help carry the Board's success in the future.

Staffing: *The Maryland Board of Pharmacy currently has well qualified human resources that can accomplish the Board's mission.*

Over the past fifteen years, staff membership at the Board increased from seven to 28 and monitored licensees grew from less than 10,000 to close to 30,000. During the same period, new staff categories such as investigators; inspectors; public information officer; health care coordinator; database, customer service and data integrity specialists; and most recently a lab scientist and deputy director have been recruited; and approved appropriations grew from less than \$1,000,000 to over \$4,000,000.. Board offices have moved from the third floor to the first floor to its current location on the fifth floor to accommodate growth.

In spite of the many Board accomplishments during my tenure, increased regulatory mandates and related tasks have profoundly and visibly strained the Board's efforts to meet its mission of protecting Maryland patients. Board data has been transferred from a simple Access software database to a SQL-based system. Nonetheless, successes in this and other areas mentioned have not been sufficient to fully support the Board's operational

infrastructure. The Board still struggles in securing the “right” MIS system to meet operational requirements and has not yet acquired staff sufficient to carry out necessary tasks.

Managing Board operations made it impossible for me to consider retiring in good conscience -- until now. But I tell you there’s a change a comin’! The Board’s operations reengineering project began June 2015. This project helped open the door to my retirement. It involves the use of *Lean Six Sigma* methods to map the Board’s business flow by analyzing the current people, policies and technologies used to support the Board’s operations, and incrementally implement actions to eliminate resource waste (personnel, time, money, etc.), revise and update Board policies and procedures, and restructure the way business is done at the Board of Pharmacy. The ultimate goals are to develop bid specifications for a new MIS system that reflects the many current and future processes required for the Board to receive and route information, incorporate modern digital and social media technologies to interface with other MIS systems (e.g., CPE Monitor, NABP testing, other state systems and perhaps even state and federal criminal background check systems), identify and acquire the necessary staff and other resources required to successfully support the Board’s current and future operational needs.

The Board also appointed its first Deputy Director of Operations, Stephanie Ennels in October. Working under direction of the Board and my impending successor, Deputy Ennels will manage the Board’s personnel, automation, and fiscal units and strengthen its operational infrastructure. She will also provide general staff guidance. Possessing over 25 years past experiences as the Director of Budget and Finance at the University of Maryland at Baltimore; the Budget Director and Fiscal Officer with the Baltimore County Public School System; and the Budget Analyst with the MD Department of Budget and Management, Stephanie is more than able to support new Board initiatives.

Change is good and the Board is prime for the above described changes that promise to support essential operational requirements. The recent retirement of former Administration Unit Manager Patricia Gaither and pending retirements of Anna Jeffers and me will occur before the reengineering project is complete. Nonetheless, I am confident that the Board’s operational structure will become more robust, more efficient and possibly a model for Maryland’s other health occupation boards and pharmacy boards throughout the country.

Working for the Board has been a highlight of my 33 years of State service. It has also been an opportunity of a lifetime to contribute in a small part to the Board’s 113 year legacy. There are so many with whom I worked that I must thank for their unwavering commitment, leadership and hard work in continuously pursuing successes in meeting Board goals. They include: current and former Board Commissioners; former Board presidents Stanton Ades, John Balch, Mark Levi, Donald Taylor, Michael Souranis, Lenna Israbian-Jamgochian and last but not least current President Mitra Gavvani; current and former Assistant Attorneys General Linda Bethman, Paul Ballard and Brett Felter; loyal Board staff members and Unit managers; Maryland’s licensed pharmacy practitioners; State officials and agencies; and my state and national peers who lead and have led other health occupation boards. Maryland’s patients have benefited from our collective efforts and continue to be receive safe, quality prescription drugs and pharmaceutical services. They remain in good hands under the Board of Pharmacy’s watch and may look forward optimistically to greater protection as a result of the changes that are “a comin’” very, very soon!!

ADMINISTRATION AND PUBLIC SUPPORT UNIT REPORT

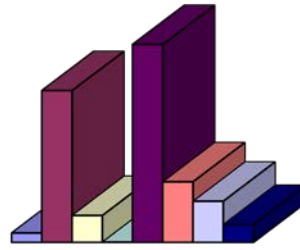
Overview

The Administration and Public Support Unit (APS) of the Maryland Board of Pharmacy (Board) consists of four professional staff persons, a Manager, a Public Information Officer, an Assistant to the Manager and a Secretary/Receptionist. The Unit is responsible for managing four key administrative functions at the Board, which include: fiscal, personnel, procurement, and public information and educational activities. APS also makes recommendations regarding the Board's annual budget and audit functions. The Board derives its revenue through payments for licenses, permits and other applicable fees. Expenditures are made based on submission of an annual budget request that must be approved by the Secretary of the Department of Health and Mental Hygiene, the Governor's office and subsequently by the State Legislature. Funding to support new program areas, personnel, purchases and/or purchases contract procurements are routinely included in the Board's budget request.

