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ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, September 17, 2014

9:00 a.m.

LOCATION: Alabama State Board of Pharmacy
111 Village Street
Hoover, Alabama 35242

REPORTER: Sheri G. Connelly, RPR

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APPEARANCES

BOARD MEMBERS:

- Mark Conradi, President
- Tim Martin, Vice President
- Dan McConaghy, Treasurer
- Buddy Bunch, Member
- David Darby, Member

ALSO PRESENT:

- Susan Alverson, Secretary
- Jim Ward, Board Attorney
- Glenn Wells, Board of Pharmacy
- Mark Delk, Board of Pharmacy
- Diane Decker, Board of Pharmacy
- Mitzi Ellenburg, Board of Pharmacy
- Eddie Braden, Board of Pharmacy
- Terry Lawrence, Board of Pharmacy
- Charlie Thomas
- Louise Jones
- Chris Burgess
- Sarah Duvall
- Kelli Newman

- 1 Eddie Vanderver
- 2 Julie Hunter
- 3 Tyler Stewart
- 4 Patrick Brown
- 5 Bruce Harris
- 6 Bart Bamberg
- 7 Greg Primuth
- 8 Dan Luce
- 9 Matthew Muscato
- 10 Tammie Koelz
- 11 Jim Easter
- 12 David Belser
- 13 Conroy Whitely
- 14 Kelly Morrison
- 15 Heidi Bragg
- 16 Cara Leos
- 17 Tracy Davis
- 18 Rick Stephens

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22 MR. CONRADI: Welcome to the September
23 meeting of the Alabama Board of Pharmacy. As we

1 normally will, we'll start off in the back with
2 Charlie Thomas. If y'all would, stand up, tell
3 who you are and who you represent loud enough
4 for this young lady over here to hear you.

5 MR. THOMAS: Charlie Thomas,
6 Department of Public Health.

7 MS. JONES: Louise Jones, Alabama
8 Pharmacy Association.

9 MR. BURGESS: Chris Burgess, Heritage
10 Compounding Pharmacy.

11 MS. DUVALL: Sarah Duvall, Harrison
12 School of Pharmacy.

13 MS. NEWMAN: Kelli Newman, Alabama
14 Medicaid.

15 MR. VANDERVER: Eddie Vanderver, CAPS,
16 Incorporated.

17 MR. WELLS: Glenn Wells, Alabama State
18 Board of Pharmacy.

19 MR. DELK: Mark Delk, Alabama State
20 Board of Pharmacy.

21 MS. HUNTER: Julie Hunter, Omnicare.

22 MR. STEWART: Tyler Stewart, McWhorter
23 School of Pharmacy.

1 MR. BROWN: Patrick Brown with
2 McWhorter School of Pharmacy.

3 MR. HARRIS: Bruce Harris, APCI.

4 MR. LAWRENCE: Terry Lawrence, Alabama
5 Board of Pharmacy.

6 MR. BAMBERG: Bart Bamberg, Publix
7 Supermarkets.

8 MR. PRIMUTH: Greg Primuth, Walgreens.

9 MR. LUCE: Good morning, Dan Luce with
10 Walgreens.

11 MR. MUSCATO: Matthew Muscato,
12 Walgreens.

13 MS. KOELZ: Tammie Koelz, Walgreens.

14 MR. EASTER: Jim Easter, Baptist
15 Health System.

16 MR. BELSER: David Belser representing
17 ALAMTA.

18 MR. WHITELEY: Conroy Whitely with
19 Cardinal Health.

20 MS. MORRISON: Kelly Morrison with
21 Cardinal Health.

22 MS. BRAGG: Heidi Bragg, Cardinal
23 Health.

1 MS. DECKER: Diane Decker, Alabama
2 State Board of Pharmacy.

3 MS. ELLENBURG: Mitzi Ellenburg, Board
4 of Pharmacy.

5 MS. LEOS: Cara Leos, ALSHP.

6 DR. ALVERSON: Susan Alverson, Board
7 of Pharmacy.

8 MR. BRADEN: Eddie Braden, Board of
9 Pharmacy.

10 MR. CONRADI: And we had two come in.

11 MS. DAVIS: Tracy Davis, Alabama
12 Pharmacy Association.

13 MS. LACEY: Ronda Lacey, McWhorter
14 School of Pharmacy.

15 MR. CONRADI: Thank y'all for being
16 here. This is going to be a pretty short
17 meeting, I think. We'll see.

18 We've got a presentation first with
19 Cardinal Health. Last month I was told I got
20 kind of rude at people asking questions, so I
21 will start by saying this: If y'all have any
22 questions, ask the Board questions and then we
23 can ask the participants questions if we feel

1 it's something we need to. This is not a give
2 and take so we need to keep it kind of business
3 oriented. We do still want to be loose but it
4 kind of got out of hand last month, I think.

5 So I want to start off by letting
6 Cardinal Health go first so they can get out of
7 here if they need to, so it's your floor. If
8 y'all would, y'all can stand up here and you've
9 got controls.

10 Eddie, can we get them another chair
11 over there?

12 MR. BRADEN: Yes.

13 MS. BRAGG: Good morning, my name is
14 Heidi Bragg. I am the director of regulatory
15 compliance for Cardinal Health and we're very
16 excited to come and speak with you this morning
17 about our remote order entry service.

18 We do have two applications pending
19 before the Board for pharmacy service permits.
20 One is for our location in Texas and the other
21 is for our location in Illinois. We do operate
22 out of those two centers and we're interested in
23 providing remote order entry services to

1 facilities in Alabama from those two centers.

2 Cardinal Health Pharmacy Services is a
3 subsidiary of overall Cardinal Health. We
4 mainly provide solutions to different areas of
5 pharmacy, including management of inpatient and
6 outpatient pharmacies, remote order entry, and
7 then we also have some software solutions that
8 help pharmacies be more productive and allow
9 them to manage their costs better.

10 With me this morning I have my
11 colleagues, Kelly Morrison and Conroy Whitely,
12 as we've already introduced ourself. Conroy is
13 our Alabama licensed pharmacist and Kelly is the
14 director of the remote order entry services, so
15 I am going to allow Kelly to tell you a little
16 bit more about our remote order entry services.

17 MS. MORRISON: Good morning. Thank
18 you for your time today.

19 MR. CONRADI: Is that microphone on?

20 MS. MORRISON: Is this better?

21 MR. CONRADI: There you go for the
22 people in the back.

23 MS. MORRISON: Okay, perfect. Thank

1 you. What I wanted to do is just give you a
2 background of our service and then really talk
3 about how we do what we do -- our people, our
4 processes, how we implement our service with
5 hospitals, the reporting that we provide to our
6 hospitals, and we can also report back to the
7 Board and then benefits that we've seen realized
8 over the years that we've been doing this to our
9 hospital customers and then of course open it up
10 for any questions.

11 Cardinal Health has been performing
12 remote order entry services since 2003 and last
13 year we processed just a little over seven
14 million medication orders for our hospital
15 customers. Of those seven million medication
16 orders, we actually intervened on about 149,000
17 of those. We do document and address all
18 questionable orders and try to resolve
19 everything that we can while the on-site
20 pharmacy staff is not available or present.

21 Of those 149,000 clinical
22 consultations that our pharmacists performed,
23 about 49 percent of those were identified as

1 patient safety issues and we're able to report
2 this fact just through the technology that we
3 leverage as we're providing our service.

4 Today we have eight licensed pharmacy
5 service centers across the United States. We
6 provide our service to a little over 280
7 hospital clients. We employ over 100 pharmacy
8 personnel and we operate with over 22 different
9 pharmacy information systems.

10 Our licensed pharmacy service centers
11 are structured very much like hospital
12 pharmacies are today. They all have a director
13 of pharmacy, lead pharmacists, staff
14 pharmacists, and technicians. Some of our
15 centers because of their scale also are -- have
16 assistant directors of pharmacy as well. All of
17 our pharmacists providing this service are
18 hospital trained. They maintain a minimum of 11
19 competencies.

20 In fact, our California center
21 actually maintains additional ones. They
22 maintain 23. They're all risk management, HIPAA
23 trained, multistate licensed, and they're

1 trained of course on many different computer
2 information systems and each individual
3 hospital's policies and procedures.

4 When you look at our solution, our
5 goal is really to become a seamless part of the
6 on-site hospital pharmacist team. We actually
7 have proprietary technology that we acquire all
8 of the hospital's specific policies and
9 procedures around remote order entry or order
10 entry, excuse me, so that we can assure that as
11 we process orders when the on-site pharmacy team
12 is not there, we're processing them in the same
13 manner that the on-site team does during the
14 day. This, of course, then reduces the risk to
15 nursing. We want to insure that what they see
16 come across that we're approving or documenting
17 is exactly what they would see when the on-site
18 team is there.

