

ACCP Report

American College of Clinical Pharmacy

Michael S. Maddux, Pharm.D., FCCP; Executive Director

Vol. 32, No. 1; January 2013

ACCP Moves Forward with Medicare Benefit Initiative to Recognize Clinical Pharmacists' Direct Patient Care Services

College Addresses FAQs About The Initiative

As announced in the December 2012 issue of the ACCP Report (www.accp.com/report/?iss=1212&art=1), the College has begun implementing a long-term initiative to pursue recognition of the direct patient care (DPC) services of qualified clinical pharmacists as a covered benefit under the Medicare program. ACCP has retained the Federal Group, a Capitol Hill consulting firm with experience lobbying for provider recognition under Medicare, to provide strategic government relations and advocacy services to assist the College in advancing this initiative.

"Clinical pharmacists are recognized experts in pharmacotherapy and patient care," said Paul T. Kelly, Vice President at the Federal Group. "As the nation moves toward a more accountable, team-oriented health care system, policy-makers would be wise to ensure that these highly trained professionals are fully utilized to help patients achieve optimal outcomes with their medications—and we are delighted to represent ACCP in this very important legislative initiative," Kelly concluded.

ACCP's initiative is concrete and specific. First, it focuses on "direct patient care services"—the clinical pharmacist's direct involvement in the (1) evaluation of the patient and his or her pharmacotherapeutic needs; (2) initiation, modification, or discontinuation of patient-specific pharmacotherapy; and (3) ongoing pharmacotherapeutic monitoring and follow-up. These services rely on the clinical pharmacist's professional relationship with the patient and close collaboration with the patient's other health care providers. In addition, because these services extend well beyond the core elements of medication therapy management (MTM) commonly referenced in regard to the Part D drug benefit, they represent a different and comprehensive scope of clinical care not currently provided

as a covered Medicare benefit. ACCP's initiative points out that precisely this quality of service, provided in a collaborative and coordinated care environment, has been shown to produce improved patient outcomes and reduced health care costs.

The second component of the College's Medicare benefit initiative focuses on the credentials and experience necessary to ensure that a clinical pharmacist can competently provide DPC services in a collaborative practice structure. Therefore, ACCP is advocating that clinical pharmacists engaged in the provision of this benefit (1) be board certified (or board eligible if a Board of Pharmacy Specialties [BPS] certification does not yet exist in their area of practice) and (2) have established a valid collaborative drug therapy management (CDTM) agreement or have been formally granted clinical privileges by the medical staff or credentialing system within the health care environment in which they practice.

Answers to Some FAQs

Recognizing that questions exist among both ACCP members and other stakeholders regarding this effort, answers to a preliminary set of frequently asked questions (FAQs) pertaining to the initiative have been prepared:

1. The "what" of ACCP's Medicare benefit initiative—the service to be provided by qualified clinical pharmacists—is DPC (direct patient care). How does DPC differ from Medicare Part D MTM programs, which are already covered under the drug product benefit (Part D) of the Medicare program?

Through the delivery of DPC, qualified clinical pharmacists provide the service of comprehensive medication management based on a specific relationship with and knowledge of the patient and his or her medication-related needs. DPC also involves maintaining a formal professional relationship with other health care professionals responsible for the patient's care. A consistent process of care

provides for enhanced efficiencies in care delivery by all members of the care team and vests responsibility and accountability for the process and outcomes of drug therapy in the clinical pharmacist as a full member of that team. This is the essence of providing DPC as defined by ACCP. Conversely, MTM programs commonly provided under the Part D benefit are often administrative or financial in nature, do not require a formal professional relationship with the patient's other health care providers (or even the patient in some instances), and often do not address the totality of the patient's medication-related needs and issues.

2. Are there enough "qualified clinical pharmacists" (the "who" described by ACCP) to make a meaningful impact on the outcomes of America's patients?

The short answer to this question is, "we don't know." However, the College believes strongly that the current workforce of qualified clinical pharmacists should be positioned to fully contribute to improved patient outcomes, even if the clinical pharmacy ranks are not yet adequate to address every American's medication-related needs and issues. Challenges to meet the needs of the population exist throughout the health care workforce, particularly as health care reform proceeds to expand care for the millions of Americans who will gain insurance coverage as a result of health care reform implementation. Regardless of their number today, more efficient and "top-of-the-license" use of qualified clinical pharmacists as part of the patient's care team can make the work of all providers more efficient in fulfilling those unmet needs. This high-impact contribution to achieving improved patient outcomes is likely to increase the demand for qualified clinical pharmacists, which ACCP believes will in turn drive an increased supply of these clinicians in the long run.

3. Why isn't ACCP seeking recognition for all pharmacists as part of its Medicare benefit initiative, instead of just "qualified clinical pharmacists"?

ACCP's initiative focuses foremost on the "what" of DPC and comprehensive medication management as a new, distinct, and needed benefit within the Medicare program (see also the answer to question 1 earlier). Based on the policies, position statements, and core values of the College, ACCP believes these services should be provided by clinical pharmacists with the education and training needed to competently provide

DPC. In addition, to attest to these qualifications, they must possess the certification credentials outlined in the initiative.

4. Why allow the option of being "board eligible" to serve as an acceptable criterion for "qualified clinical pharmacists" instead of establishing board certification as the sole criterion with respect to documented knowledge and experience?

Although most practices that will seek to use clinical pharmacists can have their patients' needs met by clinical pharmacists certified in the existing specialties of ambulatory care pharmacy (BCACP), nutrition support pharmacy (BCNSP), pharmacotherapy (BCPS), oncology pharmacy (BCOP), or psychiatric pharmacy (BCPP), some specialty areas (e.g., pediatrics) are not yet formally recognized by BPS. Therefore, including clinical pharmacists who are eligible for certification is reasonable for the practice areas not yet recognized (e.g., a pediatric clinical pharmacist who has practiced for 5 years but who has not taken the board examination because it's not yet been offered). Board eligibility, as defined by BPS, varies depending on the specialty considered. In general, the criteria for specialist board eligibility consist of (1) graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education; (2) current, active licensure to practice pharmacy in the United States; and (3) completion of residency training in the designated practice area (and, in some specialties, completion of additional time in that practice after residency training) or 3–4 years of practice experience, with at least 50% of that time spent in the activities of the specialty practice. ACCP's expectation is that qualified clinical pharmacists will be board certified in the desired specialty if that specialty is recognized by BPS. If not, documentation of the expected eligibility criteria for that specialty can be applied temporarily until the specialty is formally recognized and a specialty examination made available.