The unit's fiscal functions include collection of fees and revenue and budget reconciliation activities. Also, the APS unit is responsible for processing contractual agreements; procuring equipment and supplies; paying invoices and travel requests; processing expense reports and vehicle mileage reports; and inventorying and archiving documents for the Board. Administration activities include reviewing proposed legislation and preparing fiscal notes. All approved training requests for Board employees are processed by the unit, including: communicating personnel policies, preparing personnel documents, retaining confidential personnel records, processing personnel timesheets and training development. Public Information activities conducted through the APS Unit include the provision of information and education about the Board to the public and pharmacist community.

Board Revenue

The below chart reflects changes in the renewal periods for pharmacy and distributor establishments during the previous legislative session. Effective FY 2013, pharmacy and wholesale distributor establishment applications expire biennially on the last day of May. Pharmacies permits expired in fiscal year 2014 and wholesale distributors expired in FY 15.



FY 2015 Revenue Detail

Pharmacists Examination	\$ 61,800
Pharmacist Renewals	\$1,224,873
Pharmacists Reciprocity	\$ 135,000
Pharmacists Reinstatements	-
Pharmacy New/Renewals	\$ 248,500
Distributor New/Reinstatements	\$1,064,000
Pharmacy Technicians New/Renewal/Reinstatements	\$ 187,470
Other Fees	-
TOTAL REVENUE COLLECTIONS CREDITED TO THE BOARD OF PHARMACY FY 2014	\$2,921,643.00

Public Information

Public Information staff in the unit coordinated responses to all requests made to the Board under the Public Information Act (PIA). The PIA defined what information may be released to the public upon request. Unit staff was assigned to assure that information released does not violate state and federal confidentiality rules.

Two other important public information responsibilities in the APS Unit included monitoring and coordinating responses to pharmacy-related news media and planning. Unit personnel were assigned to staff the Emergency Preparedness and Public Relations Committees, as well as coordinate Board training and public relation events around the state. These functions were necessary to encourage patient safety, to keep the communities informed

of how the Board works to protect Maryland's consumers, and to ensure continuous communications between the Board, its licensees, other governmental agencies, and the public.

FY 2015 Summary of Public Relations Activities

Exhibit at ASCAP Convention, Gettysburg, PA, August 2014

Exhibit at MPhA Convention, Ocean City, MD, - June 2015

FY 2015 Summary of Pharmacist Training & Education

Continuing Education Breakfast, Maritime Institute, Linthicum, MD, October 2014

FY 2015 Summary of Emergency Preparedness Activities

- Participated monthly in the State SNS Partners meeting.
- Worked with DHMH on the RSS operations.
- Worked in coordination with DHMH and other State agencies in preparing state emergency management plans, that included pharmacists as active participants in protecting the citizens of Maryland during emergency situations.

Training Related Travel

During FY 2015 the Board Staff participated in various trainings. Key training courses taken by staff members addressed supervisory management, use of MIS various software applications, and sterile compounding inspection techniques. National and District Conferences training from NABP, National Citizens Advocacy Center training, and regulatory (FARB) training.

Next Year at a Glance

The many new responsibilities undertaken by the Board in recent years have contributed the need for the Board to begin reorganization planning. In addition to its current personnel the Board anticipates requiring additional funding to support the reorganization initiative as well as to fully implement the new sterile compounding mandate. The plan is to attend more professional and community events across the State to enhance the mission of the Maryland Board of Pharmacy.

LICENSING UNIT REPORT

Overview

The Licensing Unit is responsible for all activities related to the issuance of new, renewal, and reinstatement of licenses, registrations, and permits to qualify pharmacists, pharmacy technicians, pharmacy students, pharmacies and pharmaceutical distributors that operate in Maryland. The Unit also processes applications for the prescription Drug Repository Program, Technician Training Programs, and Pharmacist Vaccine Certifications for those pharmacists who wish to administer Influenza, Herpes Zoster, and Pneumococcal Pneumonia, and other vaccines.

The Unit staff consists of a manager, three (3) licensing specialists, and a secretary. They perform the following functions:

- receive and enter applications
- process, analyze, and review applications
- contact applicants for any missing information
- refer certain applications to the Licensing Committee for further review
- approve and issue licensure/registration/permit

The Licensing Committee is responsible for reviewing all applications submitted that may not meet licensure requirements or that indicate an applicant/licensee has had problems with their licenses/permits/registrations in other states. This Committee also reviews request from licensees to waive fees or fines due to special circumstances. Another important responsibility of the committee is the review and development of licensure requirements and/or applications resulting from the promulgation of new laws or changes to the existing law.

In preparation for the move to the 5th floor, the Licensing staff were tasked with preparing licensing file documents for scanning. In addition, the Unit experienced several personnel concerns that affected certain operations, as detailed below. Specifically, the Board lost one of the three(3) licensing specialist around December of 2014 and after the Board office relocated to the 5th floor, around the end of February 2016, the entire licensing unit was comprised of only two (2) staff members. Fiscal year 2015 is the renewal period for wholesale distributors and this coupled with the drastic decrease in staff members, made it extremely difficult to ensure that all types (including the usual, regular renewal as well as all new application for all the different licensing types including but not limited to graduating pharmacists) of applications were processed on time. The two licensing staff members worked diligently and tirelessly to process through all applications received by the Board.

Licensing Processing Statistics

The Licensing Unit processed applications along with other required documents for a total of 24,943 licensees during FY2015 which is a 5.3% increase compared to last fiscal year. This includes processing of pharmacist, pharmacies, wholesale distributor, and pharmacy technician applications.