19 We do try to resolve all questionable
20 orders and we'll follow each hospital's
21 individual protocols or procedures to do that,
22 whether it's reaching back out to nursing, if
23 nursing needs to get in touch with the

1 physician, et cetera, but our goal is to try to
2 have all orders that are transmitted to our
3 service centers during our hours of service
4 addressed for pharmacy and for nursing. This
5 does of course provide a relief for on-call
6 pharmacists. It doesn't eliminate the need for
7 on-call pharmacists. There may be times when an
8 on-call pharmacist needs to be contacted to come
9 to the hospital if something needs to be
10 prepared but aside from that, the on-call
11 pharmacist should not be burdened because we
12 are, in fact, the on-call pharmacist.

13 The two licensed service centers that
14 Heidi mentioned earlier, our Illinois service
15 center and our Texas service center that we're
16 requesting approval to operate from, are both
17 operational 24 hours a day. Again, one of the
18 things that we do and it's very important for
19 our team and again, we developed our own
20 technology to do this, is to try to help
21 identify any type of quality, safety, or even
22 productivity improvements and we do this by
23 looking at as we're processing orders if there's

1 bottlenecks, you know. Our goal is to try to
2 process these very timely so that they're
3 available for nursing. If there are bottlenecks
4 or reasons why we cannot do that, those are
5 documented and reported back to the pharmacy
6 teams. In addition, as we document clinical
7 interventions, we document those by the type.
8 We document those by severity. We document
9 those by the physician involved, so that again
10 it's a very open collaboration between our team
11 and the hospital pharmacy team so that we can
12 identify together if there's improvements that
13 can be made. If we're seeing things during our
14 hours of service, it's often that they may be
15 happening during the day as well since we like
16 to keep an open collaboration with those
17 directors of pharmacy.

18 MR. CONRADI: Are you from Illinois?

19 MS. MORRISON: I'm not from Illinois.
20 I'm from Houston.

21 MR. CONRADI: You talk like you're --

22 MS. MORRISON: A little faster and you
23 know, everybody tells me that and yet I have a

1 bit of a southern accent they tell me and so I
2 think I confuse people. I always try to talk a
3 little slower.

4 MR. CONRADI: Sorry.

5 MS. MORRISON: That's okay. From a
6 process overview, this is really just a graphic
7 to try to help visualize what's really going on.
8 And so again, we operate at licensed pharmacy
9 service centers and so through VPN and encrypted
10 technology, we can access the hospital
11 information systems. We only have access to
12 what we need in order to process the order
13 safely.

14 Now, hospitals can transmit medication
15 orders to us a myriad of ways. They can fax to
16 us. Many hospitals use other order management
17 type scanning solutions today that we can access
18 and if there's CPOE, we can also access those
19 systems. We practically access those systems
20 and then process the orders in each individual
21 hospital's technology.

22 From an implementation process, once a
23 customer agrees to sign on to our service, we

1 have a dedicated due diligence team. That's a
2 team of pharmacists. We send a pharmacist to
3 each hospital and they're there for two to three
4 days on average, depending upon the size of the
5 implementation and they're there to gain all the
6 hospital's policies and procedures, make sure
7 they're input into our technology. They
8 actually meet with nursing and really provide
9 in-services so nursing understands how we will
10 operate together once we initiate our service.

11 Once that pharmacist obtains all the
12 information and the training that they need to
13 learn each individual hospital's specific
14 policies and procedures and nuances around their
15 technology, that pharmacist then goes back to
16 the licensed pharmacy service centers that will
17 be providing the service and train those
18 pharmacists in preparation of go live and
19 bringing the hospital online.

20 Again, all of our pharmacists are
21 trained on each individual hospital's policies
22 and procedures, and as those pharmacists are
23 processing orders for each individual hospital,

1 they can do quick key word checking to make sure
2 that they comply. We also have a QA program in
3 place, it is all built into our technology, so
4 that if our pharmacists do commit a variance, it
5 could be we processed an order that's not in
6 compliance with the hospital's policies and
7 procedures, or if for any reason there is an
8 error, the hospital has a mechanism to report
9 that back to us. It's tracked in our technology
10 and we document not only what happened, the
11 patient involved, the pharmacist involved, the
12 date and time. We track the severity. We also
13 track any contributing factors that may have led
14 to that and action taken to try to prevent that
15 from happening again and these reports are
16 provided on a routine basis or as frequent as
17 each individual hospital would like.

18 From a confident -- I know we really
19 talked about measurement reports. In addition
20 to just our quality reports, we also have a
21 shift change report. The shift report is
22 actually faxed to each individual pharmacy
23 within ten minutes of our service ending each

1 day and what this report contains is very
2 detailed information on any clinical
3 consultation that we performed the night before.
4 It will sort these consultations by any that
5 require follow-up, they'll sort to the top.

6 There may be some things that the
7 on-site pharmacy would want to follow up on when
8 they get in the next morning and then those that
9 are completed are all sorted to the bottom. We
10 also pend any limitation order sheet that's been
11 sent through to us that did result in a clinical
12 consultation so that if the on-site pharmacist
13 does have a question, they don't have to go look
14 in the technology. They don't have to look at
15 the patient's chart. They would have a copy of
16 the order right there and of course, if that
17 didn't suffice, because we're there 24 hours a
18 day, they can just pick up the phone and call
19 our service center and get their questions
20 addressed.

21 We also have monthly reports and we
22 can even run them more frequently if a hospital
23 likes but around the types of clinical

1 consultations that we're doing, how many of
2 those consultations are patient safety issues or
3 not. Again, they can run the variance reports.
4 They can run order turn-around time reports and
5 they have those real time so that they can track
6 our progress. Are we processing orders with a
7 turnaround time that's expected from both
8 pharmacy, nursing, and the physicians, and all
9 of these reports can be provided at whatever
10 frequency that the hospital wants. In fact,
11 they actually have access to run them themselves
12 but if they prefer, we can push them to them as
13 well.

14 From a confidentiality and security
15 perspective, it's important to note we do have a
16 business associate agreement with every hospital
17 that we do provide service to. We have our own
18 Cardinal Health but if the hospital prefers that
19 we use theirs, we do that often.

20 The next three slides really are just
21 a high level of some of the types of reports
22 that we provide that I was referencing. From a
23 consultation perspective, we can look at

1 clinical consultations by category. We can look
2 at them, again, are they patient safety or not.
3 We can look at them by physician, so if we see
4 we're getting a large number of clinical
5 consultations from certain physicians, we can
6 work together to determine how do we work more
7 seamless to try to reduce those. We can look at
8 consultations by cost at a savings perspective
9 and then the daily detail is really what that
10 shift change report is all about because it's
11 very detailed -- the patient's name, ID, room
12 bed, and exactly what happened.

13 From an order processing perspective,
14 we can look at order volume by hour. We can
15 look at it by nursing unit. We have something
16 we call service level breach classifications.
17 Since we're on boarding each hospital onto our
18 service, we ask them what their service level
19 expectations are for us processing routine
20 medications versus stat medications. We load
21 those into our system and so anytime we breach
22 that or exceed that, it's documented. We
23 actually provide a reason in our technology and

1 that's also reported back to the hospital
2 pharmacy.

3 We can look at the percentage of
4 clinical consultations relative to order volume
5 and we also check something that we call volume
6 workload productivity and what that is is if
7 we're receiving orders that are missing
8 information, duplicate orders, things like that
9 that can create bottlenecks for pharmacy, we
10 document that and report that back to the
11 director of pharmacy because again, if it's
12 happening during our hours of service, it might
13 be happening during the day and those are things
14 we can potentially work together to
15 streamline.

16 From a variance perspective, this
17 really goes back to our quality program. So we
18 do look at the percent of variances per overall
19 order volume and we will trend that for the
20 hospitals. We look at variance by severity,
21 contributing factors, action taken, and even
22 drug class. And again, oftentimes when we start
23 looking at our variances, and especially if

1 they're policy and procedure related, oftentimes
2 the action taken is additional training for our
3 team and we do put action plans in place and
4 report those back to the hospital.

5 Overall when we look at the benefits
6 that we've fully realized and that really helped
7 our patients over the years is we can improve
8 the continuity of patient care so for those
9 hospitals that are challenged with keeping their
10 pharmacies open 24/7, we can try to be an
11 integral part of their team and take on service
12 immediately when they close and stay there until
13 they resume service the next day. We've also
14 helped hospitals if they're implementing large
15 technology projects that are very pharmacist
16 labor intensive where they need to pull the
17 pharmacist out of the pharmacy for training or
18 to help build those systems, we can even be a
19 solution to expand our coverage during those
20 times, again, just to make sure that pharmacy
21 has adequate coverage no matter what's going on
22 because at the end of the day, we want to make
23 sure the orders are processed safely, being

1 clinically reviewed by a pharmacist ahead of
2 time so that nursing can continue to do what
3 they do and focus on patient care.