5. Why do the "who" criteria include a CDTM agreement or the formal granting of clinical privileges?

ACCP's view is that formal documentation of the patient care privileges and responsibilities of the clinical pharmacist, in collaboration with other health professionals caring for a patient, is critically important to ensure (1) increased coordination and efficiency of patient care, (2) clarity of expectations by other members of the care team regarding

the clinical pharmacist's roles and responsibilities, and (3) greater flexibility and breadth of responsible decision-making by the clinical pharmacist.

6. Does this initiative apply only to ambulatory care practitioners? Is it relevant to clinical pharmacists who practice in the inpatient setting?

The ACCP initiative is intended to apply to any setting in which this new Medicare benefit is applicable. It's fair to anticipate that it will have its most beneficial and immediate impact in the evolving and reforming primary care delivery arena. This will include clinics of inpatient institutions, integrated and merging care delivery systems, physician practices, community health centers, and components of the federal health care system (e.g., care provided by the Veterans Administration, U.S. Public Health Service). New models of health care payment and delivery in the inpatient environment that are now emerging could well make this initiative of equal or greater importance to inpatient practitioners in the future.

7. This appears to be an initiative that will require years of work. Does the College have the resources (human and financial) to bring this effort to fruition?

The ACCP Board of Regents and senior/executive staff weighed this question carefully (and foremost) before moving forward with this effort. Much planning and preparation has gone into embarking on this initiative. Although demands from the external and political environment will likely present new challenges, ACCP is well positioned to pursue the initiative's desired outcomes. For the past 3 years, the Board of Regents has focused on developing, advancing, and positioning the clinical pharmacist in the midst of a reformed health care environment; methodically addressed each of these strategic directions in plotting the College's course for the future; and consistently applied this approach in identifying future initiatives and securing the resources to support them, when necessary. This is one such initiative—perhaps the College's most important initiative ever. Therefore, every effort has been made to ensure that ACCP will have the financial and human resources necessary to launch and sustain this effort.

8. Because this initiative is focused on the Medicare benefit, will ACCP's advocacy activities occur only at the federal level?

Of course, it's true that Medicare is a federal program; hence, Washington, DC, legislators and regulators will be the primary focus of this initiative. However, if successful, these efforts will affect state and private sector health care programs, given Medicare's role as a leader in health care payment policy. Therefore, while implementing this initiative, ACCP will engage stakeholders outside the Beltway in advancing its case for the ways in which the DPC services of clinical pharmacists can contribute meaningfully to "the triple aim" of health care reform: achieving better population health, improving individual health, and reducing health care costs.

9. Is ACCP advancing this effort so that clinical pharmacists can establish independent practices (i.e., "hang out their shingles")?

The initiative promotes and advocates a team-based practice structure, which most health policy experts now strongly advocate to help achieve the efficiencies, quality, and outcomes needed in an effective health care system. Although the "independent practice" opportunity for a qualified clinical pharmacist would not be inhibited by the initiative itself, evolving evidence of the importance of team-based health care delivery and the business realities of developing and maintaining an independent clinical practice should be recognized and appreciated. ACCP doesn't envision a future in which the vast majority of clinical pharmacists will truly practice independently.

10. How is the College working with entities outside the pharmacy profession to enhance their understanding of, and support for, this effort?

Although perhaps not recognized by the ACCP membership at-large, organizations and health professionals external to the pharmacy profession have been a major focus of the College's professional and government affairs staff work for the past 2–3 years. In this respect, ACCP has increased its involvement with health care provider groups, interprofessional collaboratives, payers, professional medical organizations, and consumer groups. This work is expected to increase further as the Medicare benefit initiative is implemented.

Nominations Period for Parker Medal, “New” Awards, and FCCP Closes February 15

Nominations for the 2013 “New” Awards (New Clinical Practitioner, New Educator, and New Investigator), 2013 Parker Medal, and 2013 ACCP Fellows (FCCPs) are due February 15, 2013. All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award and honor. This portal is available at www.accp.com/membership/nominations.aspx.

2013 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2013.**

2013 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service including, but not limited to, patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter to the Chair of the Selection Committee detailing the nominee’s qualifications for this award and his or her contributions to the profession of pharmacy; the nominee’s curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee’s current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Clinical Practitioner Award: This award recognizes and honors a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must

have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Educator Award: This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Investigator Award: This award’s purpose is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been at the time of nomination members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination

from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's

current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

Call for Abstracts for the 2013 ACCP Virtual Poster Symposium

Time Is Running Out—Submit Your Abstract by January 18!

All abstracts must be submitted at accp.confex.com/accp/2013vp/cfp.cgi by Friday, January 18, 2013.

All investigators in the field of clinical pharmacy and therapeutics, whether ACCP members or not, are invited to submit abstracts of papers to be considered for presentation at the ACCP Virtual Poster Symposium (May 21–22, 2013).

Posters will be on display May 21–22 for asynchronous viewing and comment. In addition, two interactive sessions will be scheduled on May 21 and May 22, when authors will be available for real-time online question-and-answer sessions alongside their virtual posters. The technology required for presenters and participants is minimal—a broadband Internet connection, a current browser, and Skype (free software).

All papers accepted for poster presentation, except for the "Encore Presentation," will have abstracts published online in *Pharmacotherapy* and be automatically entered in Best Poster Award competitions. Abstracts may be submitted in one of the following categories:

ORIGINAL RESEARCH: Abstracts must describe original research in education, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Abstracts that describe *in vitro* or animal research are welcome. Abstracts will be evaluated on originality, hypothesis/objectives, study design, results, and conclusions. All papers accepted will be assigned to a virtual poster format.

CLINICAL PHARMACY FORUM: Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with payments or cost analyses are encouraged. Abstracts may be descriptive only and need not contain an evaluative component. The abstract must not have been published in abstract form or presented elsewhere before the ACCP Virtual Poster Symposium (May 21–22, 2013). Abstracts will be evaluated on originality of the service or program, adequacy of justification/documentation, adaptability to other settings, and

significance to clinical pharmacy. All papers accepted will be assigned to a virtual poster format.

