



**PHARMACY MANAGEMENT CONSULTING
SERVICES**

**Monthly Progress Report
To The
California Prison Health Care
Receivership Corporation**

August 2007

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PHARMACY MANAGEMENT CONSULTING SERVICES

Monthly Progress Report August 2007

Introduction

Continued progress was made this reporting period towards achievement of many *Roadmap* goals and objectives; although, not without a few obstacles or delays. Significant movement continued in 7 main areas during the past 3 months: pharmaceutical contracting and purchasing, hiring pharmacy administration and staff, education of pharmaceutical staff, organization and management of pharmacy staff, implementation of pharmacy software, development of a central pharmacy, and centralization of clinical initiatives.

Pharmaceutical Contracting and Purchasing. Maxor is working closely with the Pharmacy & Therapeutics Committee to identify favorable contracting opportunities. Utilizing P&T category review recommendations, Maxor has negotiated with manufacturers on 5 therapeutic categories, preferred agents for 3 categories have been selected and 2 more are pending. All are predicted to result in improved continuity of patient care and significant cost savings. As a result of efforts to communicate with the pharmacists-in-charge to improve purchasing, approximately \$138,643 was saved on average per month for June, July and August 2007. Maxor continues to work with the Wholesaler to meet CDCR's volume demands. Over the past three months, as a result of stock requests to AmerisourceBergen, Maxor has been able to capture approximately \$405,669 in savings. In August, 2007, Maxor aided CDCR in achieving an additional cost savings of \$125,525 by locating an alternate supplier for albuterol inhalers.

Hiring Pharmacy Administration and Staff. Maxor is now actively involved in the recruitment and hiring of facility based staff. As a result of Maxor's staffing evaluation and recommendations, 10 new pharmacist and 3 new technician positions have been approved by the Office of the Receiver. Attempts to replace registry pharmacists-in-charge (PIC) with state employees are progressing well. In January 2007, there were 9 registry PIC and 1 facility with no PIC. In August 2007, there were a total of 6 registry PIC and no facility without a PIC. Recruitment activities continue for hiring clinical pharmacy specialists (CPS). One additional CPS started in August and two more will start in September to bring the total to four out of eight budgeted and extends clinical pharmacy services to seventeen CDCR facilities. An additional Drop-In team technologist has also been hired this reporting period. Maxor, in conjunction with CPR Personnel distributed a recruiting letter to over 35,000 licensed pharmacists in California in July 2007. In addition, clarification in hiring and disciplinary authority has been provided to Maxor, thereby ensuring consistency in personnel matters.

Education of Pharmaceutical Staff. The third pharmacist-in-charge meeting was held August 15, 2007 in Sacramento and included training in targeted areas of clinical and operational change related to the *Roadmap*. *Pharmacy Horizons*, the pharmacy newsletter, continues to be published monthly and is in its fifth edition. In June 2007, MC Strategies (the pharmacy personnel tracking and educational software tool) was launched to all pharmacists. Asthma and hypertension education modules as well as a module on the new therapeutic interchange policy have been added to MC Strategies along with the 7 other policy and procedure modules. MC Strategies allows for tracking of employees who have, as well as have not, completed the training modules.

Organization and Management of Pharmacy Staff. The facility pharmacy inspection process has been accepted as a beneficial quality improvement tool by facility level staff. The number of pharmacies passing inspection (or with only minor unresolved procedural problems) has increased from 3% to 39% from March to July, 2007. Although, improvement in medication management issues in non-pharmacy areas has been limited. Maxor will soon begin the process of re-evaluating facilities that claim to have resolved problems identified by Maxor to validate resolution. Review of the facility inspection grid has become a standing agenda item for the Pharmacy & Therapeutics (P&T) Committee. In addition, the pharmacy Drop-In team has been assisting several facilities with operational issues and concerns. The team is currently working with CCC, HDSP, CMF, SVSP, CIW, FSP and SOL regarding facility management and operational needs.