4 From a pharmacist perspective, it
5 definitely creates inefficiencies with the
6 pharmacy, particularly for those hospitals that
7 don't have pharmacies open overnight, when they
8 come to open the pharmacy the first thing in the
9 morning, they don't have a bottleneck of orders
10 waiting for them to be processed. They're
11 caught up and can actually start processing and
12 reviewing orders realtime as the physicians are
13 doing their rounds first thing in the morning.

14 And from a nursing perspective, it
15 gives nursing great peace of mind and we often
16 have nurses that have called our service centers
17 even during the day, they know they can get
18 ahold of us sometimes, just to ask those
19 clinical questions, drug information questions.
20 We also have physicians that will call our
21 service and ask us the same thing and we're
22 there truly again to be just an extension and a
23 seamless part of the hospital's on-site pharmacy

1 team.

2 From a Cardinal Health perspective --
3 again, we've been doing this since 2003. We
4 actually penned in remote order entry services
5 in going to many of the state boards introducing
6 the concept and requesting approval to try this
7 within their states. We actually coauthored
8 ASHP's guidelines on remote medication order
9 processing and all of our pharmacists do their
10 work from licensed pharmacy service centers.
11 That being said, we did recently acquire a
12 competitor's service that's actually been in the
13 marketplace for almost as long as we have and
14 they have a predominantly work-from-home model.
15 That's historically not been our model and so as
16 we look to learn from them, we're trying to
17 better understand how they do that but that's
18 not our core model. And again, the two license
19 centers that will be servicing the State of
20 Alabama do work out of licensed service
21 centers.

22 We do have the ability to provide
23 emergency vacation coverage. This does come in

1 handy for our customers and they do seize the
2 opportunity pretty frequently because we're
3 there 24/7 if a pharmacist calls in sick or
4 anything comes up and they need that additional
5 pharmacist coverage, all they need to do is pick
6 up the phone, we're there, and we can
7 immediately start helping that pharmacy team.

8 We have a 24-by-7 IT support team and
9 that's critical because availability and
10 redundancy is key in the service that we're
11 providing. So if for any reason we experience
12 difficulties remotely connecting to your
13 hospitals or any difficulties with the
14 technology that the individual hospitals have,
15 we have a team that we can engage and try to get
16 those resolved and they follow the same
17 processes that the hospital teams ask us to do,
18 which vary amongst hospital to hospital and when
19 we engage their IT teams and when we don't.

20 I think too it's also important to
21 note that each one of our licensed pharmacy
22 service centers have redundancy within
23 themselves. They have multiple Internet

1 connection methods. They all have back-up
2 generators for power, back-up phone systems, and
3 the reason that we're requesting two
4 applications to the State of Alabama is so that
5 we even have back-up service centers so that if
6 there was a natural disaster, a weather
7 disaster, or anything like that that compromised
8 one of our service centers, we would have
9 another one that could pick up immediately.

10 We do have very robust reporting tools
11 and we do provide these again back to the
12 hospital. They actually have access to these
13 tools themselves. They don't have to wait for
14 us to push them the reports and typically we're
15 much more cost effective for hospitals than if
16 they were to bring on FTEs to try to staff that
17 overnight shift.

18 So with that, that's really the
19 overview of our service and benefits that we
20 provided to other hospitals in other states and
21 I'd like to open it up for any questions anyone
22 may have.

23 MR. CONRADI: Do y'all still have a

1 service center in Florida?

2 MS. MORRISON: We don't. We closed
3 that several years ago.

4 MR. DARBY: What company did you
5 acquire?

6 MS. MORRISON: The company we acquired
7 was e-PharmPro and they're based out of
8 Brookhaven, Pennsylvania, and we also acquired
9 another one in the fall, EnvisionRx, and they
10 were located out of Texas.

11 MR. MCCONAGHY: What's your typical
12 size hospital that you work with?

13 MS. MORRISON: Great question. So our
14 typical size hospital ranges. The majority of
15 our business day is hospitals that have a census
16 around ten to 15 all the way up to about 75.
17 That's our typical. We have hospitals as large
18 as 600 beds and as small as a census of two but
19 if you look at the majority of our portfolio,
20 it's kind of been in that mid-range, about a
21 census of 15 to about 75.

22 MR. WARD: How many hospitals would
23 you service at one location?

1 MS. MORRISON: It truly depends and
2 our locations are different sizes. So today,
3 Conroy, you service about probably 35 or 40
4 hospitals from your facility?

5 MR. WHITELEY: About 35.

6 DR. MARTIN: And you're in Houston
7 or --

8 MR. WHITELEY: Houston, yes.

9 DR. MARTIN: You're in Houston, okay.
10 How many in the other one, do you know?

11 MS. MORRISON: At each of the other
12 centers, Illinois is probably our largest and
13 Illinois we service probably close to 70
14 hospitals out of that service center but what's
15 unique about Illinois is they have a couple of
16 very large health systems that are not the
17 small, rural hospitals. So one of the systems
18 that they service is a large system that has
19 about 42 hospitals across three states in the
20 Midwest, so that's why theirs look a little
21 larger.

22 DR. MARTIN: Yeah.

23 MS. MORRISON: What we do when we look

1 at it is we try to look at -- especially for
2 systems that have the same pharmacy information
3 system, it's a little simpler for our centers to
4 service more hospitals because that's a little
5 more streamlined. If we've got a lot of
6 hospitals that are all independent and they all
7 have different pharmacy information systems, we
8 try to make very conscious decisions about where
9 we place those.

10 DR. MARTIN: So Kelly, tell me a
11 little bit more about the states that allow
12 processing from home.

13 MS. MORRISON: That's a great
14 question, Tim, and we're actually trying to
15 learn more about that and I'll defer to Heidi.
16 Because that's never been our traditional model,
17 we've not -- we've not really looked at that and
18 we've always -- we've always pushed the fact
19 that we do operate out of licensed pharmacy
20 service centers. As we started looking to these
21 competitors and the fact that they were doing it
22 and had been doing it for so many years, the
23 space they predominantly do it from, the

1 e-PharmPro, is predominantly in the Northeast --
2 Pennsylvania, Maine, Massachusetts.

3 They have a handful of accounts or
4 hospitals in other places and some of those
5 we're looking to tuck into our centers. For
6 example, North Carolina, we have a center in
7 North Carolina. It makes more sense, so where
8 we can tuck these in to our licensed pharmacy
9 service centers, that's our plan.

10 EnvisionRx was operational in
11 Washington State, Idaho, Oregon, and Texas, for
12 example, and so there are states that have
13 allowed it or their regs, and I know Heidi can
14 speak to this much more articulate than I can,
15 they don't -- some of the regs don't address
16 them, and in fact, I know one of the things we
17 wanted to ask you as well is what your -- what
18 your position is on it also.

19 Heidi, do you have more?

20 MS. BRAGG: As Kelly stated, it varies
21 from state to state and we do keep a very close
22 eye on how the states feel about working from a
23 licensed center or working from the home

1 environment, so there are definitely states that
2 allow you to work remotely. Interestingly,
3 there are states, for example, like Indiana,
4 where if you work from home, you have to be an
5 Indiana licensed pharmacist, whereas if you work
6 from a center, you have the option to just have
7 a facility license and therefore don't have to
8 license each individual.

9 So the licensing can even change
10 between the two and we are definitely working
11 with our colleagues from e-PharmPro to
12 understand their model and figure out where
13 there are strengths, but we do know that there
14 are some states that simply don't approve of the
15 work-at-home model and we honor that when that
16 is the case but we did have that open question
17 for -- for your board as well.

18 DR. MARTIN: So in our state, we
19 currently do not allow work-from-home.

20 MS. MORRISON: That will work for
21 us.

22 MS. BRAGG: Yeah, that's not a problem
23 for us.

1 MR. DARBY: How many pharmacists do
2 y'all have in Houston?

3 MR. WHITELEY: I have about 15 full-
4 time pharmacists in Houston.

5 MR. DARBY: And how many technicians?

6 MR. WHITELEY: Three.

7 DR. MARTIN: I've been to the facility
8 in Houston. I've seen it. I've seen it
9 operate. It's a remarkable facility. I have
10 talked with people who use their service. I
11 really don't have any other questions just
12 because I am so familiar with it.

13 MR. CONRADI: Okay. Anything else?

14 MR. MCCONAGHY: No questions.

15 MR. BUNCH: No. I'll make a motion
16 that we approve the order entry for Cardinal
17 Health.

18 MR. CONRADI: Texas.

19 MR. BUNCH: Texas, yeah, stipulate
20 that, Texas.

21 MR. DARBY: I'll go ahead and second
22 the motion and then we'll discuss it.

23 DR. MARTIN: Yeah, we should discuss

1 the ratio since our law says the Board may imply
2 ratios. If we were going to do that, this would
3 be the time to do that.