RESIDENT AND STUDENT RESEARCH-IN-PROGRESS: Submission and evaluation criteria are those of an "Original Research" presentation except that the research effort is ongoing. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable. Abstracts should provide an assessment of likelihood of project completion by date of presentation. The presenting author must be a resident ("resident" is defined as being either a PGY1 or PGY2 resident in a recognized and accredited residency program) or student ("student" is defined as one who is currently earning his or her first professional degree, 2012 graduates permitted). All papers accepted will be assigned to a virtual poster format. Graduate students and fellows are invited to submit abstracts in the Original Research and/or Clinical Pharmacy Forum categories.

Submission Deadline

All abstracts accepted for presentation (with the exception of "Encore Presentations") in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. All abstracts submitted in the Resident and Student Research-in-Progress categories will be entered in the Best Resident and Student Research-in-Progress Poster competition. The finalists for both categories will be notified by May 1, 2013, and will be judged during the Virtual Poster Symposium by a panel of judges. The winners and runners-up of both categories will also be invited to give a platform presentation at ACCP's Annual Meeting in Albuquerque, New Mexico, October 13–16, 2013.

The deadline to submit abstracts in the Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Friday, January 18, 2013, 11:59 p.m. (PST). Authors will be notified by e-mail of acceptance of their papers by Monday, April 1, 2013. See complete submission instructions and guidelines at accp.confex.com/accp/2013vp/cfp.cgi.



Curtis E. Haas, Pharm.D., FCCP, BCPS

Seeking a Change in the Medicare Benefit—What it Means to ACCP

In the December ACCP Report, the College publicly announced its major policy initiative for 2013 and beyond—pursuit of the inclusion of the direct patient care (DPC) services of qualified clinical pharmacists under Medicare Part B of the Social Security Act (“ACCP’s Medicare benefit initiative”). As most of you know, this is the beginning of a potentially long and challenging journey into a thorny legislative process that is not guaranteed to result in success. However, we believe the underlying principles that establish the framework of our initiative as defined in the recent announcement are those most likely to resonate with and establish a broad base of support across the many key stakeholders in health care delivery and finance necessary for success. The road map to success for this initiative starts with clearly defining what will be provided by clinical pharmacists that differentiates their contributions from those of other members of the health care team and what fills a need that is not otherwise capable of being met through the existing processes of care.

More importantly, we need to remember and actively articulate that this initiative is not about pharmacy or pharmacists; rather, it is about patients. We believe that through the development, advancement, and positioning of clinical pharmacists as members of the patient care team, the unique expertise of our practitioners will improve the quality, safety, and outcomes of patient care. This is the overarching focus of our organizational strategic plan. There is ample evidence that we are not getting the medications right in our current health care delivery system, and there is very little reason to believe this has improved much in the past 10–15 years, even though considerable attention has been focused on the issue by the Institute of Medicine and other quality and safety organizations. Recent estimates suggest that \$290 billion per year is spent on managing drug-related morbidity and mortality in the United States, which is about 13% of health care spending, rivaling the amount spent on the drugs themselves!¹ Patients receive suboptimal drug regimens, do not achieve attainable therapeutic goals, experience avoidable adverse drug events, are exposed to unnecessary drug therapy, and, in the process, expend

a lot of resources to achieve these poor outcomes. For example, the recently launched Million Hearts initiative quoted that less than one-half of patients with ischemic heart disease take daily aspirin or other antiplatelet therapy; less than one-half of patients with hypertension have their blood pressure adequately controlled; only one-third of patients with hyperlipidemia receive adequate therapy; and less than one-fourth of smokers who attempt to quit receive counseling or medications. The initiative estimates that optimizing these goals could save more than 100,000 lives per year.² These examples represent therapeutic interventions with decades of supportive evidence that have long been included in multiple clinical practice guidelines. We are clearly not getting the medications right. The primary purpose, to my mind, of achieving “provider status” for clinical pharmacists is to achieve a pathway for broader recognition and incorporation of clinical pharmacists as members of the patient care team with the intent of providing comprehensive medication management for patients who do not achieve therapeutic goals or who experience adverse events. In the current fee-for-service environment, recognition of the contributions of clinical pharmacists to improved patient outcomes will provide a potential revenue stream to practices and help justify the inclusion of clinical pharmacists on the team of health care professionals. In the longer term, overall health care payment model reform may make this consideration less important. However, formal recognition of qualified clinical pharmacists and the benefits they bring to patient care will more likely ensure a “seat at the table” for clinical pharmacists in whatever shape a reformed health care system may take.

In recent weeks, other national pharmacy organizations (ASHP and APhA) have announced their launch of initiatives to seek “provider recognition” for pharmacists. Regardless of what emerges as the legislative language to be considered in the pursuit of provider status for pharmacists, it clearly must be focused on what the pharmacist is going to provide for the patient that will bring value to his or her health care (that is, improved quality at an acceptable cost). The discussion and resulting “ask” cannot hinge on or be initiated with a focus on who will be providing clinical pharmacy care. A clearly articulated definition of what is needed by patients to help meet the goal of “getting the medications right” will dictate who is adequately trained and experienced to provide that care. The ACCP framework is based on the definition of DPC by pharmacists (endorsed by

member organizations of the Council on Credentialing in Pharmacy) as members of the interprofessional team. Working from this definition, we believe this level of DPC requires board certification or board eligibility (for those practicing in a practice area lacking a current BPS certification option), which includes having completed postgraduate residency training (or engaging in equivalent direct care experience) and a CDTM agreement or similar formal granting of clinical privileges. Of note, this framework is not dependent on or aimed at achieving an expanded scope of practice for clinical pharmacists. It is intended to achieve recognition of clinical pharmacists as providers within a scope of practice that already exists or is capable of existing in most team-based patient care environments. Also of note, the ACCP initiative is applicable to all patient care settings: the neurosurgical ICU, primary care office, long-term care facility, community clinic, and other clinical venues.

