



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

2008 Annual Report

**To the
California Prison Health Care
Receivership Corporation**



February 18, 2008

Clark Kelso, Receiver
California Prison Health Care Services
P.O. Box 4038
Sacramento, CA 95812-4038

Dear Mr. Kelso:

As you know, Maxor has been engaged in tremendously complex and challenging work involving a comprehensive overhaul of the California prison system pharmacy program. I am pleased to forward you this *2008 Annual Progress Report* outlining the key accomplishments and challenges during the last year and identifying key activities planned for 2009.

It is my belief, that working with your office and dedicated staff, we continue to make progress and have achieved positive results in implementing the *Roadmap to Excellence*. Our focus continues on improved patient safety, evidenced-based practice and cost-effective service delivery.

We believe the results speak for themselves. An actively managed formulary is in place. Disease Medication Management guidelines for all the prevailing disease states found in the CDCR patient population have been developed and implemented. Increased access to key pharmacy management data is now available in over half of the CDCR facilities through the implementation of the Guardian operating system resulting in increased accountability. Even though more than seven million medication orders were filled last year, cost avoidance compared to prior cost trends was approximately **\$33.3M** in 2008.

While the year has not been without its challenges, I am proud of the dedicated and professional effort our Maxor team and CDCR/CPHCS partners have put forth and the standard of excellence that your office has established. I look forward to the next year and am confident that our team is up to any challenges it may bring.

Sincerely,

Jerry Hodge, Chairman

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PHARMACY MANAGEMENT CONSULTING SERVICES

Annual Report January - December 2008

Introduction

In January 2007, the California Prison Health Care Receivership Corporation (CPR) and Maxor National Pharmacy Services Corporation (Maxor) entered into an agreement to provide management consulting services necessary to achieve improvements to the California Department of Corrections and Rehabilitation (CDCR) pharmacy services. The purpose of this agreement was to implement the court approved plan for achieving safe, effective and efficient pharmacy practices (*Roadmap from Despair to Excellence*).

From the outset of this arrangement, the Maxor team worked with the Office of the Receiver to ensure that direction and priorities were established consistent with the overall *Plata* medical care reform effort. These priorities include working closely with the Court's experts in the *Coleman* (mental health) and *Perez* (dental) litigation. The collective efforts of the pharmacy improvement program are guided by the *Roadmap* adopted by the CPR with priority given to achieving patient safety, evidence based practice and cost efficiency. The required improvements outlined in the *Roadmap* are organized into seven primary goals, each supported by specific objectives and timelines:

Goal A: *Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.*

Goal B: *Implement and enforce clinical pharmacy management processes including formulary controls, Pharmacy and Therapeutics committee, disease management guidelines, and the establishment of a program of regular prison institution operational audits.*

Goal C: *Establish a comprehensive program to review, audit and monitor pharmaceutical contracting and procurement processes to ensure cost efficiency in pharmaceutical purchases.*

Goal D: *Develop a meaningful pharmacy human resource program that effectively manages staffing, compensation, job descriptions, competency, performance assessment, discipline, training, and use of the workforce including temporary employees and non-pharmacist staff.*

Goal E: *Redesign and standardize overall institution level pharmacy drug distribution operations for inpatient and outpatient needs. Design, construct and operate a centralized pharmacy facility.*

Goal F: *Based on a thorough understanding of redesigned work processes, design and implement a uniform pharmacy information management system needed to successfully operate and maintain the CDCR pharmacy operation in a safe, effective and cost efficient way.*

Goal G: *Develop a process to assure CDCR pharmacy meets accreditation standards of the designated healthcare review body (NCCHC or ACA) and assist in obtaining accredited status.*

During 2008, Maxor and its California Prison Health Care Services (CPHCS) partners have worked diligently towards accomplishing the *Roadmap* goals and objectives. Significant improvements in pharmacy processes have been implemented, setting the foundation for a more effective, safer and accountable system. Upward trends in pharmacy costs are being reversed as more efficient and effective resource management takes effect despite increased access to prescribers. At the same time, all parties recognize that much remains to be done. This report outlines key accomplishments and progress along the *Roadmap*; provides an updated status report for each of the *Roadmap* specific objectives; and identifies key challenges confronting the process as we move into year three of this multi-year plan.

Summary of Key Accomplishments in 2008

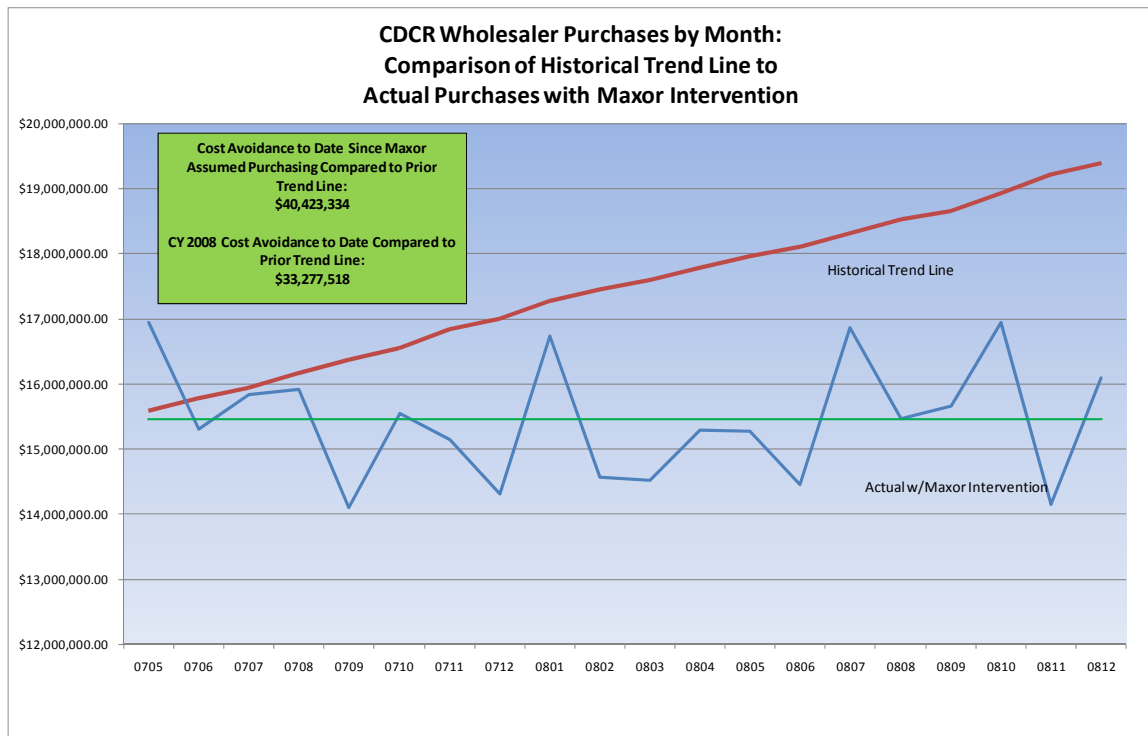
The *Roadmap to Excellence* is intended to lead the CDCR towards an accountable and responsive pharmacy services program resulting in three desired outcomes: first, a priority on improved patient safety; second, the development of an evidence-based practice; and, third, a cost-effective pharmacy program. Significant progress has been made towards achieving each of these outcomes. At the end of last year, Maxor provided its 2007 Annual Report outlining accomplishments in the first year of this reform effort. This 2008 Annual Report updates the progress of the Maxor/CPHCS pharmacy improvement initiative through December 2008.

During the second year of the *Roadmap* implementation, much of the activity has been focused on strengthening the policies, procedures, administrative processes and performance of the pharmacy program; extending implementation of the GuardianRx® pharmacy operating system to all facilities; moving forward on plans to build, equip and bring into operation a central fill pharmacy; and focusing on building CDCR pharmacy staff competencies. Key accomplishments are summarized below:

- One of the initial actions taken in the pharmacy improvement initiative was the establishment of a central pharmacy services administration authority charged with implementation of the Roadmap to Excellence, including the recruitment and hiring of staff to fill central oversight roles and responsibilities. During the second year of this effort, actions were taken to further strengthen and extend oversight. Early in the year, three Pharmacy Operations Manager and six pharmacy technologist positions were filled to assist in staffing three GuardianRx® implementation teams. In June, a new Director of Pharmacy was selected.
- Quarterly staffing model assessments of pharmacy staffing needs within individual institutions were also completed. A revised and CPHCS approved pharmacy staffing plan was put in place in the Spring of 2008. Maxor worked with CPHCS/CDCR human resources to address processes for filling vacancies by centralizing the hiring for Pharmacist I and Pharmacist II positions statewide. This effort, initiated by the Office of the Receiver and involving both Maxor and CDCR, was established to assist in filling critical vacancies for pharmacists and includes updated processes for credentialing, coordination of interviews and making final selections. Standardized duty statements for both Pharmacist positions have been developed along with standard reference check questionnaires and scored interview formats. Interviewing for vacancies using the revised hiring process began in July. Since Centralized hiring began, a total of 48 interviews have been held and 26 offers made. Of these 26, 18 Pharmacists have started employment with the CDCR, six candidates declined the offer and two offers are still pending.