Implementation of Pharmacy Software. Implementation of GuardianRx® at Folsom State Prison (FOL) was completed the last week of July 2007. The Folsom process is going well. The pharmacy service and missing medication measures have demonstrated rapid and sustained process improvement. Plans for GuardianRx® implementation at Mule Creek State Prison (MCSP) began the second week of July 2007. A collaborative project management and pre-implementation process was established to be used by Maxor, the CPR and MCSP leadership for all upcoming GuardianRx® installations. The program at MCSP is on schedule for a go-live date of September 10, 2007. In addition, a supplemental meeting was held with the Office of the Receiver to establish a rapid installation plan for GuardianRx®, primarily to quickly obtain many of the fiscal management tools offered by GuardianRx® pending clinical staff training, and in some cases, work process redesigns. The plan is near completion.

Development of a Central Pharmacy. Work continues on site selection for the central fill pharmacy as well as automation and design planning. Maxor has received cost proposals and detailed explanations of tenant improvement costs for sites under consideration for the central fill location and anticipates a meeting with the Office of the Receiver in late September 2007, to finalize site selection as well as discuss the direction for automation selection.

Centralization of Clinical Services. Maxor continues to work with the CDCR P&T Committee to support clinical pharmacy management processes. The official CDCR Formulary was released in June 2007 and reports have been designed to track formulary compliance. During this reporting period, the P&T Committee approved 2 additional

policy and procedures and 2 new disease medication management guidelines (DMMG). A therapeutic interchange program was designed and implemented to help facilitate the transition to the new formulary. Implementation of the new hyperlipidemia DMMG is anticipated to result in an annual cost savings of \$7 million dollars by switching patients to the newly preferred formulary agents.

Challenges. The substantial progress made over the reporting period has also presented anticipated challenges for resolution, primarily in two areas (contracting and pharmacy software installation). Maxor's approach to contracting continues to challenge traditional State and CDCR purchasing policies. The CDCR State-wide Pharmacy and Therapeutics Committee, on a consensus basis represented by medical, dental and mental health clinician leaders determine appropriate treatment alternatives, and Maxor with CDCR Contracting, negotiate purchasing agreements for those medications. The negotiations have been facilitated, and finalized in many cases, by Maxor. However, attempts to approve these negotiated direct agreements with P&T approved drug manufacturers has been complicated by traditional purchasing systems, policies and rules within CDCR.

The implementation of GuardianRx[®] has been significantly delayed from all original timeline goals. These delays are beginning to have a negative impact on achieving related *Roadmap* goals and objectives. GuardianRx[®] is critically essential in providing data for reporting and monitoring purposes. Maxor is currently lacking key reporting tools to facilitate clinical, operational and fiscal management of pharmacy operations. An augmented plan for a two staged implementation of the software has been under intense review—the goal would be the rapid deployment of GuardianRx[®] at most sites within the pharmacy only, and, upon clinical staff review of processes and advanced features offered by GuardianRx[®], integrating the entire medical staff—nursing and other clinicians. Maxor feels that this two staged approach offers the most benefit to patient safety and fiscal responsibility, and is encouraged by progress in this area.

Summary of Key Points in this Report

The following summary listings highlight key accomplishments, delays experienced and obstacles or issues related to achieving the required goals and objectives noted in more detail within this month's Progress Report.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.
- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.
- Objective B.4. Develop and implement an effective and enforceable institution audit process.

Objectives Delayed

- All objectives except for F.2 (connectivity), C.5 (340B pricing) and A1.1 (hiring clinical specialists) are progressing according to schedule. Guardian implementation will be delayed in the Initiative tracking grid.

Obstacles or Issues for Success

Please refer to the specific goal for a complete discussion:

- Maxor's scope of work anticipated hiring at least 4 clinical specialists including one with specialty training in psychiatry during the first quarter; despite active recruiting efforts only two clinical pharmacists are actively employed and two more are anticipated to start in September 2007. (Goal A)
- Maxor continues to face complications in assisting CDCR with the contracting process. Attempts to approve direct agreements with P&T approved drug manufactures have been delayed. In many cases, CDCR is making requests of manufactures that are well above those expected in free market contracting. (Goal C)
- GuardianRx[®] Implementation – Implementation of GuardianRx[®] has been significantly delayed from all original timeline goals. These delays are beginning to have a serious impact on achieving related *Roadmap* goals and objectives. (Goal F)
- IT related challenges mentioned in previous monthly reports are being addressed by a joint CPR/Maxor IT working group. Connectivity issues are promptly being resolved. (Goal F)

Progress Report by Goal

For each goal in the *Road Map*, a summary of actions taken and progress achieved during the last 30 days is listed, along with the identification of any obstacles or issues that may impede progress.