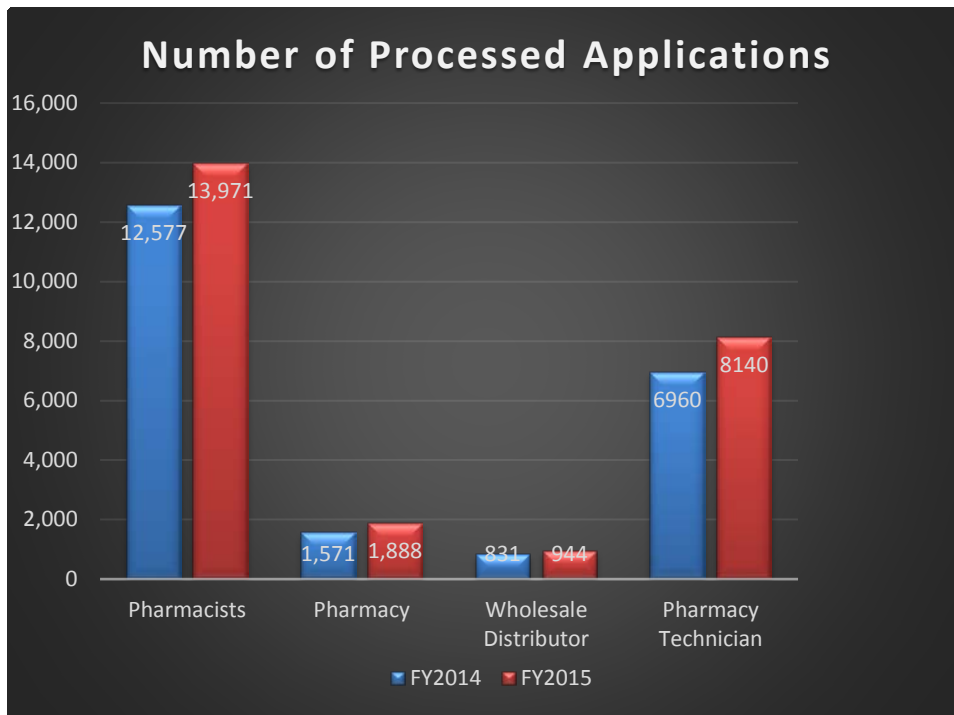
The Board processed 13,971 pharmacist applications including Vaccine Certifications, resulting in a 10% increase compared to FY2014.

Pharmacies in Maryland increased by 317 applications, thus bringing the total number processed to 1888 pharmacy permits. This increase could be attributed to change of ownership as well as non-resident pharmacy applications.

FY2015 is the year for wholesale distributor renewal and therefore the Board renewed a total of 479 permits as compared to only 75 renewals in FY2014. In addition to renewal applications, the Board also received and issued 130 new wholesale distributor permits, bringing a total of 944 wholesale distributor applications.

Compared to FY14, the Board processed more technician renewal applications than new applications. Despite this, there is an increase by 14.5% in total number of technician application processed in FY2015 bringing a total of 8140.

Figure 1 Applications Processed from July 1, 2014-June 30, 2015



Next Year at a Glance

For Fiscal Year 2016, the Licensing Unit plans to:

- acquire additional staff members as well as finding a licensing manager and cross train staff members;
- reduce the application processing time;
- update applications.

COMPLIANCE UNIT REPORT

Overview

The Compliance Unit protects the public health of Maryland's citizens by ensuring compliance with state laws and regulations regarding the practice of pharmacy. Unit staff consists of a pharmacy compliance officer, two (2) half-time pharmacist inspector supervisors, four (4) compliance inspectors, a compliance coordinator, three (3) compliance investigator, and a unit secretary. They perform the following functions:

- receive, investigate, and respond to questions and complaints
- monitor licensees and permit holders who are under order by the Board
- report disciplinary action to national databases
- inspect pharmacies and wholesale distributors

The Unit experienced several personnel concerns and computer software issues that affected certain operations, as detailed below. Specifically, the Board was without a part time inspector supervisor until the last quarter of FY 2015, a newly hired compliance inspector joined the Board around August 2014, the loss of two investigators around June 2014 and January 2015, training of a newly hired investigator around November 2014, the loss of the Compliance Coordinator around November 2014, and extended medical leave taken by a number of compliance staff. In preparation for the move to the 5th floor, the Board compliance staff was tasked with preparing case file documents for scanning.

Inspectors attended additional training on Sterile Compounding Training offered by Critical Boot Camp in anticipation of the new Sterile Compounding Bill.

Complaints

The Compliance Unit receives complaints from a variety of sources and is charged with addressing each complaint. Individuals may obtain a complaint form by mail or from the Board of Pharmacy website at www.dhmf.maryland.gov/pharmacy and submit the completed form via fax, mail, email, or in person. All information related to each complaint is investigated and the results presented to the Board's Disciplinary Committee for review and recommended action for follow-up by Compliance Unit staff and/or to the full Board for further review and vote. If the nature of the complaint is outside the Board's purview, then it is referred to the appropriate authority.