4 MR. CONRADI: It don't sound like it's
5 a problem but I guess we could.

6 DR. MARTIN: I don't think it's a
7 problem at this point and I wouldn't envision it
8 being a problem but just for the Board's benefit
9 that if we want to interject that at this point,
10 it would be the right time to do it. So I --

11 MR. CONRADI: What would be your
12 suggestion?

13 DR. MARTIN: My suggestion is not to
14 impose any ratios because it sounds like from
15 the numbers they presented this morning that
16 they're well in compliance with anything that is
17 within our law, so I'd be in support of the
18 motion as it is introduced and seconded.

19 MR. CONRADI: All in favor?

20 DR. MARTIN: Aye.

21 MR. DARBY: Aye.

22 MR. MCCONAGHY: Aye.

23 MR. BUNCH: Aye.

1 MR. CONRADI: Thank you.

2 MS. MORRISON: Thank you very much for
3 your time.

4 MR. CONRADI: Next on the -- let's
5 see, I guess we need to adopt the agenda. That
6 might help. Do I have a motion to adopt the
7 agenda?

8 MR. DARBY: So moved.

9 MR. CONRADI: All in favor?

10 DR. MARTIN: Aye.

11 MR. DARBY: Aye.

12 MR. MCCONAGHY: Aye.

13 MR. BUNCH: Aye.

14 MR. CONRADI: Okay. Next on the
15 report is Dan. Have you got us a treasurer's
16 report and a budget for next year?

17 MR. MCCONAGHY: Sure. It should be in
18 your Dropbox and the report -- monthly report
19 will -- is for August 2014 and if you -- if you
20 look at that, that -- there's nothing -- it's
21 pretty much right on what the budget allowed.
22 Revenues are a little less than what we had
23 anticipated, but on the two-year cycle that we

1 live on, you mainly look at the expense side and
2 when I divide 11 by 12, I come up with about 91
3 percent and our -- we're at 91.6 right now on
4 the expense side, so that's about as good as you
5 can get on the budgeting and real figures and
6 with one month to go, that's probably going to
7 be -- that's probably going to be right on
8 the -- on the number on that. Do you want to do
9 them individually or --

10 MR. CONRADI: No.

11 MR. MCCONAGHY: Just do it altogether?

12 MR. CONRADI: Do them altogether.

13 MR. MCCONAGHY: And if you'll look at
14 the 20 -- what will be the 2015 budget, it
15 was -- it should be a lot more accurate than
16 what -- on the revenue side than what we've had
17 in the past because our bookkeeping wasn't quite
18 up to par in the past that -- well, it was up to
19 par, we just couldn't put the numbers in the
20 form that we can now with the software we can
21 now and if you compare -- for instance, you
22 know, we're -- if you look at our numbers for
23 August and if you were running a business, you

1 would -- you wouldn't be real happy that you
2 were losing \$600,000 this year but the way our
3 cycle runs is on a two-year cycle, so we'll have
4 more revenue coming in next year and that will
5 replace that 600 that's coming out now.

6 The revenues for '15 should, if they
7 go on the normal cycle, be about double what
8 they are for '14. We had a couple -- the only
9 thing that I can think of that were sizeable
10 bumps would be the new pharmacists that are
11 going to be coming on for the out-of-state
12 facilities that's -- how many is that?

13 DR. ALVERSON: Well, we have 800-plus
14 facilities.

15 MR. MCCONAGHY: Okay, we did.

16 DR. ALVERSON: So if they all
17 comply.

18 MR. MCCONAGHY: If they all comply,
19 we'll have a pretty sizable bump on those
20 permits and so those -- those numbers were
21 adjusted accordingly on the expense side, not
22 too much adjusted there. We did increase on the
23 personnel part of it to allow for an additional

1 position if Susan requires or chooses to do that
2 and other than that, it's -- it's pretty much
3 standard expenses by the books. So if you've
4 got any questions, I would be glad to entertain
5 them and that finalized version, it's still warm
6 where we finalized it about 15 minutes ago,
7 so -- 30 now.

8 MR. CONRADI: I've just got a
9 question. On technician registration, will we
10 have 3,000 new ones this year? Is that about
11 right?

12 MR. MCCONAGHY: That's a good question
13 but yeah, when we -- when we look back -- I had
14 the same thought was that's way too high for
15 that but when we went back and looked --
16 apparently there's a big turnover. The total
17 number stays, you know, in that same range but
18 you have a lot of new ones and a lot that drop
19 out, so yeah, that's -- I think that's a real
20 good number. If anything, it's a little on the
21 low side.

22 DR. MARTIN: So out of 10,000 or so
23 technicians, we have a turnover of about 3,000?

1 MR. CONRADI: We have more -- how many
2 technicians do we have?

3 DR. MARTIN: About ten-something,
4 isn't it?

5 MR. CONRADI: Probably more than that.

6 DR. ALVERSON: We have about --
7 between 10 and 12,000 at any given time.

8 MR. CONRADI: I thought it was more.

9 DR. ALVERSON: And just looking at it
10 very briefly, it looks to me as though we have
11 like a 50-percent turnover in a two-year cycle.

12 DR. MARTIN: Wow.

13 MR. MCCONAGHY: Yeah, in the two
14 years. The last time I looked at the total
15 number it was 11,800 --

16 MR. CONRADI: Wow.

17 MR. MCCONAGHY: And actually on the
18 books that were coming in and out. That number
19 stayed pretty steady for the last few years
20 so.

21 DR. MARTIN: That's a -- that's a big
22 issue for us. That needs to be a big issue.

23 MR. MCCONAGHY: That would be all of

1 the numbers with any significance that's changed
2 that I can think of is the -- I would like to
3 ask permission on the -- from the Board too in
4 the process before I end up the treasurer year
5 is to go ahead and develop a two-year budget so
6 that we -- we know a lot more of what we're
7 looking at than the one-year because someone
8 just casually looking at this thinks they're
9 going to have a lot of excess money floating
10 around and there's not going to be so.

11 DR. MARTIN: So will we have to have
12 two budgets, a two-year for our use and a
13 one-year for the State, or will the State let us
14 use a two-year?

15 MR. MCCONAGHY: Well, we'll just be
16 adopting the one year at a time but I'd like to
17 in the future when you present one, you're
18 actually looking at --

19 DR. MARTIN: Yeah.

20 MR. MCCONAGHY: -- two years' worth so
21 that you see the balance there but we won't be
22 approving the two-year budget. We'll just be
23 approving a one-year.

1 DR. MARTIN: I not only would be in
2 support of that, I'd be very pleased to see it
3 that way.

4 MR. CONRADI: Was that a motion,
5 Mr. McConaghy?

6 MR. MCCONAGHY: It is.

7 DR. MARTIN: I'll second that.

8 MR. CONRADI: All in favor?

9 DR. MARTIN: Aye.

10 MR. DARBY: Aye.

11 MR. BUNCH: Aye.

12 MR. MCCONAGHY: Aye.

13 MR. CONRADI: Okay. I'd make a motion
14 to approve the August treasurer's report.

15 DR. MARTIN: Second.

16 MR. CONRADI: All in favor?

17 DR. MARTIN: Aye.

18 MR. DARBY: Aye.

19 MR. MCCONAGHY: Aye.

20 MR. BUNCH: Aye.

21 MR. CONRADI: Now I make a motion to
22 approve the tentative budget for 2014 and '15.

23 DR. MARTIN: Second.

1 MR. CONRADI: All in favor?

2 DR. MARTIN: Aye.

3 MR. DARBY: Aye.

4 MR. BUNCH: Aye.

5 MR. CONRADI: Okay. Thank you, Dan.

6 Wellness report.

7 DR. ALVERSON: Yes, Dr. Garver is not
8 here because he's had an illness in the family
9 so he had planned to be here this month but
10 he'll be here next month.

11 We presently have 137 people in the
12 screening program with signed contracts and
13 orders and this includes any individuals with a
14 diagnostic monitoring contract but not the
15 following: We have three pharmacists in
16 inpatient, two pharmacists who are asking for
17 reciprocity from other states who are on a
18 probationary status with those states.

19 We have 15 pharmacists who are being
20 held out for investigation or evaluation who are
21 attempting to reciprocate in the 800-plus that
22 we discussed. We have two technicians in
23 treatment, six technicians who need disposition

1 but we are following them. There is a student
2 who has completed outpatient treatment and still
3 needs a disposition and all of these individuals
4 are in treatment or in evaluation but are
5 presently outside the work force and within --
6 without a license and there are 79 individuals
7 in facility-driven aftercare.

8 It says we have personally met with
9 all licensees returning to work to sign
10 contracts and to explain how monitoring works
11 and all returning licensees have been placed in
12 a caduceus, either pharmacy or health
13 professional.