Goal A

Develop meaningful and effective centralized oversight, control and monitoring over the pharmacy services program.

Actions Taken

- A member of the Maxor management team attended the annual American Society of Health-Systems Pharmacists (AJHP) meeting in July, 2007 with the purpose of promoting available clinical and facility level positions. (Objective A1)
- The search for clinical pharmacy specialist candidates continued over the last quarter to include:
 - Extending job advertisements regionally to include local California newspapers. This approach has increased inquiries into the positions.
 - A nationwide search using CareerPharm online resume database.
 - Twenty-nine candidates were interviewed by phone, five on-site interviews were conducted.
 - Three additional clinical pharmacy specialists have recently been hired to give a total of four out of eight positions filled. Julie Oduguwa, PharmD, started on August 13, 2007. She has been assigned the facilities in the Riverside area and has begun providing clinical services to the California Rehabilitation Facility (CRC) and Los Angeles County (LAC). The other two candidates will start in September, 2007. (Objective A1)
- Hiring efforts for drop-in pharmacy technicians also continued this quarter. Advertising efforts were expanded to include the Sacramento Bee. (Objective A1)
- In July 2007, a letter was sent to facility administrators reiterating the hiring restrictions put into place in May to assure facilities do not hire outside of the Maxor plan. (Objective A2)
- The third pharmacist-in-charge meeting was held on August 15, 2007, in Sacramento. Agenda topics included disease medication management guidelines, formulary roll-out, therapeutic interchange programs, facility inspections, quality improvement processes, the appropriate use of email, and GuardianRx[®] implementation. Pharmacy best practices for excellence awards were given to Calipatria (CAL) and California Men's Colony (CMC) for their diligent efforts in using the facility inspection process to improve the medication management process and improve overall pharmaceutical care. Folsom State Prison (FOL) was also awarded a New Horizons Award in recognition and appreciation of their efforts as the first CDCR facility to implement the new pharmacy operating system, GuardianRx[®]. (Objective A2)

- Members of the Maxor team attended the HIV Advisory Committee meetings in July and August of 2007. The Advisory Committee is working with Maxor to ensure timely and adequate pharmaceutical care to CDCR HIV positive offenders. (Objective A2)
- A Pharmacist Education and Communication Team (PECT) consisting of a select group of pharmacists-in-charge and the Director of Pharmacy was formed to serve as a policy and procedure review group. (Objective A3)
- Pharmacy policy and procedures continue to be reviewed on a scheduled basis. Two policy and procedures have been approved since the last report.
 - Chapter 25 - Inspecting Medication Storage Areas
 - Chapter 35 – Therapeutic Interchange (Objective A3)
- Gene Roth, PharmD, (Central Pharmacy Manager, CDCR) was assigned oversight of the inspection process. Many facilities are either not documenting how they have made progress or they are not reporting on a timely basis. As a result, telephone training is ensuring the pharmacists-in-charge properly conduct and document facility inspections and standardization of the inspection process. (Objective A5)
- The inspection process has been accepted as a beneficial quality improvement tool by facility level staff. The number of pharmacies passing inspection (or with only minor unresolved procedural problems) has increased from 3% to 39% from March to July, 2007. Improvement in medication management issues in non-pharmacy areas has been limited. Maxor will soon begin the process of re-evaluating facilities that claim to have resolved problems identified by Maxor to validate resolution. (Objective A5)
- Review of the facility inspection grid has become a standing agenda item for the Pharmacy & Therapeutics (P&T) Committee. (Objective A5)
- The P&T Committee approved two new disease medication guidelines, diabetes and hyperlipidemia, in the months of June and July, 2007.
- The Pharmacy Dashboard and Pharmacy Inspection Grid along with P&T approved policies and procedures and disease medication management guidelines are distributed monthly to all chief medical officers, pharmacists-in-charge and healthcare managers. (Objective A5)

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007. Recruitment and selection efforts for clinical and facility management positions continued this reporting period.
- Objective A.2. Direct lines of authority to all pharmacy services personnel were established and linkages to central medical staff were defined.

