

STATE BOARD NEWS -- NOVEMBER 1997 ISSUE
(State Section Only)

IS THE INFORMATION IN YOUR COMPUTER ACCURATE AND SECURE?

For years, the entire medical field has been discussing the issue of a "paperless" medical record. Pharmacy is no exception. Computers have become a vital part of the daily activities of all aspects of pharmacy practice, freeing pharmacists from many of the recordkeeping, typing, and billing tasks that used to take up so much of a pharmacist's time. We now use computers to maintain most, if not all, of our confidential and critical patient-related data. Unfortunately, the security of this data has not been addressed with as much concern by the computer system vendors and the pharmacy profession as have the other aspects of these systems. Many retail and institutional computer systems still rely on the user's name or initials as the sole means of entry to this critical data. Other systems are supposed to be more secure because they require a password in addition to the user's name or initials. It has been the Board's position for several years that "password protected" systems in the typical health care environment provide little or no security at all.

Access to the computers in most health care settings is typically not available in a secure and private location. On the contrary, most computer terminals are located in areas that are congested with people, crowded with paper or charts, and open to view by anyone within a radius of several feet. In a retail pharmacy, the keyboards and terminals are typically taking up space on a prescription counter that is shared by several people. In a hospital, the terminals on a nursing unit are usually surrounded by many people who are trying to enter data for a variety of reasons, drug orders being just one. In most cases, whenever a person signs on to the system there are frequently several other people within easy viewing distance of the keyboard, all of whom could find it relatively easy to intercept that person's code. This is particularly true when you watch most people enter their name, initials, or password using the keyboard. The majority of health care professionals use a method that is best described by the phrase "Seek and ye shall find" as they use their forefinger to pick out their password. Then to make matters worse, these same people are often required to change their access code on a regular basis by the computer system's manager. Very rarely are they allowed to repeat the passwords previously used, so now it is pretty much guaranteed that the password will be written down so it is not forgotten. Once this occurs, the people in the area of the computer terminal don't even have to watch the password being entered. They just need to obtain a glimpse of the code when it is pulled out of a pocket and, in many cases, propped up on the keyboard. Although the overwhelming majority of health care professionals would never consider using another person's password for illegal purposes, the Board has already had several cases involving intercepted passwords being used by individuals to obtain drugs for their own use or to cover up mistakes or abuse.

Obviously, using the word "secure" to describe such a system is not accurate. For that reason, the Board began to use the term "positive identification" throughout the rules when describing the records needed to show who assumed the responsibility for a professional action. On September 1, 1996, the Board enacted the following definition as found in paragraph (N) of rule 4729-5-01 of the Administrative Code:

"Positive identification" means a method of identifying an individual who prescribes, administers, or dispenses a dangerous drug. Such method may include a password access to a mechanical or automated system, but must also include a physical means of identification such as, but not limited to, the following:

- (1) A manual signature on a hard-copy record;
- (2) A magnetic card reader;
- (3) A bar code reader;
- (4) A thumbprint reader or other biometric method; or
- (5) A daily printout of every transaction that is verified and manually signed within twenty-four hours by the individual who prescribed, administered, or dispensed the dangerous drug. The printout must be maintained for three years and made available on request to those individuals authorized by law to review such records.

A close reading of this rule will demonstrate the Board's insistence on a secure system. Passwords may be used, but a physical means of security must be used. The Board can hold a health care professional responsible for maintaining control over the physical means of access (e.g., the bar code on an identification card, the magnetic card, etc.). If the physical means of identification gets lost, the individual would be required to report the loss so that it can be immediately disabled from accessing the confidential data. From the discussion in the opening paragraphs above, it is obvious that the Board cannot place the same reliance on an individual protecting a password in the same manner, no matter how many legal documents the individual signs that threaten dire consequences for failure.

Please check all of the systems in your practice site that allow access to confidential patient data or drugs for compliance with this rule. This rule has been in effect for over one year. During that time, the Board and its agents have discussed this rule with several vendors of pharmacy-related products. Many of these companies have been working on their systems to bring them into compliance with the Ohio requirements. In addition, the Board's agents have been discussing this rule during many of their inspections. Up to now, sites that had systems that were not in compliance were notified of the need to begin to change, but no specific time frame was defined. Starting soon after the beginning of 1998, it will be necessary for each site to have a plan of action that will bring all of its systems into compliance within a reasonable period of time.

As you review the systems within your own area of practice, please do not hesitate to contact the Board office or your Board agent with any questions you may have. The Board takes the issue of security for these systems very seriously, but it is not the Board's intention to cause everyone to revert to the paper and pencil technology of the 1960's. There are many ways to meet the requirements of this rule and not all of them will require a large expenditure of money. Please note that the list of acceptable methods for positive identification is not an exclusive one. The rule says "such as, but not limited to" the list in the rule. If you or your vendor would like to discuss another method, the Board is certainly willing to consider it. Please telephone or write to the Board office to discuss your ideas.

PHARMACY INTERNSHIP NOTES

There are several issues that are continually discussed by pharmacists regarding the

Board's pharmacy internship program. If you are a preceptor for a pharmacy intern, there are several things you can do to help the intern meet the Board's requirements. The following paragraphs are just a brief review. Please contact the Board office if you have further questions.

Each intern is required to submit a Statement of Preceptor form within 30 days after beginning an internship at a site. If the form is not submitted on time, the intern does not receive internship credit for the hours worked. On the intern's first day at your site, please ask them for this form, fill it out, remove the pink copy for your records, and mail the remaining copies to the Board office. Every year we have ten or fifteen interns who lose credit, sometimes for a whole summer's work, just because the Statement of Preceptor form was not filed.

The Practical Experience Affidavit form is required to be filed no later than March 1 of the year following the year that the hours were earned. That is, hours worked in 1997 must be reported to the Board office by March 1, 1998. Nothing in the rule prohibits filing the hours early, nor does the rule prohibit multiple filings throughout the year. For some reason, we have interns who wait until February to ask the preceptor for the payroll information to put on the form and then they lose credit for an entire year's worth of work because the preceptor cannot get the form completed in time. There is no reason to wait until the last minute. When the intern finishes work for the summer and is going back to school, fill out a form and submit it to the Board. If the intern comes home for Christmas break and works for a week or two, complete another form and send it.

Please remember that the intern is not a pharmacist and may not function except under the direct supervision of a pharmacist. This means the pharmacist must be able to directly intervene if the intern makes a mistake. The following examples may help to clarify what the Board means by "direct supervision":

- (1) The intern may counsel patients on their prescriptions or over-the-counter product questions, but only if the pharmacist is also present to ensure the accuracy of the counseling.
- (2) The intern may compound prescriptions, but only if the pharmacist is able to see that the proper techniques and products are used.
- (3) The intern may take prescriptions from doctor's offices, but only if the pharmacist is also able to hear the doctor or the doctor's agent at the time of the transmission. This requires a phone line with access by two phones or some similar mechanism. The intern may not take unsupervised prescriptions over the phone.

The importance of a good internship experience cannot be stressed enough. Many of the pharmacists who have hearings before the Board were interns for sites or preceptors whose business practices or personal habits also landed them in front of the Board. Rarely does the Board see someone come before them who was trained by a pharmacist who was proud of the profession and whose primary priority was the patient's care. If you are simply interested in a warm body to fill a position, hire some clerical help. But if you are interested in the future of pharmacy, serve as a preceptor for pharmacy interns and treat them as students first and as help for the workload second.