14 Thank you for letting me serve you in
15 this capacity, Dr. Garver.

16 MR. CONRADI: Thank you. Board
17 minutes?

18 MR. DARBY: I make a motion we approve
19 the August 19, 2014, Board minutes.

20 MR. BUNCH: Second.

21 MR. CONRADI: All in favor?

22 MR. MCCONAGHY: Aye.

23 DR. MARTIN: Aye.

1 MR. DARBY: Aye.

2 MR. CONRADI: Aye.

3 MR. BUNCH: Aye.

4 MR. DARBY: I make a motion we approve
5 the August 19, 2014, interview minutes.

6 MR. BUNCH: Second.

7 MR. CONRADI: All in favor?

8 MR. BUNCH: Aye.

9 MR. CONRADI: Okay. Chief inspector's
10 report, Eddie.

11 MR. BRADEN: Yes, sir, as you see in
12 your Dropbox, the inspections that we completed,
13 the number there for August of 2014. That also
14 includes some 797 inspections. That number does
15 not include over the last several months we have
16 assisted inspectors from NABP that have been
17 sent into the state from out of state who have
18 come and checked licenses of people that send
19 medications into their states. Also we have
20 assisted California Board of Pharmacy who came
21 in and inspected several pharmacies and we also
22 have assisted FDA on several inspections. We
23 received 22 complaints in August and we

1 completed 18.

2 MR. CONRADI: Do you have any for
3 executive session?

4 MR. BRADEN: Yes, sir, there are some
5 issues for the executive session that we will
6 discuss later.

7 MR. CONRADI: Thank you. Secretary's
8 report, Ms. Alverson.

9 DR. ALVERSON: Yes, I'd like to start
10 with the audiovisual for the reciprocity. I've
11 spoken with the group in Montgomery and they
12 said the quality of the tape that was produced,
13 the sound didn't -- wasn't as good as they
14 liked, so we've established dates and times for
15 three of these interviews: One in October, one
16 in November, and one in December. We've
17 notified people who have signed up for
18 reciprocity that we are doing this and we have
19 notified them of the dates.

20 They would like to discuss with us if
21 we'd like to go ahead with the audiovisual that
22 we have or would we like to do it live and I
23 think you could still be calling in and I could

1 be in Montgomery. So we have to get a ruling
2 from them about the quality of the tape that
3 they looked at and make a decision if we're
4 going to go with it or we're going to have --

5 MR. CONRADI: Have you seen the tape?

6 DR. ALVERSON: I have not. I've just
7 heard about it this week.

8 DR. MARTIN: Well, he was picking up
9 ambient audio --

10 DR. ALVERSON: Oh, okay.

11 DR. MARTIN: -- off of a microphone
12 that was over there.

13 DR. ALVERSON: All right.

14 DR. MARTIN: That's probably why it's
15 not --

16 DR. ALVERSON: I can get to Montgomery
17 this week and look at it and make a decision
18 about we should go with that or we should not
19 but as he explained, we -- we would need two
20 inspectors -- excuse me, Board members but you
21 don't have to be there. We can do it by audio
22 from wherever you call in doing it through a
23 phone bridge.

1 DR. MARTIN: Well, I would think the
2 optimal, if it could be coordinated, would be to
3 have all the Board members on a phone present to
4 do a rerecording but how do you match the video
5 with that, I mean --

6 MR. CONRADI: You couldn't.

7 DR. ALVERSON: You couldn't. We could
8 put up pictures of people so you know who's
9 speaking, you could see their face.

10 DR. MARTIN: I think it may be more
11 important -- boy, it would be a lot of work
12 though to have slides coordinated with the audio
13 but we'd have to produce the slides.

14 MR. DARBY: Would it be -- would it be
15 feasible to put the video ones off until
16 November or December since -- if they're doing
17 it from their home state anyway, it's not going
18 to inconvenience anybody.

19 DR. ALVERSON: And rerecord next
20 month?

21 MR. DARBY: And rerecord next month.

22 DR. ALVERSON: Would you prefer that?

23 MR. DARBY: If the quality of the tape

1 is not to their standard.

2 DR. MARTIN: I mean, he should be able
3 to -- he should be able to plug into the audio
4 system and get a better audio. That's what he
5 should have done.

6 DR. ALVERSON: All right.

7 MR. MCCONAGHY: And not to throw a
8 kink in it but my idea or scenario is it's going
9 to be a good bit more revenue coming in, we
10 could just rent one big place and have them all
11 come down here at the same time.

12 DR. MARTIN: Get it over with.

13 MR. CONRADI: It would be nice to be
14 able to save them some money by not having to
15 travel.

16 DR. ALVERSON: By not doing it,
17 right.

18 MR. CONRADI: Since they're just
19 reciprocating and not new licensees. We
20 couldn't do this with new licensees.

21 DR. ALVERSON: Right.

22 DR. MARTIN: I think David is right, I
23 think we need to -- we need to redo --

1 DR. ALVERSON: Redo it.

2 DR. MARTIN: -- redo it in October and
3 tell the people from the recording service they
4 need to plug in to the --

5 MR. CONRADI: Even if we have to stay
6 afterwards and then redo it.

7 DR. ALVERSON: We could do it without
8 people here.

9 MR. DARBY: Right.

10 DR. ALVERSON: And just, you know, do
11 it as if there were an audience.

12 DR. MARTIN: Yeah.

13 MR. BUNCH: Do you want to look at it
14 first and see if we need to --

15 DR. ALVERSON: And tell you, yes.

16 MR. BUNCH: And be sure --

17 DR. MARTIN: That's a good idea.

18 MR. BUNCH: Look at it first.

19 DR. ALVERSON: Right.

20 DR. MARTIN: Yeah, I agree.

21 DR. ALVERSON: So I will look at it in
22 Montgomery this week and I will get back to you.
23 All right.

1 I would just like to report that we
2 met with people from UAB this month. UAB has
3 advertised a telemedicine program that we felt
4 would put the pharmacists filling the
5 prescription at odds with our law and so we've
6 spoken with lawyers at the Medical Board and at
7 UAB and UAB and the Medical Board are presently
8 meeting and they -- UAB may be here next month
9 to --

10 MR. CONRADI: Can you give us a brief
11 overview for people who might not know what
12 we're talking about?

13 DR. ALVERSON: Sure. The program was
14 that anybody in the state could go online, fill
15 out a questionnaire. The questionnaire was fed
16 into a computer which would analyze the answers
17 and determine what was wrong with the patient.
18 There might be some cases in which it could not
19 come up with a final but maybe a variation.
20 That result would be read by a physician.

21 If between the computer and the
22 physician they could reach a conclusion, they
23 would text the patient to let them know what

1 that conclusion was and if medication was deemed
2 to be in order, the physician would e-prescribe
3 that medication to a pharmacy someplace in the
4 state, no controlled drugs being involved,
5 however. But from the perspective -- and this
6 was going to cost \$25 to do that.

7 From our perspective, it would be very
8 difficult to say that's not filling
9 prescriptions based on an Internet physician
10 making a decision and we have disciplined
11 pharmacists for doing that and with our laws on
12 the books, we didn't see any way that -- that we
13 could make an exemption for that.

14 The Board of Medicine, since they
15 approved the program, has also written their own
16 telemedicine regulation and so the program is in
17 conflict with the regulation written by the
18 Board of Medicine. They, I think, are looking
19 at it as a possible pilot project. I don't
20 wish -- I don't know -- so I don't want to speak
21 on behalf of the Board of Medicine because I
22 don't know enough to represent them
23 accurately.

1 MR. CONRADI: But the pharmacists
2 would have no way to know that patient didn't
3 see that doctor; correct?

4 DR. ALVERSON: The pharmacist wouldn't
5 know until the patient came to pick it up and
6 then if the pharmacist asked, did you see this
7 doctor, the pharmacist would know but other than
8 that, no, the pharmacist would not know.

9 We have spoken to APA because there
10 was a question about it and have assured APA and
11 anybody else who might have asked that we have
12 no intention of prosecuting pharmacists who may
13 have filled these prescriptions already. We're
14 trying to resolve the situation --

15 MR. CONRADI: All right, thank you.

16 DR. ALVERSON: -- for everybody. All
17 right.

18 As you know, Donna Yeatman has been
19 selected to the Board of Pharmacy. We received
20 a letter from the Governor telling us that and a
21 couple of people had asked for her address or
22 phone number to contact her and congratulate her
23 and I have that with me today. She will begin

1 on -- in January.

2 We have looked at another computer
3 program, Tyler, and those of us who saw it
4 were -- were pleased with it, thought it had
5 a -- it looked very good but we continue to send
6 them questions, will it do this, can it do that,
7 will you come back and answer more questions.
8 It would cost us considerably less than what
9 we're paying at the present.