Issues or Obstacles to Success

- Maxor's scope of work anticipated hiring 4 clinical specialists including one with specialty training in psychiatry during the first quarter. Due to the national

pharmacist shortages and timelines for graduates completing residency and fellowships, two clinical pharmacists are actively employed and two more are anticipated to start in September 2007. Maxor continues to aggressively recruit for these positions by engaging professional recruiting services and coordinating efforts with CPR/CDCR human resources.

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.

Actions Taken

- The CDCR Formulary was distributed in June, 2007, with a transition period of 90 days (July 1 to September 30, 2007); after which, the formulary will be strictly enforced. Maxor continues to assist facilities during the transition period by answering questions regarding the formulary, therapeutic interchange programs, and acquisition of formulary products. (Objective B1)
- Maxor is currently working with the CDCR IT department to obtain a contract for Epocrates[®] formulary hosting services. This would allow for PDA and web access to formulary services such as currently preferred formulary agents, drug information, formulary restrictions, and therapeutic cross referencing features. (Objective B1, F5)
- In June and July, 2007, the P&T Committee approved recommendations set forth by the hyperlipidemia and diabetes therapeutic category reviews which cleared the way for Maxor to negotiate pricing on insulin and high potency statins. As a result, Crestor was chosen as the preferred formulary high potency statin and Eli Lilly's Humulin was selected as the preferred formulary insulin brand. (Objective B1)
- A therapeutic interchange policy and procedure was approved by the P&T Committee in July 2007, to aid in the transition to the new CDCR formulary. Therapeutic interchange programs for fourteen therapeutic classes have been approved to date. (Objective B1)
- A nonformulary purchase report has been developed to monitor non-formulary utilization by facility (and by prescriber for facilities with GuardianRx[®]) which will be provided to the P&T Committee, facility management teams, and the Office of the Receiver for review beginning in September, 2007. (Objective B2, F5)
- Therapeutic category utilization data demonstrates early movement towards formulary products as well as cost reduction for several therapeutic categories. (Objective B2, F5)
- Members of the Maxor management team met with Dr. Kohler from UCSF to coordinate with and discuss UCSF physician activities and share the approved CDCR disease medication management guidelines. At this same meeting, Maxor

team members also met with Dr. Gugliamo from UCSF School of Pharmacy to discuss potential collaboration between Maxor and the School of Pharmacy related to the *Roadmap*. (Objective B3)

- As discussed under Goal A, diabetes and hyperlipidemia disease medication management guidelines were approved in June and July of 2007. (Objective B3)

Objectives Completed

- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established on February 13, 2007. Current membership includes representation from central, regional and institutional level providers and Court expert representatives from the *Coleman* and *Perez* cases.
- Objective B.4: Develop and implement an effective and enforceable institution audit process.

Issues or Obstacles to Success

The infrastructure for disciplines to dissemination P&T Committee initiatives and directives continues to be sporadic. P&T members have been tasked with the responsibility of developing an implementation plan for their respective disciplines. Initial deployment involved distribution through the state-wide Medical and Nursing Directors. The pharmacy program utilizes several mechanisms including email and newsletter distribution as well as required computer learning modules and PIC quarterly meetings. Members of the Maxor Team will present pharmacy and P&T initiatives at the September 2007 statewide policy training conference.