- Attempts to replace registry pharmacists-in-charge (PIC) with state employees are progressing well. The number of registry PICs has been reduced from 10 to 6 and one site with no PIC (Registry or State) has been staffed.
- The coordination of pharmacy related issues and concerns between the *Plata*, *Coleman* and *Perez* parties, to include membership and active participation in the revitalized CDCR Pharmacy and Therapeutics Committee has continued. This vital coordination provides a consolidated interface between the three major health care cases and ensures the focus on improved patient safety and evidenced-based practices remains at the forefront of the decision-making process.
- Significant cost savings compared to prior historical trends have been realized as the various components of the *Roadmap* have been implemented. During 2008, nearly \$33.3M in estimated cost avoidance was realized (see Figure 1).

Figure 1.



This cost avoidance is even more significant when one considers that many of the related medical care improvement initiatives being implemented concurrently are increasing the numbers of inmate-patients being treated. For example, Figures 2 and 3 below illustrate the increased costs experienced in HIV and Hepatitis C medications respectively resulting primarily from increased access to treatment for these conditions. Figure 2 shows that by the end of 2008, almost a million dollars a month more is being spent on HIV medications than in 2006 before the reform efforts began.

Over that same time comparison, Hepatitis C medication spending has increased threefold.

Figure 2

HIV Monthly Drug Costs

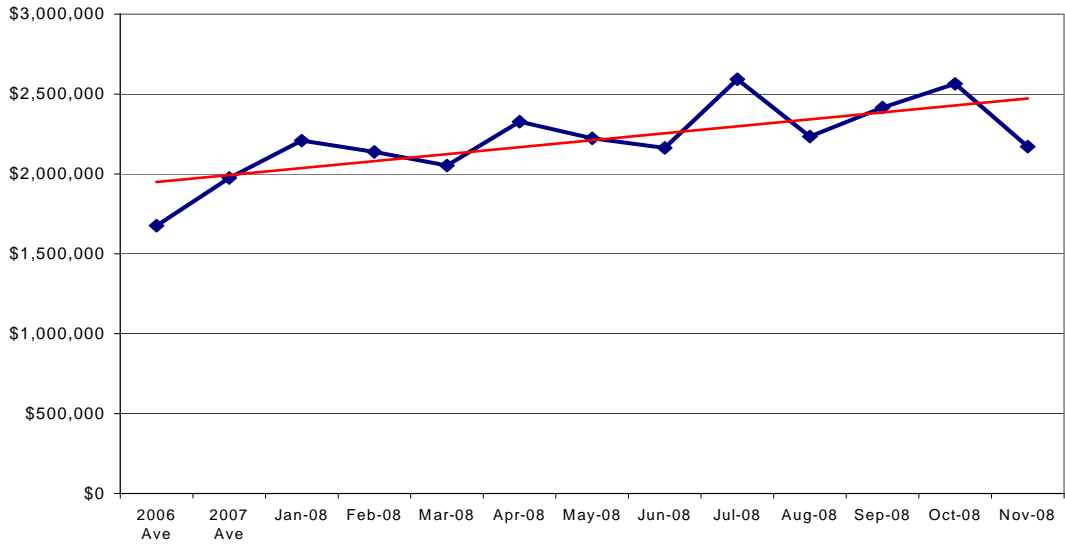
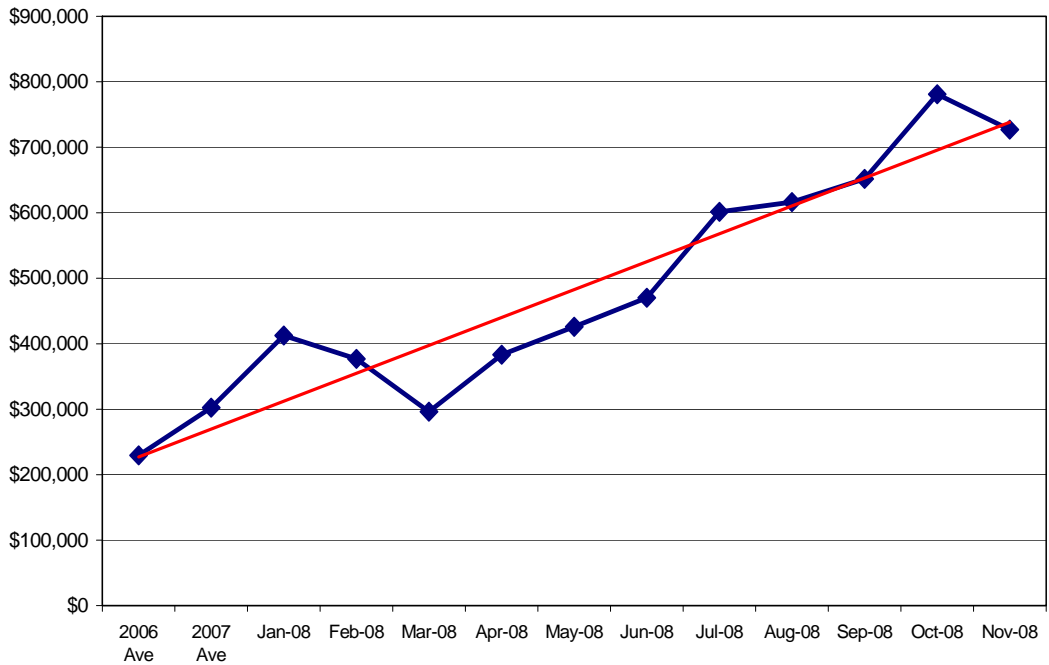