10 I've also made contacts with the Board
11 of Nursing and they said, please, get -- come
12 down as fast as you possibly can, we'd love to
13 show you the system we have, so we are doing
14 that. We met with the CEO of GL Solutions on
15 Monday of this week just to have a very casual
16 conversation about are we happy, if we're not
17 happy, what are we unhappy about, and I felt we
18 were maybe brutally honest in that discussion,
19 all right.

20 We are scheduled to do all renewals
21 online this fall. The renewals for pharmacists
22 have begun and everything is going, as far as we
23 know, very well. All the kinks have been worked

1 out. We had a promise that all of our pharmacy
2 businesses would be ready by September 1.

3 Two of them were left out, oxygen and
4 precursor drugs, and when we questioned them,
5 they said, well, that didn't sound like a
6 pharmacy so we left them out or we didn't think
7 you wanted them renewed; however, we pulled
8 documentation where we have multiple times told
9 them all of our businesses, what needed to be
10 renewed, they all needed to be renewed. So we
11 have gobs of documentation arguing -- I mean
12 explaining the specifics and the details of what
13 we needed by September 1. So the company is
14 putting those two in place but is charging us a
15 project to do it.

16 DR. MARTIN: Oh, that's -- that's not
17 right.

18 DR. ALVERSON: I agree with you and we
19 had words over it but at the time it came down
20 to they refused to do it unless we used a
21 project and for expediency of making sure we
22 could renew those businesses, I told them to go
23 ahead because we had to get those -- those two

1 on the list also.

2 DR. MARTIN: Well, they had you over a
3 barrel.

4 DR. ALVERSON: Right. And I told them
5 that was all right, by the time we got through
6 our projects, I probably have left them and gone
7 to somebody else anyway and wouldn't need the
8 project, and so they said they'd review it.

9 MR. CONRADI: Just remember GL Suites
10 looked great when we looked at them too.

11 DR. ALVERSON: Right. And that's why
12 we are not jumping, I mean.

13 MR. CONRADI: Everybody looks good.

14 DR. ALVERSON: Everyone looks good
15 when you start.

16 MR. BUNCH: Do you know, is anyone
17 else, any boards, using Tyler?

18 DR. ALVERSON: Well, actually,
19 Jefferson County has just gone with Tyler. I
20 know that may --

21 MR. CONRADI: That's a good reason not
22 to.

23 DR. ALVERSON: I hesitated to say

1 that. Shelby County has gone with Tyler. They
2 have 11,000 accounts but they've dealt with
3 cities and counties and Rhonda in our office
4 said we want a long list of people that you
5 service and she has called them all and we have
6 yet to hear a negative comment from them.

7 MR. BUNCH: Where are they located?

8 DR. ALVERSON: Well, the main office
9 is in Plano, Texas, but the group that handles
10 city and county licensing and investigations is
11 based in Atlanta.

12 MR. BUNCH: Okay.

13 DR. ALVERSON: And we told them when
14 they were coming, this is going to be the most
15 skeptical group of people you've ever had to
16 deal with probably.

17 MR. BUNCH: I know we had a lot to
18 clean up on the old files to get into GL Suites.
19 Do you think since that's been cleaned up some
20 through all of the song and heartache getting
21 that done that it will be an easier transfer
22 into a new system?

23 DR. ALVERSON: I do and it's one of

1 the reasons we will not do anything until
2 January. I don't mean we won't talk contracts
3 but by January 1, we will have all people in all
4 businesses register in our database and so we're
5 hoping all of that data will be well aligned and
6 easier to transfer. The one thing that I think
7 is still going to be difficult, when
8 investigations and inspections transferred,
9 they -- they picked up comments that were in the
10 system about a case where documentation about
11 cases and inspections, they picked it up and
12 labeled it as converted comments and so you can
13 open a file about a business and you have a long
14 list of converted comments and you don't know
15 what that is until you open every single one of
16 them. So of the projects that we have, that is
17 one of the things I'd like to see if there's
18 some way they could even identify a date from
19 those so it would make it easier for us to look
20 at those.

21 MR. BUNCH: Thank you.

22 DR. ALVERSON: You're welcome. We --
23 we have spent a lot of time with them trying to

1 redo data and so I'm expecting it to be better.

2 It was a huge problem --

3 MR. BUNCH: Yeah.

4 DR. ALVERSON: -- because of the data
5 transfer.

6 MR. BUNCH: I think one advantage,
7 too, is having you here from the very beginning
8 on any new company that we do too since you know
9 all the problems from this one.

10 DR. ALVERSON: Right. Well, I think
11 it's gotten to the point that the best thing is
12 some of the staff who work with it day to day --

13 MR. BUNCH: Yeah.

14 DR. ALVERSON: -- who have really
15 learned it --

16 MR. BUNCH: Yeah.

17 DR. ALVERSON: -- and kind of know the
18 questions to ask, but thank you.

19 MR. CONRADI: How are we on 797
20 inspections? Are we --

21 DR. ALVERSON: Pardon?

22 MR. CONRADI: 797, have we been
23 through every one of them?

1 DR. ALVERSON: No, we have not. I
2 wish I could say yes we have. Somebody asked me
3 when we came in the door, I understand those
4 things are taking you a number of hours and my
5 comment was, well, it's getting now where it's
6 taking a day and some of them more than a day.
7 I say we -- we all continue to learn. We're
8 finding where people are hiding things. We're
9 now looking at things we weren't looking at a
10 year ago so -- but we are still working on 797s.

11 MR. CONRADI: Yeah.

12 DR. ALVERSON: We've probably done
13 maybe 75 percent, all right. If we had done
14 just 797s, we'd be done, but we started doing
15 795s in there because there are so many
16 nonsterile compounding places and I think that
17 has slowed us down. And as Eddie mentioned,
18 we've been working with outside agencies, which
19 has been very helpful for us because they're
20 supporting us. We're receiving information from
21 them but for us to have that relationship, it
22 also means it's a give-and-take situation and we
23 have to go to meetings with them and so on and

1 so forth.

2 MR. CONRADI: Good.

3 DR. ALVERSON: We invited the auditor.
4 Am I taking too much of your time?

5 MR. CONRADI: No, ma'am.

6 MR. BUNCH: No, ma'am.

7 DR. ALVERSON: Okay. We met -- we
8 asked the State auditor and two of them came.
9 We asked them to come just to make sure we knew
10 what to expect, more I knew what to expect. A
11 lot of people here know but I -- it's new for me
12 and I wanted to be sure we knew about it and so
13 Mitzi and I and Eddie and Rhonda.

14 MS. ELLENBURG: Blake.

15 DR. ALVERSON: Pardon?

16 MS. ELLENBURG: Blake.

17 DR. ALVERSON: And Blake, because we
18 wanted to be sure Blake was in on that, met for
19 a whole day with the auditors and we're glad we
20 did. We've learned some things. We were also
21 in Montgomery at a meeting with auditors last --
22 Mitzi and I were last week and the State is
23 putting in an \$85 million new data system called

1 the Star system and charging --

2 MR. BUNCH: Are they using GL Suites?

3 DR. ALVERSON: Pardon?

4 MR. BUNCH: Are they using GL Suites?

5 DR. ALVERSON: They're not. In fact,
6 when we were in Montgomery, we heard from some
7 other people who said, oh, don't go with those
8 people. However, the State is charging every
9 state agency apparently a hefty amount of money
10 to come up with that 85 million. We are exempt
11 from that because we are a checkbook agency so
12 we were glad to hear that.

13 Having said that, the auditor has told
14 us they will, of course, be looking at
15 financials. I've talked somewhat to Blake.
16 We're going to have to have more conversations
17 but I think Dan has got his -- his pulse on that
18 or his hand on that feeling the pulse, I guess.
19 But of course they'll look at financials.

20 They said they want to be sure that
21 they can match every license with a payment and
22 every payment with a license, so they will be --
23 and they will be looking at the security of our

1 system not because they suspect anybody but
2 because they want to be sure that we don't make
3 it easy for someone to either walk off with a
4 blank license or walk off with a payment that
5 came into the office and never makes it to the
6 bank, and so we discussed that with them.

7 They'll want to look at are we -- how
8 are we handling licenses, is it accurate, is it
9 timely, how do we treat people. They will
10 survey people who receive licenses from our
11 offices to see how we deal with the public and
12 then they'll look at state regulations such as
13 how do we handle travel, property, can we make
14 sure that chairs aren't walking out of the
15 building when we go home at night, those kinds
16 of things.

17 They seemed when we were in Montgomery
18 to be on a real effort for state agencies to
19 make sure people are working the number of hours
20 for which they've been hired. All the state
21 agencies are being given time clocks and we're
22 exempt from that also.