It is estimated that 75%–80% of the cost of health care in the United States is for the management of chronic diseases and their complications. Given that medication therapy represents 80% of chronic disease management, the greatest opportunity to improve patient outcomes and control the costs of care will need to be focused on getting the medications right in the ambulatory care environment. With the anticipated rapid emergence of accountable care organizations in a reformed (and increasingly consolidated) health care delivery system and a greater focus on population-based health management, it is also reasonable to predict that many clinical pharmacy providers should and will be integrated into the overall team structure of the patient-centered medical home or other team-based model. Although the time line for this evolution to a new health care delivery and financial paradigm is currently uncertain, it will undoubtedly have an important impact on the recognition of qualified clinical pharmacists as health care professionals who contribute substantially to improved medication-related outcomes. “Hanging out one’s shingle” (see en.wiktionary.org/wiki/hang_out_one's_shingle) and independently billing payers for clinical pharmacy care is unlikely to evolve or be sustainable as a primary economic and care delivery structure, and we must plan and define the clinical pharmacist’s practice within the context of team-based care. The ACCP initiative is entirely consistent with this vision.

Although we should anticipate significant growth of clinical pharmacy in the ambulatory environment, the acute care setting will continue to be an important

home for clinical pharmacy practice. Recognition of clinical pharmacists’ DPC services, as defined by the ACCP initiative, is very consistent with the team-based practice of many clinical pharmacists in hospitals. The ACCP initiative also has the potential to spur the growth of clinical pharmacy practice in the acute care setting; however, the potential financial models may be complex and different from the current, predominantly salaried employee model. Understanding these financial relationships and how they will be affected by a reformed health care system will be an important topic of discussion during the development of this initiative.

Finally, the DPC services described by the ACCP initiative are focused on comprehensive care, not discrete or episodic clinical pharmacy services. In this context, comprehensive care refers to a complete assessment of the patient, identification of medication-related problems, development and implementation of a therapeutic plan, and monitoring and follow-up as appropriate to the care environment. The goal is to link clinical outcomes to a therapeutic plan and take responsibility for maximizing the likelihood of achieving those outcomes as an active and integrated member of the patient care team. If unable to deliver a comprehensive process of care that is focused on patient outcomes, the clinical pharmacist will not and should not be recognized as an integrated member of the health care team.

In conclusion, the underlying principles of ACCP’s Medicare benefit initiative are well aligned with the current environment of health care reform. The framework is first and foremost focused on the care that will be provided (the “what”), acknowledging that health care delivery has become a “team sport” and that the clinical pharmacist must be a qualified and fully recognized member of that team. The principles are applicable to all practice settings, are consistent with the anticipated models of care delivery in a reformed system, and embrace a comprehensive role for the clinical pharmacist in the care of the patient. These are the elements that, I believe, will result not only in the successful pursuit of recognition of the value of the DPC services of qualified clinical pharmacists but, more importantly, will lead to our greatest chance to finally “get the medications right.”

1. New England Healthcare Institute. Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease. Appendix I. August 2009. Available at www.nehi.net/publications/44/thinking_outside_the_pillbox_a_systemwide_approach_to_improving_patient_medication_adherence_for_chronic_disease. Accessed January 11, 2013.
2. Frieden TR, Berwick DM. The “Million Hearts” initiative—preventing heart attacks and strokes. *N Engl J Med* 2011;365:e27.

Strategic Plan Update

Request for Member Comment and Input on ACCP Direction

The College's current strategic plan (see www.accp.com/docs/about/ACCP_Strategic_Plan.pdf) is now entering its third year. The ACCP Board of Regents tracks the College's progress in implementing the plan across the three main priority areas: developing, advancing, and positioning clinical pharmacists. Thus far, the key objectives of the plan are being implemented on schedule. Because the College has now initiated a continuous strategic planning process, the board welcomes input on the plan itself as well as on any new or "emerging" issues felt by members to be of importance to future clinical pharmacy practice, research, or education. Therefore, all ACCP members are invited to log-in to the ACCP electronic feedback site (www.accp.com/feedback/index.aspx?i=strategic) anytime, 24/7. After logging-in to the site, members can provide comment on (1) current components of the ACCP strategic plan, (2) new issues that ACCP leadership should consider now, and (3) emerging topics that may merit the College leadership's thought and analysis in the future. In particular, the Board of Regents welcomes comments on ACCP's recently announced Medicare benefit initiative (see the lead story and the ACCP President's Column earlier in this issue of the ACCP Report).

The Board of Regents reviews this input at its quarterly meetings and identifies issues that require further staff analysis, board discussion, and/or selection as forthcoming committee or task force initiatives. The board is scheduled to spend time during its upcoming February meeting dedicated to reviews of the external environment and identification of new or emerging issues that may be critical to the College's future. This process will continue through the Board's summer meeting. In addition to ACCP's existing methods of gaining member input (e.g., the annual member survey requesting priority areas for future consideration, annual Town Hall Meetings, other calls for member comment on specific issues), it is hoped members will provide electronic input and feedback regarding the College's direction whenever they feel so inclined. If you've not already done so, please read the [ACCP Strategic Plan](#) and visit the [College's feedback site](#) to submit comments on the College's direction.

ACCP Offers All-Access Pass at ACCP Updates in Therapeutics® 2013



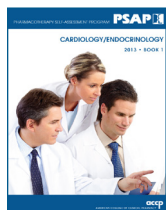
ACCP Updates in Therapeutics® 2013 All-Access Pass brings you a series of certification review resources at a discounted package price. Beginning with the review course in April 2013, participants will receive additional tools almost every other month as they prepare for the October specialty certification examinations administered by the Board of Pharmacy Specialties (BPS). Purchasing the All-Access Pass allows participants to save as much as 20% compared with purchasing the various components separately. The Updates in Therapeutics® All-Access Pass includes:

- Basic meeting registration for the live presentations of the Pharmacotherapy or Ambulatory Care Pharmacy Preparatory Review and Recertification Course in Reno, Nevada;
- Available continuing pharmacy education credit and your choice of either the Ambulatory Care Pharmacy or Pharmacotherapy Review and Recertification Course workbooks;
- Your choice of either the Ambulatory Care Pharmacy or the Pharmacotherapy Review Course for home study, available June 2013;
- Registration for ACCP's webinar "Developing Effective Test-Taking Skills," to be presented in July 2013; and
- Registration for either ACCP's Last-Chance Pharmacotherapy Review webinar or ACCP's Last-Chance Ambulatory Care Pharmacy Review webinar—last-minute study sessions to be presented in September 2013.

