NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/Licensee: Arthrex, Inc.

Address: 1370 Creekside Blvd.

City: Naples State: FL Zip: 34108

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $25,000.00 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Naples, FL (City and State) on 11/4/2021 (Date).

Signature of Assignor's Authorized Representative

Dan Hall
Print Name

Vice President of Shareholder Relations & Taxation
Title

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Arthrex, Inc

Physical Address 14550 Plantation Road

City Fort Myers State Florida Zip 33912

Mailing Address (if different from physical address) 1370 Creekside Blvd

City Naples State Florida Zip 34108

Telephone 239-643-5553 Website www.arthrex.com

Licensing Company Email inc_regulatory@arthrex.com

Section 2: Personal Information

First Ryan Middle Keith Last Hoag

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Plantation Road

City Fort Myers State FL Zip 34108

Telephone 239-598-4302 x73004 Email ryan.hoag@arthrex.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials KHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Arthrex, Inc.

Physical Address 14550 Plantation Road

City Fort Myers State Florida Zip 33912

Mailing Address (if different from physical address) 1370 Creekside Boulevard

City Naples State Florida Zip 34108

Telephone 239-643-5553 Website www.arthrex.com

Licensing Company Email inc_regulatory@arthrex.com

Section 2: Personal Information

First Erika Middle _____ Last Schmieding

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Creekside Blvd

City Naples State FL Zip 34108

Telephone 239-643-5553 Email _____

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials ES

EXHIBIT 1

Case No. 21-220-CS-S

Ann K. Kershnar, M.D.

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

February 8, 2022

VIA CERTIFIED U.S. MAIL
Dr. Ann K. Kershnar
8352 W. Warm Springs Road, #210
Las Vegas, Nevada 89113

CEASE-AND-DESIST ORDER: Case No. 21-220-CS-S

Controlled Substance Registration CS22138 – Expired 10/31/2018

Dr. Ann Kershnar:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE-and-DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration. If you have already renewed or obtained new controlled substance registration, please disregard this CEASE-and-DESIST.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 8776 66

USPS Tracking®

FAQs >

Track Another Package +

Tracking Number: 9171969009350265877666

Remove ×

Your item was delivered to the front desk, reception area, or mail room at 10:43 am on February 10, 2022 in LAS VEGAS, NV 89113.

USPS Tracking Plus® Available ∨

Delivered, Front Desk/Reception/Mail Room

February 10, 2022 at 10:43 am
LAS VEGAS, NV 89113

Feedback

Get Updates ∨

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Tracking History ∨

USPS Tracking Plus® ∨

Product Information ∨

See Less ∧

N2-2-CS-S-Kershnar-003

SENDER: *COMPLETE THIS SECTION*	***COMPLETE THIS SECTION ON DELIVERY***
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X [signature] ☐ Agent ☐ Addressee B. Received by (*Printed Name*) 09 1338 C. Date of Delivery 2/10
1. Article Addressed to: Dr. Ann K. Kershnar 8352 W. Warm Springs Road, #210 Las Vegas, Nevada 89113	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
2. Article Number (*Transfer from service label*) 9171 9690 0935 0265 8776 66	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☑ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ ...ed Mail ☐ ...ed Mail Restricted Delivery (...er $500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☑ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

EXHIBIT 2

Case No. 21-220-CS-S

Ann K. Kershnar, M.D.

FILED
FEB 22 2022
NEVADA STATE BOARD OF PHARMACY

Ann Kershnar
8352 W Warm Springs Rd #210
Las Vegas, NV 89113
NIAA
21-220-CS-S

9171 9690 0935 0265 8779 87

MAILED 2/22/22

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FAQs >

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Tracking Number: 9171969009350265877987

Remove X

Your item was delivered to the front desk, reception area, or mail room at 10:49 am on February 25, 2022 in LAS VEGAS, NV 89113.

USPS Tracking Plus® Available ∨

Delivered, Front Desk/Reception/Mail Room

February 25, 2022 at 10:49 am
LAS VEGAS, NV 89113

Feedback

Get Updates ∨

Text & Email Updates ∨

Tracking History ∨

USPS Tracking Plus® ∨

Product Information ∨

See Less ∧

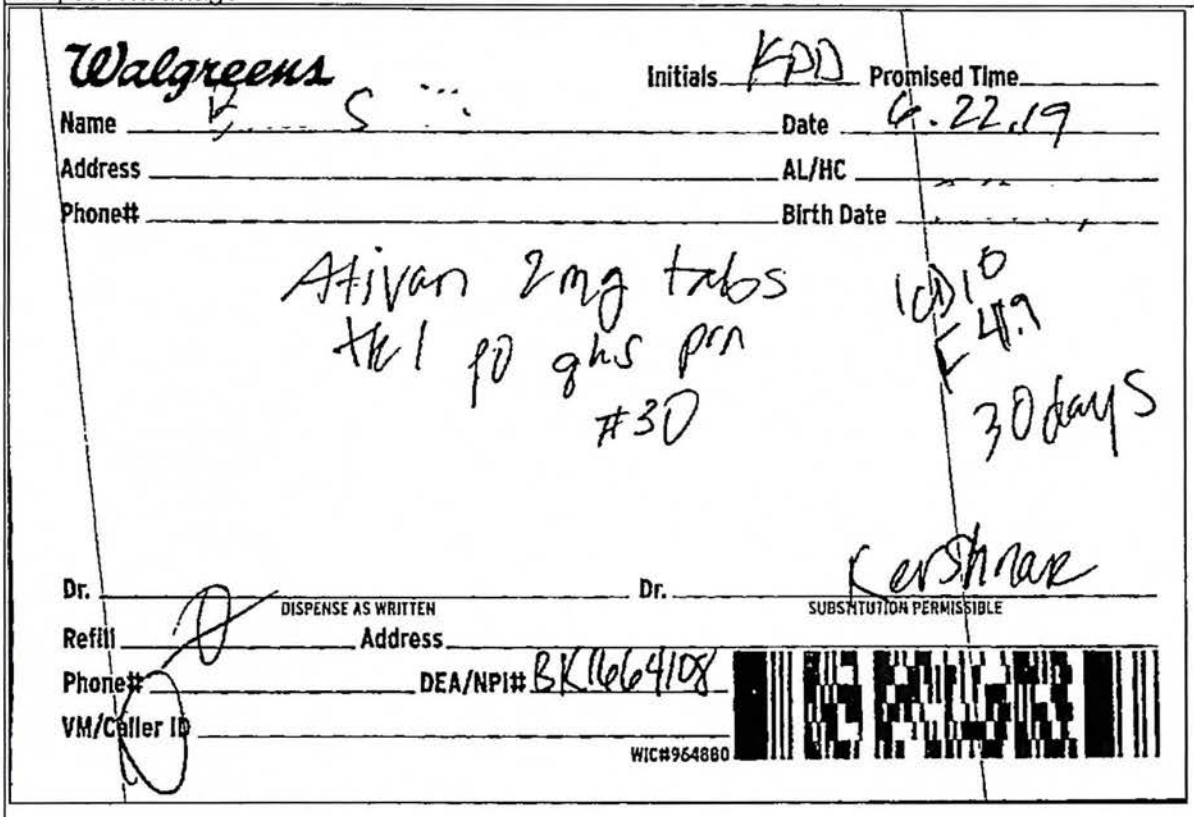
EXHIBIT 3

Case No. 21-220-CS-S

Ann K. Kershnar, M.D.

Script Details - Rx Number: 1254087-7032

Script Front Image



Script Back Image	Annotations
No Back Image Available	No Annotations

This report is considered a confidential Walgreens document. It is intended to be used for Board of Pharmacy/DEA audits. Professional discretion should be used prior to releasing this document.

EXHIBIT 4

Case No. 21-220-CS-S

Ann K. Kershnar, M.D.

TOTAL TIME SUMMARY

Case No. 21-220-CS-S – ANN KERSHNAR, M.D.

Investigator Dena McClish – 1.08 @$43.00/hr =	**$46.44**
Attorney Peter Keegan – 10 hours @$55.00/hr =	**$550.00**
Board Coordinator Darlene Nases – 1.00 hours @$21.00/hr =	**$21.00**
Board Coordinator Kristopher Mangosing – 1.0 hours @31.86/hr =	**$31.86**
Total	**$649.30**

Timesheet for Dena McClish

CONTROLLED SUBSTANCE EXPIRED CASES (TWENTY (20) PRESCRIBERS) – MULTIPLE CASE NUMBERS

DATE	TIME	Per Prescriber
10/2019 (multiple days)	15	0.75

Cross check report w/ license info, prepare excel worksheet, run prescriber PMPs, request and review prescription copies, ROI for **20 prescribers**

12/20/21	1.5	0.1

Upload rx docs into InLumen for individual cases for **15 prescribers**

1/5/22	0.5	0.03

Conf call w/ counsel on **15 prescribers**

1/27/22	3	0.2

Update PMPs on **15 prescribers** , pull addt'l rxs, report to counsel for Bannen, Heeren, Martinez, Nguyen, Washington, request C&D from counsel

Per Prescriber 1.08 Hours X $43/hour = $46.44

Timesheet for Peter Keegan – ANN KERSHNAR, M.D. - CASE NO. 21-220-CS-S

DATE	TIME
1/7/2022	3.5

Review investigative file; legal research; discuss investigation with Board staff including Prescription Monitoring Program Manager Darla Zarley and General Counsel Brett Kandt; begin draft Notice of Intended Action and Accusation in Case No. 21-220-CS-S.

1/26/2022 1.5

Finalize Notice of Intended Action and Accusation in Case No. 21-220-CS-S; proofread and submit to Board Coordination staff Shirley Hunting for mailing/service of process.

2/12/2022 0.25

Confirm receipt of certified mailing of Notice of Intended Action and Accusation via USPS on February 25, 2022.

3/8/2022 0.5

Telephone call with Respondent Ann Kershnar.

3/11/2022 0.25

Review answer filed by Respondent Kershnar.

3/14/2022 1.0

Follow-up telephone call with Respondent Kershnar, discuss possible resolution, draft stipulation and email to Respondent Kershnar.

5/16-20/2022 0.5

Various follow-up calls and emails to Respondent Kershnar seeking status of stipulation.

5/26/2022 1.5

Prepare Exhibit packet and review investigation; telephone/video conference with Investigator Dena McClish and Board staff to prepare for testimony at hearing. Prepare updated documentation of attorney's fees and recoverable costs.

6/1/2022 1.0

Prosecute hearing in Case 21-220-CS-S.

TOTAL 10 hours x $55.00/hour = $550.00

Timesheet for Darlene Nases –

ANN KERSHNAR, M.D. - CASE NO. 21-220-CS-S

DATE	TIME
2/08/22	0.50

Certified and mailed out Cease & Desist

2/22/2022	0.50

Certified and mailed out Notice of Intended Action and Accusation

TOTAL 1 hour x $21/hour = $21.00

Timesheet for Kristopher Mangosing –

Board of Pharmacy v. ~~Sherman Washington, MD~~ Kershnar - Case No. 21-220-CS-S

DATE	TIME
5/3/2022	0.50

Prepare and send 21 day notice by certified mail.

5/23/2022	0.50

Prepare documents for Board meeting materials.

TOTAL 1 hour x $31.86/hour = $31.86

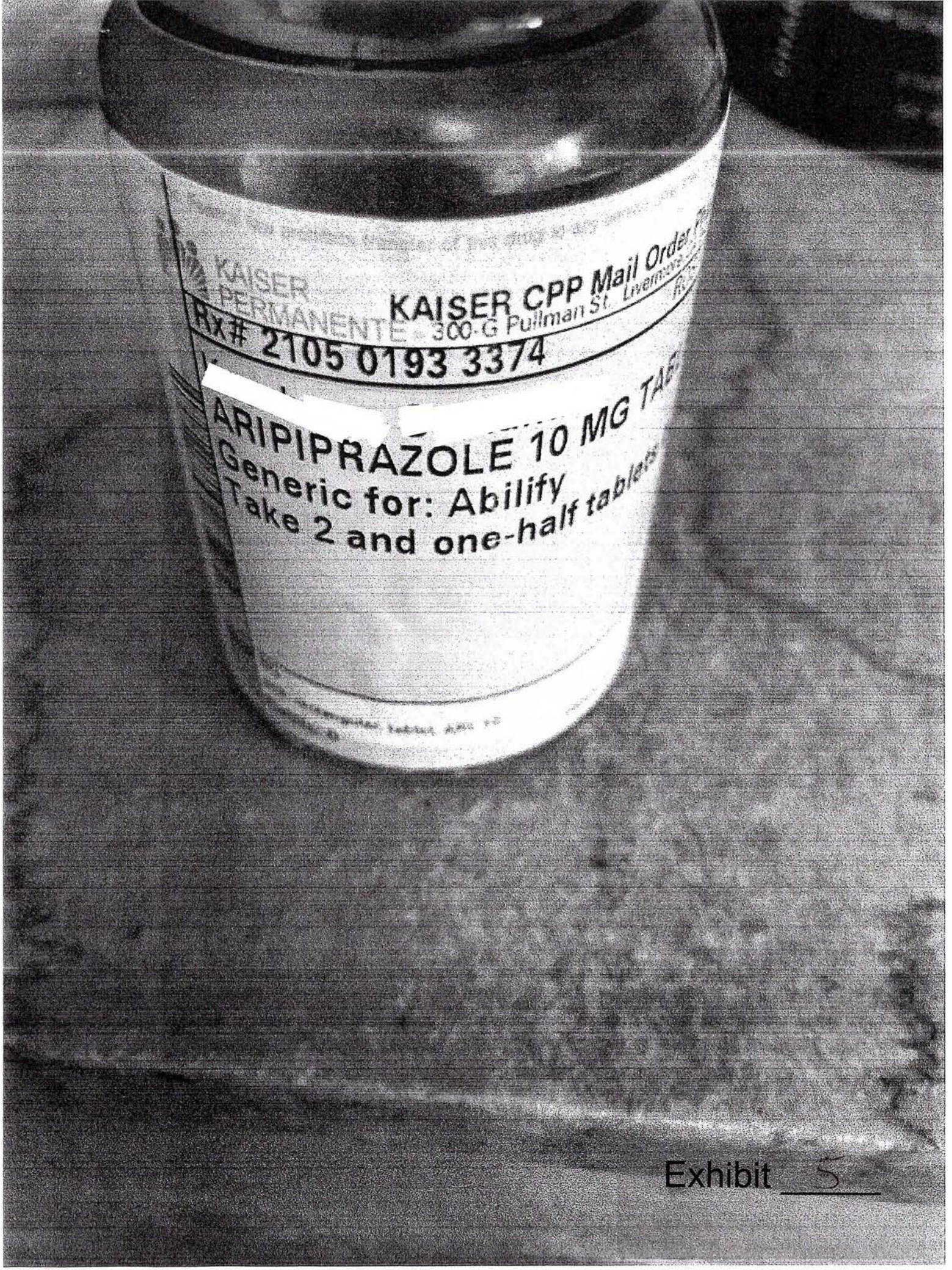

KAISER PERMANENTE
KAISER CPP Mail Order
300-G Pullman St. Livermore
Rx# 2105 0193 3374
ARIPIPRAZOLE 10 MG TAB
Generic for: Abilify
Take 2 and one-half tablets

Exhibit 5

Mr. Peter Keegan,
Assistant General Counsel,
Nevada State Board of Pharmacy

RE: Case No 21-220-CS-S

Dear Mr. Keegan,

My name is Naomi Uchiyama M.D. and am a retired pediatrician in Orange County, California.