Figure 3

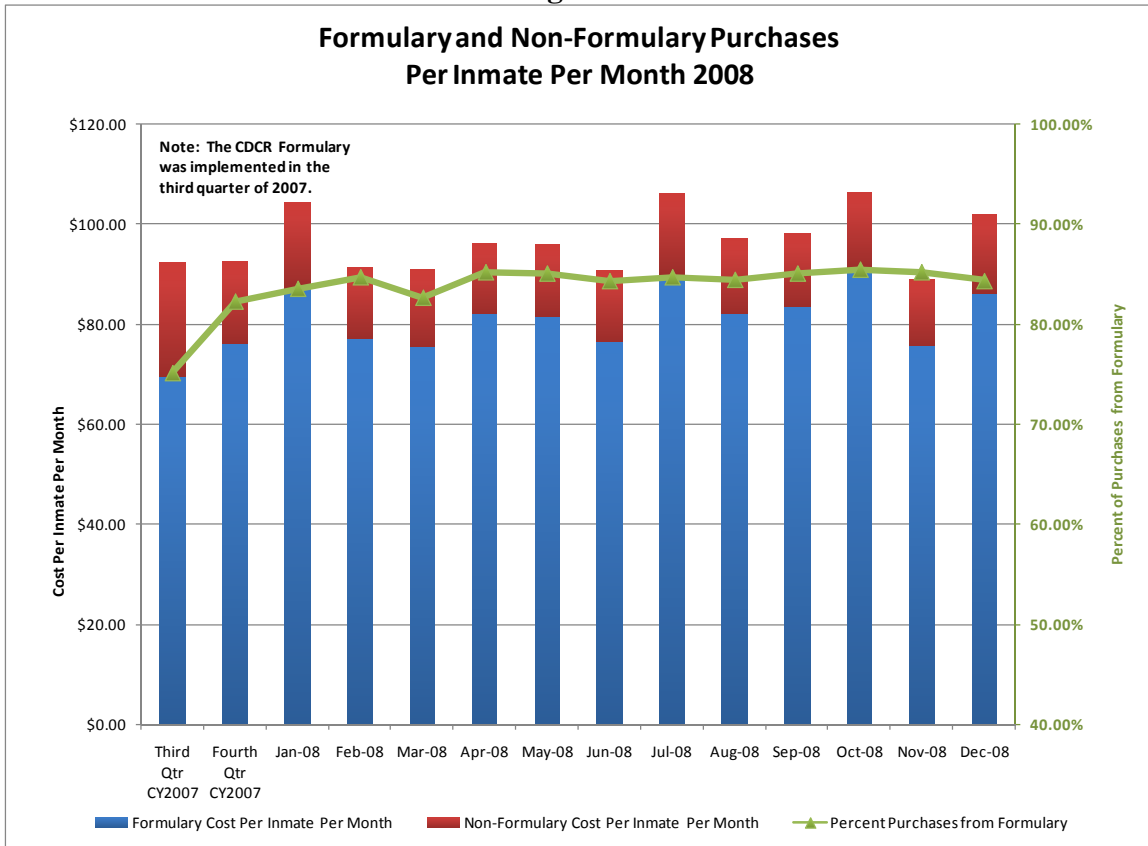
HCV Monthly Drug Costs



- Throughout 2008, the CDCR Pharmacy and Therapeutics Committee has continued to provide clinical leadership for the pharmacy program and has accomplished the following:
 - Essentially completed a comprehensive review and update of all pharmacy related policies and procedures;
 - Developed, reviewed and approved disease medication management guidelines for:
 - Hypertension and Hypertension Urgency
 - Asthma (acute and chronic)
 - Diabetes (type 1 and type 2)
 - Hyperlipidemia
 - HIV
 - Seizure (acute and chronic)
 - Schizophrenia
 - Gastroesophageal Reflux Disease (GERD)
 - Peptic Ulcer Disease (PUD)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Bipolar Disease
 - Major Depressive Disorder
 - Hepatitis C
 - Continued to systematically schedule therapeutic category utilization reviews; the therapeutic interchange program now includes 19 drug classes and all major therapeutic drug classes have been reviewed. A cycle of ongoing therapeutic class review will continue to ensure a regular review of all drug classes.
 - Continued its ongoing management of the standardized Correctional Formulary, including monthly consideration of changes, additions and deletions to the formulary.

- In 2008, efforts to drive more of the pharmacy purchasing to the formulary have also progressed. The per inmate per month cost of non-formulary medications has been reduced from an average cost of \$19.76 in 2007 to \$14.98 in 2008. Over the same time, formulary purchases as a percentage of the total purchases have increased from 78.7% to 84.6%. All total, more than seven million medication orders were filled in 2008 by CDCR pharmacies. Figure 4 illustrates the formulary and non-formulary costs for 2008 compared to 2007.

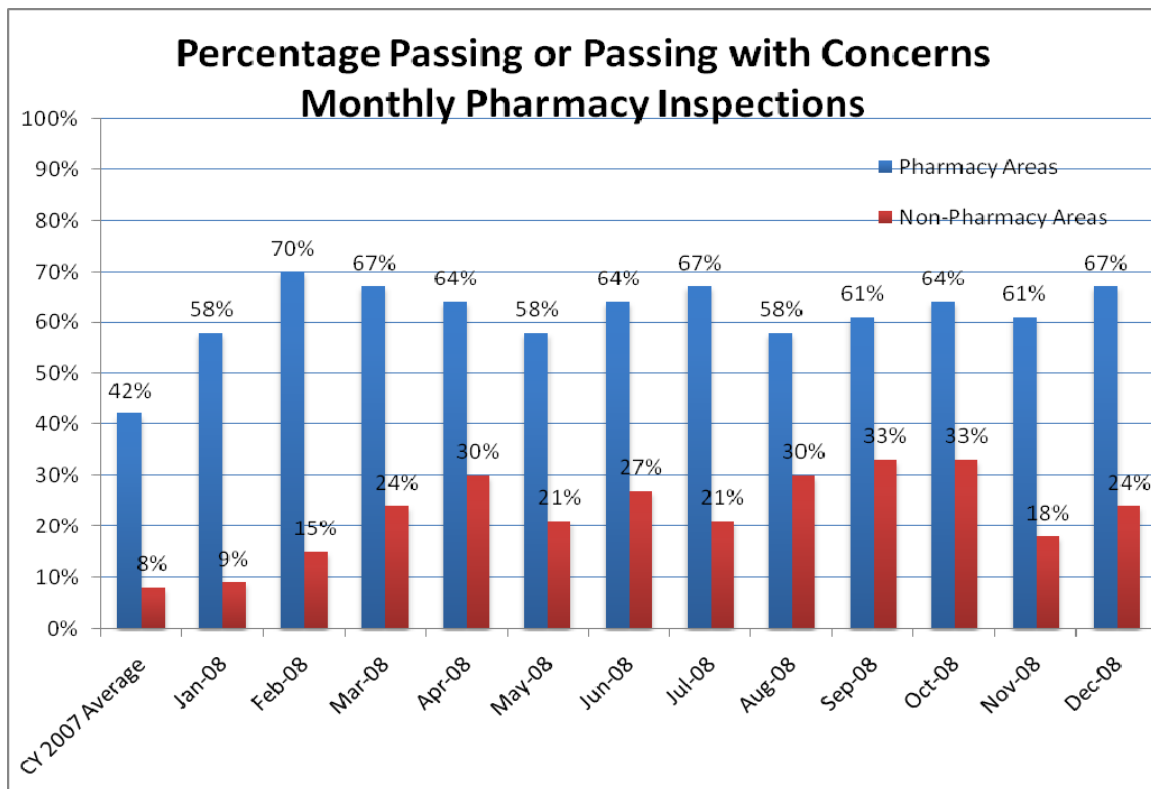
Figure 4.



- The CDCR Formulary was made available to CDCR providers through the CPHCS website (which is updated each time the formulary changes) and additionally through *Epocrates*®, a web-based service designed to ensure that the latest formulary and medication related information is readily available to prescribers and pharmacists. Further, each issue of the monthly pharmacy newsletter, *Pharmacy Horizons*, includes information on P&T Committee actions and formulary updates.
- Clinical Pharmacy Specialists (CPS) continued their active support of pharmacy initiatives by providing in-service training to providers, pharmacy and nursing staff on approved Disease Medication Management Guidelines, conducting in-service training for facility staff on pharmacy policy and procedures, and discussing targeted non-formulary purchases with facility leadership.
- New clinical and managed care reports were developed and are now routinely produced beginning in November 2008 for facilities that are using the GuardianRx® operating system. Monthly report sets are auto-emailed to PICs starting the first week of the month for the preceding reporting period. The expectation is for the PIC to distribute and review the reports with CMO/HCM and clinical staff. These reports include system-wide, facility level and provider level report cards.

- Working with the CPCHS clinical leadership and the Public Health Unit, Maxor worked to ensure that sufficient influenza vaccine was procured and distributed in a timely manner to support the 2008 Influenza Vaccination initiative. More than 120,000 doses of the vaccine were procured and distributed throughout the various CDCR facilities in accordance with pre-determined targeted levels. During this process, the Maxor Supply team responded immediately to coordinate correction of a significant shipping error made by the manufacturer, resulting in the need to retrieve, return and replace more than 50,000 doses (at the manufacturer’s costs). Corrected shipments were received and verified. Vaccine orders also included a small quantity of thiomersol free vaccine for use as needed at the women’s facilities. Provisions were also made for a supplemental order during October as approved by the Public Health Unit.
- Pharmacy inspections are conducted and documented monthly, with slow but steady progress forward across the state. The number of pharmacies with an inspection rating score of pass/problem (not failed) has increased from 21 percent in March 2007 to 67 percent in December 2008 (see Figure 5). The Maxor team also began to objectively validate the improvements for any facility moving from non-passing to passing status in their monthly inspection reports by conducting independent onsite validations (an important verification process which began in February 2008).

Figure 5.



- The GuardianRx® pharmacy operating system has now been implemented in 19 of the 33 CDCR institutions (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP, KVSP, LAC and PVSP).
 - Comprehensive medication management assessments have been completed for all facilities.
 - During the fall of 2008, a review of the GuardianRx® implementation schedule conducted by the GuardianRx® Steering Committee resulted in a decision to revise the rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule was approved extending conversion activities through October 2009.
 - An additional schedule has been developed to allow teams to return to facilities that have already implemented GuardianRx® in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality.
 - During late 2008, prescription imaging capabilities were tested and included as an enhancement to the GuardianRx® system. This capability will allow prescriptions to be scanned into the system and available enterprise wide. This will permit workload sharing and enhance the ability to respond to emergency situations.

- Additional content was developed throughout the year for *MC Strategies*, an educational and tracking software tool used for pharmacy employees. Policy and procedure revisions, disease medication management guidelines and other key processes are deployed as learning content in the software. This product is used by all pharmacists. The product assures deployment and verifies competency in important procedural changes, educational information and other key information. To date, 44 lessons have been deployed and are in use.