All-Access Pass early rates apply through March 8, 2013; late registration rates apply March 8 to April 5; on-site rates apply after April 5. Complete Updates in Therapeutics® 2013 All-Access Pass pricing starts as low as \$550 for ACCP student, resident, and fellow members and \$805 for full and associate members. Complete All-Access Pass pricing is available at www.accp.com/meetings/ut13/registrationRates.aspx.

Don't miss your opportunity to sign up for this unique and comprehensive certification review series. For more information on any of these resources, please visit the ACCP Web site at www.accp.com/ut.

Cardiology and Endocrinology Is the Latest PSAP Release



Cardiovascular and endocrine disorders cross all age groups and practice settings, and the clinical pharmacist is likely to encounter patients with one or more of these disorders. The first 2013 release of the Pharmacotherapy Self-Assessment Program (PSAP), Cardiology

and Endocrinology, includes important information on recent advances in the pharmacotherapy of these disorders as well as evidence-based practice considerations on the management of several important cardiovascular and endocrine conditions.

Cardiology and Endocrinology, released January 15, has three learning modules with an available 20 continuing pharmacy education (CPE) credits. The first module examines the newer pharmacotherapies used to treat type 2 diabetes mellitus, management of cardiovascular complications in patients with diabetes, and newer drug therapies for osteoporosis and their practice considerations. The second module contains updates on the pharmacotherapy of acute decompensated heart failure, the use and role of newer antiplatelet agents in the management of acute coronary syndrome, and newer anticoagulation strategies for the treatment of atrial fibrillation. The third module discusses the therapeutic management of patients with heart failure with preserved ejection fraction, the role of pharmacogenomics in the management of cardiovascular conditions, and key medication safety issues and their implications in cardiovascular health.

PSAP chapters are now fully referenced, with online links to literature compilers such as PubMed. In addition, hypertext links provide ready access to clinical practice guidelines, official recommendations, and patient assessment tools. New graphic features focus on pivotal studies, patient care scenarios, and take-home points that can be readily integrated into clinical practice.

Cardiology and Endocrinology is designed to assist pharmacists who want to:

- Compare and contrast the differences between the drug therapy recommendations of several of the latest and leading diabetes guidelines.
- Assess the differences in incretin-based therapies for the treatment of type 2 diabetes mellitus and explain how they compare with other agents to treat hyperglycemia.

- Distinguish new physiologic and pathophysiologic pathways of bone health and their influence on the development of new pharmacotherapy targets.
- Design an appropriate treatment plan for patients with diabetes and risk factors (e.g., hypertension and dyslipidemia) for cardiovascular disease.
- Apply evidence-based data to design a therapeutic regimen for the management of acute decompensated heart failure with diuretics and/or vasodilators to optimize clinical outcomes.
- Evaluate and modify drug therapy regimens in the patient with acute decompensated heart failure who is receiving vasoactive and mechanical therapies to optimize hemodynamics, volume status, and anticoagulation.
- Evaluate the role of the newer antithrombotic agents in the care of the patient with acute coronary syndrome and atrial fibrillation on the basis of current evidence and guideline recommendations.
- Distinguish between risk stratification tools to determine the risk of ischemic stroke in patients with atrial fibrillation and risk of bleeding in patients exposed to chronic oral anticoagulation and newer treatment schemes.
- Distinguish the clinical presentation, diagnosis, and treatment strategies of heart failure with preserved ejection fraction from those of heart failure with reduced ejection fraction.
- Evaluate opportunities for pharmacogenomic testing in patients with cardiovascular diseases, including hypertension, acute coronary syndromes, and heart failure.
- Discuss the clinical adoption of pharmacogenomic tests in cardiovascular medicine and its impact on the treatment of individual patients.
- Evaluate and assess current literature on medication safety issues and their implications on patients' cardiovascular health.

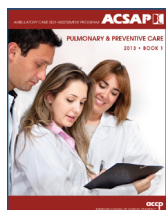
PSAP 2013–2015 books are available singly or as a six-book series and in four format packages. Other books in the series are Special Populations, Critical and Urgent Care, Chronic Illnesses, Infectious Diseases, and CNS/Pharmacy Practice. For specific release dates, available CPE credits, and program numbers for each book, or to place your online order, visit the [ACCP Online Bookstore](#). Books are priced as follows; shipping and handling charges apply to print books only.

PSAP 2013–2015

SINGLE BOOKS		Member Price	Nonmember Price
Standard Release (Online Book)	Printable PDFs	\$65	\$90
E-Media Package	Online book PLUS: Full text and SAQs for e-reader, phones, tablets, PSAP Audio Companion	\$90	\$130
Print Package	Online book PLUS: Print book	\$90	\$155
All-Format Package	All the above products	\$105	\$195
SIX-BOOK SERIES		Member Price	Nonmember Price
Standard Release (Online Book)		\$285	385
E-Media Package		\$385	\$555
Print Package		\$385	\$585
All-Format Package		\$445	\$785

ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved PSAP for use in Board-Certified Pharmacotherapy Specialist (BCPS) recertification.

First ACSAP Release Is Pulmonary and Preventive Care



Preventive care can have a major impact on many disorders seen in the ambulatory care setting. Patients with pulmonary disorders are among the highest users of outpatient health care. The interrelationship of these topics—and how the ambulatory care pharmacist

can improve outcomes in these areas—is the subject of Pulmonary and Preventive Care, the first book in ACCP's new Ambulatory Care Self-Assessment Program (ACSAP).

Pulmonary and Preventive Care, released January 15, has three learning modules with a total of 17.5 available continuing pharmacy education (CPE) credits. The first module examines new treatments for asthma, therapeutic management of patients with chronic obstructive pulmonary disease (COPD), pharmacotherapies used to treat acute otitis media and acute rhinosinusitis, and management of pulmonary arterial hypertension (PAH). The second module provides updates on tobacco cessation therapies, preventive medicine and wellness promotion, and complementary and alternative medicines. The third module discusses drug therapy in solid organ transplantation and clinical immunizations as well as implementation of a pharmacy-based immunization program.