I am writing to you on behalf of Dr. Ann Kershnar.

I had worked with Dr. Kershnar for over 2 decades when she practiced Pediatric Endocrinology at the Children's Hospital of Orange County (CHOC).
She was a well known and highly respected physician with great clinical skills and knowledge.
Whenever I referred my patients to her, she provided excellent patient care.
Dr. Kershnar always displayed high ethical standards.
She was well loved by her patients and their families.
I am not aware of any physical or mental health issues.

Dr. Kershnar was also involved in pediatric residency training at CHOC and was an excellent teacher and a great role model for residents.

If you have any questions, please feel free to contact me at nuchiyama2@cox.net.

Sincerely,

Naomi Uchiyama M.D.
California medical license no: A 22885 (retired)

Exhibit 6

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931, and** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **STIPULATION ON** **ORDER TO SHOW CAUSE**

This matter is scheduled before the Nevada State Board of Pharmacy ("Board") for hearing on Wednesday, June 1, 2022, in Las Vegas, Nevada on an Order to Show Cause. Courtney K. Lee, Esq., General Counsel, on behalf of the Board, and Respondents Rosa A. Bellota-Rojas, MD, ("Bellota-Rojas"), Certificate of Registration No. CS21931, and Anuranjan Bist, MD, ("Bist") by and through counsel, Crane Pomerantz, Esq. of Clark Hill stipulate and agree to the following.

In light of the [proposed] Stipulation and Order entered in related case no. 21-205, where Respondents Bellota-Rojas and Bist supervised the unlawful prescribing of controlled substances to minors by Dina Faucher, APRN ("Faucher"), and Jeffrey Brown, PA ("Brown"), and failed to obtain or to properly supervise Faucher and Brown in obtaining PMP reports initially and every 90 days for continuous controlled substance medications, the Board orders the following additional or modified discipline as a result of the non-compliance with the Board's Order dated June 10, 2020:

A. Respondent Bellota-Rojas shall be re-trained as a prescriber in the Prescription Monitoring Program ("PMP") pursuant to NRS 453.164.

B. Respondent Bist shall be re-trained as a prescriber in the Prescription Monitoring Program ("PMP") pursuant to NRS 453.164.

C. Respondent Bellota-Rojas' previous probation period shall be extended for an additional twelve (12) months beginning immediately, probation to end on June 1, 2023.

D. Respondent Bist's previous probation period shall be extended for an additional twelve (12) months beginning immediately, probation to end on June 1, 2023.

E. Respondent Bellota-Rojas shall comply with all other non-modified provisions of the Board's June 10, 2020 Order in this matter.

F. Respondent Bist shall comply with all other non-modified provisions of the Board's June 10, 2020 Order in this matter.

AGREED:

Signed this 17th day of May, 2022

Rosa Bellota Rojas MD

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of _____, 2022

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this ___ day of May, 2022

CRANE POMERANTZ, ESQ.
Counsel for Respondents Rosa A. Bellota-Rojas, MD, and Anuranjan Bist, MD

Signed this ___ day of _____, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation on Order to Show Cause as to Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, in Case Nos. 18-103-CS-A-S, 18-103-CS-B-S and hereby orders that the terms of the foregoing be made effective immediately.

IT IS SO ORDERED.

Entered this ___ day of June, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **JEFFREY BROWN, PA,** **Certificate of Registration No. CS29706,** **Respondents.**	**Case Nos. 21-205-A-CS-S** **21-205-B-CS-S** **21-205-C-CS-S** **STIPULATION AND ORDER**

Courtney K. Lee, General Counsel for Petitioner the Nevada State Board of Pharmacy ("Board"), and Respondent Rosa A. Bellota-Rojas, MD ("Bellota-Rojas"), Certificate of Registration No. CS21931, Respondent Anuranjan Bist, MD ("Bist"), Certificate of Registration No. CS14281, and Jeffrey Brown, PA, Certificate of Registration No. CS29706, by and through counsel, Crane Pomerantz, Esq., of Clark Hill, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about April 26, 2022, Board Staff served Respondents Bellota-Rojas, Bist, and Brown with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondents and Notice of Hearing.

3. In lieu of filing Answers through counsel, this agreed Stipulation and Order is presented for the Board's consideration.

4. Respondents Bellota-Rojas, Bist, and Brown are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that any Respondent failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent Bellota-Rojas admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Bellota-Rojas:

A. Allowed and/or supervised the unlawful prescribing of controlled substance medications to minor children K.B. and I.B. without first establishing bona fide therapeutic relationships by Jeffrey Brown, PA, in violation of NRS 639.235, and NAC 639.945(1)(o).

B. Failed to initially obtain PMP utilization report(s) and every 90 days thereafter or failed to properly oversee for continuous prescribing of controlled substance medications for minor children K.B. and I.B. in violation of NRS 639.23507.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

9. Respondent Bist admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Bist:

A. Allowed and/or supervised the unlawful prescribing of controlled substance medications to minor children K.B. and I.B. without first establishing bona fide therapeutic relationships by Dina Faucher, APRN and/or Jeffrey Brown, PA, in violation of NRS 639.235, and NAC 639.945(1)(o).

B. Failed to initially obtain PMP utilization report(s) and every 90 days thereafter or failed to properly oversee for continuous prescribing of controlled substance medications for minor children K.B. and I.B. in violation of NRS 639.23507.

10. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

11. Respondent Brown admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Brown:

A. Unlawfully prescribed controlled substance medications to minor children K.B. and I.B. without first establishing bona fide therapeutic relationships, in violation of NRS 639.235, and NAC 639.945(1)(o).

B. Failed to initially obtain PMP utilization report(s) and every 90 days thereafter for continuous prescribing of controlled substance medications for minor children K.B. and I.B. in violation of NRS 639.23507.

12. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Respondents not conceding or admitting to such allegations, the Board and Respondents stipulate to the following penalties and conditions. Respondent Bellota-Rojas shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Bellota-Rojas' duties and responsibilities as a prescribing and supervising practitioner;

B. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

C. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete additional two (2) hours of continuing education regarding prescribing controlled substances, within thirty (30) days of the Stipulation and Order.

14. Respondent Bist shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Bist's duties and responsibilities as a prescribing and supervising practitioner;

B. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

C. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete additional two (2) hours of continuing education regarding prescribing controlled substances, within thirty (30) days of the Stipulation and Order.

15. Respondent Brown shall:

A. Accept this Stipulation and Order as a public reprimand regarding Respondent Brown's duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5,000.00) for the alleged violations;

C. Pay Five Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Complete additional four (4) hours of continuing education regarding prescribing controlled substances, within thirty (30) days of the Stipulation and Order.

16. Any failure by any Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

17. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 1, 2022. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

18. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

19. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

20. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

21. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

22. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17th day of May, 2022

Rosa Bellota Rojas MD

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of _____, 2022

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

Signed this ___ day of _____, 2022

JEFFREY BROWN, PA
Certificate of Registration No. CS29706

APPROVED AS TO FORM AND CONTENT this ___ day of May, 2022

CRANE POMERANTZ, ESQ.
Counsel for Respondents Rosa A. Bellota-Rojas, MD, Anuranjan Bist, MD, and Jeffrey Brown, PA

Signed this ____ day of _____, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of _____, 2022

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of _____, 2022

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

Signed this 17th day of May, 2022

JEFFREY BROWN, PA
Certificate of Registration No. CS29706

APPROVED AS TO FORM AND CONTENT this ___ day of May, 2022

CRANE POMERANTZ, ESQ.
Counsel for Respondents Rosa A. Bellota-Rojas, MD, Anuranjan Bist, MD, and Jeffrey Brown, PA

Signed this ____ day of _____, 2022

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, and Jeffrey Brown, PA, Certificate of Registration No. CS29706 in Case Nos. 21-205-A-CS-S, 21-205-B-CS-S, 21-205-C-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2022.

_____

Helen Park, President
Nevada State Board of Pharmacy

SFY22 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: SFY23

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(s) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2024	TOTAL REVENUE/EXPENSE SFY23	DIFFERENCE
Beginning Balance	$ 3,196,531		$ 3,196,531	$ -	$ -	$ 3,196,531	$ 3,196,531	$ -
Renewal Fees	$ 4,635,800		$ 4,635,800	$ -	$ -	$ 4,635,800	$ 4,635,800	$ -
Registration Fees	$ 593,510		$ 593,510	$ -	$ -	$ 593,510	$ 593,510	$ -
Recovered Costs	$ 50,000		$ 50,000	$ -	$ -	$ 50,000	$ 50,000	$ -
CC Processing Fees	$ 250,000		$ 250,000	$ -	$ -	$ 250,000	$ 250,000	$ -
Change MGR RPh	$ 10,000		$ 10,000	$ -	$ -	$ 10,000	$ 10,000	$ -
Inspections	$ 1,000		$ 1,000	$ -	$ -	$ 1,000	$ 1,000	$ -
Interest Income	$ 7,500		$ 7,500	$ -	$ -	$ 7,500	$ 7,500	$ -
Late Fees	$ 17,530		$ 17,530	$ -	$ -	$ 17,530	$ 17,530	$ -
Total Revenues	**$ 8,761,871**	$ -	**$ 8,761,871**	**$ -**	**$ -**	**$ 8,761,871**	**$ 8,761,871**	**$ -**

EXPENSES								
Payroll	$ 3,602,760		$ 3,602,760	$ -	$ -	$ 3,602,760	$ 3,602,760	$ -
Operating	$ 1,100,000		$ 1,100,000	$ -	$ -	$ 1,100,000	$ 1,100,000	$ -
Equipment	$ 55,000		$ 55,000	$ -	$ -	$ 55,000	$ 55,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ -	$ -	$ 110,000	$ 110,000	$ -
Out-of-State Travel	$ 65,000		$ 65,000	$ -	$ -	$ 65,000	$ 65,000	$ -
DAG Cost	$ 36,000		$ 36,000	$ -	$ -	$ 36,000	$ 36,000	$ -
Reserve	$ 3,793,111	$ -	$ 3,793,111	$ -	$ -		$ 3,793,111	$ -
Total Expenses	**$ 8,761,871**	$ -	**$ 8,761,871**	**$ -**	**$ -**	**$ 4,968,760**	**$ 8,761,871**	**$ -**
Balance	$ -	$ -	$ -				$ -	$ -

Board Expenses (Annual)	$ 4,968,759.78
Board Reserves	$ 3,793,110.97
Days Reserves	279.00
Months Reserves	9.00

	SFY23	SFY24	Total
Revenue	$ 5,565,340.00	$ 2,575,838.00	$ 8,141,178.00
Expenses	$ 4,968,759.78	$ 5,465,635.76	$ 10,434,395.55
Total	$ 596,580.22	$ (2,889,797.76)	$ (2,293,217.55)
	Surplus	Deficit	Deficit

SFY22 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: Apr 22

REVENUES	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(s) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2022	TOTAL REVENUE/EXPENSE SFY22	DIFFERENCE
Beginning Balance	$ 4,267,562	$ 125,940	$ 4,393,502	$ -	$ 4,393,502	$ -	$ 4,393,502	$ -
Renewal Fees	$ 1,512,000		$ 1,512,000	$ 1,280	$ 1,528,338	$ -	$ 1,529,618	$ 17,618
Registration Fees	$ 668,834		$ 668,834	$ 113,358	$ 1,104,000	$ 50,000	$ 1,267,358	$ 598,524
Recovered Costs	$ -	$ 15,000	$ 15,000	$ 750	$ 48,737	$ 24,744	$ 74,231	$ 59,231
CC Processing Fees	$ -	$ 75,000	$ 75,000	$ 2,532	$ 101,857	$ 10,127	$ 114,516	$ 39,516
Change MGR RPh	$ -	$ 7,500	$ 7,500	$ 1,500	$ 8,150	$ 4,825	$ 14,475	$ 6,975
Inspections	$ -	$ 750	$ 750	$ 75	$ 450	$ 150	$ 675	$ (75)
Interest Income	$ 15,000		$ 15,000	$ -	$ 4,166	$ 2,083	$ 6,249	$ (8,751)
Indirect Grant Income	$ 2,670	$ (2,670)	$ -	$ -	$ -	$ -	$ -	$ -
Late Fees	$ 17,530		$ 17,530	$ 850	$ 17,240	$ 3,400	$ 21,490	$ 3,960
Unclaimed Property Refund	$ -	$ 28,050	$ 28,050	$ -	$ 28,050	$ -	$ 28,050	$ -
Misc Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Paper Use Fee	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Revenues	**$ 6,483,596**	**$ 249,570**	**$ 6,733,166**	**$ 120,345**	**$ 7,234,490**	**$ 95,328**	**$ 7,450,163**	**$ 716,997**

