



NABP 109th Annual Meeting
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Report of the Executive Committee

Presented by:

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Good afternoon.

It is a pleasure to see so many of you here in St Louis to participate in our 109th Annual Meeting. Before

I share the accomplishments and milestones of some National Association of Boards of Pharmacy[®] (NABP[®]) programs, I would like to thank all of you for taking time to attend this important meeting. This year our theme, “State Boards of Pharmacy and NABP – Gateway to Shared Responsibility and Success,” reinforces how important it is for all of us to work together for success. Just as St Louis was once the gateway for the expansion that furthered the success and growth of this nation, the partnership between the boards and NABP is our gateway to further strengthen regulations and other initiatives that protect public health.

While shared responsibility leads to great success with many of the issues the boards face today, it also requires additional time and commitment. I know

it is easy to stay focused on the issues and concerns affecting your area of the country, so I sincerely value your dedication and willingness to get involved in issues and activities that go beyond your own back yard. The members of NABP know that a shared sense of responsibility for the public health, nationally and internationally, enables us to put forth a unified force that facilitates the success of our mission: protecting public health. I truly appreciate your commitment to the Association’s mission.

International Interactions

Last year I had the pleasure of announcing an exciting international opportunity that lay before us – namely, our application to become the official registry of .PHARMACY, which is a new generic Top-Level Domain (gTLD) that has become available. Just like .EDU stands for Web sites related to education, and .GOV is for government sites, pharmacies would be able to utilize the .PHARMACY domain. This initiative provides us the foundation for regulating pharmacy practice on a global scale.

And today I have the greater pleasure of announcing that we have passed the initial evaluation of the Internet Corporation for Assigned Names and Numbers, or ICANN. Passage of the initial evaluation is a critical milestone and it is all down hill from here.

The remaining milestones in the process include contract negotiations and execution and pre-delegation testing. Pre-delegation testing ensures that we have the capacity to operate the new .PHARMACY gTLD in a stable and secure manner.

We can now begin operationalizing the program with the goal of launching by the end of 2013.

Since the late 1990s, with the launch of its Verified Internet Pharmacy Practice Sites^{CM} accreditation program, NABP has been involved in combatting rogue Web sites selling prescription drugs. With our knowledge of the greedy and unscrupulous people who run these entities, we wanted to make sure that the .PHARMACY domain could only be used by legitimate pharmacies and other prescription drug-related organizations worldwide that

adhere to local, national, and international standards where they are based and where they sell medicine.

We also know that the issue of rogue Internet drug sellers is not just a United States problem – it is a global problem of epidemic proportions. Therefore, one of our main goals for this project was to build a global coalition of stakeholders. We have done so with resounding success.

Our first gTLD Advisory Committee meeting was held in February and included stakeholders from around the world. Among many other industry experts, participants included representatives from the International Pharmaceutical Federation, the National Association of Pharmacy Regulatory Authorities from Canada, INTERPOL, and the European Alliance for Access to Safe Medicines. I am very gratified by the strong alliance we have formed with these organizations, and with the many other important stakeholders.

During this meeting, our partners reviewed and commented on drafts of the .PHARMACY governance structure and standards. The proposed governance structure specifies that the .PHARMACY gTLD will be overseen by an executive board representing the global coalition behind the .PHARMACY initiative.

The advisory committee includes the various institutions and organizations that NABP has worked with in conjunction with the .PHARMACY application. This permanent committee will provide expertise and strategic

input to the Executive Board for establishing common standards of operation that are universal to legitimate pharmacy practice. These core standards will be required of all domain name registrants in the .PHARMACY gTLD, regardless of their location, in order to be consistent with the mission and purpose of the .PHARMACY gTLD and the interests of the global public health.

In addition, national standard setting committees will be implemented as needed. These national committees support our goal of making the .PHARMACY domain available and viable to legitimate online pharmacies across the globe. We want to provide a safe and trustworthy space for people around the world to find legitimate Internet pharmacies; therefore, these national committees will ensure that variations in applicable laws and regulations relating to medication dispensing, Internet commerce, and patient privacy are considered for the applicants from the corresponding jurisdictions. For instance, some jurisdictions may prohibit the sale of any prescription drugs, and/or the posting of drug-related information, online. Additionally, some pharmacy information that is public in some countries may not be accessible in others.