Figure 1 below, provides the number of complaints received in the past six fiscal years. Compared to previous years, FY2015 has received 312 complaints. Complaints received by the Board may include, but is not limited to, an actual complaint made by the public, referrals from other state or federal agencies, or deficiencies found during inspections.

Figure 1

Complaints Processed from July 1, 2014-June 30, 2015

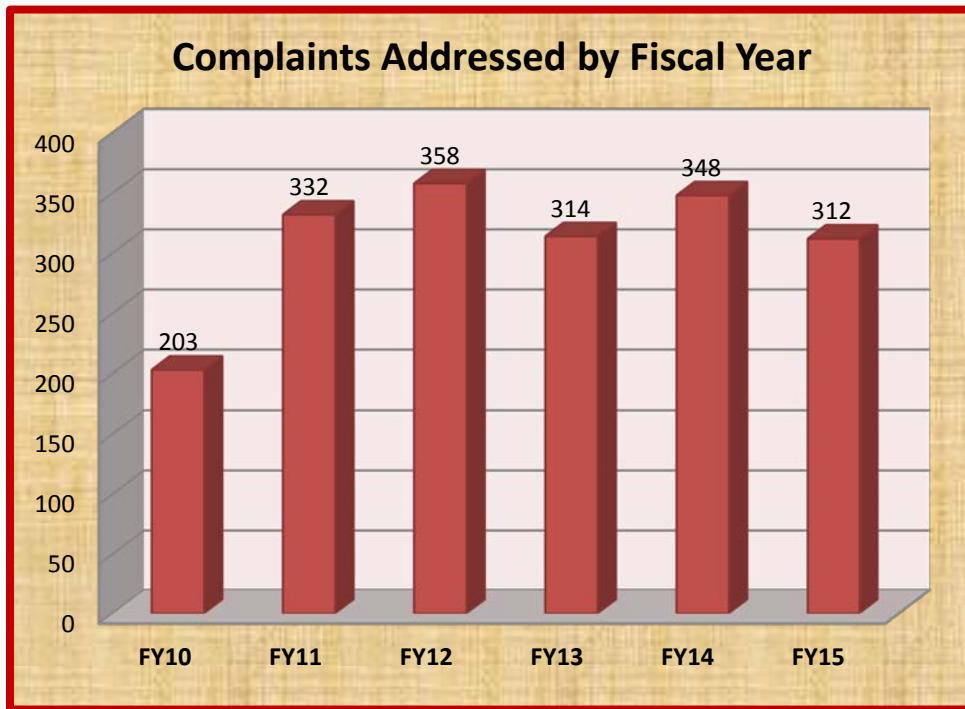


Figure 2

Complaints against Licensees, Registrants, and Permit Holders

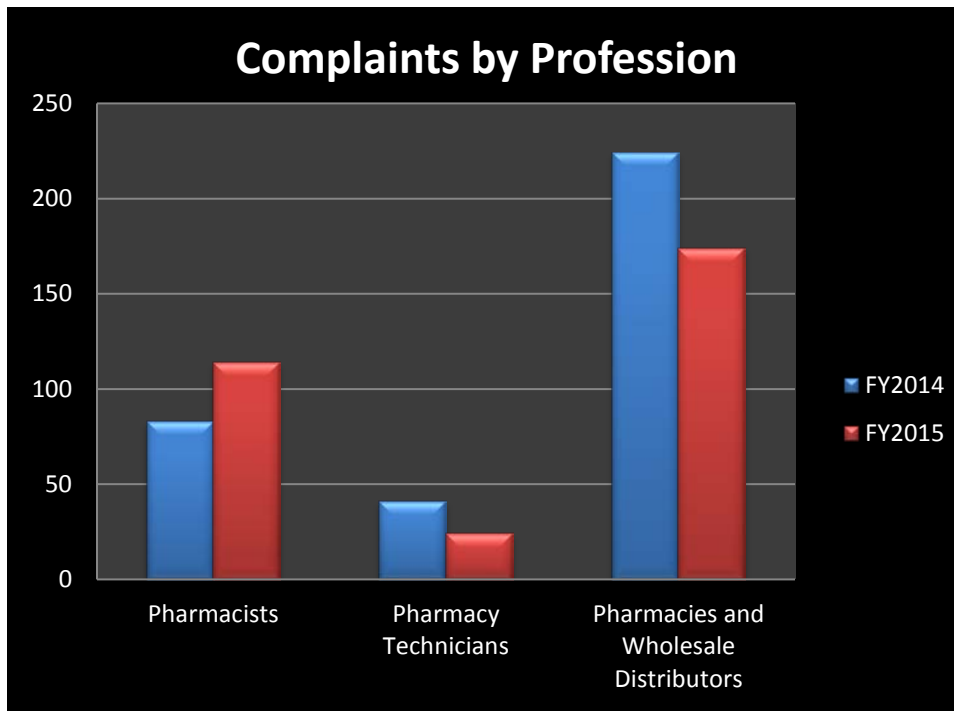
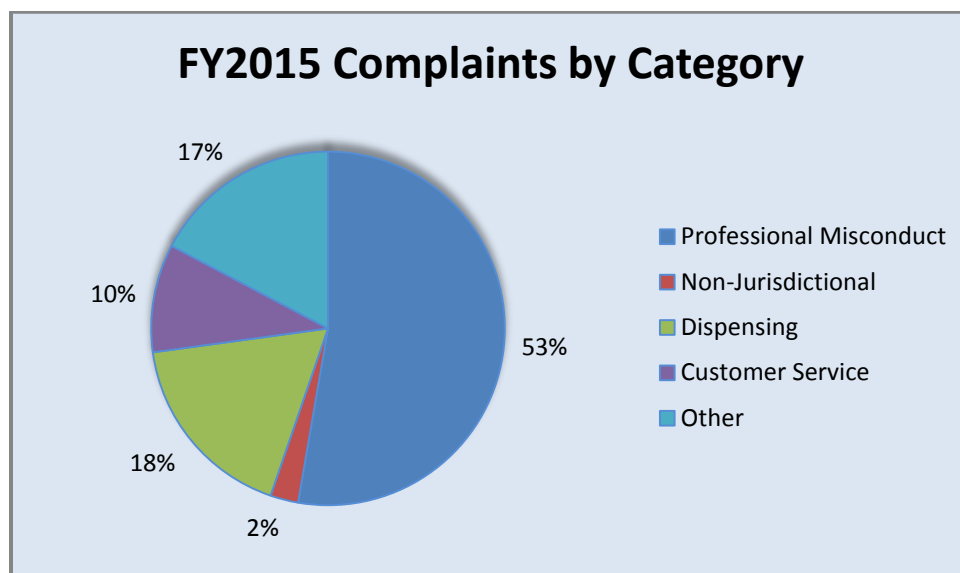