EXPENSES								
Payroll	$ 3,340,540		$ 3,340,540	$ 262,098	$ 2,381,894	$ 530,218	$ 3,174,209	**$ (166,331)**
Operating	$ 825,000		$ 825,000	$ 45,775	$ 501,045	$ 105,503	$ 652,322	**$ (172,678)**
Equipment	$ 30,000		$ 30,000	$ 2,141	$ 14,422	$ 13,437	$ 30,000	$ -
In-State Travel	$ 110,000		$ 110,000	$ 20,741	$ 50,624	$ 20,444	$ 91,809	**$ (18,191)**
Out-of-State Travel	$ 65,000		$ 65,000	$ 1,387	$ 2,504	$ 35,000	$ 38,891	**$ (26,109)**
DAG Cost	$ 12,000		$ 12,000	$ 2,486	$ 9,544	$ 3,801	$ 15,830	**$ 3,830**
Aid for Education	$ 2,000		$ 2,000	$ -	$ -	$ -	$ -	**$ (2,000)**
Reserve	$ 2,099,056	$ 249,570	$ 2,348,626	$ -	$ -		$ 3,447,101	**$ 1,098,475**
Total Expenses	**$ 6,483,596**	**$ 249,570**	**$ 6,733,166**	**$ 334,628**	**$ 2,960,032**	**$ 708,402**	**$ 7,450,163**	**$ 716,997**
Balance	$ -	$ -	$ -				$ -	$ -

Board Expenses (Annual)	$ 4,003,061.95
Board Reserves	$ 3,447,101.36
Days Reserves	314.00
Months Reserves	10.00

	SFY22	SFY23	Total
Revenue	$ 3,056,661.31	$ 6,083,935.20	$ 9,140,596.51
Expenses	$ 4,003,061.95	$ 4,403,368.15	$ 8,406,430.10
Total	$ (946,400.64)	$ 1,680,567.06	$ 734,166.42
	Deficit	Surplus	Surplus

Dispensing Practitioner Guidelines

Listed below are some of the more common regulatory requirements pertaining to practitioner dispensing practices that you might find helpful. We recommend reviewing this information upon applying for a dispensing practitioner license and annually thereafter. In addition to the bullet points listed below we have included some of the specific law citations if you would like to review these in more detail. This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

A dispensing practitioner:

- Shall order all drugs;
- Shall receive and account for all drugs;
- Shall have their own inventory this is secured in a locked room or cabinet to which the practitioner has the only key or lock combination;
- Shall have a bona fide relationship with his/her patient;
- Shall only dispense medications the practitioner prescribes. The practitioner shall not dispense medications prescribed by another practitioner;
- Shall ensure that no drug may be dispensed without the practitioner on-site at the facility;
- Shall ensure that all drugs are dispensed personally to the patient at the facility; medications dispensed cannot be mailed;
- The practitioner and, if applicable, the dispensing technician or trainee shall initial both the prescription label and the prescription record;
- Shall ensure that all drugs are dispensed in compliance with NAC 639.745;
- Shall inform the patient that the patient may request a written prescription and have it filled at a pharmacy of their choice;
- The informed consent for each prescription must be initialed and dated by the patient and kept with the prescription record;
- Shall write a prescription for any medication the practitioner will dispense to a patient and keep a record of all medications dispensed.
- Shall separately itemize the drug price of each drug dispensed on any bill or statement provided to the patient;
- If the practitioner intends to dispense controlled substances, an initial inventory and a biennial inventory must be taken;
- A perpetual inventory must be kept for all schedule II controlled substances;
- The practitioner must report daily the dispensing of controlled substances daily to the Nevada Prescription Monitoring program (PMP), even if there are no controlled substances dispensed;
- SB459 sets the criteria requiring when a practitioner must access the PMP and requires accessing the PMP to check a patient's history of controlled substances they have received previously if the criteria are met.

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 2, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~***omitted material***~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.016; NRS 639.070; NRS 639.500

A REGULATION Allow certain registrants and licensees to dispense limited controlled substances from a practitioner located in a hospital or emergency room for the purpose of treating substance use disorder with medication assisted treatment.

.

LEGISLATIVE COUNSEL'S DIGEST

Section. 1. NAC Chapter 639 of NAC is hereby amended by changing the following provisions:

NAC 639.X Practitioners located in a hospital or emergency room may dispense controlled substances without a registration in certain conditions.

1. Notwithstanding the requirements of NAC 639.742, a practitioner practicing at a hospital or emergency room licensed by the State of Nevada Department of Health, may dispense certain controlled substances without obtaining a dispensing registration under the following conditions:

(a) The practitioner must possess an active controlled substance registration from the Board;

(b) The practitioner must comply with 21 CFR Part 1306 and 1307;

(c) Medications dispensed must be approved by the U.S. Food and Drug Administration for the treatment of opioid use disorder;

(d) The practitioner must comply with any labeling and recordkeeping requirements imposed upon dispensing practitioners registered pursuant to NAC 639.742; and

(e) The practitioner must comply with the reporting requirements of NAC 639.926.

2. Pharmacists employed by the hospital or emergency rooms may assist the practitioner in the dispensing of the medication pursuant to this section.

U. S. Department of Justice
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, Virginia 22202

www.dea.gov

Dear DEA-Registered Hospital/Clinic Practitioners:

The Drug Enforcement Administration (DEA) has been working with our partners from other Federal, state, and local agencies to formulate new or updated guidance related to the treatment of Opioid Use Disorder (OUD) including ways to expand access to Medication Assisted Treatment (MAT). DEA appreciates those willing to provide access to MAT, a successful evidence-based practice to treat OUD. DEA is committed to ensuring that MAT is available to everyone, especially in rural or underserved areas where treatment options may be limited.

Under 21 CFR 1306.07(b), a physician is authorized to administer "narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment," even if that physician is not registered as a Narcotic Treatment Program (NTP). A limitation of this regulation includes that "not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended."

In December 2020, Congress directed DEA to revise subsection 1306.07(b) to allow for a three-day supply of medication to be dispensed at one time. Pub. L. 116-215. Consistent with this directive, DEA is working to amend 21 CFR 1306.07(b). DEA encourages you to monitor the website www.regulations.gov for any new rulemaking. See also the Office of Management and Budget, Unified Agenda of Regulatory and Deregulatory Actions at www.reginfo.gov for status updates on any pending regulations.

In the meantime, to promote more immediate expanded treatment while the rulemaking is being undertaken, DEA is providing practitioners with the following option. In accordance with 21 CFR 1307.03, a DEA-registered practitioner working in a hospital, clinic, or emergency room, or any DEA-registered hospital/clinic that allows practitioners to operate under their registration number as per 21 CFR 1301.22(c), may request an exception to the one-day supply limitation currently imposed pursuant to 21 CFR 1306.07(b). Consistent with Pub. L. 116-215, DEA will grant such requests to allow a practitioner to dispense up to a three-day supply of the medication under the circumstances described in subsection 1306.07(b).

Requests for exception must be emailed to: ODLP@dea.gov. Please add the following to the subject line: **Request for Exception to Limitations on Dispensing for OUD**.

Please contact the DEA Policy Section by email if we may provide additional assistance at ODLP@dea.gov. For more information regarding DEA's Diversion Control Division, please visit https://DEAdiversion.usdoj.gov.

Sincerely,

THOMAS PREVOZNIK Digitally signed by THOMAS PREVOZNIK Date: 2022.03.23 07:16:34 -04'00'

Thomas W. Prevoznik
Deputy Assistant Administrator
Diversion Control Division

EO-DEA248, March 23, 2022

Date: June 2, 2022
To: Nevada State Board of Pharmacy
Regarding: Item 24(A): Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639. 744 and 639.745: Dispensing Practitioners.
Public comment submitted by: Yvette Franco – Caregiver

Dear President Park and Members of the Board,

My name is Yvette Franco, and I am the daughter and caregiver of Guadalupe. My mom is currently being treated for liver cancer at Comprehensive Cancer Centers of Nevada by Dr. Nguyen.

I also want to thank the Board for hearing this item today – as the proposed rule change would avoid future disruptions of care for many cancer patients, like my mom. I appreciate the chance to share my remarks from the caregiver perspective.

In addition to patients, families also must navigate the devastating effects of cancer – whether it has to do with cancer treatments, the financial burdens, or issues with accessing medication. For background, the first time my mom was diagnosed with liver cancer, she was being treated through a study at UCLA. When the cancer returned, she was then prescribed oral chemotherapy. This past March, when we tried to order her oral medication, I had to go back and forth on the phone with a nurse from the insurance company - we did not know the nurse, nor did she know my mom's personalized treatment plan. The nurse and I then had a few miscommunications via phone, causing a nearly 3-week delay in treatment for my mom. When it comes to cancer treatments, every day is critical.

If my mom was able to get her oral medications in-office, the process would have been streamlined, quicker and we would have been able to go directly through her doctor. This doctor knows my mom and her personalized care plan. It makes the most sense for patients to receive their medication in-office, by their trusted doctor, who they feel the most comfortable with, during this already stressful and overwhelming time.

I strongly support the proposed rule change and I thank the board for hearing my comments today. This rule change will help many patients, like my mom, get their oral medications in a timely manner from their trusted physician.

Thank you.

Date: June 2, 2022
To: Nevada State Board of Pharmacy
Regarding: Item 24(A): Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639. 744 and 639.745: Dispensing Practitioners.
Public comment submitted by: Guadalupe Martinez – Patient

Dear President Park and Members of the Board,

My name is Guadalupe Martinez, and I am a patient of Dr. Nguyen. Currently, I am being treated for liver cancer, at Comprehensive Cancer Centers of Nevada.

I want to first thank the Board for hearing this important item today – the proposed rule changes would prevent future interruptions of care for many cancer patients, like myself. Undergoing cancer treatment is already a stressful and overwhelming time for patients. I am grateful for this opportunity to share my personal story with the Board -- to provide real-life insight on why this issue is so significant.

For background, this is my second time with liver cancer, and it came back this time in an aggressive form. Unfortunately, when trying to access my oral medication, to begin my treatment, I faced a nearly 3-week delay going back and forth with the nurse of the insurance company. As a patient, it is critical to start and continue treatments on time - without interruption or lengthy delays.

Each day is valued when it comes to cancer treatment, and I lost three weeks of potential treatment due to these unnecessary delays.

As a patient, I want to feel confident and at ease that I can safely receive my oral chemotherapy treatment by my trusted doctor. It makes much more sense for patients like me when my doctor and his staff have years of knowledge about my personal health care and how medications might affect me. If I was able to get my oral medications in-office, I would have been able to start my treatment much faster.

On behalf of the cancer patient community, I strongly support the proposed rule changes and I thank the board for hearing my story. This rule change will help many patients get their oral medications more quickly, more easily - from their trusted physician, without any stress.

Thanks again.

Workplace Wellbeing

As your professional association, Nevada Pharmacy Alliance is aware that many pharmacy teams are struggling with burnout, workplace challenges, stress, anxiety, and not feeling so "well". We have partnered with national organizations to collect data and will continue to have conversations with pharmacy teams in Nevada to understand what you are experiencing, and ideas for improving workplace wellbeing and patient care. To make a difference, we need to hear from individuals who are affected.

1 Fill out the Pharmacy Workplace and Well-Being Reporting (PWWR) Tool

This anonymous and confidential tool, created by APhA and NASPA, allows you to provide detailed information about pharmacy workplace practices, both positive and negative. The situations that you and your colleagues report will help to tell a collective, powerful story that can spark change and improvement in well-being and patient safety. The results will be aggregated to create a pool of data used to influence and educate pharmacy leaders, government officials, and the public as well as advance meaningful and actionable changes.

PWWR Tool

NEVADA PHARMACY ALLIANCE

2 Become an advocate through the Nevada Pharmacy Alliance

We will continue to have meetings discussing this topic. To find out when the meetings occur, or to share your story, please email us -

info@nevadapharmacyalliance.com

3 Directly Contact the Nevada Board of Pharmacy

The Nevada Board of Pharmacy Mission Statement: "In regulating the practice of pharmacy, The Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public."

If you feel that patient safety is being jeopardized by current work conditions, please contact the Nevada Board of Pharmacy.

Contact The NV BOP

Collected Data
National Pharmacy Workplace Survey (Reports are at the bottom of the webpage)
District 8 (Nevada) Pharmacist Well-Being Index Results
Research: Policy Solutions To Address Community Pharmacy Working Conditions

Additional Resources

HPSO: The Pharmacist's Guide To Recognizing and Preventing Burnout
APhA: Well-being Site Well-Being Index (Use Invitation Code: APhA)
ASHP: Well-being Site
APhA: Well-being During COVID-19
National Academy of Medicine: Clinician Resilience and Well-being
Elisabeth Rumley: Pharmacist Burnout and What You Can Do About It
National Consensus Conference: Enhancing Well-being and Resilience Among the Pharmacist Workforce

JOIN THE NEVADA PHARMACY ALLIANCE:

WWW.NEVADAPHARMACYALLIANCE.COM

@NEVADAPHARMACYALLIANCE

NEVADAPHARMACYALLIANCE/

CAN ALSO BE REACHED BY EMAIL:

INFO@NEVADAPHARMACYALLIANCE.COM

APhA

WELL-BEING index

Pharmacist Well-being Index

State Report for State Boards of Pharmacy

NABP District Eight States

MARCH 2022

pharmacist.com

For Every Pharmacist. For All of Pharmacy.

