

Oklahoma Senate Committee on Appropriations

2015-16 Performance Report

Oklahoma State Board of Pharmacy

AGENCY MISSION STATEMENT:

Here a simple statement of the adopted mission of the agency should be provided, along with the entity or person(s) who adopted the mission statement and when it was adopted.

The Oklahoma State Board of Pharmacy's mission is to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of pharmacy and the registration of drug outlets engaged in the manufacturer, production, sale and distribution of dangerous drugs, medication, devices and such other materials as may be used in the diagnosis and treatment of injury, illness and disease.

Adopted Title 59 OS Section 353 (B).

LEAD ADMINISTRATOR:

Here the name, title and contact information for the lead administrative person should be listed.

Dr. John A. Foust, Pharm.D., D.Ph., Executive Director

Oklahoma State Board of Pharmacy

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GOVERNANCE:

Here a brief description of the agency's governance structure should be provided. Is the agency headed by a Governor appointee? An appointee of an independent board? Who selects the board, and who are the current members of the board.

The Board consist of six (6) persons, five who shall be licensed as pharmacists in Oklahoma [actively engaged in the practice of pharmacy for not less than 5 years immediately prior to serving on the Board] and one public member [an Oklahoma resident for not less than 5 years and not be a pharmacist or be related by blood or consanguinity to a pharmacist]. Pharmacist members are appointed by Governor [from a list of 10 names from an annual list submitted from Oklahoma Pharmacist Association (OPHA) after an election by mail ballot] and confirmed by Senate.

<u>Greg Adams, D.Ph., President</u>	<u>Clinton</u>
<u>James Spoon, D.Ph., Vice-President</u>	<u>Sand Springs</u>
<u>Dorothy Gourley, D.Ph., Member</u>	<u>Ardmore</u>
<u>Justin Wilson, Pharm.D, D.Ph., Member</u>	<u>Norman</u>
<u>Kyle Whitehead, D.Ph., Member</u>	<u>Enid</u>
<u>Stephen Dudley, Public Member</u>	<u>Edmond</u>

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The Pharmacy Board members hire the Executive Director who must be a pharmacist.

Does the Board have any committees or subgroups? If so, please provide a detailed listing of the subgroups and their areas of focus.

The Board has a Continuing Education Committee to review and approve pharmacist continuing education.

The Board forms committees when rules need to be added or reviewed for change. We involve individuals from large, medium and small business from the various types of pharmacies or facilities in the subject area where rules or rule revisions are needed.

GOVERNANCE ACCOUNTABILITY:

Is there an attendance policy for board members/commissioners? If so, is it being followed?

Board members are rarely absent from the Board meetings.

Many years ago we had an appointee who did not attend. The governor at that time had a policy that if three (3) meetings were missed the Board could notify the Governor and he would cancel that appointment and appoint a new Board member. We did and he did – it has only been a problem once in more than two decades.

MODERNIZATION EFFORTS:

Please provide a listing of all government modernization efforts undertaken by the agency since July 1, 2012. Additionally, please provide any authorizing statutory changes that prompted the modernization efforts and whether those efforts have led to cost savings or additional cost burden.

The Board had been working with ok.gov to get license and permit renewals online for customer convenience, when the state law requiring such action was passed by the legislature. The push this law gave ok.gov made it possible to get renewals online for our pharmacists. We have since added our technicians.

Upside: The change saves initial printing, postage, and staff time for mailing. Because the applicant cannot submit until the application is complete, and has passed through required checks it saves postage and labor for returning incomplete applications. This allowed the Board to reallocate staff time which improved customer service.

Downside: We have had issues that have added programming and staff costs to fix issues caused by ok.gov online renewal programs stopping required checks, or charging late fees when not due, or telling registrants they are eligible to renew when they are not or conversely denying them when they are eligible. The Board delayed plans to add pharmacies and facilities to online renewals until we have reliable service on existing online renewals.

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The Board scanned its historical and working documents, eliminating over 20 file cabinets and the paper filing and retrieval process. This eased office crowding and the annual need to add new cabinets. It has improved staff response time to calls since records can be retrieved electronically. Our electronic file system saved the construction and maintenance costs of a 400 square foot room for filing cabinets in the new building.

The Board has moved their file servers to the OMES system which saved the construction of a computer room in the new building and the associated costs of a focused HVAC unit for cooling the IT equipment.

Ninty-five to ninty-eight percent of the Board bills are paid electronically. Exceptions being one time payments like witness fees and as first payments to vendors and employees.

What steps has the agency taken to cut costs and/or eliminate waste? Are there efforts that have been successful which you believe could serve as a model for other state agencies seeking to keep costs minimal?

The Pharmacy Board members are all successful business owners. They have always required the Board staff to be modern, effective, efficient, and frugal. The Board gives active oversight and direction.

With fees as much as 50% less than surrounding states, the Board saved enough money from fees over 20 years to build the new Pharmacy Board building at 2920 N Lincoln in Oklahoma City. Working through DCS-Construction and Properties and OMES, with an ongoing commitment to a quality building which was built to 100-year state capitol complex standards while searching for cost savings though responsible engineering, the building came in \$8,000 UNDER the bid cost even after doubling the wall insulation values and installing a SEER 30 geothermal HVAC system using 30 wells drilled 325 feet deep under the parking lot.

CORE MISSION:

What services are you required to provide that are outside of your core mission?

We have had multiple reports to the US House and Senate, as well as state and federal surveys to complete in the last 100 days which pulls staff away from core mission.

Are any services you provide duplicated or replicated by another agency? No

Are there services which are core to your mission which you are unable to perform because of requirements to perform non-core services elsewhere?

Constant change at OMES, without time to work out the kinks, has been a drain on agency staff time. Many of the changes will be good in the long run but communication and cohesion could be better. No time is allotted to integrate a change before further changes occur. With so many changes happening at once it is impossible to measure the effectiveness of particular changes.

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PRIVATE ALTERNATIVES:

Are any of the services which are performed by the agency also performed in the private sector in Oklahoma? No

In other states?

A few states do not inspect pharmacies or hospitals, or do so on a very limited basis. In those cases you have situations like those that occurred in California and Florida in the past. This was repeated in Massachusetts in late 2012 where 60+ deaths occurred and nearly a thousand people developed fungal meningitis due to lack of proper sanitation and handling of prescription drugs which was not uncovered by their Board due to nearly non-existent inspections of facilities. Oklahoma inspects pharmacies every 13 months on average, while some states have up to a 19 year average or have no inspections at all until there is a healthcare crisis.

Has the agency been approached by any foundation, for-profit or not-for-profit corporation with efforts to privatize some of the functions of the agency? No