Figure 2 reveals that for FY 2015, the greatest number of complaints is still attributed to the establishments followed very closely by complaints against pharmacists. There seems to be a decrease in the number of complaints received against pharmacy technicians compared to last fiscal year.

Figure 3 Types of Complaints from July 1, 2014-June 30, 2015



The types of complaints received are broadly categorized (see Figure 3). The majority relates to professional misconduct. Violations from annual inspections, unlicensed personnel engaged in the practice of pharmacy, unauthorized dispensing, theft or loss of drugs, employee pilferage, and sexual harassment are among a few examples of professional misconduct. This fiscal year, the number of professional misconduct is comparable to last year's as it relates mostly to establishments resulting from deficiencies found during annual inspections as well as self-reports or reports from sister agencies notifying the Board of establishments' acquisitions or sales of prescription drugs without being duly licensed by this Board.

Disciplinary Cases

All complaints are investigated by Board staff members. For the current fiscal year, the Board has taken formal or informal actions on 312 complaint cases including the opened complaints that were carried over from the previous fiscal year. Examples of informal actions include letters of education, letters of admonishment, and letters of agreement, deficiency letters, and consent order issued to certain technicians to submit to a criminal background check upon their first renewal. Examples of formal actions include a license or permit being placed on probation, suspension, revocation, as well as fines issued. Approximately 56% of the complaints remained open, pending more investigation. This is due to the back log from the previous fiscal year, insufficient investigators, as well as the unforeseen extended medical leave taken by many compliance staff. Figure 4 shows the number of formal and informal actions taken for Fiscal Year 2015, compared to the previous 5 years.