DISTRESS PERCENT CHANGES

National and District

February 2022 versus March 2022

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Changes in Distress Levels

As of March 2022

State	Change in Distress % February 2022 March2022	Distress % February 2022	State Rank for Distress Level February 2022
Largest Increase in Distress Percent			
Alaska	9.09%	32.35%	33
Nevada	1.50%	56.67%	1
Louisiana	0.99%	47.66%	3
Kansas	0.37%	38.32%	15
West Virginia	0.36%	43.67%	6
Largest Decrease in Distress Percent			
North Dakota	-1.67%	33.33%	28 (Tie)
Indiana	-0.74%	34.73%	20
Oklahoma	-0.73%	32.60%	32
Vermont	-0.64%	29.79%	41
New Mexico	-0.51%	31.75%	36
NATIONAL	-0.09%	31.99%	----

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Changes in Distress Levels – District Eight

As of March 2022

	Change in Distress % Feb 22 vs Mar 22	Distress % Mar 2022	Distress % State Rank Mar 2022	Change in Distress % Jan 22 vs Feb 22	Distress % Feb 2022	Distress % State Rank Feb 2022	Change in Distress % Dec 21 vs Jan 22	Distress % State Rank Jan 2022	Distress % State Rank Dec 2021	Distress % State Rank Nov 2021	Distress % State Rank Sep 2021	Distress % State Rank Jul 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Arizona	**-0.11%**	**39.22%**	**13**	0.08%	39.33%	13	0.20%	13	14	14	15	15	13	16	17
California	**-0.12%**	**29.45%**	**44**	-0.35%	29.57%	43	-0.07%	41	40	39	39	36	38	35	35
Colorado	**-0.19%**	**33.43%**	**27**	0.09%	33.62%	27	-0.29%	27(t)	25	23 (T)	25	25	23	14	19
Hawaii	**-0.49%**	**41.18%**	**9**	-0.50%	41.67%	8	-0.51%	8	7	7	7	7	6	2	2
Nevada	**1.50%**	**56.67%**	**1**	-1.19%	55.17%	1	0.80%	1	1	1	1	1	1	18	11
New Mexico	**-0.51%**	**31.75%**	**36**	0.68%	32.26%	33	2.49%	36	42	43	44	44	44	39	39
Utah	**-0.26%**	**30.25%**	**40**	-0.26%	30.51%	39	-0.26%	38	37	38	31	33	32	27	31

Note: Historic data from 2020/2021 has been removed to allow space for current month.
Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

DISTRESS PERCENT MONTHLY REPORTS
State-Specific
February 2022 versus March 2022

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the Arizona distress percent was 39.22% (13th highest) with 185 assessors.

FEBRUARY 2022

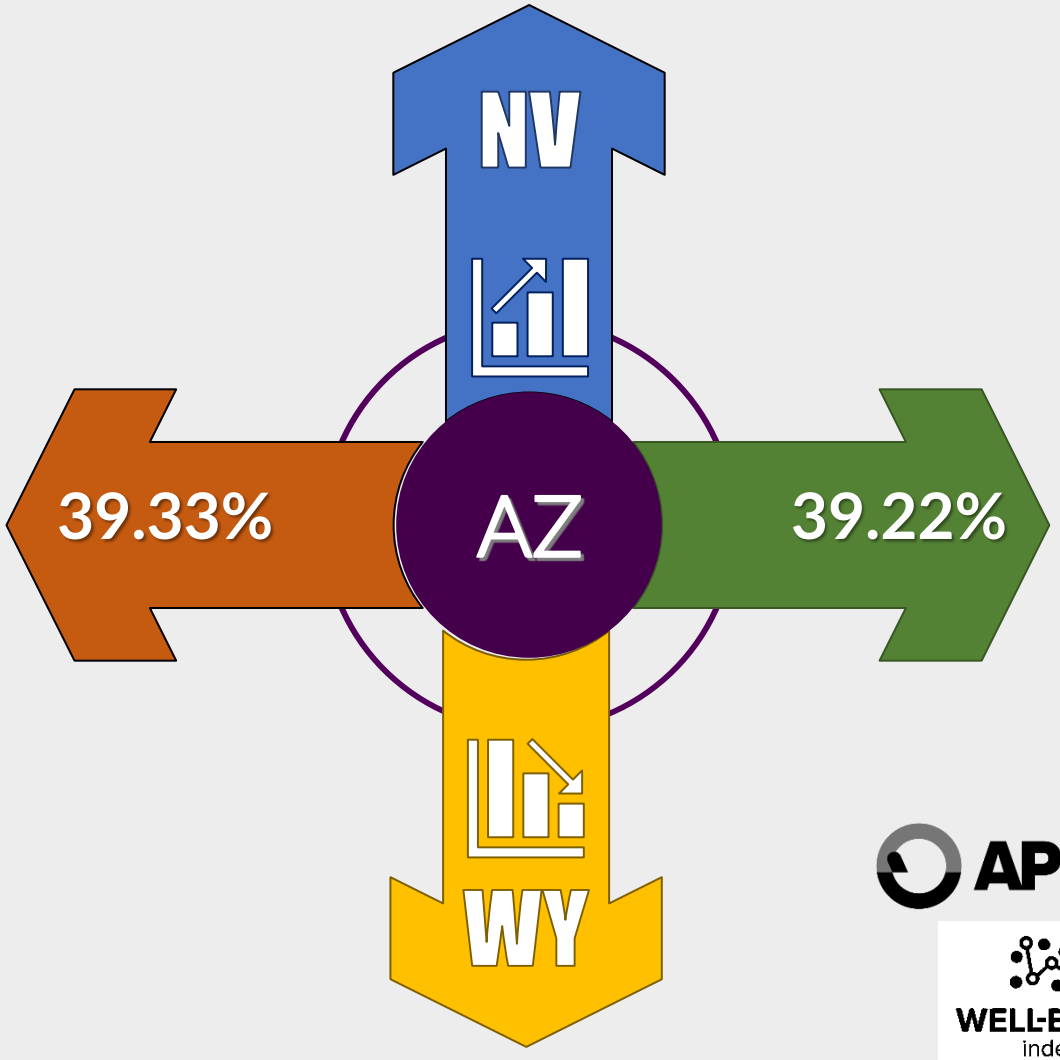
As of February 6, 2022, the Arizona distress percent was 39.33% (13th highest) with 183 assessors. On this same date, the CDC reported 13,636,420 COVID-19 vaccines administered and 1,903,412 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5.It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the California distress percent was 29.45% (44th highest) with 580 assessors.

FEBRUARY 2022

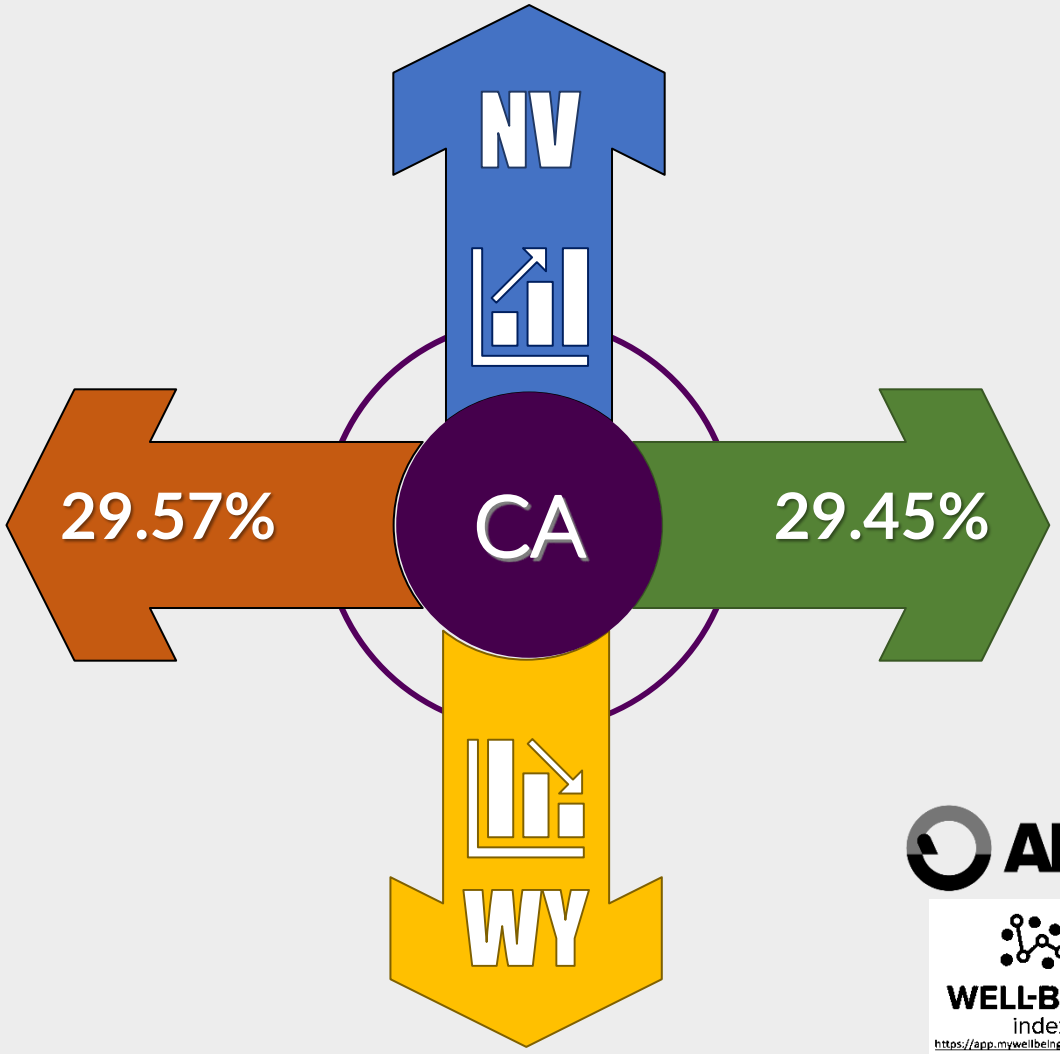
As of February 6, 2022, the California distress percent was 29.57% (43rd highest) with 570 assessors. On this same date, the CDC reported 83,651,755 COVID-19 vaccines administered and 8,582,249 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the Colorado distress percent was 33.43% (tied for 27th highest) with 173 assessors.

FEBRUARY 2022

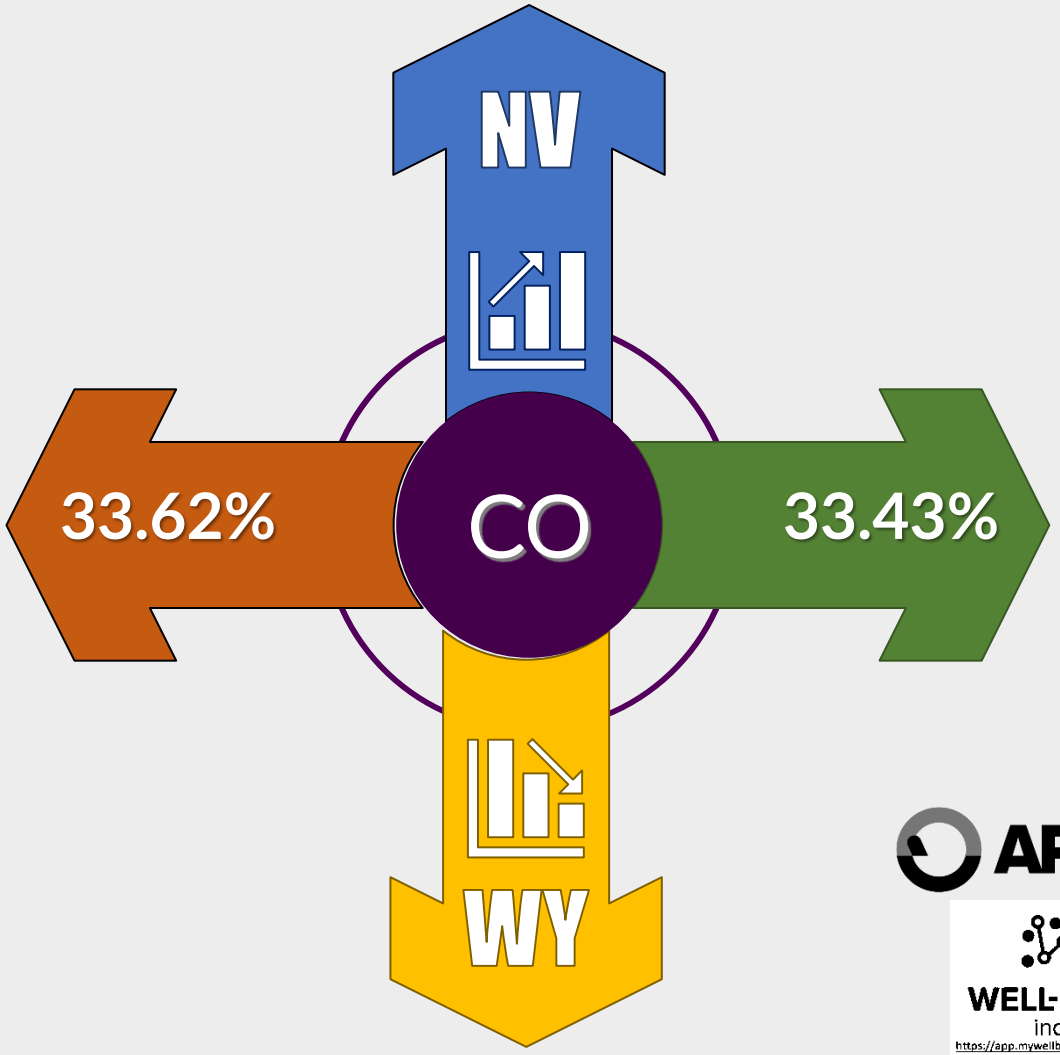
As of February 6, 2022, the Colorado distress percent was 33.62% (tied for 27th highest) with 171 assessors. On this same date, the CDC reported 11,587,055 COVID-19 vaccines administered and 1,270,138 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX
STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the Hawaii distress percent was 41.18% (9th highest) with 28 assessors.