ACSAP chapters are fully referenced, with online links to literature compilers such as PubMed. In addition, hypertext links provide ready access to clinical practice guidelines, official recommendations, and patient assessment tools. Graphic features focus on pivotal studies, patient care scenarios, and take-home points that can be readily integrated into clinical practice. Multimedia such as video is used to enhance learning

Pulmonary and Preventive Care is designed to assist pharmacists who want to:

- Show insight into technological advances in asthma care and recommend them to patients, when appropriate.
- Evaluate and recommend proper inhalational therapies based on considerations in the patient with COPD.
- Assess the utility of antibiotic therapy on the basis of diagnostic strategies and limitations of diagnostic strategies for patients with acute otitis media and acute bacterial rhinosinusitis.
- Develop optimal pharmacologic therapy based on functional class and current available evidence for patients with PAH.
- Devise a pharmacist-managed tobacco treatment program for an ambulatory care setting, considering the feasibility and sustainability of the service.
- Evaluate screening results to determine appropriate patient education, follow-up, and referral.
- Evaluate the major types of complementary and alternative medicine practices and the available evidence supporting each.
- Devise a plan to treat solid organ transplant rejection with respect to characteristics of the rejection episode and patient-specific factors.
- Evaluate studies for alleged associations between vaccines and adverse effects.
- Apply the skills needed to effectively organize, market, and implement a safe and efficient pharmacy-based immunization service.

ACSAP 2013–2015 books are available singly or as a six-book series and in two format packages. Other books in the series are Infection Primary Care, Endocrinology/Rheumatology, Cardiology Care, Neurologic and Psychiatric Care, and Women's and Men's Care. For specific release dates, available CPE credits, and program numbers of each book, or to place your online order, visit the [ACCP Online Bookstore](#). ACSAP books are priced as follows:

ACSAP 2013–2015 Releases

		Member Price	Nonmember Price
SINGLE BOOKS			
Standard Release (Online Book)	Printable PDFs	\$65	\$90
E-Media Package	Online book PLUS: Full text and SAQs for e-reader, phones, tablets	\$80	\$115
		Member Price	Nonmember Price
SIX-BOOK SERIES			
Standard Release (Online Book)		\$285	385
E-Media Package		\$345	\$485

ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved ACSAP for use in Board-Certified Ambulatory Care Pharmacist (BCACP) recertification.

Register Now for ACCP's Spring Academy Programming



Registration is now open for the ACCP Academy programming offered in conjunction with ACCP's spring meeting, Updates in Therapeutics® 2013, from April 19 to 23, 2013, in Reno, Nevada. Early registration is only \$230 for ACCP full and associate members (ACCP resident and fellow member registration rates begin at the low price of only \$135) who plan to attend the Career Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning ACCP Academy tracks. Registration includes all sessions within the ACCP Academy track of your choice, available continuing pharmacy education credit, and program handouts for the ACCP Academy track sessions you attend.

The four tracks of ACCP Academy programming will include both required modules and elective courses, according to preestablished course schedules. The foundational prerequisite courses for the Leadership and Management and the Research and Scholarship certificate programs will be presented from 8:00 a.m. to 5:00 p.m. on Friday, April 19.

Each Academy will concentrate its programming over a 2-day period to enable Academy participants to minimize both travel expense and time away from their practice. An abbreviated schedule for each Academy track is summarized below. For a full programming schedule, consult the ACCP Web site at www.accp.com/acad.

ACCP Spring Meeting Academy Schedule

Academy	Courses	Schedule
Leadership and Management	Leadership Primer	April 19
	Interpersonal Leadership Development	April 20
	Leadership and Advocacy (elective)	April 20
	Leadership and Difficult Times (elective)	April 20
Research and Scholarship	Research Primer	April 19
	Statistical Issues	April 20
	What Makes Up an Intervention? (elective)	April 20
	Creating Your Research & Scholarship Road Map (elective)	April 20
Career Advancement	Extending Your Practice by Mentoring and Precepting	April 21
	Establishing Professional Credibility: Making Friends and Winning Over Enemies (elective)	April 21
	Delivering Interactive and Engaging Presentations as a Clinical Pharmacist (elective)	April 21
	Establishing Interprofessional and Patient-Centered Roles	April 22
Teaching and Learning	Planning for Effective Teaching	April 21
	Leading Others to Learn (elective)	April 21
	Mentoring Students to Become Standout Pharmacy Residency Candidates (elective)	April 21
	Assessing Student Learning	April 22

To learn more about Academy programming at ACCP Updates in Therapeutics® and to register online, please visit www.accp.com/acad.

Seeking to Enhance Your Scholarly Activity? Enroll Now in the ACCP Academy Research and Scholarship Certificate Program

The ACCP Academy's Research and Scholarship Certificate Program is designed to develop basic clinical research and scholarly abilities of clinical pharmacists. Established by ACCP in 2008, the program integrates research theory with practical applications while involving the participant in scholarly work early in the curriculum. Participants are challenged to explore individual professional research and scholarly activity goals to make the experience as relevant as possible within their respective professional contexts. A certificate of completion is awarded to participants who complete 28 contact

hours, consisting of 18 hours of required modules and 10 hours of electives. The program's required modules are as follows:

- Prerequisite: Research Primer (6 hours)
- Module 1: Basics of Clinical Research (4 hours)
- Module 2: Statistical Issues (4 hours)
- Module 3: Regulatory and Ethical Issues (4 hours)

Each elective module, consisting of 2 contact hours of instruction, is designed to meet the widely varied needs of program participants, focusing on specific areas of research and scholarship not covered in-depth by the required modules.

Begin to position yourself to lead and participate in the future of clinical research by enrolling in the ACCP Academy's Research and Scholarship Certificate Program. The program's prerequisite, Research Primer, will be offered Friday, April 19, in conjunction with ACCP's Updates in Therapeutics® 2013, in Reno, Nevada.

Visit the ACCP Academy today at www.accp.com/academy to enroll and learn more about the Research and Scholarship Certificate Program. To view the complete schedule and register for Research and Scholarship programming this spring, visit www.accp.com/acad.