Figure 4 Disciplinary Actions-Fiscal Year Comparison

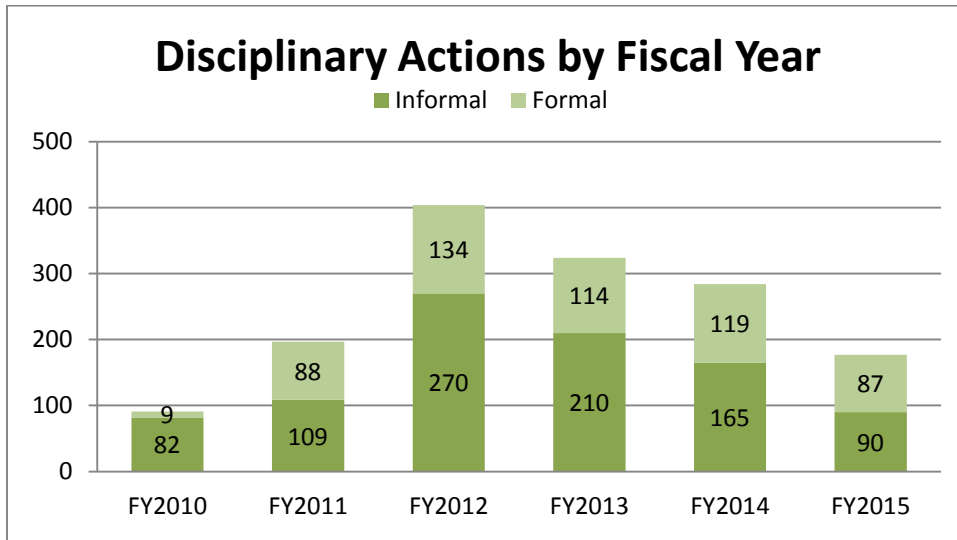
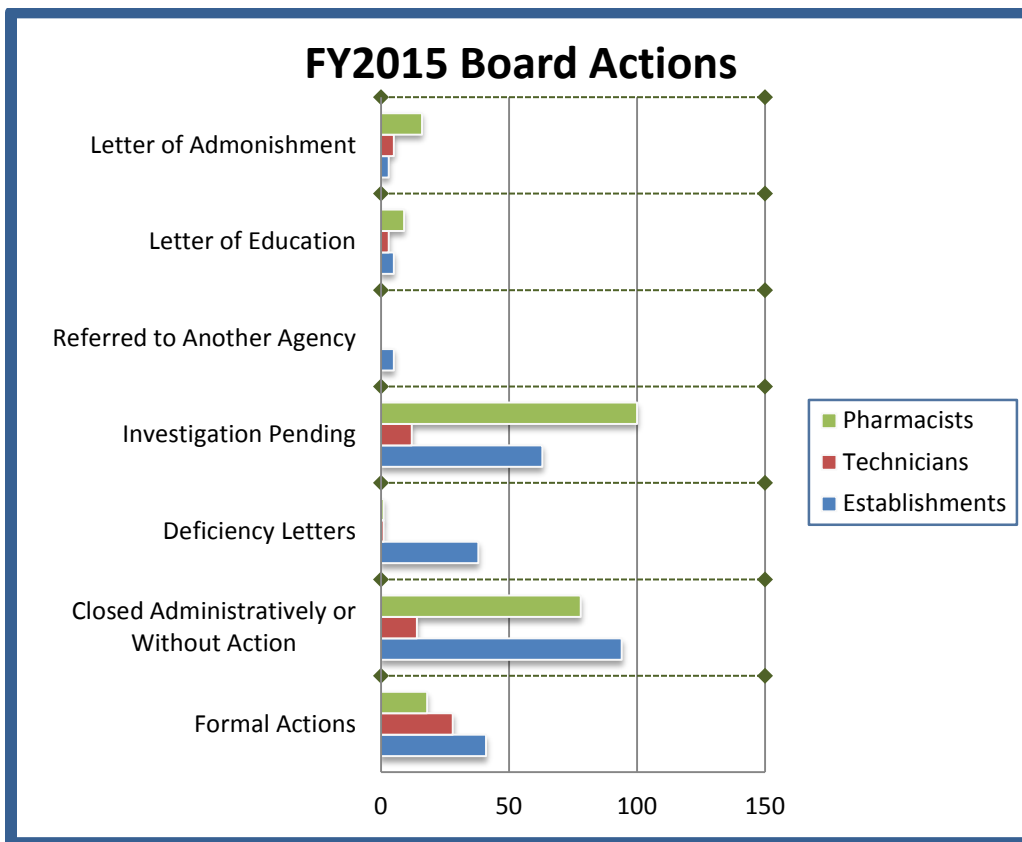


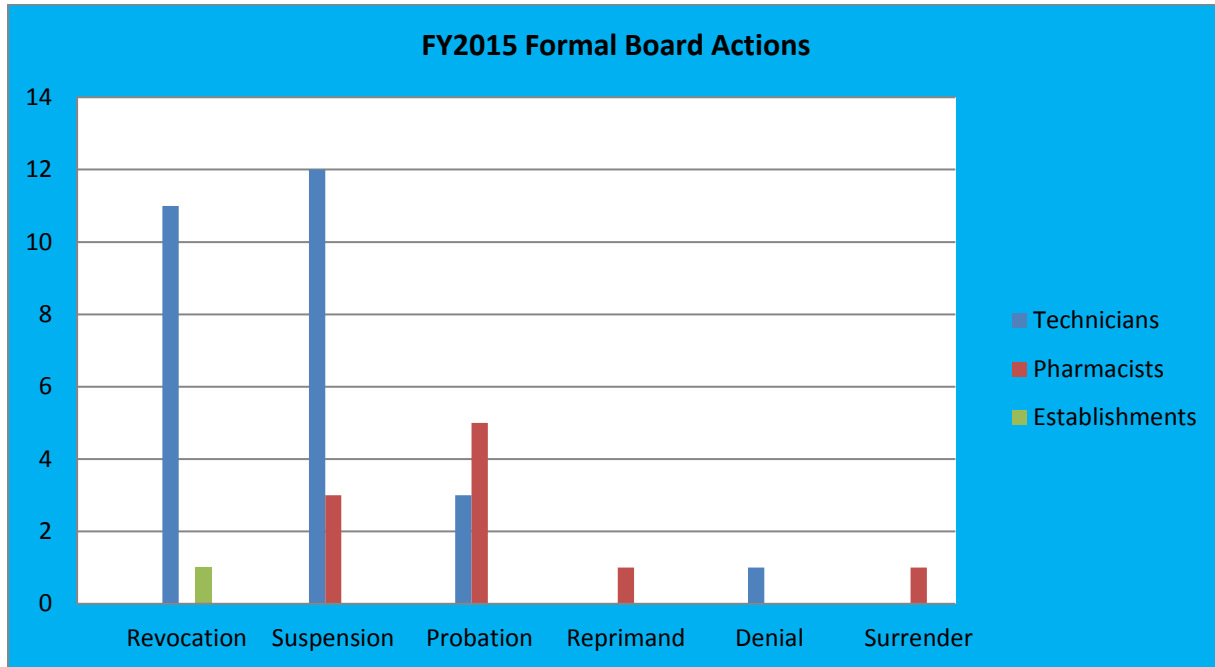
Figure 5 represents a categorical description of the various types of formal and informal actions taken against pharmacists, pharmacy technicians, and establishments in the most recent fiscal year.