23 We found out we have to document

1 citizenship because of federal law on everybody
2 who receives a new license and when we first
3 spoke to them, we thought it was just that but
4 while they were speaking in Montgomery, Mitzi
5 picked up someone saying, and the first time
6 they renew. I didn't hear it but Mitzi did and
7 we checked with them and that's true, we have to
8 check on first renewal to receive one form of
9 documentation to prove citizenship. We have
10 birth certificate.

11 MR. WARD: How stupid is -- how stupid
12 is that. The first renewal and then after that
13 you can be --

14 DR. ALVERSON: Well, if you were a
15 citizen -- if you were a citizen, we don't have
16 to -- every time you renew, we don't need proof
17 that you're a citizen.

18 MR. WARD: Okay. But the first time
19 you renew, you've got to show you still are one?

20 MR. CONRADI: Only if we didn't do it
21 before.

22 DR. ALVERSON: Because the law went
23 into effect recently and there are people who

1 received a license without this rule being
2 implemented, we have to catch anyone who fell
3 through the cracks on the first renewal.

4 MR. WARD: Well, that's most
5 everybody.

6 DR. ALVERSON: Well, it will be for
7 technicians.

8 DR. MARTIN: Are you saying the first
9 renewal for that individual or first renewal
10 after introduction of the --

11 DR. ALVERSON: The first renewal --

12 DR. MARTIN: After introduction.

13 DR. ALVERSON: -- after introduction.

14 MR. WARD: Like Tim -- like these
15 guys, they have to now -- they have to prove
16 that they're citizens?

17 DR. ALVERSON: Yes.

18 DR. MARTIN: First time we will.

19 DR. ALVERSON: First time they renew,
20 we'll need proof of citizenship.

21 MR. CONRADI: First time, driver's
22 license.

23 MR. WARD: Government at work.

1 MS. ELLENBURG: Well, except we would
2 have all their birth certificates because that's
3 part of our law for them to be registered and
4 that's an acceptable document.

5 DR. ALVERSON: Right. So for a lot of
6 pharmacists, we already have that documentation.

7 MS. ELLENBURG: The techs, we don't.

8 DR. ALVERSON: But with the next
9 renewal of techs, we're going to require a copy
10 of their driver's license or one of the other
11 appropriate documents to prove that they are
12 citizens.

13 MR. WARD: And you know by history
14 they'll be extraordinarily compliant sending
15 that in, don't you.

16 DR. ALVERSON: We do, but we have
17 enough notification this time that you won't get
18 your license unless we have received a copy of
19 your documentation.

20 MR. DARBY: Does the driver's license
21 have citizenship on it?

22 DR. ALVERSON: I don't think so but it
23 is listed as one of the acceptable --

1 MR. WARD: There's an A list and a B
2 list. A list lists things you just need to have
3 one of and the B list is two.

4 DR. ALVERSON: And we fall into a
5 different category than an employer. An
6 employer would need two but.

7 MR. WARD: We need to have -- you need
8 to let -- you need to let the pharmacists know
9 all of this so they don't inadvertently have a
10 technician working for them who is not compliant
11 with that.

12 DR. ALVERSON: Right. So we are in
13 the process of setting up new systems for how we
14 handle cases that we can track them, know where
15 they are, and we've also set up a committee now
16 that looks at the case, decides which way it's
17 supposed to go so that it's been looked at by a
18 couple of people and we can be sure there's --
19 we're doing our best to eliminate any bias in
20 handling of the case.

21 I've taken up enough time. That's
22 it.

23 MR. CONRADI: That's okay. Keep

1 going.

2 DR. ALVERSON: That's it for the
3 month.

4 MR. CONRADI: Any questions?

5 (No response.)

6 MR. CONRADI: Mr. Ward, do you have an
7 attorney's report?

8 MR. WARD: No, just -- just for
9 executive session.

10 MR. CONRADI: Okay. Old business,
11 I've got one. Have we got a work session
12 scheduled for next month?

13 MS. ELLENBURG: Should be, yes, sir.

14 MR. CONRADI: Do we need one, anybody?

15 MR. BUNCH: Jim, did you have -- Jim
16 mentioned something earlier that he may want
17 to bring something up next month.

18 MR. EASTER: Jim Easter, Baptist
19 Health System. At one point a month or two
20 months ago, we were talking about ambulance
21 services and Richard Lambruschi was in the back
22 of the room and called upon and discussed some
23 things that he was looking at when he did

1 inspections, including those ambulance systems
2 waiting at the portico of the hospital and so
3 forth. I wrote and asked if we might have a
4 work session or an educational session where
5 perhaps Charlie Thomas and members of the Board
6 or the inspectors could talk to us a little bit
7 about how to make that system mesh. It's a
8 rather incomplete system as far as I can tell.

9 MR. WARD: We did that about three
10 years ago. I remember when we had all of that
11 set out, we got an opinion from the DEA. Do you
12 remember that?

13 DR. MARTIN: That was about two,
14 two-and-a-half years ago.

15 MR. WARD: Yeah, we called the DEA
16 about that.

17 MR. CONRADI: All right. So we'll
18 keep the work session on.

19 MR. WARD: All right. We need to find
20 out.

21 MR. CONRADI: Louise -- we'll keep the
22 work session on for next month. I just wanted
23 to make sure we had topics to talk about if

1 y'all want to drive and be here at eight o'clock
2 for that. I'm sorry, yes, ma'am.

3 DR. ALVERSON: I forgot to include,
4 you had asked me to bring a report about
5 methadone clinics and I want you to know I've --
6 have been meeting with people and collecting
7 data and it's not that I forgot about it.

8 MR. CONRADI: I think we will have
9 more data than we need by next meeting.

10 DR. ALVERSON: Yes.

11 MR. CONRADI: That's the only thing I
12 had on old business. Have y'all got anything
13 else?

14 DR. MARTIN: No.

15 MR. CONRADI: On new business, one
16 thing I want to discuss I guess before we get
17 going is the new hydrocodone rule goes into
18 effect October 6. The Board position is this:
19 Same as the DEA's. If it has refills on it and
20 it was written before October 6, those refills
21 are good if your computer system will let you
22 refill them. You can't make a new prescription
23 out of it and refer it back to an old number

1 because after October 6, it's a CII and it would
2 have to be signed by the doctor, written.

3 So if your computer system will let
4 you refill it, you can do that through the time
5 frame of whenever it runs out by April whatever,
6 6 or 7, so any questions on that? I mean,
7 there's been a lot of questions about whether it
8 will it work and I think the only one in my mind
9 is I know at CVS and I've talked to a couple
10 individuals, their systems, and Buddy says Rx30
11 is trying to fix their system so it will work
12 and let you refill those but our position is we
13 can refill them up to that point. Now, I don't
14 know about what you do in a nursing home on
15 orders and that type thing. Cara.

16 MS. LEOS: I just have one quick
17 question on that. A patient can get up to a
18 90-day supply of hydrocodone though with that
19 one prescription; is that correct?

20 MR. CONRADI: Well, they can get a
21 year's supply if the doctor writes it.

22 MR. WARD: No, no.

23 MS. LEOS: It's a maximum of 90

1 days.

2 MR. CONRADI: Under the new law?

3 MS. LEOS: Yeah.

4 MR. CONRADI: Yeah, but under the old
5 law they can get whatever.

6 MS. LEOS: Right.

7 MR. WARD: He has to write -- he has
8 to write three prescriptions, I think.

9 MR. CONRADI: Well, he can write one
10 prescription.

11 MS. LEOS: I thought it was one
12 prescription for up to a 90-day supply.

13 MR. CONRADI: If his insurance will
14 pay for it.

15 MS. LEOS: Yeah, and then if they
16 don't get all 90 days at that one time, they --
17 the rest of that goes away just like a normal
18 CII would at that point where you would need a
19 new prescription; is that correct?

20 DR. ALVERSON: That's how I read it.

21 MR. DARBY: That's my understanding,
22 yeah.

23 MS. LEOS: Okay.

1 MR. BUNCH: Is that right, Susan? I
2 thought I saw somewhere where you had to have
3 three prescriptions.

4 MR. WARD: I thought you did too.

5 MR. CONRADI: Well, if you write it
6 for 90 days and your insurance is going to pay
7 for it.

8 MR. WARD: No, you can -- you can
9 postdate the prescriptions.

10 MR. DARBY: You can't postdate it.
11 You can put on there do not fill until.

12 MR. WARD: Yeah, that's what I read.

13 DR. ALVERSON: I think it said -- now
14 I -- I thought it said you could write enough
15 for 90 days on one prescription.