The report of the gTLD Advisory Committee will soon be available on our Web site in the Members section.

The .PHARMACY initiative will provide the foundation for regulating pharmacy practice on a global scale!

Tri-Regulator Symposium

In October 2012 we had the wonderful opportunity to brainstorm and network with another group of stakeholders in health care. During that time we met with our colleagues from the Federation of State Medical Boards (FSMB) and the National Council of State Boards of Nursing (NCSBN) during the first ever Tri-Regulator Symposium. I am pleased to say that we had excellent participation from our members, filling our allotted 40 registrations.

Issues discussed during the Symposium included health care workforce planning, licensure portability, telemedicine, maintenance of licensure, the value of inter-professional communication, education, professionalism, and team-based care. NABP members had much to offer during these discussions, especially those related to license portability, telemedicine, maintenance of licensure, and communication. Video of these sessions and others are available in the Meetings section of the NABP Web site.

To ensure that the progress made during the Symposium was not lost, in February, we met with the leaders of NCSBN and FSMB to continue the discussion. We also discussed with the organizations how we can partner to expand the national dialogue. We anticipate holding Webinars that will enable the tri-regulator membership to discuss topics relevant to their organizations. Also, we have begun making plans for future meetings. This includes a first-ever meeting

of the executive boards of the FSMB, NCSBN, and NABP in 2014. Additionally, a second tri-regulator symposium is expected to be held in 2015.

The Executive Committee and I believe that keeping this communication open among our fellow regulators will be of great benefit to the continued improvement of public health.

New Board Portal

Within NABP we have also been working hard to provide you with the tools geared to improve your board's day-to-day operations related to examination eligibility and disciplinary reporting. In April we launched an improved Web interface for the board of pharmacy staff to utilize when granting eligibility, viewing score reports, and reporting disciplinary actions, among other tasks. This tool, called Board e-Profile Connect, allows each staff member to have their own login credentials. Additionally, the executive director of the board is able to specify the functions each person has access to. This provides added security as only those who are involved in certain tasks will have access to those responsibilities.

We named this tool the Board e-Profile Connect because it will be your connection to licensees' full professional history as well as important information on pharmacies. Now that the database is operational, we can move forward with giving you a 360° view of those individuals and entities that are licensed or seeking licensure from your board.

We will continue to add

functionalities, like a license transfer interface, and streamline processes for this valuable tool. Our goal is to provide you with a resource that will make your job easier and support you in protecting public health.

We held Webinars at the time of the launch to provide instructions for this tool and provided training documents. However, if you have more questions or your staff needs a refresher course please let us know.

Hopefully some of you had a chance to view a demonstration of this system during the Hospitality Brunch this morning. We want to know what you think of this tool, and we appreciate your feedback. We want this system to work for you. Carmen will speak more about this in his remarks.

InterConnect/NAR_xCHECK Update

Last year at this time, then Executive Committee Chairperson Bill Winsley announced the successful launch of our NABP PMP InterConnect®. In just 18 months, we had launched a system to allow state prescription monitoring programs (PMPs) to securely share data, and nine states went live. I am pleased to say that our success has continued into 2013, and we now have 15 states with systems live. Additionally, nine states have signed memorandums of understanding (MOUs) and are working toward implementing NABP InterConnect, and five states have MOUs under review.

Since the launch in July 2011, over 1.5 million requests have

been processed through NABP InterConnect. On average it takes only 7.5 seconds for authorized PMP users to obtain a consolidated multi-state PMP report.

As these participation details show, the NABP InterConnect is a quickly evolving program. The program's success is also reflected in the map on the screen. The dark green states are those that are live and using the system. The lighter green-tinted states are in the process of building their system or have signed the MOU but have not yet begun implementation. The green striped states have indicated that the MOU is under review. The light gray states signify those that have operational PMPs and are eligible to join NABP InterConnect. The dark gray states do not have an operational prescription monitoring program.

It is anticipated that 25 states will be sharing data or have an MOU to begin sharing data through the NABP InterConnect by the end of this calendar year.

We attribute much of the success of this program to the PMP administrators and state boards of pharmacy that provided us with their needs. Without their dedication and guidance we would not have been able to create the superior system that is NABP InterConnect.