Figure 5 Board Action taken from July 1, 2014-June 30, 2015



If disciplined under a public order, the licensee, registrant, or permit holder's information is reported to the National Practitioner Data Bank and/or the Healthcare Integrity and Protection Data Bank. Figure 6 below, reflects the formal actions taken against pharmacists and pharmacy technicians in Fiscal Year 2015. Some formal actions against licensees or permit holders included fines which are excluded from figure 6. All formal actions, including some of the fines issued are published in the Board of Pharmacy newsletter along with name of the licensee, permit holder, or applicant.

Figure 6 Formal Board Actions Taken from July 1, 2014-June 30, 2015



Inspections

The compliance unit continues to work closely with the Division of Drug control (DDC) in performing inspections. The Board of Pharmacy conducts opening, some closing, relocation, change of ownership, and annual inspections of instate pharmacies, while DDC performs most closing inspections on behalf of the Board and the Department. The Board has a goal of inspecting all in-state pharmacies annually. The chart in Figure 7 reflects the total number of annual, opening inspections, miscellaneous inspections (relocation, change of ownership, investigative inspections), and distributor inspections performed in Fiscal Year 2015. Despite set back from not being fully staffed and the training a full time pharmacy technician inspector and a part-time pharmacist inspector, the Board completed 84.4% of annual inspections for all the 1305 facilities permitted in Maryland.

This year, the Board had a markedly increased number of Miscellaneous Inspections compared to last year. This is due change of ownership inspections performed for the changes of ownership for some chain pharmacies.

Figure 7

Annual Inspections	1101
Opening Inspection	51
Miscellaneous Inspection	211
Distributors	117
Total Inspections	1480

Fiscal Year 2015 is the year that the Board performed its wholesale distributor inspections in addition to its regular annual inspections for pharmacies. Despite staff shortage and training of newly recruited inspectors, the Board was able to perform inspection of all in state wholesale distributors.

As the Board continues to find software to accommodate and incorporate the mobile inspection component into its current software system, inspections continue to be manually scanned into the data base with the help of an administrative specialist.

Practitioner, Substance Abuse and Compliance Monitoring

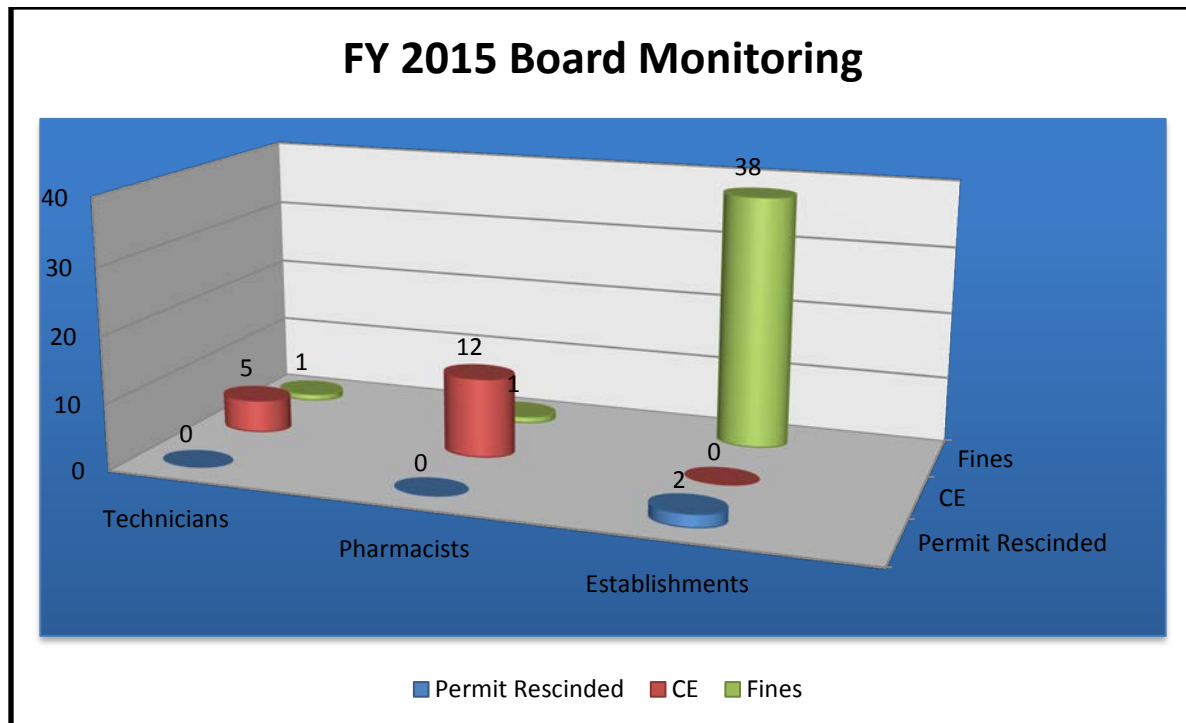
Chemical dependence among health care professionals has been observed over the years to be at least as prevalent as with the plague in society. In addressing disciplinary actions, the Maryland Board of Pharmacy may opt to mandate substance abuse treatment. If treatment is so ordered, Compliance Unit staff is assigned to monitor the mandated licensees to ensure compliance with the terms of their orders. Public Orders may require routine reports to be submitted from the various programs that provide services to the monitored licensee. Services directly monitored may include, but are not limited to, referrals for:

- random drug testing
- substance abuse treatment or psychotherapy
- participation in local NA/AA programs
- psychiatric evaluations
- employer reports
- continued education (CE) requirements
- any exams or courses as deemed necessary by the Board

Once disciplined, the licensee's information is reported to the National Practitioner Data Bank and/or the Healthcare Integrity and Protection Data Bank. Not only does the Board monitor pharmacist, but it also monitors registered pharmacy technicians who are issued public orders for actions involving substance abuse. In Fiscal Year 2015, the Board monitored 12 pharmacists and 1 pharmacy technician who were under Orders that involved substance abuse.

In addition to consent order, the Board monitors pharmacists, pharmacy technicians, and establishments for compliance from the formal and informal disciplines sanctioned by the Board to include consent fines, CE requirements through Letter of Admonishment or Education, and rescission of permits/licenses. This year, the Board rescinded the permit for two pharmacies for which permit were issues as the pharmacies were not opened and operational within 60 days of the issuance of the permit. Figure 8 below, depicts FY2015's Board monitoring.

Figure 8 Board Monitoring from July 1, 2015-June 30, 2016



The Maryland Board also contracts with the Pharmacist Education and Advocacy Counsel (PEAC), a pharmacist rehabilitation committee, to provide assessments, treatment referrals, and monitoring of pharmacists and pharmacy technicians that anonymously and voluntarily request substance abuse assistance. Although individual assistance provided by PEAC is confidential, monthly aggregate reports are submitted to the Board. Each client served by PEAC is required to sign a contract indicating that he or she understands that the Board of Pharmacy will be notified if the terms of their contracts are violated. In Fiscal Year 2015, PEAC monitored a combined total of 18 clients: 17 pharmacists and 1 pharmacy technician.

As part of the requirements, PEAC made presentations about the Pharmacists Rehabilitation Committee as described in HO § 12-317, the Duty-To-Report requirement described in COMAR 10.34.10.05, and its role and its monitoring program to receive confidential assistance and as a public safety state service at the following Pharmacy Schools in Maryland:

- UMB
- UMES
- Notre Dame

PEAC was present at the MPhA annual meeting exposition where they engaged the participants in one-on-one conversation and provided specific referral information upon request.

Next Year at a Glance

For Fiscal Year 2016, the Compliance Unit plans to:

- provide additional training to staff in sterile compounding and other specialty pharmacy practices;
- reduce number of investigation cases carried over into the next fiscal year;
- have more uniform review and better defined categories for the different types of complaints;
- update/review inspection forms;
- hire more inspectors and investigators;
- provide additional training to staff on performing investigations;
- identify and procure a software system that is conducive to the business operations of inspections and investigations.

MANAGEMENT AND INFORMATION SYSTEMS UNIT REPORT

Overview

The MIS Unit is responsible for implementing and maintaining automated systems that enhance Board operations and help accomplish its mandate to protect pharmacy patients and assure quality pharmacy health care in the State of Maryland. The unit is comprised of 3 full-time staff members, including a Supervisor/Manager, Computer Network Specialist and Database Specialist.

New Developments

The second scope of work would be developed to hire a software engineer to begin programming to update a mobile inspection program for our Compliance Inspectors. An IT Business analyst was hired to help organize certain aspects of the agency's business procedures in preparation for any new software acquisitions.

Accomplishments

The Board began developing a scope of work for two future projects for FY 2015. The first major project would be a scanning project to digitize the Board's paper documents that have been accumulating for decades. The Board would soon be relocating to another floor in its current building and wanted to save storage space by sending the paper documents to MD State Archives after the project was completed. At the end of 2014 the Board completed its document scanning project and was able to have a document management company scan and digitize over 1 million of our paper licensee documents. The archived paper documents were then moved to an offsite State of MD storage facility.

The Board also began the process of revamping its IT infrastructure which involves acquiring an IT business analyst to document and analyze the Board's business rules and procedures, recommend changes that would help the Board's workflow, and recommend language that could eventually be used to include in any Request for Proposals for any new Licensing Software. A replacement Database Specialist was hired to fill a much needed vacancy in the Information Technology unit.

New server hardware and software were acquired and added to the board's IT infrastructure to maintain DHMH and the State's compliance for updated software and hardware.

The Board also began using Survey Monkey to elicit feedback to the board from licensees to help forward the Board's mission to protect Maryland consumers and to promote quality healthcare in the field of pharmacy

Next Year at a Glance

With the recommendations from the Board's contracted Business Analyst, the board will seek a more up-to-date and robust Licensing software application to better serve the agency and its licensees. A re-vamped mobile inspection software program will be developed to assist the Board's facility inspectors when performing inspection visits.

STATE OF MARYLAND BOARD OF PHARMACY



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