Goal C

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

Actions Taken

- As a result of efforts to communicate with the pharmacists-in-charge to identify contracted items and improve purchasing, approximately \$138,643 was saved on average per month for June, July and August 2007. (Objective C2, C3)
- Maxor continues to work with the Wholesaler to meet CDCR's volume demands for stocking the appropriate contracted items in their regional distribution centers. Over the past three months, as a result of stock requests to Bergen, Maxor has been able to capture approximately \$405,669 in savings. (Objective C2, C3, C4)
- In August 2007, Maxor aided CDCR in saving \$125,525 by locating an alternate supplier for albuterol inhalers. (Objective C3)
- The Heinz Family Philanthropies has initiated the 340B pricing study with the exclusion of two vendors with confidentiality clauses agreed upon by DGS prior to the initiation of the *Roadmap*. Work includes at this time identification of key stakeholders for interviews, etc. by the Heinz Group. (Objective C5)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- Maxor continues to face complications in assisting CDCR with the contracting process. Attempts to approve direct contracts with P&T approved drug manufacturers have been challenging. In many cases, CDCR is making unreasonable requests of manufacturers of medications in a therapeutic category where either no competition exists or the competition is not approved by the P&T Committee. On two such occasions, manufacturers are *offering* a price concession to CDCR [knowing CDCR will continue to purchase their product regardless of the concession offered or an approved contract] and in return CDCR is *requiring* them to contractually agree to an extensive list of demands in order to *receive* such a concession. In the absence of a contract, CDCR will continue to purchase the medication at full price. Maxor has had difficulty in conveying to CDCR that in such cases the manufacturer has little incentive to offer a price concession if they have to meet unnecessary demands, especially if they will be paid full price and have no obligation to do anything for CDCR in the absence of a contract.

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.

Actions Taken

- Maxor's interim staffing model was presented and approved by the Office of the Receiver. Maxor is working with CPR assigned human resources personnel to expedite hiring for these newly approved positions and in critical shortage locations. (Objective D1, D4)
- In June 2007, Maxor met with CPR Plata workforce support and a representative from the Department of Personnel Administration (DPA) to facilitate the rewriting of Pharm I and Pharm II job specifications. The proposal for a new CDCR class will be placed on the State Personnel Board (SPB) agenda for discussion at their next meeting. The completed Pharm I and Pharm II specification applications were submitted to both DPA and SBP in August 2007. (Objective D1)
- Maxor worked with the CPR Plata workforce support group to send out mailers to 35,000 registered pharmacists in California in an effort to recruit for state PIC and Pharm I positions. (Objective D1)
- Maxor continues its efforts in replacing registry pharmacists-in-charge with state employee as well as fill additional vacant positions. In January 2007, there were 9 registry pharmacists-in-charge (PIC) and 1 facility with no PIC. As of August

2007, there are 6 registry pharmacists-in-charge and no facility without a PIC. Broad scale recruiting and advertising has resulted in over seventy contacts in late August 2007, from pharmacists inquiring about the CDCR Pharmacy program. CPR assigned human resources personnel have worked with Maxor to establish a mechanism to place registry pharmacists in hard to fill locations including Los Angeles County (LAC), High Desert State Prison (HDSP), and California Correctional Center (CCC). (Objective D1)

- The search continues for qualified technician candidates to complete the pharmacy Drop-In team. Four candidates were interviewed in June 2007. A third technologist was hired in August 2007, and five more candidates are scheduled for interviews the first week of September 2007. (Objective D1)
- *Pharmacy Horizons*, the pharmacy newsletter, continues to be published monthly and is in its fifth edition. (Objective D2)
- In June 2007, MC Strategies (the pharmacy personnel tracking and educational software tool) was launched to Pharm I staff starting with policy and procedure modules. Asthma and hypertension education modules were deployed to pharmacists-in-charge in June and July of 2007. In August, the therapeutic interchange policy and programs were posted on MC Strategies. To date, eight policy and procedure modules have been released. MC Strategies allows for tracking of employees who have, as well as have not, completed the training modules. (Objective D2, D3)
- As previously discussed under Goal A, the third pharmacist-in-charge meeting was held in August 2007, and included training in targeted areas of clinical and operational change related to the *Roadmap*. Maxor is in the process of establishing a method to get the programs certified for CME so pharmacists may obtain continuing education towards their licensure for participation in quarterly meetings and completion of MC Strategies training models. (Objective D2)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- Objective D.1 – Hire and train new pharmacists to replace registry pharmacists. Qualified applicants have attempted to negotiate their salaries within the salary range established by the CDCR. Appeals supported by Maxor to start well qualified pharmacists at the second or third step salary level have been initially denied. Maxor is working with CPR staff and Personnel to attempt to clarify the position and steps necessary, especially when attempting to fill remote sites.