- During the year, three Pharmacists-in-Charge meetings were held to provide important training and skills development. Efforts also continued related to provider education in formulary processes and medication utilization management. The Maxor Medical Director and/or his clinical representative participated in both medical and mental health clinical leadership meetings. During these meetings, information on the formulary and non-formulary processes is shared and data showing utilization trends and costs has been provided. Maxor's Medical Director actively participated in the Clinical Leaders Strategic Retreat held in October. Maxor team members also made presentations at the regional dentist's meeting. Several training sessions were also held with pharmacy managers in preparation for GuardianRx implementation. Other training included phone conferences related to the use and understanding of the managed care report set and inventory oversight and control.

- Continued to manage the purchasing and procurement of pharmaceutical products for the CDCR population:
 - By working closely with the Pharmacy & Therapeutics Committee to identify favorable contracting opportunities, Maxor has negotiated with manufacturers on selected therapeutic categories. The resulting targeted contracts have contributed to significant savings over prior pricing arrangements, totaling \$16.4M in 2008. Figure 6 depicts these savings by drug.
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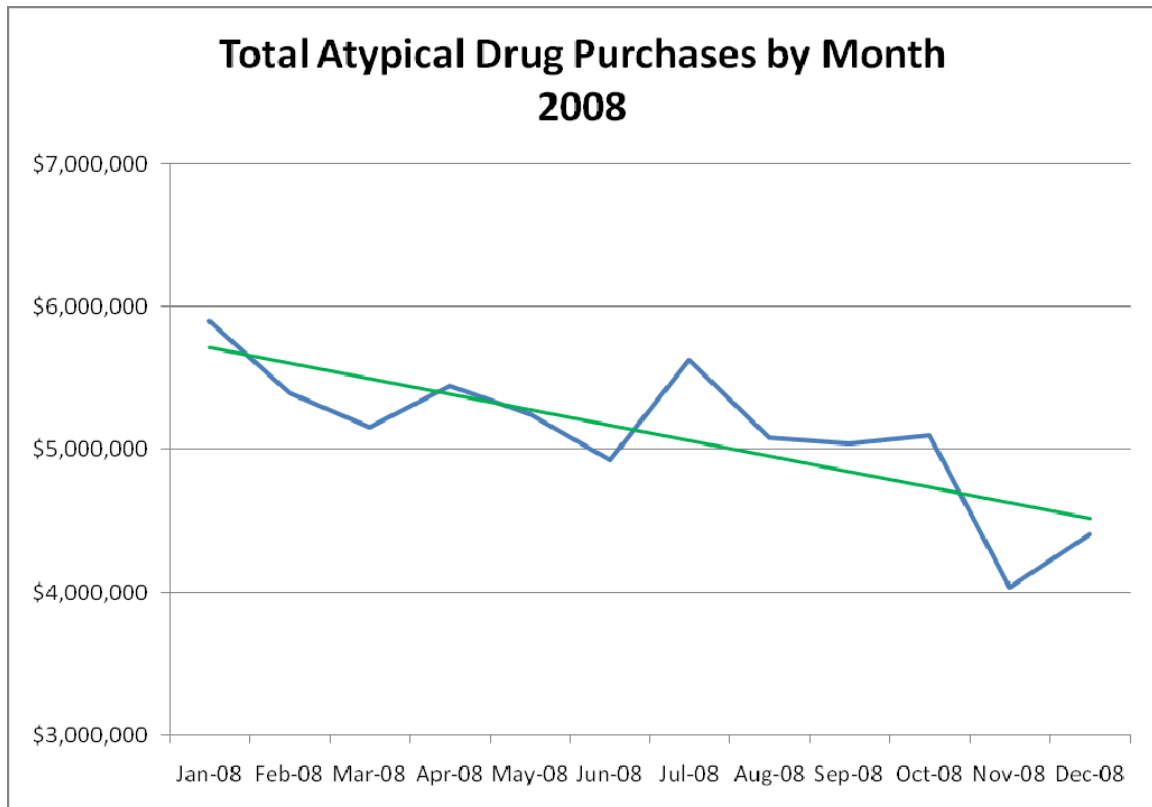
Figure 6



- A new contract with Amerisource Bergen to serve as the general pharmaceutical wholesaler for CDCR was approved by the Receiver and implemented effective February 1, 2008. The structure of this contract and the subsequent implementation resulted in a significantly higher discount for drugs than prior contracts.
- Procedures have also been implemented to compare purchases with dispenses to enhance accountability and identify potential diversions or misuse at all GuardianRx® sites. Special onsite reviews based on this data have been conducted as follow-up.
- During 2008, more than \$1.7M in returns credit was captured based on the implementation of a more effective return and reclamation contract.

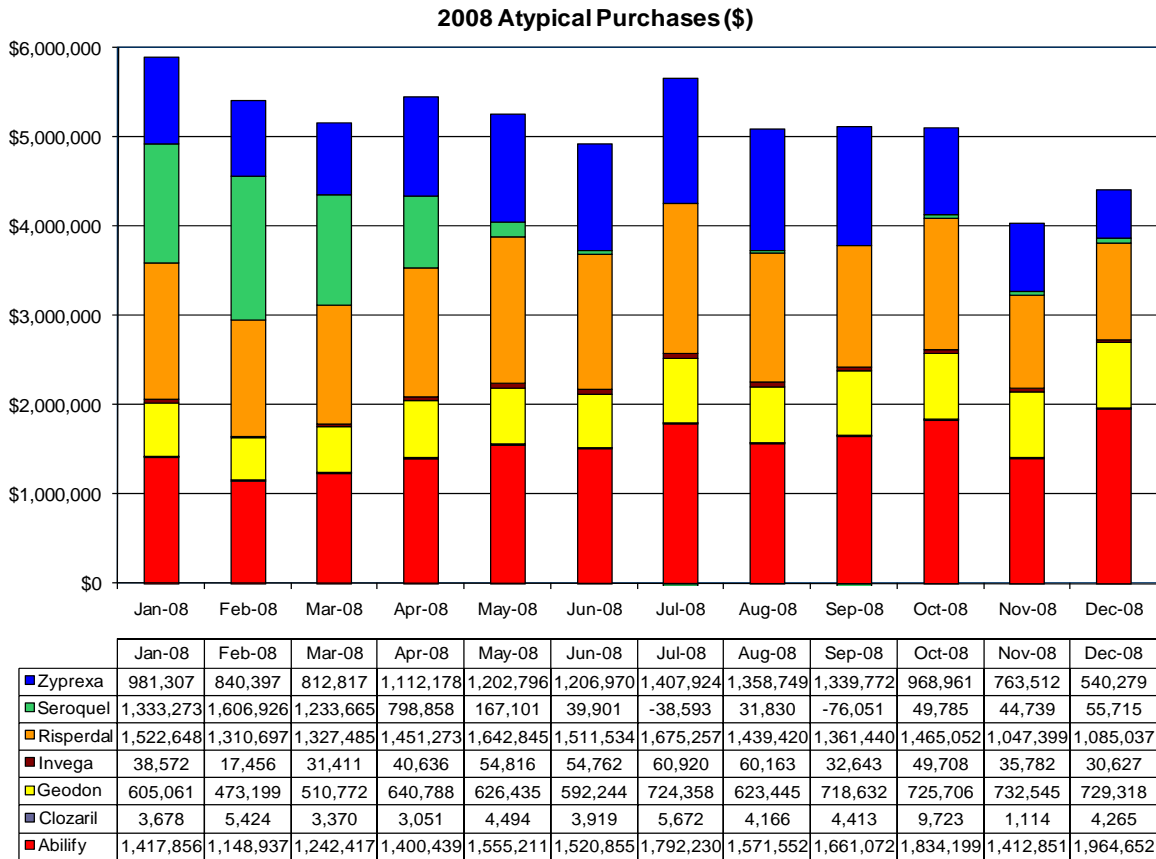
- Comprehensive pharmacy-related savings and cost avoidances been realized, while concomitant significant shifts in pharmacotherapy are being seen as the formulary and disease medication management guidelines have been implemented. For example, when one examines the monthly purchases of atypical mental health drugs which comprise about a third of all drug purchases, a downward trend in costs is apparent (see Figure 7).

Figure 7.



Additionally, a trend towards the use of the approved formulary medications within the atypical category is clear (see Figure 8). Moreover, the same data shows a dramatic reduction in purchases of a drug with a high potential for abuse and/or diversion within the corrections environment (Seroquel). In just a few months, the purchases of Seroquel dropped from over \$1.3M in January 2008 to less than \$50K in June of 2008.

Figure 8.



- At the request of the CPHCS, a Maxor team was put in place to directly manage pharmacy and medication management improvements at San Quentin. Under this initiative, Maxor:
 - Replaced the registry PIC with a Maxor pharmacy manager to oversee daily activities and staff inside the pharmacy;
 - Hired an Operations Manager Pharmacist to work with leadership and disciplines outside the pharmacy to implement a medication management corrective action plan;
 - Hired four pharmacy technologists-- two to replace registry staff and two to work on the medication management corrective action plan activities outside the pharmacy.