2013 F.I.T. Program Applications Now Open



Application Deadline March 31!

The Research Institute is proud to announce the 2013 Focused Investigator Training (F.I.T.) Program faculty mentor team, which includes Gary Yee, Mary Gerkovich,

Gene Morse, Reginald Frye, Susan Fagan, Gregory Stoddard, Grace Kuo, Mary Ensom, Lynda Welage, Vicki Ellingrod, and John Cleary. A past F.I.T. attendee, Dr. John Devlin, says of the F.I.T. Program faculty mentor team, "The expert faculty for the F.I.T. Program provided me with the direction and mentorship (even after the program had ended) to help me successfully compete for NIH funding."

The F.I.T. Program is an intensive 5-day, hands-on program for up to 18 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as a principal investigator. Through this mentored program, the pharmacist-investigator will take the necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

The 2013 F.I.T. Program will take place July 27–31, 2013, at the University of Georgia College of Pharmacy

in Athens, Georgia. The 2013 F.I.T. application and brochure may be downloaded from www.accpri.org/investigator/. Applications will close on March 31, 2013.

PRN F.I.T. Scholarships Available

The following PRNs have announced that they will be offering full or partial support for an applicant accepted to the 2013 F.I.T. Program who is a member of their respective PRN:

- Education and Training PRN: 1 partial tuition scholarship for \$1875
- Hematology/Oncology PRN: 1 full tuition scholarship for \$3750

If you are a member of one or both of the above PRNs, ACCP strongly encourages you to submit an application by the March 31 deadline to take advantage of these funding opportunities!

A Thank-you to the 2012 Frontiers Fund Campaign Committee and Volunteers



A thank-you goes to the volunteers of the Frontiers Fund Committee for their efforts in orchestrating the 2012 "Key to Our Success" campaign. The 2012 Frontiers Fund Campaign Committee members are:

- Chair, Susan Fagan, Pharm.D., FCCP, BCPS
- Stuart T. Haines, Pharm.D., FCCP, BCPS
- Ronald P. Evens, Pharm.D., FCCP
- Ralph H. Raasch, Pharm.D., FCCP, BCPS

Thanks to the members who staffed the ACCP Research Institute booth for the "Key to Our Success" campaign during the 2012 ACCP Annual Meeting.

ACCP Research Institute Recognizes 2012 Donors



The ACCP Research Institute would like to thank all of its 2012 Frontiers Fund donors. Because of your generosity, the Frontiers Fund is able to:

- Develop researchers
- Build a research network
- Generate evidence

...to further document the value of clinical pharmacy services and advance pharmacy research.

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Attention Students: Want to Maximize Your Ability to Secure a Residency Position? Register Today for “Emerge from the Crowd: How to Become a Standout Residency Candidate”



Are you planning to complete a residency after graduation? You probably know that of the 3706 PGY1 applicants who participated in the ASHP Resident Matching Program in 2012, about 39% did not match with a program.¹ As competition among residency applicants continues to increase, it is important for students to know what type of candidates residency programs look for and learn the steps that can be taken now to distinguish themselves from the crowd.

Make plans now to join ACCP in Reno this April for an informative and interactive program titled “Emerge from the Crowd: How to Become a Standout Residency Candidate.” This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation.

Students attending this exciting new program will receive more than 10 hours of interactive programming

over 2 days. The program will begin on Saturday, April 20, and conclude on Sunday, April 21, running alongside the Updates in Therapeutics®: The Ambulatory Care Review and Recertification Course and Pharmacotherapy Preparatory Review and Recertification Course at the Peppermill Resort in Reno, Nevada.

Students will learn from experts in the field of clinical pharmacy about the steps that they can take now to rise above the competition when applying for a residency during their final academic year. Topics include maximizing classroom and experiential education opportunities, gaining valuable work experience, professional networking, engaging in scholarly activity, CV writing, and interviewing successfully. Attendees will also have the opportunity to sit down face-to-face with current residents and residency program directors to gain from their perspectives and advice during a special roundtable session.

Register today at www.accp.com/ec. Questions? Contact us at (913) 492-3311 or e-mail at accp@accp.com.

1. American Society of Health-System Pharmacists. ASHP Resident Matching Program, 2012. Available at www.natmatch.com/ash-prmp/. Accessed October 1, 2012.

2013 ACCP Clinical Pharmacy Challenge: The Excellence Continues



ACCP's national pharmacy student team competition returns in 2013. The Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2013 ACCP Annual Meeting in Albuquerque, New Mexico, in October. Plan now to participate this fall.

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a "quiz bowl"-type format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). The local competition exam will be available by e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com on or after April 1, 2013.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Albuquerque, New Mexico, October 12–14, 2013.

Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP [faculty liaison](#). If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 3, 2013.

For more information on the ACCP Clinical Pharmacy Challenge, including the competition schedule and FAQ section, please click [here](#).

ACCP Member Spotlight: Marissa Escobar Quinones



Marissa Escobar Quinones, Pharm.D., CDE, is a clinical pharmacy specialist in ambulatory care at Parkland in Dallas, Texas. She works at Southeast Dallas Health Center, which is one of Parkland's Community-Oriented Primary Care Clinics. Dr. Quinones received her B.S. degree from Texas State University in May 2000 and her Pharm.D. degree from the

Texas Tech University Health Sciences Center School of Pharmacy (TTUHSC SOP) in May 2004. She then completed both an American Society of Health-System Pharmacists–accredited pharmacy practice and ambulatory care specialty residency with the Veterans Affairs North Texas Medical Center and TTUHSC SOP in Dallas, Texas, from 2004 to 2006.

Dr. Quinones primarily works with indigent patients of Dallas County. She provides drug therapy management services, evaluates medication nonadherence, and assesses for polypharmacy in patients with diabetes, hypertension, dyslipidemia, anticoagulation therapy, and heart failure by a collaborative practice agreement. Dr. Quinones has prescriptive authority in Texas as part of her collaborative practice agreement. Dr. Quinones is a Certified Diabetes Educator who serves as a diabetes instructor and assists with the coordination of the Parkland’s American Diabetes Association educational program, which was recognized as the Diabetes Site of the Year in 2011. She serves on Parkland’s Diabetes Advisory Council and was named as the Diabetes Educator of the year in 2011.