JANUARY 2022

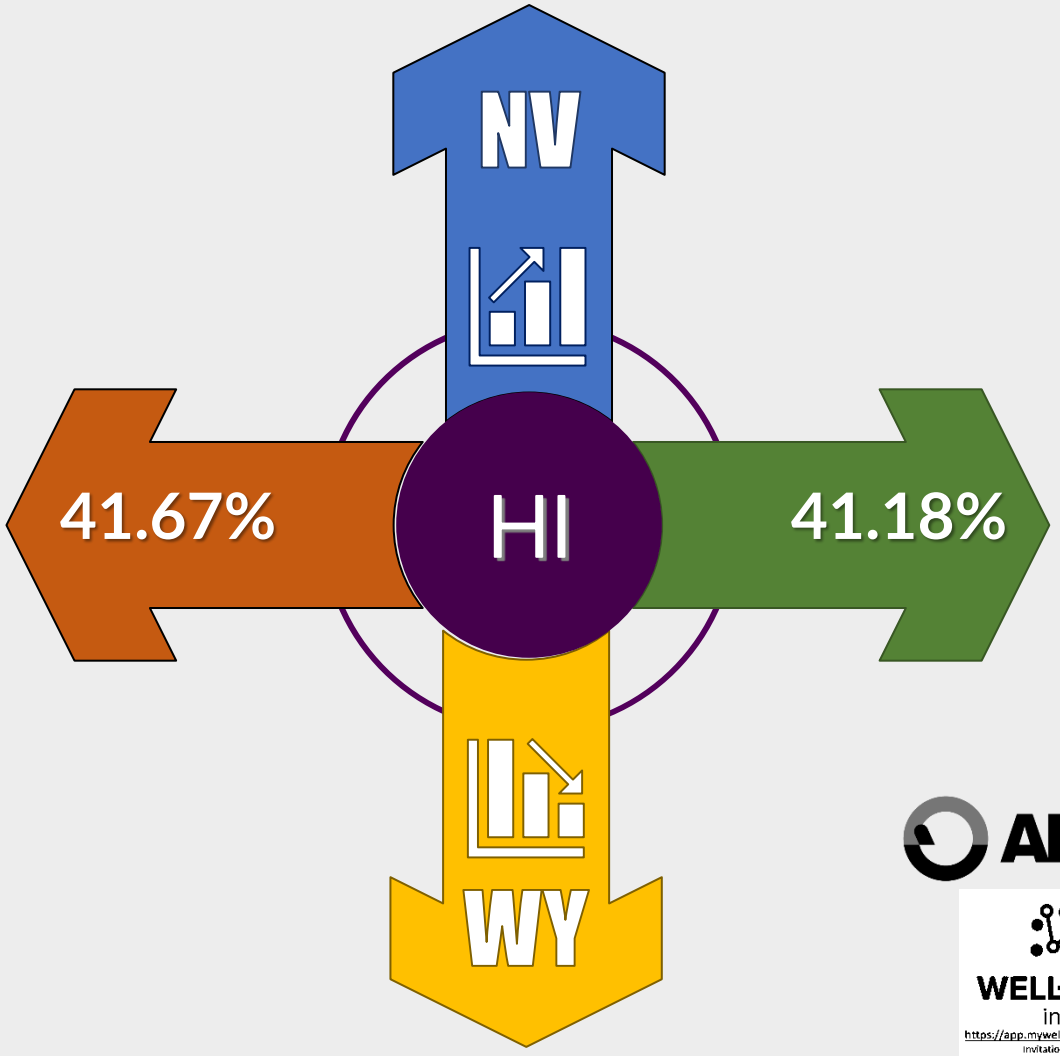
As of February 6, 2022, the Hawaii distress percent was 41.67% (8th highest) with 28 assessors. On this same date, the CDC reported 3,241,320 COVID-19 vaccines administered and 129,059 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the Nevada distress percent was 56.67% (with the highest) with 25 assessors.

FEBRUARY 2022

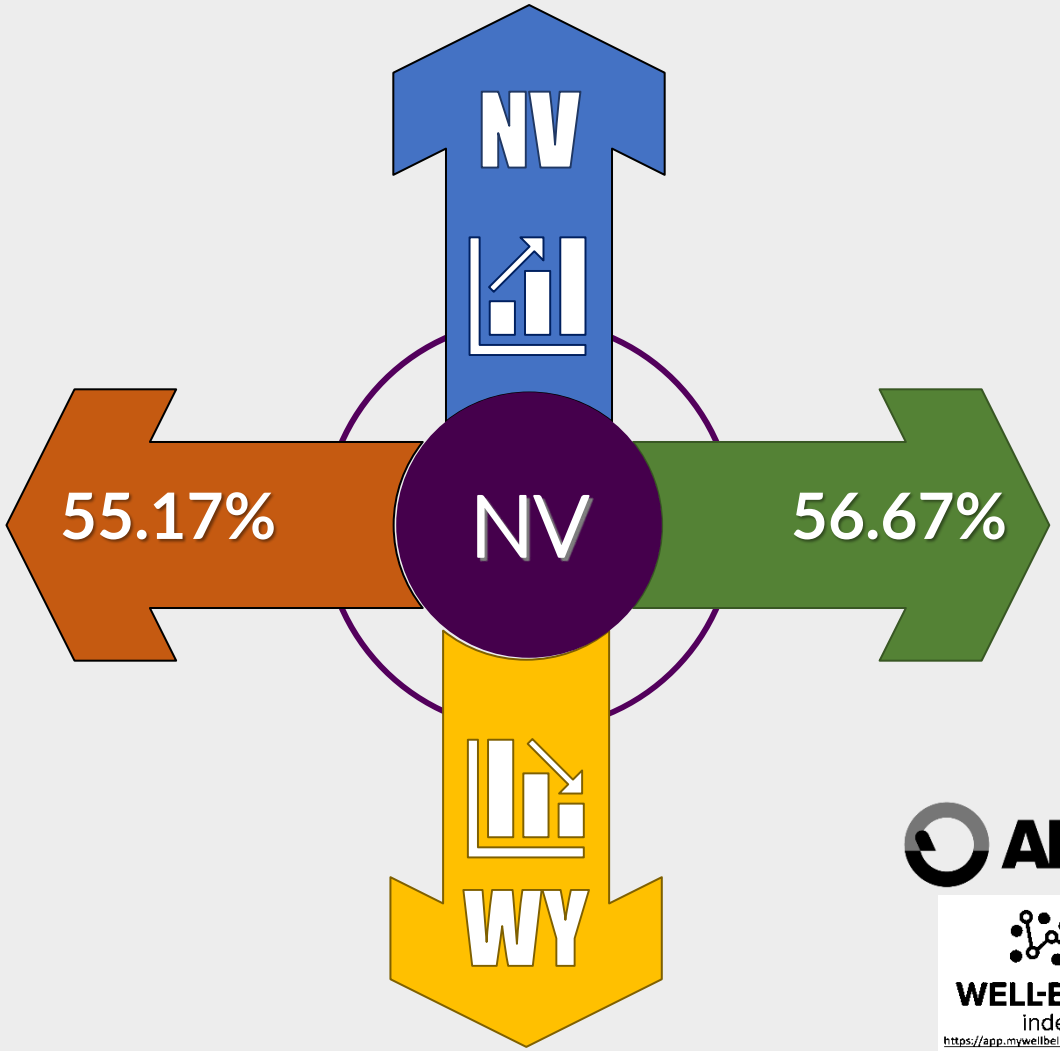
As of February 6, 2022, the Nevada distress percent was 55.17% (with the highest) with 24 assessors. On this same date, the CDC reported 5,517,790 COVID-19 vaccines administered and 665,211 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6. 2022, the New Mexico distress percent was 31.75% (33rd highest) with 44 assessors.

FEBRUARY 2022

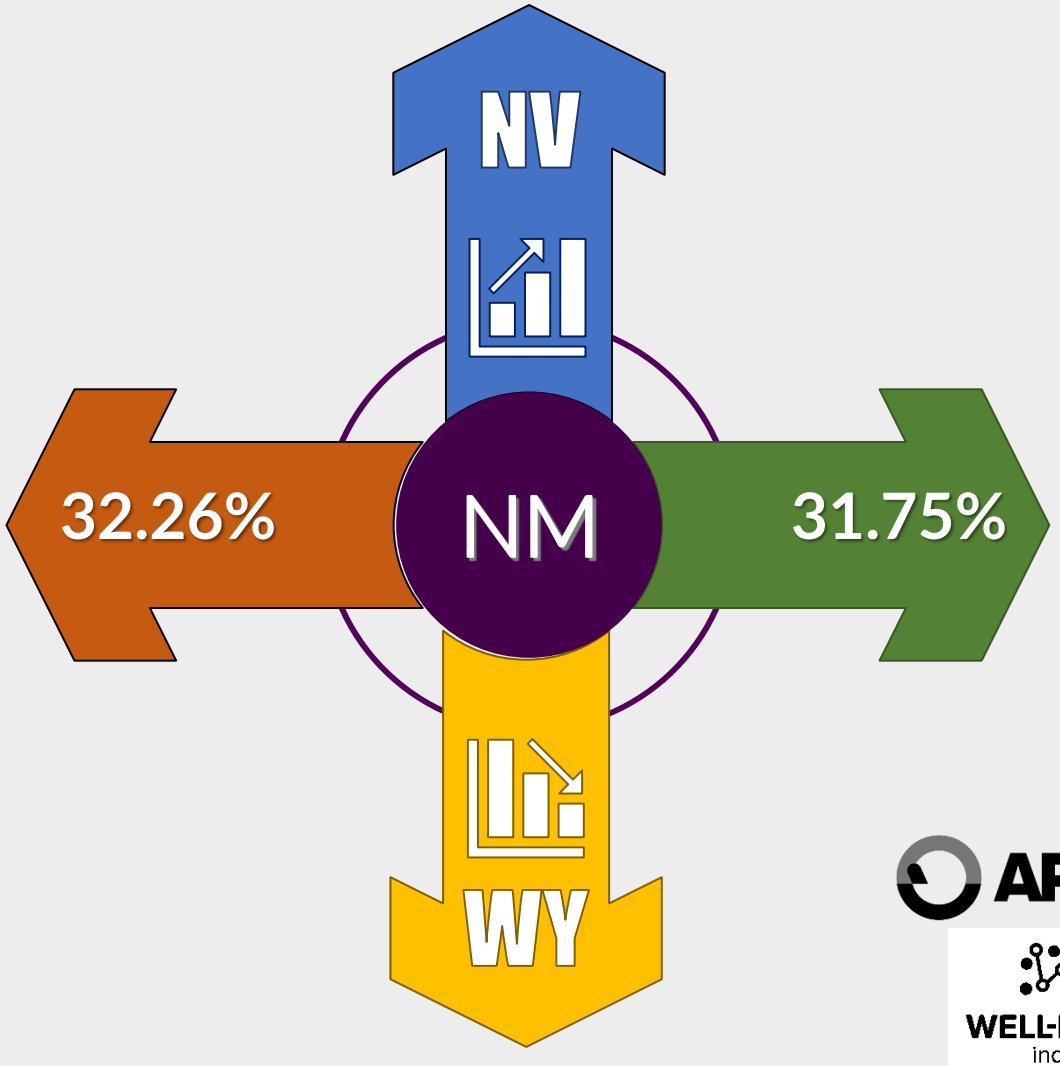
As of February 6. 2022, the New Mexico distress percent was 32.26% (33rd highest) with 44 assessors. On this same date, the CDC reported 4,142,885 COVID-19 vaccines administered and 489,701 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



APhA

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

PHARMACISTS WELL-BEING INDEX

STATE DISTRESS PERCENT*

MARCH 2022

As of March 6, 2022, the Utah distress percent was 30.25% (40th highest) with 63 assessors.

FEBRUARY 2022

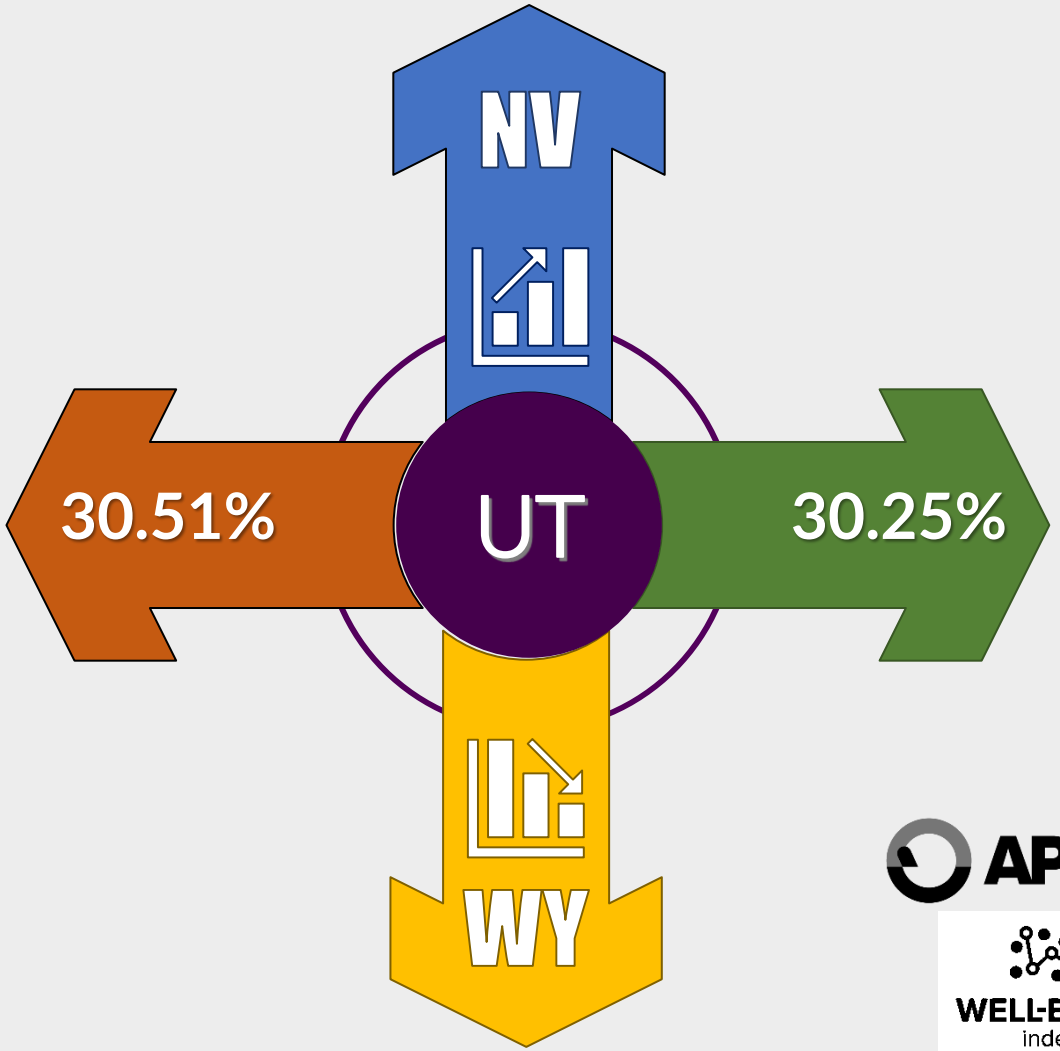
As of February 6, 2022, the Utah distress percent was 30.51% (39th highest) with 63 assessors. On this same date, the CDC reported 5,850,550 COVID-19 vaccines administered and 898,267 cases in the state.