Following a successful GuardianRx® conversion process, significant improvement to the pharmacy operations and the implementation of corrective actions on various medication management issues, Maxor with the concurrence of CPHCS, transferred management of the San Quentin pharmacy back to CDCR at the end of the year. This transition was accomplished about six months ahead of schedule. It should also be noted that the PIC and two of the pharmacy technologists hired by Maxor transferred to CDCR positions ensuring continuity during the transition.

- Throughout much of 2008, significant preparatory work was conducted relating to the construction of the new Central Fill Pharmacy Facility:
 - Working with DGS, the Maxor team finalized preliminary site location recommendations for the Central Fill Pharmacy facility. A document outlining the recommendation was provided to the CPR for review and approval to finalize the proposed arrangements. Additional investigation was conducted relating to the flood plain status of proposed locations. Maxor worked with DGS to obtain additional information, resulting in a second round of site reviews. Subsequently, a site location was recommended in Sacramento and approved by the Receiver.
 - Concurrently, work was finalized to address automation needs for the Central Fill Pharmacy facility. An RFP for automation needs was issued on May 8, 2008 with responses due June 20th. A mandatory bidder's conference was held on June 3rd, with a number of potential bidders in attendance. Four detailed proposals were received in response to the RFP and were evaluated by an evaluation team including representatives of Maxor, CDCR and the Office of the Receiver. On July 9, 2008, two firms were selected to make oral presentations and to address follow-up questions. A finalized recommendation for selection of an automation vendor was prepared and presented to the Office of the Receiver on July 23, 2008. Additional internal review and coordination at the request of the Receiver's Chief of Staff was conducted and a final selection approved. Contract negotiations were conducted and after a comprehensive review process, a finalized contract was approved in early January 2009.
 - Preliminary work has been initiated on block diagram floor plans for the new pharmacy facility and development of build-out specifications, including the identification of specific site adaptation requirements needed to accommodate the automation system.

- Maxor was asked to evaluate the feasibility of replacing Pelican Bay's Drug Therapy Management System (WORx) with the GuardianRx system, due to the pending expiration of support for the WORx system. In conjunction with the CPHCS Project team, a document was prepared to outline the approach and work required to accomplish this task. The document addressed the technical aspects of this request and was based upon information obtained through project discussions and from components of technical documentation provided by the California Department of Corrections. An approach to implementation, as well as a timeline and resource requirements was detailed.

- Maxor has also invested considerable time and resources to support a variety of health care improvement initiatives including providing pharmacy expertise and assistance in the CPHCS design, construction and renovation projects, supporting the access to care initiative, providing data in support of inspections by the Office of the Inspector General, providing support for the Office of Preventive Medicine,

participating in the reception center project now underway and other improvement initiatives.

- Monthly metrics and progress reports, quarterly submissions for the Receiver's report to the Court and other requested documentation have been produced for CPHCS as requested. These reports described activities of the project team in detail, as well as provide documentation of the progress achieved. Additionally, Maxor executive leadership (Chairman and CEO) met with the Receiver and provided project updates several times during the year.

Status Report on Roadmap Objectives

The following sections provide a brief status report on each objective outlined in the *Roadmap*.

GOAL A: *Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.*

A.1 Establish a central pharmacy services administration, budget and enforcement authority.

A critically necessary component of a functional pharmacy improvement plan as identified in the *Roadmap*, and by each previous audit group, is the development of a core pharmacy leadership structure using key staff with demonstrated performance in strategic and operational development skills matched to the project. With the approval of the Receiver, Maxor was able to recruit and make immediately available to the CPR experienced and well qualified correctional pharmaceutical clinicians. Since commencement of the project, the Maxor team has expanded to meet the revised scope of work and now includes a Director of Pharmacy, two Assistant Directors of Pharmacy (one for Clinical and one for Operations), four Operations Managers, 12 Operations Pharmacy Technologists, three Clinical Pharmacy Specialists, two Nurse Liaisons, and supporting staff.

Status: Completed. Management is ongoing.

A.2 Establish direct lines of authority to all pharmacy services personnel and define linkage to central medical staff.

A clear organizational chart of reporting relationships and chains of command and coordination was developed with input from and approval by the Receiver's Chief of Staff. Orientations were held with all new

Pharmacists-in-Charge (PIC) to educate staff on the *Roadmap* objectives and to clearly delineate lines of authority. Quarterly PIC meetings have been conducted throughout the year to keep key pharmacy personnel abreast of current initiatives and ensure timely implementation of the *Roadmap* objectives. Regular meetings between Maxor and the CPHCS/CDCR Medical Directors, Directors of Nursing, Administrators and select Regional providers serve as a forum to address operational aspects of achieving the *Roadmap* goals and objectives. Maxor team members participate routinely in a number of steering committees and project teams charged with various improvement initiatives. In addition, Maxor has maintained continuous communication with the Receiver's staff as well as the Court appointed experts, responding to issues as requested.

Status. Completed/Ongoing.

A3. Update and maintain system wide pharmacy policies and procedures.

Pharmacy Policies & Procedures have been comprehensively reviewed and revised, with numerous additions and updates to ensure that the policies and procedures reflect required standards and practices. Policy and procedure changes are distributed to the facilities along with targeted implementation dates for full compliance. This effort, which began in 2007 is substantively complete. An ongoing review cycle has been prepared to ensure these policies remain current. In 2008, the following policies and procedures were revised or added:

Chapter & Title		Revised
CHAPTER 2	Pharmacy Licensing Requirements	Feb 2008
CHAPTER 3	Pharmacy Responsibilities, Scope of Service and Supervision	Apr 2008
CHAPTER 6	After-hours Medication Supply	Apr 2008
CHAPTER 7	After-Hours Pharmacy Services	Jun 2008
CHAPTER 8	CDCR Drug Formulary	Nov 2008
CHAPTER 9	Prescription Requirements	Mar 2008
CHAPTER 10	Automatic Medication Stop Order Dates	Feb 2008
CHAPTER 11	Use of the Metric System; Use of Abbreviations and Chemical Symbols	May 2008
CHAPTER 12	Labeling and Storage of Medications	Feb 2008
CHAPTER 13	Use of Physicians' Order Forms	Feb 2008
CHAPTER 14	Rescue Medications	Feb 2008
CHAPTER 15	Confiscated Medications	Oct-08
CHAPTER 17	Ordering, Receiving and Stocking Medications	Apr 2008

CHAPTER 19	Medications Brought into a CDCR Facility by Patients	May 2008
CHAPTER 20	Floor Stock Orders	Apr 2008
CHAPTER 21	Theft or Loss of Inventory from Pharmacy or Medication Storage Areas	May 2008
CHAPTER 22	Medication Information Services	May 2008
CHAPTER 23	Repackaging and Compounding of Medications	Jul 2008
CHAPTER 26	Investigational Medications	Sep 2008
CHAPTER 28	Parole and Discharge Medications	Jun 2008
CHAPTER 29	Impaired Pharmacy Personnel	Jul-08
CHAPTER 30	Pharmacy Technicians and Ancillary Staff	Sept-08
CHAPTER 31	Use of Tricyclic Antidepressants	Sept-08
CHAPTER 34	Heat Risk Medications	Nov 2008
CHAPTER 37	Pharmacy Staff Scheduling and Position Appointments	Jun-08
CHAPTER 38	Prescription Turn Around Time	Jun-08
CHAPTER 39	Transfer Medications	Sept-08
CHAPTER 40	Medication Shortages or Back Orders	Jan-09

Status: Completed and ongoing.

A4. Establish key performance metrics used to evaluate the performance of the pharmacy services program (see also A5).

The Maxor team determined the existing CDCR data resource to be extremely limited, unreliable and incomplete. There was no means to reliably track dispensing or outcomes data prior to the implementation of the pharmacy operating system (GuardianRx®). Pre-GuardianRx® data resources are limited to medication purchases, limited raw, aggregate prescription data without individual medical record review. Using available resources, Maxor has spent numerous hours collecting, validating and compiling data into a functional indicator reporting and review system, the Pharmacy Dashboard. The Dashboard includes clinical, financial and workforce measures (See Appendix A). An initiative timeline & tracking grid was also developed to monitor implementation of the Roadmap Goals & Objectives. This timeline has been updated to reflect the current schedule (Appendix B).

While it is important to note that data collection capabilities, available reports, and potential resources are limited at this time, the ongoing implementation of the GuardianRx® system is steadily increasing the availability and accuracy of key management data.