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.

Actions Taken

- The pharmacy drop-in team has been assisting several facilities with operational issues and concerns.
 - July 2007. The team was sent to California Correction Center (CCC) to assist and evaluate reported staff shortage and to assess pharmacy operations. The team also visited California Medical Facility (CMF) and Salinas Valley State Prison (SVSP) to evaluate the Department of Mental Health (DMH) operations in order to develop a transition plan for operational continuity. Continued technician and pharmacist support was provided to Folsom after completion of GuardianRx[®] implementation.
 - August 2007. The team revisited CCC to help with medication management questions and concerns and California Rehabilitation Center (CRC) to help implement the controlled substance policy. The team is currently working with CCC, HDSP, CIW and SOL regarding facility management and operational needs. (Objective E1)
- The Maxor management team completed a medication management assessment of Mule Creek State Prison (MCSP) to determine requirements and needs for GuardianRx[®] implementation. (Objective E1)
- Maxor concluded its assessment of current automated dispensing machine cabinets after attending a vendor show in late June 2007. Criteria will be established to evaluate and select appropriate products for the TTA after-hours and inpatient treatment facilities. (Objective E1)
- Work continues on site selection for the central fill pharmacy as well as automation and design planning. In the months of June, July and August 2007:
 - A meeting was held with Knapp, a potential vendor capable of building central pharmacy automation and workflow software.
 - Maxor discussed with Bob Burris (Sacramento Area Commerce & Trade Organization -SATCO) and Mike Luca (CBRE) the potential economic incentives that the project could potentially qualify for should a Sacramento site be chosen for the centralized pharmacy facility.
 - Maxor has received cost proposals and detailed explanations of tenant improvement costs for sites under consideration for the central fill location and anticipates a meeting with the Office of the Receiver in late September 2007, to finalize site selection as well as discuss the direction for automation selection. (Objective E2)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

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.

Actions Taken

- Implementation of GuardianRx[®] at Folsom State Prison (FOL) was completed the last week of July 2007. The Folsom process is going well. The pharmacy service and missing medication measures have demonstrated rapid and sustained process improvement. (Objective F3, F4)
- Plans for GuardianRx[®] implementation at Mule Creek State Prison (MCSP) began the second week of July 2007. Prescription data, including drug, directions for use, doctor, patient, and inventory have been converted/formatted for GuardianRx[®] and made available for review and testing. A collaborative project management and pre-implementation process was established to be used by Maxor, the CPR and MCSP leadership for the GuardianRx[®] installations. The program is currently on schedule for a go-live date of September 10, 2007. (Objective F3, F4)
- A meeting was held with the CPR CIO to establish a rapid installation plan for GuardianRx[®]. The plan is currently under development. (Objective F3, F4)
- GuardianRx[®] implementation overview:
 - A complete inventory is done at each location immediately prior to GuardianRx[®] go-live.
 - Data migration begins 2 weeks prior to GuardianRx[®] go-live at each site. Migration errors have been low and a safety mechanism was created to allow the pharmacist completing the prescription verification to see the old PPTS drug name and the new GuardianRx[®] name to assure proper drug migration.
 - A train the trainer program is under development to begin group training of key facility staff well in advance of GuardianRx[®] implementation so that work flow, process gaps and training can be moved toward resolution prior to Maxor on-site pre-implementation activities. The identified trainers will then be used to help roll out GuardianRx[®] in facilities across the state.
 - Standardized service and problem measures are implemented to monitor GuardianRx[®] implementation as well as monitor the post-implementation period. (Objective F3, F4)

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- IT related challenges mentioned in previous monthly reports are being addressed by a joint CPR/Maxor IT working group. Connectivity issues are rapidly being resolved.
- GuardianRx[®] Implementation – Implementation of GuardianRx[®] has been significantly delayed from all original timeline goals. These delays are beginning to have a serious impact on achieving related *Roadmap* goals and objectives. GuardianRx[®] is a critical essential in providing data for reporting and monitoring purposes. Such data can not be obtained from any existing CDCR data repository or the PPTS system. Without this data, it is impossible to define performance benchmarks for targeted structural improvements or design best practice models for standardization and centralization. Maxor is currently lacking key reporting tools to facilitate clinical, operational and fiscal management of pharmacy operations. A plan for rapid deployment of GuardianRx[®] is currently in development.