STATE COMPARISON

As of February 6, 2022

Nevada is the highest at 55.17% (n=24)

Wyoming has the lowest 18.18% (n=15)



Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

APhA

WELL-BEING index
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Invitation Code: APhA

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Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians
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Invitation Code: APhA

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RESEARCH

Ability of the Well-Being Index to identify pharmacists in distress

Lee P. Skrupky*, Colin P. West, Tait Shanafelt, Daniel V. Satele, Liselotte N. Dyrbye

ARTICLE INFO

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ABSTRACT

Background: Well-being and distress are important issues in the pharmacist workforce; yet, there is limited evidence evaluating the validity of practical screening tools among pharmacists.

Objectives: To evaluate the ability of the Well-Being Index (WBI) to (1) identify the well-being and dimensions of distress in pharmacists, and (2) stratify pharmacists' likelihood of adverse professional consequences.

Methods: In July 2019, a national sample of pharmacists completed the Web-based version of the 9-item WBI (score range −2 to 9) and standardized instruments to assess quality of life (QOL), fatigue, burnout, concern for a recent major medication error, and intent to leave the current job. The Fisher exact test or chi-square test was used, as appropriate, to obtain the univariate odds ratio, posttest probabilities, and likelihood ratios associated with the WBI score for each outcome.

Results: A total of 2231 pharmacists completed the survey. The most common practice settings were community pharmacies—chain (36.7%) and independent (10.7%)—followed by hospitals or health systems (20.1%) and academia (11.7%). The mean overall WBI score was 3.3 ± 2.73 (mean ± SD). Low QOL, extreme fatigue, and burnout symptoms were present in 34.8%, 35.3%, and 59.1%, respectively, of the responders. As the WBI score increased, the odds for low QOL, fatigue, burnout, concern for a recent major medication error, and intent to leave the current position increased incrementally. The WBI score also stratified the odds of high QOL. Assuming a pretest burnout probability of 59.1% (prevalence of the overall sample), the WBI lowered the posttest probability to 2% or raised it to 98% with an area under the receiver operating characteristic curve of 0.87.

Conclusion: The WBI may serve as a useful tool to gauge well-being and to identify pharmacists who may be experiencing important dimensions of distress and have increased risk for adverse professional consequences.

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Background

Pharmacists serve critical roles in a wide variety of health care settings and these roles have evolved considerably to meet changing patient and health care system needs over the past 2 decades. While maintaining responsibility for the safe preparation and dispensing of medications, pharmacists have taken on increasing responsibilities by providing direct patient care services such as medication management and preventive services, managing complex medication therapies through collaborative practice models, leading medication reconciliation processes, and providing oversight for medication use processes at all levels.[1-5] Along with rapid role progression,

Disclosure: Dr Shanafelt and Dr Dyrbye are coinventors of the Well-Being Index. Mayo Clinic holds the copyright for this instrument and has licensed it for use outside of Mayo Clinic. Dr Shanafelt and Dr Dyrbye receive a portion of any royalties paid to Mayo Clinic. The research results for this study were corroborated by Dr. West, a nonconflicted, nonsubordinate staff member with appropriate expertise. The authors declare no other relevant conflicts of interest or financial relationships.

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Key Points

Background:

- Recent changes to health care delivery and pharmacist roles have contributed to increased workload and job stress; yet, research exploring well-being and distress in pharmacists is limited.
- Validity evidence for practical tools that can identify pharmacists in distress and stratify the likelihood of meaningful outcomes is needed.

Findings:

- Burnout, extreme fatigue, and poor quality of life were common among a diverse sample of U.S. pharmacists.
- The Well-Being Index effectively identified pharmacists at increased risk of distress, concern for having made a major medication error, and intent to leave the current job.

there have been many recent changes to health care delivery (e.g., extensive mergers, increased regulatory requirements, advancing technology, changes to reimbursement, and demands for greater access while reducing costs) and new challenges to the profession of pharmacy (e.g., increasing drug costs, drug shortages, education and training programs, documentation requirements, pharmacy technician turnover, and vacancies). Collectively, these changes are posing threats to professional and personal well-being.[1]

In a recent U.S. nationwide survey of 2446 pharmacists, approximately two-thirds reported their workload to be high or excessively high, nearly half indicated that their workload had negative effects on their mental or emotional health, and work-home conflict was common.[1] Burnout, a syndrome related to one's occupation in which chronic job stress leads to feelings of emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, has been reported at high frequencies (53%-61%) in recent studies of U.S. hospital-based pharmacists.[6,7] High frequencies of burnout symptoms have also been reported in various practice settings among pharmacists in Australia, France, and Japan.[8-10] In a national, cross-sectional study of U.S. pharmacy practice faculty members, more than 40% reported high emotional exhaustion.[11] Among pharmacy residents, perceived stress levels are high, and a recent study found that 40% reported moderate-to-severe depressive symptoms.[12,13] Similarly, perceived stress levels in pharmacy students are higher than those for age-matched members of the general population, and increased measures of stress have been found to correlate with lower health-related quality of life (QOL) and negative-effect levels.[14] These findings of high stress levels and burnout in pharmacists and pharmacy trainees are striking and parallel reports in other health professionals, including physicians and nurses.[15,16] Among physicians and nurses, burnout has been associated with negative consequences for patient care (increased medication errors and poor job performance),[17-19] health care organizations (increased job turnover and increased costs),[20-24] and provider well-being (low QOL, extreme fatigue, and suicidal ideation).[19-21,25] Among pharmacists, relatively little is known about the professional sequelae of burnout as well as other important manifestations of distress such as anxiety, depression, fatigue, and suicidality.

Given these collective findings, a consortium of pharmacy organizations (American Pharmacists Association, Accreditation Council for Pharmacy Education, American Association of Colleges of Pharmacy, National Association of Boards of Pharmacy, and the National Alliance of State Pharmacy Associations) convened in July 2019 to identify strategies and recommendations to foster improvements in well-being and resilience.[26] Similarly, the National Academies of Sciences, Engineering, and Medicine recently published a consensus study report, "Taking action against clinician burnout: A systems approach to professional well-being," outlining the need for system-level improvements.[27] Key themes for action identified include creating positive working and learning environments, reducing administrative burdens, capitalizing on technology, supporting health professionals (HPs) and trainees, and investing in research. To achieve these goals, an important and fundamental first step is to establish effective and practical tools for identifying distress and measuring well-being across different HP groups. It has been demonstrated that experienced physicians have difficulty accurately assessing their own well-being and how it compares relative to their peers, often underestimating the degree of distress they are experiencing.[28] Furthermore, if a potential problem is identified, HPs are often reluctant to seek medical care.[29,30] Having a practical tool that could be used to provide a context-specific measure of well-being could meaningfully help HPs and organizations as they attempt to identify and address this emerging issue.

Various survey instruments exist for many important dimensions of professional well-being (e.g., burnout, fatigue, engagement, emotional health, QOL, and professional satisfaction). For example, the most commonly used instrument to measure burnout among HPs is the Maslach Burnout Inventory—Human Services Survey (MBI—HSS)[31,32]. The MBI—HSS consists of 22 items measuring 3 domains of burnout (emotional exhaustion, depersonalization, and low sense of personal accomplishment) and takes approximately 15 minutes to complete. Although the MBI—HSS is useful for identifying burnout in HPs, other important dimensions of distress are not identified with this individual tool, and using additional surveys focused on other constructs would increase responder burden and likely be impractical. For these reasons, brief survey instruments that provide a multidimensional measure of well-being (QOL, burnout, fatigue, stress, work-life integration, and meaning in work) and are able to identify multiple dimensions of distress represent an attractive and important advance. The other important characteristics to consider when selecting a survey instrument include cost, complexity of score analysis, relationships between score and important outcomes, sensitivity to change, validity evidence, and breadth of applicability.[32]

The Well-Being Index (WBI) represents 1 such composite instrument, capable of stratifying multiple dimensions of distress through the use of 9 items.[32] The WBI can be

completed in approximately 5 minutes, is easy to score, and has extensive validity evidence in HPs, including independent samples of physicians, medical students and residents, nurses, nurse practitioners, and physician assistants. For example, the WBI stratifies well-being and identifies those at increased risk for severe fatigue, burnout, recent suicidal ideation, making a medication error, and leaving their current job.[20,33-36] These findings suggest that the WBI may be a practical and effective tool for identifying distress and guiding toward actionable measures in HPs. For example, scores indicating a high likelihood of distress (e.g., low QOL, fatigue, or burnout) could prompt referral and evaluation by a qualified HP or guidance toward supportive resources, whereas scores indicating well-being could prompt encouragement to continue current approaches. However, the ability of the WBI to stratify well-being and identify distress in pharmacists has not been studied. To address this, we conducted a U.S. nationwide study of pharmacists to explore the relationships between WBI scores and measures of distress, as well as professional consequences, namely concern for major medication error in the last 3 months and intent to leave the current job.

Objectives

To evaluate the ability of the WBI to (1) identify well-being (high QOL) and dimensions of distress (low QOL, extreme fatigue, and burnout) in pharmacists, and (2) stratify pharmacists' likelihood of adverse professional consequences (concern for a recent major medication error and intent to leave the current job).

Methods

Participants

The participants included pharmacists who completed the anonymous, Web-based version of the WBI between July 2019 and August 2019. The American Pharmacists Association promoted the Web-based version of the WBI through several avenues, including a press release, e-mails to 3927 members, Facebook, Twitter, LinkedIn, and a member e-mail newsletter (Focus and Pharmacy Today Daily). Participation was voluntary and all responses were anonymous. The study was reviewed by the Mayo Clinic Institutional Review Board and deemed exempt.

Study measures

The participants were asked to provide basic demographics (gender and age) and professional data (practitioner type, years as a practitioner, current employment status, primary practice setting, and work hours) but no specific identifying information. In addition, the participants completed the 9-item WBI, along with items assessing burnout (2 items from the MBI), QOL (1-item linear analog scale assessment [LASA] of overall QOL), fatigue (1-item LASA of fatigue), intent to leave their current job, and perceived major medication error. The survey instrument is available in Appendix 1.

Well-Being Index

The WBI was purposefully designed to measure multiple dimensions of distress, including anxiety, stress, depression, fatigue, and burnout. It was originally created as a 7-item instrument and later expanded to 9 items to incorporate the evaluation of meaning in work and work-life integration. To score the 9-item WBI, 1 point is assigned for each "yes" response to the original 7-item WBI. For the meaning-in-work item ("The work I do is meaningful to me"), adapted from the Empowerment at Work scale,[37] 1 point is added for unfavorable responses indicating less meaning in work (1 or 2 on the 7-item scale), 1 point is subtracted for favorable responses (6 or 7 on the 7-item scale), and no points are assigned for other responses (3, 4, or 5 on the 7-item scale). For the work-life integration item ("My work schedule leaves enough time for my personal/family life"), 1 point is added for unfavorable responses indicating lower satisfaction (disagree or strongly disagree), whereas 1 point is subtracted for favorable responses (agree or strongly agree). The total WBI score therefore yields a 12-point range from −2 to 9, with higher scores indicating a greater extent of distress.

Strong content validity evidence and evidence of relations to other variables for the WBI have been established through previously published studies performed in multiple independent samples of HPs and general U.S. workers, including more than 27,300 participants.[20,28,33-36,38,39] Among various HP groups, it has been demonstrated that increasing WBI scores are strongly associated with increased likelihoods of multiple measures of distress (burnout, fatigue, low QOL, and suicidality) and negative professional consequences (medical errors and job turnover). Area under the receiver operating characteristic (ROC) analyses have shown good discriminatory ability for low QOL, burnout, and suicidal ideation among physicians, advanced practice providers, and nurses.[20,33-36] In addition, low WBI scores are associated with high overall QOL.

Other measures

To measure burnout, 2 single items from the emotional exhaustion ("How often do you feel burned out from your work?") and depersonalization ("How often do you feel you've become more callous toward people since you took this job?") domains of the full MBI–HSS were used. As previously demonstrated by West et al.,[40,41] these 2 single items have sufficiently high area under the ROC curve compared with the full emotional exhaustion and depersonalization domains (0.94 and 0.93, respectively) of the MBI to serve as an alternative burnout assessment in HPs with the advantage of reduced responder burden. To maintain consistency with other studies, the responders were considered to have burnout if they scored high (indicated symptoms weekly or more often) on either of the emotional exhaustion or depersonalization items. To assess both overall QOL and fatigue, similar 1-item LASA questions ranging from 0 to 10 (e.g., for overall QOL, 0 = "As bad as it can be," and 10 = "As good as it can be") were used. The participants were also asked about the likelihood (none, slight, moderate, likely, and definite) of their leaving their current job in the next 24 months and concern for having made a major medication error (Yes or No) in the past 3 months, using questions from previous studies among HPs.

Relationship to other variables

Because distress can manifest in a variety of ways, and there is no single definition for "severe distress," we assessed the ability of the WBI to (1) identify pharmacists with well-being (high overall QOL) as defined by a score of 0.5 SD above the sex-matched mean for the group (a clinically meaningful effect size[42]); (2) identify pharmacists with dimensions of distress, including low overall QOL as defined by a score of 0.5 SD below the sex-matched mean for the group; extreme fatigue, as defined by having a fatigue score 0.5 SD worse than the sex-matched mean for the group; and burnout; and (3) stratify pharmacists' likelihood of adverse professional consequences, specifically concern for having made a major medication error within the past 3 months, and reporting an intent to leave their current job within the next 24 months for reasons other than retirement.