Status: Completed, with continued refinement as GuardianRx® is implemented.

A5. Establish standardized monitoring reports and processes designed to continually assess program performance (see also A4).

In addition to the pharmacy dashboard discussed under Objective A.4 above, a standardized institution audit process was established to assess adherence to standards of practice and policy & procedures. A team of Maxor staff completed initial in-depth inspections of each facility to serve as a baseline for the inspection report process. Using the baseline method established, PICs complete monthly inspections which include an operational review, an assessment of the pharmacy and non-pharmacy medication storage areas, adherence to community practice standards, regulations and CDCR policies, and a complete narcotic inventory. A facility stoplight inspection grid was also developed to allow comparison between institutions and quickly identify trends and facilities requiring corrective action. A copy of the Pharmacy Inspection Tracking Grid is found as Appendix C. Beginning in February 2008, a process of independent validation of inspection results began.

Monthly metrics report summaries are prepared and provided to CPHCS and presented to the P&T Committee monthly.

Status: Completed and ongoing.

GOAL B. *Implement and enforce clinical pharmacy management processes including formulary controls, Pharmacy and Therapeutics committee, disease management guidelines, and the establishment of a program of regular prison institution operational audits.*

B1. Revise and reconstitute, as needed, the current P&T committee and implement measures to allow for strong P&T oversight of prescribing and dispensing patterns.

A reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007, with membership from CDCR/CPR medical, dental, nursing, psychiatry and pharmacy (Maxor) leadership. The Committee also includes court appointed experts from the *Coleman* and *Perez* lawsuits. A clear charter, routine agenda, and monthly meeting schedule were also established. System wide standardization for all institutions to optimize patient care and assure safe, rational, cost-effective therapy is a key goal of the Committee including achieving uniformity in policies and

procedures, formulary development, treatment guidelines and drug use processes including selection, procurement, prescribing, dispensing, administration, inventory, storage and controls.

The P&T Committee continues to meet monthly with a standardized agenda geared towards formulary management, pharmacy policy and procedure review, therapeutic category reviews, discussion of performance metrics, and development of disease medication management guidelines.

Status: Completed and ongoing.

B2. Establish methodologies and schedules for tracking and monitoring formulary compliance and prescribing behavior.

A new CDCR Formulary was presented to the P&T Committee and approved in May 2007 and was distributed in June 2007. Regular updates to the formulary were made in 2008. Each revision was posted on the CPHCS website, uploaded to *Epocrates* and disseminated via the Pharmacy Horizons newsletter. The Committee continues to monitor formulary and non-formulary utilization by facility (and by prescriber for facilities with GuardianRx®). The latest edition of the formulary (January 2009) is included as Appendix D.

In 2008, the P&T Committee continued to systematically schedule therapeutic category utilization reviews; the therapeutic interchange program now includes 19 drug classes and all major therapeutic drug classes have been reviewed. A cycle of ongoing therapeutic class review will continue to ensure a regular review of all drug classes.

For facilities using the GuardianRx® operating system, a series of managed care report formats have been developed to better describe utilization and prescribing behaviors and provide a valuable tool for managing the pharmacy program. These reports were made available for GuardianRx® facilities beginning in November 2008.

Status: Ongoing. Requires completion of the Guardian conversion process to complete for all facilities.

B3. Develop and implement effective and enforceable peer-reviewed treatment protocols.

The P&T Committee has worked diligently to develop, review and approve disease medication management guidelines for some of the most

common and most complex disease states found in the CDCR population. To date, the following DMMGs have been implemented:

- Hypertension and Hypertension Urgency
- Asthma (acute and chronic)
- Diabetes (type 1 and type 2)
- Hyperlipidemia
- HIV
- Seizure (acute and chronic)
- Schizophrenia
- Gastroesophageal Reflux Disease (GERD)
- Peptic Ulcer Disease (PUD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Bipolar Disease
- Major Depressive Disorder
- Hepatitis C

Copies of the approved DMMGs are included as Appendix E to this report.

Status: Completed and ongoing.

B4. Develop and implement effective and enforceable institution audit process.

See Objective A5.

Status: Completed and ongoing.

GOAL C. *Establish a comprehensive program to review, audit and monitor pharmaceutical contracting and procurement processes to ensure cost efficiency in pharmaceutical purchases.*

C1. Monitor wholesaler (vendor) to ensure contract compliance.

Effective February 1, 2008, the Receiver, acting on behalf of CDCR, entered into a new wholesaler (also referred to as a Prime Vendor) agreement with Amerisource Bergen negotiated by Maxor and tailored specifically to address the pharmaceutical demands of the CDCR health care system. Prior audits and reviews had repeatedly documented failures in pharmacy contract management, accountability and oversight, which when coupled with other pharmacy program deficiencies translated to higher costs for medications and a system that was not responsive to the

CDCR offender patient needs. As the *Road Map* implementation proceeded, it became evident that a more responsive wholesaler contract would be beneficial in achieving these goals. The resulting contract leverages CDCR's developing abilities to manage its pharmacy needs and results in a more responsive, cost-effective arrangement for CDCR.

This contract is monitored on an ongoing basis and continues to yield positive savings for CDCR over the previous arrangements.

Status: Completed and ongoing.

C2. Develop process to monitor inventory shrinkage.

During 2008, a procedure was put in place to compare purchases versus dispenses to identify potential diversions or misuse for all GuardianRx sites. An effort was also made to compare the high risk and high cost items at PPTS sites using fourth quarter 2007 data. This analysis confirmed that the data from PPTS will continue to present significant limitations until all facilities are using the GuardianRx® system.

Follow-up was conducted on a number of facilities related to the data from the purchases v. dispenses reporting, including a comprehensive assessment and operational review at CMC. A report was provided on the results of this review to CPHCS and facility leadership for corrective action.

Further analysis of the data and risk potential has prompted the development of a proposal for consideration by the Receiver to add a Purchasing and Inventory Control Operational Process Review Team charged with conducting onsite facility reviews of purchasing and inventory management practices. This team would be comprised of a dedicated Pharmacy Analyst and two Pharmacy Technologists, all of whom would be specially trained in assessing the adequacy of facility-level management controls over purchasing, inventory and medication distribution practices. This team would retrieve and analyze detailed data on purchases, dispenses, and inventory levels with a focus on ensuring accountability for medication inventory, proper documentation of drug dispensing, and prevention of diversion. This proposal is currently under discussion for implementation in 2009.

Status: Ongoing.

C3. Implement a process to insure that the best value contracted item is used.

Maxor continues to work with the Wholesaler to meet CDCR's volume demands for stocking the appropriate contracted items in their regional distribution centers. In addition, a procedure was established and implemented to provide all facility pharmacists-in-charge with a periodic list indicating medications they should have procured under contract in lieu of more expensive comparable items that were purchased.

The establishment of a viable, active and engaged Pharmacy and Therapeutics Committee process; the implementation of a CDCR-specific formulary that is managed on an ongoing basis; and the development of treatment medication guidelines that are evidence-based and focused on patient safety are critical components of achieving improved cost-effectiveness in the system. This integrated approach provides a firm foundation for more effective pharmaceutical contracting. In such a system, good clinical decision-making determines the purchasing needs. By standardizing the clinical pathways, those needs can be targeted through appropriate contracting strategies, including an ability to drive market share. Under the revamped system, each purchase is actively monitored to ensure it is the best relative value. As the pharmacy operating system (GuardianRx®) comes online at each facility, this monitoring moves to a real-time basis. These responsive contract strategies and management continue to provide opportunities for cost avoidance. In 2008, Maxor has documented cost avoidance of \$16.4M from the use of targeted contracting strategies resulting from P&T Committee decisions.

Status: Completed and ongoing.

C4. Consolidate and standardize pharmacy purchasing through development of a centralized procurement system.

Maxor assumed responsibility for coordinating pharmacy purchasing activities at the request of the Receiver during April of 2007. As discussed earlier in this report, significant progress has been made in the overall contracting and purchasing objective, resulting in more than \$33.3M in cost avoidance in 2008 when compared to prior trends. Targeted drug contract purchases account for more than \$16.4M in 2008 of these savings. The new CDCR specific wholesaler agreement was implemented in February 2008. All wholesaler purchases are monitored by Maxor and opportunities for continued savings, more effective purchasing practices and related improvements continue to be identified

and pursued. Total wholesaler drug purchases in 2008 totaled approximately \$186M and were up only 1.4% from the prior year. This slight increase is significantly lower than prior year increases and lower than overall drug cost inflation. This occurred while simultaneously showing an increase in access to care as evidenced by increased numbers of patients receiving medication. Of particular note, there were significant increases in both HIV and HCV drug therapy provided.

