Clinic Dispensing

By: Mark A. Horne, RPh,

President PharmPak Inc.

Mark Horne, RPh President PharmPak, Inc.



Education & Training: University of Arizona, Pharmacy Degree

Licensure:

California and Nevada Boards of Pharmacy since 1963

Professional Experience





Wholesale/Manufacturing Facilities:

PharmPak, Inc. 1983-Present

Pharmacy Consultant:

Consultant to Planned Parenthood affiliates, Health and Human Services Marin County and community health centers in Northern California.

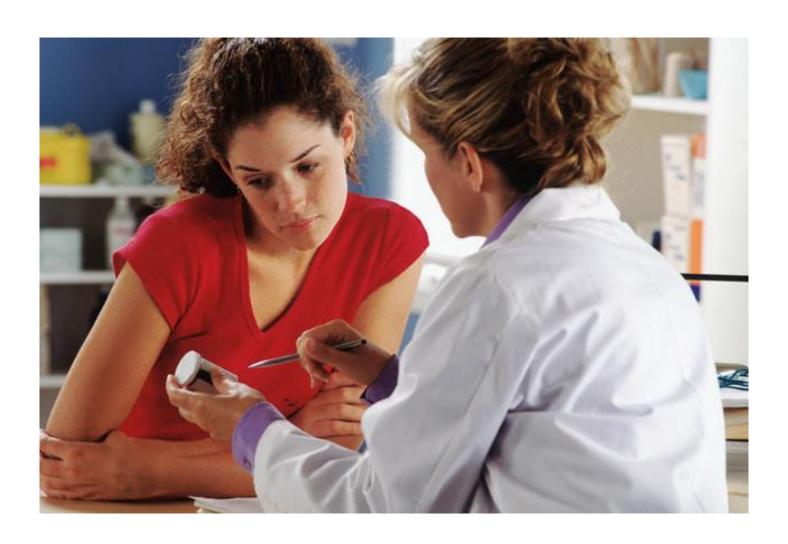
Retail Pharmacies/Staff Pharmacist:

Clark Drug, Lynwood, CA Hillcrest Pharmacy, Inglewood, CA Spring Park Drug, Long Beach, CA

Owner/Pharmacist:

Sabini Pharmacy, San Francisco, CA Schumates Pharmacy, San Francisco, CA Seacliff Pharmacy, San Francisco, CA Stier's Drug, Oakland, CA Burton's Pharmacy, San Francisco, CA from 1972-2007

Why dispense in the clinic?



The Facts!



- 25% of all new prescriptions go unfilled whether or not the patient has insurance.
- 31% of prescriptions for a short course of therapy go unfilled.
- Up to 50% (estimated) of prescriptions for underserved populations go unfilled.

(Kaiser Foundation Health Report 2010)

- The United States has a 51% rate of adherence to medication therapy.
- Among immigrant populations, adherence may be as low as 15%.

(EthnoMed Clinical Topics in Pharmacy 2008)

Why prescriptions go unfilled...



- Patients may not be able to afford the prescription.
- Patients might be embarrassed by their condition.
- Patients may have cultural and/or language barriers.
- Patients might not understand the need for the prescription.
- Patients may not have easy access to a pharmacy.

Why dispense in the clinic?





- •Medication given at the time of the appointment has a greater impact on patient compliance. Patient progress can be monitored.
- ■Patients get the medication from a practitioner they have come to trust. Directions can be made clear and questions are answered.
- ■Patients can be assured of confidentiality and security in a safe environment.
- ■Patients with chronic needs don't have to worry about running out of medication.
- ■There is less need for visits to urgent care and emergency rooms when patients are being monitored in a comfortable environment.

What is needed in order to set up clinic dispensing?



- Obtain a dispensing permit from the California Board of Pharmacy.
 Free for non-profit organizations.
- Hire a consulting pharmacist to do quarterly compliance checks.
 You do not have to have a pharmacist on-site to dispense medications.
- Apply for a DEA permit if you need to dispense controlled substances.

California Board of Pharmacy Business & Professions Codes that address clinic dispensing.



- 4180: Article 13: Non-Profit or Free Clinics
- 4181: License Requirements Policies & Procedures: who may dispense
- 4182: Duties of Professional Director: Consulting Pharmacist Required
- 4203: Non-Profit Clinic License Application Form: Investigation
- Detailed definitions are included in the CA Health and Safety Code Sections 1204 and 1206.

What 's required once you receive the permit? The Check List:



Quarterly Review of Clinical Pharmaceutical Services:			
INDICATOR	YES	No	COMMENTS
1. Pharmaceutical Policies & Procedure Manual	Х		
2. Current Medication References available	Х		
3. Adequate lighting, ventilation and security in medication storage area.	Х		
4. Keys to Locked medication storage areas are in the possession of authorized, licensed personnel.	Х		
5. External and internal medications are properly separated.	Х		
6. Medication labels are not altered or removed and remain in good condition.	Х		

The Check List:



Continued			
INDICATOR	YES	No	COMMENTS
7.There is no evidence of expired, or deteriorated medications stored in the active stock area.	Х		
8. Multi-dose vials of injectables are labeled and dated when opened, per policy.	X		
9. Proper temperature is maintained and recorded for the medication refrigerator. 36-46 Degrees F	Х		
10. Non-Drug items are not stored in the medication refrigerator, the refrigerator is clean.	Х		
11. Controlled Substances medications are stored in a secure, double locked area & keys are maintained by authorized, licensed personnel.	n/a		

The Check List:



Continued			
INDICATOR	YES	No	COMMENTS
12. Controlled drugs are counted with each supply access; count is accurate, verified with 2 licensed personnel signatures every 30 days.	n/a		
13. Controlled drugs are administered only on site, accounted for and documented in the log.	n/a		
14. Medication Logs are complete for each dose furnished, log is legible.	Х		
15. Random chart audit show medications furnished track chart to administration log.	Х		
16. Proper directions for use of medication is documented in patients chart.	Х		

The Check List:



Continued			
INDICATOR	YES	No	COMMENTS
17. Patient allergy status is recorded; no evidence of medications furnished where known allergy was recorded.	X		
18. Emergency medication carts are not expired: w/list of contents attached & tamper-evident seals in tact.	X		
19. Proper procedure is followed for ordering & receipt of all medications.	X		
20. Invoices for medications are on file: controlled medication invoices are filed separately.	X		
21. Clinic permits/licenses are posted and current.	Х		

Additional Check List with Electronic Health Records



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INDICATOR	YES	No	COMMENTS
22. Computer generated pharmacy report is complete for each medication dispensed by date and lot number.			
23. Random Electronic Medical Records chart audit indicates medication lot number entered correctly.			
24. Random Electronic Medical Record chart audit indicates information handout documented in Client Education section.			
25. Random Electronic Medical Record chart audit that patient allergy status recorded and no evidence of medication furnished where known allergy was recorded.			