Statistical analysis

We calculated basic descriptive statistics and used the Fisher exact test or chi-square test, as appropriate, to analyze the univariate odds ratio, posttest probabilities, and likelihood ratios (LRs) associated with the WBI scores for each outcome. We used Wilcoxon, Kruskal-Wallis, or 2-sample *t* tests, as appropriate, to evaluate for differences between groups and generated ROC curves for the outcomes. We used a 5% type I error rate and a 2-sided alternative. All analyses were conducted using SAS version 9 (SAS Institute).

Results

The demographics and job-related characteristics of the 2231 responders are reported in Table 1. Most (69.3%) of the responders were aged below 45 years, 71.3% were women, and 81.8% worked full time. Community pharmacies—chain (36.7%) and independent (10.7%)—were the most commonly represented practice setting, followed by hospitals or health systems (20.1%) and academia (11.7%). Almost half (48.2%) of the respondents worked 40-49 hours per week, 22.2% worked 50 hours or more per week, whereas 20.4% and 9.2% worked 20-39 hours and less than 20 hours per week, respectively.

The mean overall QOL score was 6.5 ± 1.95 (mean ± SD), with 25.6% of the pharmacists reporting a low QOL (0.5 SD below the sex-matched mean) and 34.8% with high QOL (0.5 SD above the sex-matched mean). Extreme fatigue (0.5 SD above the sex-matched mean) was identified in more than one-third (35.3%) of the pharmacists, and symptoms of burnout were present in 59.1%, with both high emotional exhaustion (51.6%) and high depersonalization (44.8%) being common. A little more than one-quarter (25.9%) of the pharmacists reported concern for having made a major medication error within the last 3 months, and nearly half (48.1%) were at least moderately likely to leave their job for reasons other than retirement in the next 24 months.

WBI scores and ability to detect QOL

The mean overall WBI score was 3.3 ± 2.73, and the frequency of exact WBI scores is displayed in Figure 1. The mean WBI was significantly greater for pharmacists with low QOL than for those without low QOL (5.7 ± 1.9 vs. 2.5 ± 2.5; $P < 0.001$). As the WBI score increased, so did the odds for low QOL such that a WBI score of 5 or more was associated with significantly increased odds of low QOL (Table 2). Assuming a pretest probability of 25.6% for low QOL, the WBI lowered the posttest probability to 0.7% or raised it to 95.2% (Table 3). For example, without the WBI, an individual has a 25.6% probability of low QOL. If that individual takes the WBI and scores "−1," the probability of that individual having low QOL decreases to less than 1%. In contrast, if that individual takes the WBI and scores "9," the probability of that individual having low QOL increases to more than 95%. The area under the ROC curve of the WBI for low QOL was 0.84. The WBI score also stratified odds of high QOL (Table 2). With decreasing WBI scores, the odds for high overall QOL increased in a step-wise fashion. The area under the ROC curve of the WBI for high QOL was 0.85.

Table 1
Responder demographics and mean Well-Being Index scores

Variable	N (%)	WBI score, mean (± SD)
Total participants	2231	3.3 (2.73)
Sex		
Men	634 (28.7)	3.16 (2.99)
Women	1573 (71.3)	3.4 (2.61)
Missing	24	
Age, y		
< 35	996 (44.6)	3.52 (2.61)
35–44	551 (24.7)	3.77 (2.54)
45–54	326 (14.6)	3.41 (2.75)
55–64	238 (10.7)	2.69 (2.93)
65+	120 (5.4)	0.92 (2.59)
Years in current practice, y		
< 5	679 (30.4)	3.42 (2.71)
5–14	791 (35.5)	3.75 (2.49)
15–24	342 (15.3)	2.58 (2.70)
25+	419 (18.8)	2.23 (2.91)
Hours worked per week		
< 20	206 (9.2)	2.30 (3.09)
20–39	454 (20.4)	2.87 (2.62)
40–49	1076 (48.2)	3.48 (2.69)
50–59	337 (15.1)	3.75 (2.64)
≥ 60	158 (7.1)	4.18 (2.35)
Current employment status		
As needed (PRN)	86 (3.9)	1.38 (2.73)
Full time	1824 (81.8)	3.49 (2.67)
Part time	216 (9.7)	2.84 (2.64)
Unemployed	105 (4.7)	3.42 (3.19)
Current practice setting		
Academia	261 (11.7)	2.52 (2.42)
Ambulatory care	149 (6.7)	2.80 (2.55)
Community chain	818 (36.7)	4.54 (2.50)
Community independent	238 (10.7)	2.23 (2.70)
DOD/IHS pharmacy	19 (0.9)	2.63 (2.39)
Hospital/health system	448 (20.1)	2.85 (2.63)
Long-term care pharmacy	44 (2.0)	3.14 (2.91)
Nuclear	9 (0.4)	3.67 (2.18)
Other	179 (8.0)	2.49 (2.66)
Pharmaceutical industry	20 (0.9)	2.45 (2.72)
Public health	15 (0.7)	2.47 (2.56)
Specialty pharmacy	31 (1.4)	3.16 (2.71)

Abbreviations used: WBI, Well-Being Index; PRN, pro re nata (as needed); DOD, Department of Defense; IHS, Indian Health Service.

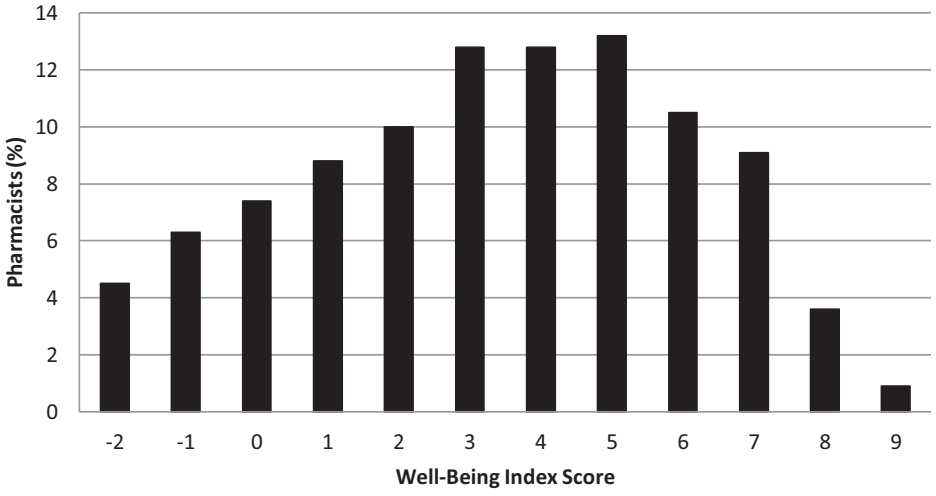

Figure 1. Well-Being Index scores among pharmacists.

Ability of the WBI to detect fatigue and burnout

Pharmacists with extreme fatigue or burnout had significantly higher mean WBI scores than those without extreme fatigue (4.9 ± 2.3 vs. 2.5 ± 2.6; $P < 0.001$) or burnout (4.8 ± 2.1 vs. 1.3 ± 2.1; $P < 0.001$). The odds of extreme fatigue and burnout increased as the WBI scores became more unfavorable. Using a pretest probability of 35.3% for extreme fatigue, the WBI lowered the posttest probability to 6% or raised it to 85.7% (Table 3). Similarly, assuming a pretest probability of 59.1% for burnout, the WBI lowered the posttest probability to 2% or raised it to 98%. The areas under the ROC curve of the WBI for extreme fatigue and burnout were 0.75 and 0.87, respectively.

Ability of the WBI to detect medication errors and intent to leave the current job

Pharmacists who self-reported concern for having made a major medication error in the last 3 months had significantly higher mean WBI scores than those who did not report this same concern (5.0 ± 2.3 vs. 2.8 ± 2.6; $P < 0.001$). Using a pretest probability of 25.9% for recent major medication error, the WBI lowered or raised the posttest probability to 6% or 76.2%, respectively (Table 4). Pharmacists who reported at least a moderate likelihood of intent to leave their current job in the next 24 months had significantly higher mean WBI scores than those who reported no such intent (4.5 ± 2.4 vs. 2.6 ± 2.6; $P < 0.001$). Using a pretest probability of 48.1% for intent to leave the current job, the WBI lowered the posttest probability to 16% or raised it to 90.5%. The areas under the ROC curve of the WBI for recent medication errors and intent to leave the current job were 0.74 and 0.74, respectively.

Threshold score

Pharmacists with a WBI score of 5 or more were found to have an increased likelihood of low QOL, burnout, extreme fatigue, concern for a recent major medication error, and intent to leave their current job, suggesting a score of 5 may serve as a meaningful threshold to identify pharmacists at increased risk of adverse outcomes. A WBI score of 5 or more was observed in 37.4% of the pharmacists surveyed, and their demographics are displayed in Appendix 2. The risks of burnout (LR 8.19 [95% CI 6.19–11.01]), low QOL (3.32 [2.9–3.78]), and extreme fatigue (2.59 [2.23–3.01]) were markedly higher among pharmacists with a score of 5 or more than among those with scores of 4 or less. Similarly, pharmacists with scores of 5 or more had a higher (2.54 [2.15–3.00]) risk of intent to leave their current job and a higher (2.24 [1.94–2.57]) risk of concern for a recent major medication error.

Discussion

In this large sample of more than 2000 pharmacists representing a broad range of practice settings, the WBI identified important dimensions of distress (low QOL, burnout, or fatigue) and well-being (high QOL). Furthermore, the WBI stratified the pharmacists' likelihood of adverse professional consequences (concern for a recent major medication error or job turnover). Because this is the largest study to date evaluating validity evidence for a composite measure of well-being in pharmacists, these findings suggest that the WBI may be an effective tool to identify multiple dimensions of distress and predict meaningful outcomes.

Consistent with findings from recent MBI-based studies evaluating burnout among U.S. pharmacists in hospital and academia settings,[6,7,11] the prevalence of burnout observed in this study was high. Although some factors contributing to burnout in these settings have been identified (e.g., too many nonclinical duties, inadequate administrative and teaching time, and lack of a mentor), additional research is needed to better understand the problem and to help design successful interventions.[6,7,11,43] Importantly, the WBI effectively identified pharmacists at increased risk of burnout and demonstrated good discriminatory ability for this dimension of distress. In addition, elevated WBI scores identified pharmacists with low overall QOL and extreme fatigue. Relatively little is known about these dimensions of distress in pharmacists,

Table 2
Well-Being Index scores for pharmacists with low and high overall quality of life

WBI score	Low QOL				High QOL			
	Low overall QOL n = 571 (%)	Without low overall QOL n = 1660 (%)	OR (95% CI)	*P*-value	High overall QOL n = 777 (%)	Without high overall QOL n = 1454 (%)	OR (95% CI)	*P*-value
−2	0 (0.0)	100 (6.0)	NA	NA	91 (11.7)	9 (0.6)	21.30 (10.67–42.50)	< 0.001
−1	1 (0.2)	139 (8.4)	0.02 (< 0.01–0.14)	< 0.001	115 (14.8)	25 (1.7)	9.93 (6.38–15.45)	< 0.001
0	4 (0.7)	160 (9.6)	0.07 (0.02–0.18)	< 0.001	118 (15.2)	46 (3.2)	5.48 (3.85–7.80)	< 0.001
1	17 (3.0)	179 (10.8)	0.25 (0.15–0.42)	< 0.001	113 (14.5)	83 (5.7)	2.81 (2.09–3.79)	< 0.001
2	15 (2.6)	209 (12.6)	0.19 (0.11–0.32)	< 0.001	104 (13.4)	120 (8.3)	1.72 (1.30–2.27)	0.001
3	34 (6.0)	252 (15.2)	0.35 (0.24–0.51)	< 0.001	117 (15.1)	169 (11.6)	1.35 (1.05–1.74)	0.021
4	55 (9.6)	231 (13.9)	0.66 (0.48–0.90)	0.0087	65 (8.4)	221 (15.2)	0.51 (0.38–0.68)	< 0.001
5	107 (18.7)	188 (11.3)	1.81 (1.39–2.34)	< 0.001	35 (4.5)	260 (17.9)	0.22 (0.15–0.31)	< 0.001
6	120 (21.0)	115 (6.9)	3.57 (2.71–4.71)	< 0.001	16 (2.1)	219 (15.1)	0.12 (0.07–0.20)	< 0.001
7	127 (22.2)	76 (4.6)	5.96 (4.40–8.07)	< 0.001	3 (0.4)	200 (13.8)	0.02 (< 0.01–0.08)	< 0.001
8	71 (12.4)	10 (0.6)	23.43 (11.99–45.76)	< 0.001	0 (0.0)	81 (5.6)	NA	NA
9	20 (3.5)	1 (0.1)	60.11 (8.06–448.16)	< 0.001	0 (0.0)	21 (1.4)	NA	NA
WBI score, mean (± SD)	5.7 (1.9)	2.5 (2.5)		< 0.001	1.2 (2.2)	4.5 (2.3)		< 0.001

Abbreviations used: QOL, quality of life; OR, odds ratio; WBI, Well-Being Index; NA, not applicable.
Note: Low overall QOL is defined by a score of 0.5 SD below the mean for the overall population; high overall QOL is defined by a score of 0.5 SD above the mean for the overall population.

although previous evaluations performed in various settings have identified important relationships between workload, work activities, job stress, job satisfaction, and work-home conflict.[44-47]