Status: Ongoing.

C5. Evaluate feasibility of achieving 340 B preferential pricing on all drug purchases.

A review of 340B pricing feasibility was prepared and presented to the Receiver by the Heinz Family Foundation. The Foundation provides assistance and expertise in conducting such reviews. The study examined the feasibility of achieving cost savings through the utilization of 340B pricing to mitigate the costs for prescription drugs by the CDCR and quantified the potential cost savings for California taxpayers resulting from access to 340B pricing by the CDCR. The study also identified potential barriers associated with implementing such a strategy and outlined initial steps necessary for establishing a 340B Drug Discount Program. The report included a mapping analysis showing the number of potential 340B entities in proximity to CDCR facilities. Continued discussions are necessary to identify potential eligible entities willing to partner with the State and establish the contractual and provider relationships to CDCR patients that are required to establish eligibility.

Status: Ongoing.

GOAL D. *Develop a meaningful pharmacy human resource program that effectively manages staffing, compensation, job descriptions, competency, performance assessment, discipline, training, and use of the workforce including temporary employees and non-pharmacist staff.*

D1. Hire and train new employees as needed to replace registry personnel.

A staffing model for the pre-centralization period was developed and approved. Quarterly assessments have been made to review staffing against this model and the latest workload data. A major focus has been on replacing registry PICs with state PICs. In January 2007, there were ten registry PICs and one facility with no PIC. As of December 2008, there are six registry PICs and no facility without a PIC. Maxor also continued to review registry cost data and examine selected registry

contracts. During 2008, the CPHCS and Maxor worked collaboratively to establish a statewide centralized hiring process for pharmacist positions. This effort has resulted in an improved ability to fill vacant positions. Since Centralized hiring began, a total of 48 interviews have been held and 26 offers made. Of these 26, 18 Pharmacists have started employment with the CDCR, six candidates declined the offer and two offers are still pending.

Status: Ongoing.

D2. Complete skill set inventory of State and registry employees and provide required training, performance measures, and disciplinary measures as needed for existing personnel.

During 2008, use of the web-based training software program (*MC Strategies*) continued for deployment of key educational and operational training modules to CDCR pharmacy staff. The product allows competency assessments, report cards and training verification to be maintained electronically. To date, the training program includes 44 lessons on policy and procedure updates, therapeutic interchange programs and disease medication management guidelines. Additional training methods being utilized include a monthly pharmacy newsletter (*Pharmacy Horizons*), quarterly PIC meetings and in-service to pharmacy staff in facilities where Clinical Pharmacy Specialists are assigned.

Status: Completed and ongoing.

D3. Develop effective means of documenting and tracking employee training, education, performance, and disciplinary action.

A roster of all pharmacy employees was downloaded to *MC Strategies* as well as staffing levels and position descriptions (CDCR, Registry, Vacant). Utilizing *MC Strategies* for training allows the tracking of employee progress in completing training material. A monthly report of employee staffing levels from facilities has been implemented. The information is used to track and assess staffing levels and service needs at the facility level on a regular basis. The system allows Maxor to identify vacancies to be filled as well as provide a tracking mechanism for employee training, education and disciplinary actions. Registry billing statements and CDCR finance statement are also monitored and compared to facility employee rosters.

Status: Completed and ongoing.

D4. Reevaluate previous staffing patterns at each institution in light of the adoption of new technologies to improve efficiency and the transition of volume to the centralized pharmacy.

Quarterly staffing model assessments of pharmacy staffing needs within individual institutions were completed throughout the year. A revised and CPHCS approved pharmacy staffing plan was put in place in the spring of 2008. Prescription volume and staffing levels continue to be routinely monitored and compared to operational methods to ensure ideal staffing patterns. Inadequacies are identified and recommendations are sent to the Receiver accordingly. Pharmacy hours of operation have been evaluated and changed at several facilities to address service needs, manpower shortages and in preparation for centralization.

Status: Ongoing.

GOAL E. *Redesign and standardize overall institution level pharmacy drug distribution operations for inpatient and outpatient needs. Design, construct and operate a centralized pharmacy facility.*

E1. Prior to centralization, implement standardized operations in all existing institution level operations to correct problems identified in audits.

Much of the effort in 2008 related to work required to standardize institutional operations in preparation for GuardianRx[®] implementation and centralization. Standardized policy and procedure implementation is monitored and tracked monthly. Comprehensive medication management assessments identify shortfalls and gaps in local processes that must be addressed to move to a standardized model. These important medication management assessments were completed for all facilities in 2008.

Maxor was also tasked by the CPR to assume responsibility for pharmacy services to the Department of Mental Health (DMH) – CDCR patients. This continuity of care plan was agreed to by the State, *Plata* Representatives and the *Coleman* Expert. The Maxor team has worked with DMH and CDCR facilities on the transition of DMH pharmacy services at CMF and SVSP to CDCR and to standardize operations with the *Roadmap* model.

Contact has been maintained with the California State Board of Pharmacy to discuss the need to establish practice standards appropriate for the corrections environment.

Status: Ongoing.

E2. Design, construct and operate a centralized pharmacy facility.

Throughout much of 2008, significant preparatory work was conducted relating to the construction of the new Central Fill Pharmacy Facility. Working with DGS, the Maxor team finalized site location recommendations for the Central Fill Pharmacy facility. Subsequently, a site location was recommended in Sacramento and approved by the Receiver. Concurrently, work was completed to address automation needs for the Central Fill Pharmacy facility. An RFP for automation needs was issued in May with responses due June 20th. Four detailed proposals were received in response to the RFP and were evaluated by an evaluation team including representatives of Maxor, CDCR and the Office of the Receiver. In July, two firms were selected to make oral presentations and to address follow-up questions. A finalized recommendation for selection of an automation vendor was prepared and presented to the Office of the Receiver. Additional internal review and coordination at the request of the Receiver's Chief of Staff was conducted and a final selection approved. Contract negotiations were conducted and after a comprehensive review process, a finalized contract was approved in early January 2009. Preliminary work has been initiated on block diagram floor plans for the new pharmacy facility and development of build-out specifications, including the identification of specific site adaptation requirements needed to accommodate the automation system.

Status: Ongoing. It should be noted that the schedule for opening of the facility has moved to January 2010 due to a variety of factors including the need for completion of the GuardianRx® conversions, delays in site selection and the time involved in contracting for automation.

GOAL F. *Based on a thorough understanding of redesigned work processes, design and implement a uniform pharmacy information management system needed to successfully operate and maintain the CDCR pharmacy operation in a safe, effective and cost efficient way.*

F1. Develop and implement improved reporting and monitoring capabilities with existing pharmacy system.

During 2007, a repository of prescription data from the existing PPTS system was designed for more consistent data accumulation and reporting. Use of this interim solution continued in 2008 as the process of converting to GuardianRx® continued. More importantly though, the number of facilities now using the GuardianRx® system has increased significantly allowing more timely and accurate pharmacy management data than ever before. Reporting and monitoring of purchasing, workload and utilization

is greatly enhanced for those 19 facilities now on GuardianRx®. In addition to the routine reporting capabilities in GuardianRx®, new clinical and managed care reports were developed and are now routinely produced beginning in November 2008 for facilities using the new operating system. These monthly report sets are auto-emailed to PICs starting the first week of the month for the preceding reporting period. The expectation is for the PIC to distribute and review the reports with CMO/HCM and clinical staff. These reports include system-wide, facility level and provider level report cards.

Status: Ongoing, in conjunction with the GuardianRx® conversion.

F2. Identify and propose solutions to connectivity issues throughout all pharmacies to ensure that web-based software, reporting, and data can be easily accessed at each facility.

A joint Maxor-CPHCS IT team continued throughout 2008 to address connectivity issues through GuardianRx® implementation.

Status: Ongoing.

F3. Procure a state-of-the-art pharmacy dispensing system.

GuardianRx® a pharmacy system used extensively by Maxor in other projects nationwide, was chosen by the Receiver in 2007 as an interim pharmacy management system. Implementation of the system has been a major focus in 2008, with 19 of the 33 facilities now using the new system.

Status: Ongoing.

F4. Transition each institution to uniform pharmacy information management system.

The GuardianRx® implementation process continues to be an intensive joint effort between CPHCS, facility and Maxor teams involving operational, nursing, pharmacy and information technology staff. A comprehensive assessment process is employed to review the current pharmacy and nursing medication delivery processes, perform a gap analysis, and take actions to correct the identified gaps before implementation. Prior to implementation, a complete inventory is done at each location. Data migration begins two weeks prior to GuardianRx® go-live at each site. A “train the trainer” program has been developed to

begin group training of key facility staff well in advance of GuardianRx® implementation so that work flow, process gaps and training move toward resolution prior to Maxor on-site pre-implementation activities. Standardized service and problem measures are implemented to monitor GuardianRx® implementation as well as monitor the post-implementation period.