We continue in our commitment to finance the development, deployment, and ongoing operation of NABP InterConnect so that the burden does not fall to the PMPs. It is our goal that the states will never have to pay annual participation

fees to utilize this tool that is so important for identifying and preventing the abuse and diversion of prescription controlled substances.

In addition to NABP InterConnect being used by PMPs, over the past year NABP has been participating in several pilot programs to see how NABP InterConnect can be used to make PMP data more accessible to prescribers and authorized users by integrating the data into electronic prescribing systems, health information exchanges, pharmacy software systems, and emergency room departments.

We have been very pleased with the success of the pilot programs in Illinois, Indiana, Michigan, North Dakota, and Ohio as we have seen great success and learned much about the integration of PMPs into the daily work flow of health care workers. Other new projects leveraging the NABP InterConnect technology in similar ways are being developed in Illinois, Indiana, Kansas, Ohio, and West Virginia. These are being undertaken with funding support through the Prescription Drug Monitoring Integration and Interoperability Expansion Grant program administered by the federal Substance Abuse and Mental Health Services Administration.

With the success of NABP InterConnect, we have had several PMP administrators approach us about creating PMP software that will fit their needs. Since we never shy away from a challenge at NABP, and because this is another opportunity for our organization to support

your efforts in protecting public health, we have begun working on a solution. This next generation of PMP software is beyond the solutions that are currently available. In addition to working seamlessly with the NABP InterConnect, it will also provide states more options and flexibility for administrators, requestors, and data submitters.

For administrators, the system will:

- Provide a comprehensive, intuitive Web Portal that is branded for each state and compatible with tablet computers,
- Register users via streamlined online registration,
- Provide audit, compliance, diversion prevention, and PMP software statistical reports to PMP administrators, and
- Be a flexible, evolving platform to meet future PMP needs.

For requestors the system will:

- Receive and validate corrected data which the pharmacies submit via the Web portal,
- Allow authorized searching of prescription drug data,
- Audit user activity for security reporting,
- Encrypt data for secure processing of sensitive and protected data, and
- Consolidate patient records automatically to combine similar records

into a single patient record.

Five states have agreed to test this software for us so that we can ensure it meets the needs of PMPs. Because of their participation, we are committing to provide this new software free of charge to Idaho, Indiana, Kansas, Mississippi, and Nevada.

Our goal is to make this software available to all state PMPs at no cost. We are expecting to be able to support this product as well as the NABP InterConnect product with the revenues from NAR_xCHECK.

You may remember that last year NABP introduced NAR_xCHECK as one of our new programs. And if you were able to attend the 2012 Interactive Member Forum or the Executive Officer Forum you heard more about this innovative new offering.

NAR_xCHECK is the next step in making PMP data more accessible to practitioners – both those who prescribe and those who dispense – and law enforcement officials. The NAR_xCHECK software application analyzes PMP data on narcotic, sedative, and stimulant usage and creates a score that can assist authorized health care providers in making appropriate treatment or prescribing decisions.

On the screen you can see a sample of the NAR_xCHECK dashboard, which gives the scores and some other basic information. By clicking on the reports link, practitioners can see the details behind the score.

The NAR_xCHECK score

is similar to a credit score, something with which we are all familiar, but in reverse. A low NAR_xCHECK score indicates to a prescriber that there is a low probability that the patient's narcotic usage may evidence a problem, such as abuse or diversion, for example. When a higher NAR_xCHECK score indicates the need for caution or concern, the treating physician or prescriber can examine the PMP report on the patient in detail, along with other health records if available, in order to make a treatment or prescribing decision.

This product has generated a lot

of interest and NABP is working hard to make it available to those interested. We are working with a number of large electronic medical record companies, electronic prescribing companies, pharmacy software companies, and other health care networks to rapidly deploy this valuable tool.

We look forward to installing NAR_xCHECK into many more health care settings so that prescribers and pharmacists have all the information they need to ensure that patients with legitimate needs receive their medications.

As you can see, we have made

quite a bit of progress on the new programs we have launched over the last couple of years. Your support and input on these new programs as well as the direction of NABP have been, and will continue to be, integral to our success.

Thank you for your support. It has been an honor to work with you on these NABP initiatives and to have served on the Executive Committee for the past seven years.

Thank you.