Goal G

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

Actions Taken

- No action taken to date pending completion of related objectives.

Objectives Completed

- All objectives are in progress.

Issues or Obstacles to Success

- No previously unidentified or significant issues or obstacles have been encountered in this reporting period.

Summary of Changes to Timeline

In the sections below, a listing of completed objectives, objective timelines proposed for change (subject to review and approval of CPR) and a listing of timeline changes that have been approved by the CPR are provided.

Objectives Completed

- Objective A.1. A central pharmacy services administration, budget and enforcement authority was established on January 23, 2007.
- Objective A.2. Direct lines of authority were established to all pharmacy services personnel and linkages to central medical staff were defined.

- Objective B.2. A revised and reconstituted Pharmacy & Therapeutics Committee was established. Meetings are held the second Tuesday of each month. Current membership includes representation from central, regional and institutional level providers, as well as experts representing *Coleman* and *Perez* issues.
- Objective B.4. Develop and implement an effective and enforceable institution audit process.

Objectives Delayed

- All objectives except for F.2 (connectivity), C.5 (340B pricing) and A1.1 (hiring clinical specialists) are progressing according to schedule. Guardian implementation will be delayed in the Initiative tracking grid.

Objective Timelines Proposed for Change

- Objective A.3: Update and maintain system-wide pharmacy policies and procedures. We request changing the timeline for this objective from completion at month 9 to completion at month 12 of the project.
- Objective D.1: Hire and train new employees as needed to replace registry personnel. This objective was scheduled for completion in December 2007. We request changing the timeline to an ongoing activity throughout the term of the contract with no completion date. Hiring and training personnel is a recurrent task which will require ongoing consideration as staffing patterns are analyzed and pre-centralization and centralization models are implemented.
- Objective F.3: Procure a state-of-the-art pharmacy dispensing system in coordination with the Office of the Receiver. This timeline is no longer accurate and should be redefined by the CPR - CIO since an interim pharmacy information management system (Guardian) has been accepted.
- Objective F.4: Transition each institution to a uniform pharmacy information management system. Originally this was to begin in month 16 and be completed by month 21. In keeping with the changes to F.3, the goal will be to implement the interim uniform pharmacy information system state-wide by month 15 if connectivity is established.
- Objective F.6: Integrate pharmacy information management system with auxiliary technologies such as central supply management, physician order entry, electronic MAR, and barcode checking. No timeline was originally proposed for this objective. The process can not begin until the pharmacy information management system is functional state-wide and the extended network is created by CPR-IT. The completed pharmacy system is expected to interface with the DDPS (offender information system) and other proposed medical information systems currently in development. As with objectives F.3, the timeline for this objective will be determined by CPR-CIO.

Objective Timelines Change Approvals

- Objective C.2.1 – Completion of a system-wide baseline inventory in the first quarter. The baseline inventory included only controlled substances. A full

inventory will be conducted at each facility as the pharmacy operating system (Guardian RX) is implemented.

- Objective F.2 – Establish basic connectivity in all pharmacies in the first quarter. A timeline extension of an additional 90 days has been approved

Conclusion

Maxor remains committed to the accomplishment of the *Road Map* goals and objectives and has prepared this Progress Report as part of its ongoing initiative to maintain direct, open and constant communication with CPR throughout the pharmacy improvement project.

Maxor would like to thank the Receiver, his staff, and CDCR for their cooperation and support.

Appendix A—Pharmacy Dashboard



Pharmacy Dashboard
8.31.07

Appendix B—Facility Inspection Grid



Facility Inspection
Grid

Appendix C—Curriculum Vitae - Julie Oduguwa, PharmD



Julie Oduguwa
PharmD