The GuardianRx® pharmacy operating system has now been implemented in 19 of the 33 CDCR institutions (CCC, HDSP, FOL, MCSP, SQ, SAC, CMC, CVSP, ISP, COR, SATF, CIW, CCWF, VSPW, DVI, NKSP, KVSP, LAC and PVSP).

During the fall of 2008, a review of the GuardianRx® implementation schedule conducted by the GuardianRx® Steering Committee resulted in a decision to revise the rollout schedule in order to allow time for more training, to allow a reasonable period of time to orient newly recruited nursing implementation leadership staff, to improve efficient use of limited rollout team resources and to allow facilities with significant infrastructure issues additional time to address those challenges. A revised schedule was approved extending conversion activities through October 2009.

In a related activity, an additional schedule has been developed to allow teams to return to facilities that have already implemented GuardianRx® in order to assess their status, provide supplemental operational oversight and training and to upgrade the facilities with new system functionality. Among the new functionality is a prescription imaging capability that was tested in late 2008 and now included as an enhancement to the GuardianRx® system. This capability will allow prescriptions to be scanned into the system and available enterprise wide.

Status: Ongoing.

F5. Develop and implement reporting tools to facilitate clinical, operational, and fiscal management of the CDCR pharmacy operation.

Rudimentary utilization data from PPTS, purchasing data from the wholesaler, and population data from CDCR are collected centrally and have been used to develop reporting tools for clinical, operational and fiscal management. The Pharmacy Dashboard provides both system and facility specific indicators that are reported monthly, along with the facility inspection results, to the Receiver, P&T Committee, and facility healthcare management. Data from the reporting system is also accessed to provide P&T category utilization data for formulary decisions. As discussed under objective F.1 above, new clinical and managed care

reports are now routinely produced for facilities using the new operating system.

Status: Ongoing.

F6. Integrate pharmacy information management system with auxiliary technologies such as central supply management, physician order entry, electronic MAR, and barcode checking.

The process of integrating auxiliary technologies begins once the pharmacy operating system is fully implemented, the extended network created by CPR-IT is operational at all facilities and the centralized pharmacy is operational. The central fill pharmacy automation design now under construction incorporates central inventory management and utilizes barcode technologies for safety checks and increased efficiency in production and distribution. Discussions were also initiated in 2008 related to the needs and requirements for integration of an electronic medication administration record.

Status: Ongoing.

GOAL G. Develop a process to assure CDCR pharmacy meets accreditation standards of the designated healthcare review body (NCCHC or ACA) and assist in obtaining accredited status.

No specific action during 2008 related to this goal. Accreditation is attainable only after completion of other goals and related improvements in other health care areas. However, pharmacy practices, policies and procedures are being designed to comply with national accreditation standards as well as applicable licensure requirements.

Key Challenges Going into 2009

At the outset of the CDCR pharmacy services improvement effort, a number of potential challenges to the success of the effort were identified. Among those were a resistance to change, bureaucratic inertia, competency of CDCR staff, infrastructure needs, overcrowding and staff recruitment. Over the course of 2008, the project team has continued to face challenges to achieving project objectives from each of these factors. Maxor anticipates that these issues will continue to represent challenges as the project moves forward.

Resistance to Change: Clearly resistance to change continues to be a factor within CDCR. Examples during 2008 include difficulties in achieving after hours coverage policy changes. Implementation of policies and procedures has been slower than desired at some facilities. However, as the project has proceeded and initial results have yielded positive benefits, the resistance to change has been tempered somewhat. We continue to work to improve communications, repeatedly emphasize the *Roadmap* goals, and reiterate the priority and permanency of the change taking place. CDCR staff are realizing that the leadership is committed to thoughtful implementation of the *Roadmap*, demonstrated by an unwavering commitment on the part of Maxor and CPHCS to proceed and a willingness to adapt to changing circumstances without losing sight of the project goals. Even so, the resistance to change is expected to continue and efforts to manage the change process will continue to be emphasized.

Bureaucratic Inertia: While much of the bureaucratic inertia experienced at the beginning of the project has been addressed by the CPHCS and the *Plata* court, sometimes frustrating delays continue to be experienced on a sporadic basis. At the direction of the Receivership, Maxor has assumed a number of responsibilities previously performed by the state's bureaucracy, most notably, the pharmaceutical purchasing and contracting processes. Efforts to assist the CDCR in obtaining direct contracts with P&T approved drug manufacturers has been challenging and too often time consuming.

The CDCR and state bureaucracies are sometimes slow to react and require constant attention to ensure results are achieved in a timely fashion. The availability of timely data on registry expenses, managing work issues through the various employee unions and processing contracts in a timely manner are examples of challenges faced during the last year. We anticipate that working our way through the bureaucracy will continue to represent an ongoing challenge for the project. In addition, issues related to the state's budget situation are anticipated to contribute to bureaucratic complexity as the various agencies work through employee furloughs, spending and travel restrictions, and potential layoff concerns.

Staff Competency Levels: The competency of CDCR pharmacy staff continues to be a concern. Ongoing implementation of new procedures, operational changes and quality improvement activities has been slower than anticipated due to deficits in facility level management experience/skill and infrastructure problems greater than originally identified. The result is that more direct, hands-on support is required by Maxor staff to guide and facilitate process change and mentor staff.

Maxor has worked to address this issue by focusing on staff development and equipping staff with the necessary tools and information to more effectively perform their duties. Some staff are responding to these efforts by increasing their skill sets and knowledge of the pharmacy processes essential to effective job performance. However, there are still others who lag behind in essential job performance. Maxor will continue efforts to bring the overall CDCR pharmacy staff up to acceptable standards. As the program continues to move towards an accountable and evidence based system, sub-par performance will be more easily identified and addressed through corrective actions.

Infrastructure Needs: There is no question that infrastructure needs continue to plague the CDCR. Many facilities lack appropriate space, equipment and communications infrastructure essential to an efficient system. Maxor, working in conjunction with the CPHCS in implementing the GuardianRx[®] pharmacy operating system, has adopted an intensive process of needs assessment, process review and gap analysis, which includes the identification and corrective actions needed to address key infrastructure needs. This process ensures a comprehensive look at each facilities needs and the development of an effective plan to address identified deficiencies.

Maxor's experts have also been actively engaged in the CPHCS initiatives aimed at construction and renovation of medical and mental health facilities to ensure that the facility and space needs of the pharmacy program are addressed. While the implementation of a central fill pharmacy will go a long way towards establishing an effective and efficient pharmacy program, the facility level improvements are needed to fully ensure program needs are addressed.

Overcrowding: The impact of overcrowding on the system's abilities to provide timely and effective delivery of necessary medications continues to be significant. The pressures of an overcrowded system continue to hinder the ability of the current processes to deliver effective pharmacy services. As facility missions are redefined, populations shift and other CPHCS initiatives take hold, the pharmacy program must continue to adapt staffing and manage changing workloads.

Staff Recruitment: Recruiting and retaining qualified pharmacy staff to work within CDCR facilities remains a challenge, especially for clinical pharmacists. Maxor's scope of work anticipated hiring eight clinical specialists; despite vigorous, active recruiting efforts only three clinical pharmacists have been hired to date.

Other Concerns: Maxor continues to have concerns relating to systems controls to prevent diversion. Maxor has prepared a plan for consideration by the Receiver to provide additional auditing functions including, but not limited to detailed comparisons of purchases to dispenses and independent onsite reviews of medication management and pharmacy controls.

Conclusion

As this report demonstrates, the documented progress in 2008 towards achieving the *Roadmap* goals has been significant. The goals and objectives envisioned by the *Plata* court and the Receiver are moving forward in a deliberate manner. With continued support from the CPHCS, Maxor remains committed to achieving a CDCR pharmacy services program that is safer, sustainable, effective, outcome driven, responsive to change and efficient.

Annual Report Attachments

The section below contains links to the Pharmacy Dashboard, Pharmacy Inspection Grid, and the Timeline and Tracking Grid provided for review.

Appendix A – Pharmacy Dashboard



2008 Pharmacy
Dashboard 020909.xls

Appendix B – Maxor Timeline and Tracking Grid



Maxor Timeline -
updated 2 2 09.xls

Appendix C - Pharmacy Inspection Grid



CY 2007 2008
Master Inspection Gri

Appendix D – CDCR Formulary, January 2009



CDCR FORMULARY
01_2009.pdf

Appendix E – Approved Disease Management Guidelines



DMMGs Jan 2009.pdf