The WBI stratified the pharmacists' likelihood of concern for having made a recent major medication error, indicating that higher levels of distress may have adverse consequences for patient safety and outcomes. Previous work has similarly demonstrated that increased workload, external job demands, and work stress have all been associated with negative impacts on perceived medication safety and self-reported errors among pharmacists.[47-49] Routine measurement of distress and well-being in pharmacists, paired with effective interventions, may therefore represent an opportunity to reduce medication errors, a common occurrence with significant ramifications for patients and health care systems. In addition, in regard to potential adverse consequences of distress, pharmacists with at-risk scores were 2.5 times more likely to report intent to leave their current job. Nearly half of the pharmacists in the present study were at least moderately likely to leave their job in the next 2 years, which is similar to findings from a survey of U.S. community pharmacists in 2012,[50] and higher than rates reported in earlier studies.[51,52] Several investigators have identified job stress and job satisfaction to be associated with pharmacists' intent to leave their current job.[51-53] Because pharmacist turnover is associated with tremendous costs and

Table 3
Ability of the Well-Being Index to identify quality of life and distress among pharmacists

WBI score	High overall QOL (n = 571)		Low overall QOL (n = 571)		Extreme fatigue (n = 787)		Burnout (n = 1319)	
	LR[a] (95% CI)	Posttest probability,[b] %	LR (95% CI)	Posttest probability, %	LR (95% CI)	Posttest probability, %	LR (95% CI)	Posttest probability, %
−2	18.92 (8.14–50.04)	91.0	NA	NA	0.12 (0.04–0.31)	6.0	0.01 (0–0.06)	2.0
−1	8.61 (4.9–15.68)	82.1	0.02 (0–0.14)	0.7	0.19 (0.09–0.38)	9.3	0.1 (0.05–0.18)	12.1
0	4.8 (3.03–7.7)	72.0	0.07 (0.02–0.22)	2.4	0.33 (0.18–0.57)	15.2	0.15 (0.09–0.25)	17.7
1	2.55 (1.73–3.77)	57.7	0.28 (0.14–0.51)	8.7	0.36 (0.21–0.58)	16.3	0.3 (0.2–0.45)	30.1
2	1.62 (1.13–2.32)	46.4	0.21 (0.1–0.39)	6.7	0.53 (0.34–0.8)	22.3	0.39 (0.27–0.57)	36.2
3	1.3 (0.94–1.77)	40.9	0.39 (0.24–0.61)	11.9	0.61 (0.42–0.86)	24.8	0.9 (0.66–1.24)	56.6
4	0.55 (0.38–0.79)	22.7	0.69 (0.47–1.01)	19.2	1 (0.72–1.38)	35.3	1.58 (1.13–2.22)	69.6
5	0.25 (0.16–0.39)	11.9	1.65 (1.21–2.25)	36.3	1.75 (1.29–2.37)	48.8	4.68 (3.06–7.33)	87.1
6	0.14 (0.07–0.25)	6.8	3.03 (2.15–4.27)	51.1	2.02 (1.42–2.86)	52.3	6.37 (3.76–11.32)	90.2
7	0.03 (0.01–0.09)	1.5	4.86 (3.32–7.14)	62.6	3.98 (2.68–5.98)	68.5	34.4 (11.79–143.23)	98.0
8	NA	NA	20.64 (8.9–53.33)	87.7	7.45 (3.59–16.4)	80.2	NA	NA
9	NA	NA	58.14 (6.42–3512.98)	95.2	11.01 (2.25–83.77)	85.7	NA	NA

Abbreviations used: LR, likelihood ratio; QOL, quality of life; WBI, Well-Being Index; NA, not applicable.
Note: We defined (1) high or low overall QOL as having a standardized linear analog QOL score of more than 0.5 SD above, or 0.5 SD or less below, that of the sex-matched mean for the groups, respectively; (2) extreme fatigue as having a standardized linear analog score of 0.5 SD or more below that of the sex-matched mean for the group (high score is favorable); and (3) burnout as having high emotional exhaustion or high depersonalization on the Maslach Burnout Inventory items.[31]
[a] LR indicates the likelihood ratio associated with the WBI exact score.
[b] Posttest probability was calculated using an estimated prevalence of 34.8% for high overall QOL, 25.6% for low overall QOL, 35.3% for extreme fatigue, and 59.1% for burnout as the pretest probability.

Table 4
Ability of the Well-Being Index to identify recent medical errors and intent to leave the current job

WBI score	Medication error (n = 577)		Intent to leave the current job (n = 1074)	
	LR[a] (95% CI)	Posttest probability[b], %	LR (95% CI)	Posttest probability, %
−2	0.18 (0.06–0.49)	6.0	0.21 (0.1–0.41)	16.0
−1	0.17 (0.06–0.4)	5.7	0.25 (0.14–0.43)	18.6
0	0.17 (0.07–0.37)	5.5	0.25 (0.15–0.42)	18.9
1	0.4 (0.22–0.68)	12.2	0.48 (0.31–0.72)	30.6
2	0.66 (0.42–1.02)	18.7	0.55 (0.38–0.8)	33.9
3	0.62 (0.42–0.91)	17.8	0.75 (0.54–1.02)	40.9
4	0.95 (0.66–1.34)	24.8	1.41 (1.03–1.93)	56.6
5	1.28 (0.92–1.76)	30.8	2.01 (1.46–2.77)	65.1
6	1.91 (1.34–2.71)	40.0	2.01 (1.4–2.9)	65.1
7	3.26 (2.24–4.74)	53.2	3.39 (2.21–5.26)	75.9
8	6.81 (3.52–13.53)	70.4	5.64 (2.59–13.27)	84.0
9	9.17 (2.26–45.45)	76.2	10.23 (1.71–131.27)	90.5

Abbreviations used: LR, likelihood ratio; WBI, Well-Being Index.
Note: We defined (1) medication error as endorsing the item "Are you concerned you have made a major medication error in the past 3 months?" and (2) intent to leave as having a moderate or higher likelihood of leaving the current job within the next 24 months for reasons other than retirement.
[a] LR indicates the likelihood ratio associated with the exact WBI score.
[b] Posttest probability was calculated using an estimated prevalence of 25.9% for medication error and 48.1% for moderate or higher intent to leave the current practice for reasons other than retirement as the pretest probability.

resource strain, including greater work burden on the pharmacists who remain, being able to identify employees at increased risk provides value.

Although this study was not designed to explore the factors contributing to distress, 3 specific observations were notable. First, among pharmacists with at-risk scores, more than two-thirds were in practice for less than 15 years, and the mean WBI scores were highest among those with less than 15 years in practice. This suggests that early- to midcareer pharmacists may be at particular risk for distress, a finding that is consistent with previous studies evaluating burnout in pharmacists and other HPs.[6,7] Second, community chain pharmacists had the highest mean WBI scores of all practice settings, and more than half were at or above the threshold score. Because recent U.S. studies of burnout have been performed primarily in hospital-based settings, this suggests that contemporary research exploring well-being and distress among community-based pharmacists is warranted, particularly when considering that this represents the most common practice setting. Third, as the reported number of hours worked per week increased, so did the mean WBI scores, indicating that this may be an important objective and potentially modifiable factor.

Because the WBI can be quickly completed anonymously, is easily scored, and has validity data in pharmacists, it may serve as a practical and effective tool to measure pharmacists' well-being on an ongoing basis. Importantly, the WBI not only identified pharmacists at increased risk of distress, but favorable scores also correlated well with high overall QOL. Individual WBI scores could be provided to pharmacists alongside average national scores for the profession and individualized feedback as a means of improving self-awareness and providing just-in-time access to resources. This approach has been shown to promote behavior change in a sample of U.S. surgeons.[28] The aggregate findings may also prove useful for pharmacy organizations or departments at the institution or unit level as a means of measuring employee well-being and identifying groups that may warrant additional attention or resource allocation. The longitudinal tracking of well-being at the aggregate, organization level allows health care organizations to gain insight into potential ramifications of new organizational strategies on employee well-being. In a recent survey of hospital-based pharmacists, less than half felt comfortable communicating feelings about burnout with their supervisors, and almost three-quarters reported that they had not participated in a well-being or resilience program within or outside of their organization.[54] In addition, a recent study surveying hospital pharmacy directors found that less than one-quarter reported measuring aspects of burnout syndrome despite 70% indicating that they were trying to prevent or mitigate burnout.[55] Taken together, these findings support the need for practical assessment instruments that measure well-being in pharmacists.

There are several limitations to the current study. Although validated items for the measurement of multiple dimensions of distress (QOL, extreme fatigue, and burnout) were used, it should be noted that distress is based on self-reporting, other important dimensions exist, and no gold standard to assess all dimensions of distress is established. Furthermore, the WBI is not intended to diagnose or assess mental health conditions, although pharmacists with extreme elevation in WBI scores may benefit from an evaluation by the appropriate HP. Although the WBI was found to stratify QOL, signs of distress, and important adverse professional consequences, the study design used precludes the establishment of causality. Owing to the multiple avenues used for the promotion of survey completion, a survey response rate could not be determined. Finally, although this study represents the largest evaluation of a well-being instrument among pharmacists, not all practice settings or pharmacist roles were represented in large numbers, and the responders may not be representative of pharmacists nationally. The gender distribution of responders, however, was similar to recently published studies of U.S. pharmacists.[6,7,11] It is unknown if the responders were more or less likely to have distress than nonresponders. It is possible that individuals with distress may have been more interested in the topic and thus more likely to complete the WBI. Alternatively, individuals with distress may have been less likely to

complete the survey owing to disengagement. These issues may affect the generalizability of these results; however, the primary purpose of this study was to explore the relationships between the WBI scores and relevant professional outcomes to establish the construct and criterion validity of the WBI in pharmacists, and not to report on the prevalence of distress among pharmacists.

Conclusion

The WBI effectively stratified well-being and multiple dimensions of distress in pharmacists, including low QOL, extreme fatigue, and burnout. Pharmacists with at-risk scores were also found to have increased likelihood of adverse professional consequences. These findings suggest that the WBI can serve as a useful tool to measure well-being and identify distress in pharmacists. Further research exploring contributing factors and implications, as well as individual-, organization-, and system-level interventions to promote well-being among pharmacy professionals, is needed.

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Appendix 1. Survey Instrument Items[a,b]

Well-Being Index Questions [a]

1. Have you felt burned out from your work?
   a. Yes
   b. No
2. Have you worried your work is hardening you emotionally?
   a. Yes
   b. No
3. Have you often been bothered by feeling down, depressed, or hopeless?
   a. Yes
   b. No
4. Have you fallen asleep while sitting inactive in a public place?
   a. Yes
   b. No
5. Have you felt all things you had to do were piling up so high you could not overcome them?
   a. Yes
   b. No
6. Have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?
   a. Yes
   b. No
7. Has your physical health interfered with your ability to do your daily work at home and/or away from home?
   a. Yes
   b. No

Please rate how much you agree with the following statements

8. The work I do is meaningful to me
   7-point Likert scale; anchor "very strongly disagree" at the "1" end of the scale and "very strongly agree" at the "7" end of the scale
9. My work schedule leaves me enough time for my personal/family life
   5-point Likert scale; strongly agree; agree; neutral; disagree; strongly disagree

Quality of Life Question

10. How would you describe your overall quality of life? (0 = As bad as it can be, 10 = As good as it can be)
    0 1 2 3 4 5 6 7 8 9 10

Level of Fatigue Question

11. How would you describe your level of fatigue on average (0 = As bad as it can be, 10 = As good as it can be)
    0 1 2 3 4 5 6 7 8 9 10

Adverse Professional Consequences Questions

12. Are you concerned you have made a major medication error in the last 3 months?
    a. Yes
    b. No
13. What is the likelihood that you will leave your current job situation within 2 years for reasons other than retirement?
    a. Slight
    b. Definite
    c. Moderate
    d. Likely
    e. None

[a] The Well-Being Index is copyrighted and permission for use must be obtained from MedEd Web solutions (https://www.mededwebs.com/well-being-index/irb-research).

[b] The Maslach Burnout Inventory items are copyrighted and therefore are not reproduced here.

Appendix 2. Demographics for responders with at-risk Well-Being Index scores

Variable	WBI score ≥ 5 N (row %[a])	WBI score ≥ 5 N (column %[b])
Participants	835 (37.4)	835 (100)
Sex		
Men	241 (38.0)	241 (28.9)
Women	581 (36.9)	581 (69.6)
Missing	13 (54.2)	13 (1.6)
Age, y		
< 35	379 (38.1)	379 (45.4)
35–44	236 (42.8)	236 (28.3)
45–54	127 (39.0)	127 (15.2)
55–64	80 (33.6)	80 (9.6)
65+	13 (10.8)	13 (1.6)
Years in current practice, y		
< 5	257 (37.8)	257 (30.8)
5–14	324 (41.0)	324 (38.8)
15–24	142 (41.5)	142 (17.0)
25+	112 (26.7)	112 (13.4)
Hours worked per week		
< 20	58 (28.2)	58 (6.9)
20–39	139 (30.6)	139 (16.7)
40–49	420 (39.0)	420 (50.3)
50–59	143 (42.4)	143 (17.1)
≥ 60	75 (47.5)	75 (9.0)
Current employment status		
As needed (PRN)	11 (12.8)	11 (1.3)
Full time	713 (39.1)	713 (85.4)
Part time	68 (31.5)	68 (8.1)
Unemployed	43 (41.0)	43 (5.1)
Current practice setting		
Academia	63 (24.1)	63 (7.5)
Ambulatory care	41 (27.5)	41 (4.9)
Community chain	465 (56.8)	465 (55.7)
Community independent	55 (23.1)	55 (6.6)
DOD/IHS pharmacy	6 (31.6)	6 (0.7)
Hospital/health system	126 (28.1)	126 (15.1)
Long-term care pharmacy	18 (40.9)	18 (2.2)
Nuclear	3 (33.3)	3 (0.4)
Other	41 (22.9)	41 (4.9)
Pharmaceutical industry	4 (20.0)	4 (0.5)
Public health	3 (20.0)	3 (0.4)
Specialty pharmacy	10 (32.3)	10 (1.2)

Abbreviations used: WBI, Well-Being Index; PRN, pharmacy recovery network; DOD, Department of Defense; IHS, Indian Health Service.

[a] Row percentage = number of participants within the variable category for the respective row that had an at-risk score divided by the total number of participants within the variable category for the respective row.

[b] Column percentage = number of participants within the variable category for the respective row that had an at-risk score divided by the total number of participants with an at-risk score (835).