16 MS. LEOS: Right.

17 MR. WARD: I don't --

18 DR. ALVERSON: That was my --

19 MR. CONRADI: If the physician wanted
20 to.

21 DR. ALVERSON: Right, you can write --

22 MR. CONRADI: You can write three
23 separate ones or five separate ones.

1 DR. ALVERSON: You could do that too.

2 MR. WARD: It will be on the DEA --
3 the DEA has a part of its website that has --
4 that explains all of that and it's in the
5 Pharmacist's Manual that if you go to the DEA
6 website, they have something called the
7 Pharmacist's Manual on there, which is really a
8 great resource. It explains all of that.

9 DR. ALVERSON: I downloaded the DEA --

10 MR. WARD: I read it last time --

11 DR. ALVERSON: -- website to our
12 website. The DEA statement is on our website.

13 MS. LEOS: It doesn't really say.

14 DR. ALVERSON: It doesn't because it
15 refers to chapter 21.

16 MS. LEOS: Yeah, and I thought I read
17 it --

18 MR. WARD: Get the Pharmacist's
19 Manual. It's really good.

20 MR. CONRADI: But anyway, whatever the
21 DEA will allow, we'll allow, and I think it's
22 going to be a whole lot of problems with
23 computer systems the day it turns CII if your

1 update -- updates your hydrocodone that day to a
2 narcotic, then I think a lot of systems won't
3 let you refill it after that date so -- but as
4 far as the Board is concerned, if your system
5 lets you do it, you can refill it for the -- for
6 the six months from date written.

7 DR. ALVERSON: I think the date is
8 April 8.

9 MR. CONRADI: Yeah, that's confusing
10 enough. We've got one thing under new business
11 on Auburn University, permission to close their
12 pharmacy during the week of Christmas or work
13 less than 20 -- I have no problem with that. I
14 don't think anybody is going to be out
15 inspecting them during that time. I know they
16 put a note up if they need something, they can
17 call -- they have a pharmacist on call who will
18 go open up and get them medication. So I don't
19 know that requires a vote from us.

20 MR. BUNCH: I don't know. I can make
21 a motion.

22 MR. CONRADI: Let's do that.

23 MR. BUNCH: I'll make a motion that

1 Auburn University may close their pharmacy for
2 the week of Christmas.

3 MR. CONRADI: Would you include -- any
4 university?

5 MR. BUNCH: Any university that has a
6 pharmacy.

7 MR. CONRADI: Because I know
8 Tuscaloosa asked too.

9 DR. MARTIN: Second.

10 MR. CONRADI: All in favor?

11 MR. MCCONAGHY: Aye.

12 MR. DARBY: Aye.

13 MR. BUNCH: Aye.

14 MR. CONRADI: Discussion?

15 DR. ALVERSON: Yeah.

16 MR. CONRADI: Too late.

17 DR. ALVERSON: I was going to say
18 could we include in there that there has to be
19 someone available in case somebody needs a
20 medication, if they needed a refill, someone
21 could at least answer the phone and transfer it
22 out?

23 MR. BUNCH: Yeah.

1 MR. CONRADI: Well, they'd have to be
2 there.

3 MR. WARD: Isn't that their
4 responsibility to figure that out?

5 MR. CONRADI: They have to provide a
6 number to call to be able to get
7 prescriptions.

8 MR. WARD: Right, that's right.

9 MR. CONRADI: I know that. I know
10 Auburn does that.

11 DR. ALVERSON: Right, something like
12 that.

13 MR. CONRADI: Yeah, we'll just tell
14 them that if the University asks, because
15 they're going to be asking, they'll wait until
16 after Thanksgiving and ask, so.

17 Any other new business we have?
18 Ms. Jones.

19 MS. JONES: I just wanted to update
20 the Board based upon the meeting that we held
21 last month or just a few weeks ago on the
22 long-term care automated dispensing rules. APA
23 was asked to draft some of those rules. We have

1 had one meeting. We've got a document we're
2 about to send out to the group that was here and
3 we will be getting hopefully a final draft
4 proposed rule to you before your next Board
5 meeting.

6 MR. CONRADI: Was that a productive
7 meeting?

8 MS. JONES: It was.

9 MR. CONRADI: Good. Any other
10 comments for the good?

11 (No response.)

12 MR. CONRADI: Okay. I'd like to make
13 a motion that we retire to executive session for
14 the purpose of discussing professional
15 competence, general reputation, and character of
16 licensees and registrants of the Board. We'll
17 go into executive session --

18 MR. WARD: And -- and -- and
19 resolution of pending cases.

20 MR. CONRADI: And resolution of
21 pending cases, which would be in that.

22 MR. WARD: Yeah, I certify as a lawyer
23 licensed to practice law in the State of Alabama

1 that is one of the reasons for going into
2 executive session.

3 MR. CONRADI: We'll go into executive
4 session, let's say at 10:30. I know we get
5 long-winded. And we'll come out at 11 o'clock
6 at which time when we come out, we will only
7 vote for what we discussed in executive session
8 and then we will adjourn. I need an individual
9 vote on that.

10 Mr. McConaghy, how do you vote?

11 MR. MCCONAGHY: Aye.

12 MR. CONRADI: Dr. Darby?

13 MR. DARBY: Aye.

14 MR. CONRADI: Dr. Bailey, I mean,
15 Martin?

16 DR. MARTIN: Aye.

17 MR. BUNCH: Aye.

18 MR. CONRADI: Bunch -- and I vote aye.
19 Y'all are adjourned.

20

21 (Whereupon, a recess for executive
22 session was taken from 10:13 a.m. to
23 11:17 a.m.)

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(Whereupon, Board member Tim Martin was not present for the remainder of the proceeding.)

MR. CONRADI: Case number 14-0032, no violation, response letter to RPh and resolution letter to complainant. How do y'all vote?

MR. MCCONAGHY: Aye.

MR. DARBY: Aye.

MR. CONRADI: Aye.

MR. BUNCH: Aye.

MR. CONRADI: Case number 14-0041, no violation.

Dr. Alverson, are you a doctor?

DR. ALVERSON: Well, I have a doctorate's degree.

CONRADI: Okay. Well, they keep going back and forth. I thought they were kidding with you. Sending a letter to the pharmacist and complainant. So I just wanted to make sure that's correct. All in favor?

MR. BUNCH: Aye.

1 MR. DARBY: Aye.

2 MR. CONRADI: Aye.

3 MR. MCCONAGHY: Aye.

4 MR. CONRADI: Case number 14-0044,
5 letter of concern. All in favor?

6 MR. MCCONAGHY: Aye.

7 MR. DARBY: Aye.

8 MR. CONRADI: Aye.

9 MR. BUNCH: Aye.

10 MR. CONRADI: Case number 14-0045, no
11 violation, resolution letter to complainant and
12 letter to supervising pharmacist. All in favor?

13 MR. MCCONAGHY: Aye.

14 MR. DARBY: Aye.

15 MR. CONRADI: Aye.

16 MR. BUNCH: Aye.

17 MR. CONRADI: Case number 14-0064, no
18 violation, letter to complainant and supervising
19 pharmacist. All in favor?

20 MR. MCCONAGHY: Aye.

21 MR. DARBY: Aye.

22 MR. CONRADI: Aye.

23 MR. BUNCH: Aye.

1 MR. CONRADI: 14-0079, no violation,
2 letter to complainant, letter to supervising
3 pharmacist concerning following professional
4 standards. All in favor?

5 MR. MCCONAGHY: Aye.

6 MR. DARBY: Aye.

7 MR. CONRADI: Aye.

8 MR. BUNCH: Aye.

9 MR. CONRADI: 14-0086, no violation,
10 letter of -- letter to complainant and letter to
11 supervising pharmacist concerning importance of
12 maintaining -- maintaining integrity of PDMP.
13 All in favor?

14 MR. MCCONAGHY: Aye.

15 MR. DARBY: Aye.

16 MR. BUNCH: Aye.

17 MR. CONRADI: And finally, 14-0104,
18 letter of concern to supervising pharmacist and
19 district pharmacist supervisor, resolution
20 letter to complainant. All in favor?

21 MR. MCCONAGHY: Aye.

22 MR. DARBY: Aye.

23 MR. BUNCH: Aye.

1 MR. CONRADI: Aye.

2 I make motion we adjourn.

3 MR. MCCONAGHY: Aye.

4 MR. BUNCH: Aye.

5 MR. DARBY: So moved.

6 MR. CONRADI: So moved. All in favor?

7 Aye.

8 We don't have to vote on adjournment.

9

10 (Whereupon, the hearing was adjourned

11 at 11:19 a.m.)

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CERTIFICATE

STATE OF ALABAMA
SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing hearing was taken down by me in stenotype and the questions, answers, and statements thereto were transcribed by means of computer-aided transcription and that the foregoing represents a true and correct transcript of the said hearing.

I further certify that I am neither of counsel, nor of kin to the parties to the action, nor am I in anywise interested in the result of said cause.

/s/ Sheri G. Connelly
SHERI G. CONNELLY, RPR
ACCR No. 439, Expires 9/30/2014

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