In addition to her direct patient care responsibilities, Dr. Quinones provides mentorship and clinical experiences to the Parkland pharmacy practice and ambulatory care pharmacy specialty residents. She is an adjunct faculty at TTUHSC SOP and preceptor-faculty for the University of Texas College of Pharmacy, where she precepts clerkship students. Dr. Quinones actively participates in various administrative duties within the pharmacy department to improve patient care in a cost-effective manner. She performs drug use evaluations, non-formulary medication reviews, drug information consults, and in-services to various disciplines. Her research focus is the impact of clinical pharmacy services on patient outcomes and cost avoidance.

Dr. Quinones believes that leadership is an important part of the clinical pharmacist’s role. She is an active member of ACCP and the Texas Society of Health-System Pharmacists. She has served as the chair for the Ambulatory Care and Endocrine and Metabolism PRNs of ACCP. Dr. Quinones has also served as the president and secretary for the Dallas/Fort Worth (DFW) local chapter of the ACCP. Dr. Quinones has presented various posters at ACCP highlighting the work of the Endocrine and Ambulatory Care PRNs. She recently presented a collaborative research project highlighting the impact of clinical pharmacy services on diabetic outcomes and cost avoidance at Parkland at the 2012 ACCP Annual Meeting in Hollywood, Florida.

Dr. Quinones was introduced to clinical pharmacy services while on rotations as a third-year pharmacy student at TTUHSC SOP. She worked with Dr. Krystal

Edwards, who provided services to indigent patients with diabetes, many of whom were Spanish speaking or had comorbidities. She recalls a particular Spanish-speaking patient who required insulin adjustments and was having major health problems when he presented at his initial visit for diabetes management. Dr. Edwards assigned this patient to her, and each week, the patient was contacted by telephone to review his glucose levels, answer questions, and make recommendations under the faculty’s supervision. The improvements the patient made with the clinical pharmacist were amazing as the rotation progressed. Through this rotation, she became interested in learning more about clinical pharmacy as a career. She learned clinical pharmacists are instrumental as part of the health care team. This experience taught her the value of a clinical pharmacist in improving the health of patients. During her fourth year, she decided to pursue a pharmacy practice residency, which is when she realized she enjoyed ambulatory care pharmacy. This, in turn, led her to pursue an ambulatory care specialty residency. She is thankful for her mentors and the experiences she has encountered, having made her the practitioner she is today.

To this day, she continues to spend most of her time at her practice site, educating patients and managing their medical conditions. She is passionate about serving and educating patients. Many patients do not know about their disease and the importance of medication adherence. Dr. Quinones believes that being passionate about patient care is an important part of being a clinical pharmacist because they are an integral part of the care patients receive. She enjoys helping patients because many need health care services, given that they are unable to read or write or are nonadherent because of various social and economical barriers. Several patients cannot afford their medications and sometimes do not have enough money to eat healthy. Dr. Quinones is able to work one-on-one with all of her patients, tailoring the education according to their needs. Her mission is to improve the health of her patients by ensuring their adherence to medications and gradual modifications in lifestyle, together with providing the education they need to make better choices. Dr. Quinones has an interest in health literacy and has provided various educational programs about the importance of better communication with patients having limited health literacy. She emphasizes the importance of learning to communicate effectively with patients.

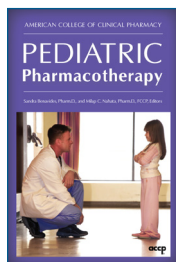
Dr. Quinones enjoys the networking and educational opportunities ACCP provides. She believes leadership is an important part of her success. Being an active member of ACCP has been rewarding. She attends the ACCP Annual Meeting every year. She has met various

members throughout the United States, and ACCP has been instrumental in her growth as a practitioner. Through the years, she has encouraged students and residents to become part of ACCP and has helped move the organization and the role of clinical pharmacists forward. She believes that being active in professional pharmacy organizations and giving back to the pharmacy profession is an integral part of her role as a clinical pharmacy specialist.

Through the years, she has learned the importance of finding a work-life balance as a clinical pharmacist. She focuses on teaching her residents and students the importance of family, work, and personal life and how to balance all the demands the clinical pharmacist will face. Most people cannot believe how well she is able to balance her home life with her work life—something she has worked on for many years. She believes that everyone should have some time to reflect on himself or herself, make time in the day to do something enjoyable, and recognize that family time is important.

Dr. Quinones enjoys traveling, taking pictures, working out, and spending quality time with her family. She likes the outdoors, camping, and trips to South Padre Island, Texas, which is her favorite beach. She has a very supportive husband and two beautiful children who keep her busy. An active member of the Weight Watchers program since 2011, she lost more than 60 pounds. Through this experience, she learned new ways to cook and prepare balanced, nutritional meals for her family. She enjoys finding ways to keep her kids interested in healthy eating habits.

Coming in Early February: Pediatric Pharmacotherapy



Pharmacotherapy education has long been without a source for concise pediatric pharmacotherapy information. Pediatric patients offer challenges distinct from those of adult patients. Drugs behave differently in this population—medications may not be absorbed, distributed, metabolized, or eliminated in the same manner as in

adults, causing increased or decreased efficacy or safety. To address this need, ACCP will release in early February the comprehensive textbook [Pediatric Pharmacotherapy](#). Designed especially for students and trainees and written by recognized leaders in pediatric pharmacy, this anticipated publication focuses on the unique therapeutic needs of neonates, infants, children, and adolescents.

Readers will learn about specific disease states, as well as drug selection and use, monitoring of effectiveness and toxicity, prevention of medication errors, and patient/caregiver education. Chapters cover the introduction of pediatric care, pediatric pharmacokinetics, pharmacotherapy toxicology in pediatrics, medication safety, communication with pediatric caregivers, and sections on disease states in cardiovascular, pulmonary, gastrointestinal, renal, and hematology systems as well as in the fields of psychiatry, infectious diseases, and more. Pediatric Pharmacotherapy will be an important addition to the pediatric pharmacy literature—a must-have book for students, residents, and any clinician involved in the care of pediatric patients.

Contents

Introduction

- Introduction to Pediatrics
- Pediatric Pharmacokinetics
- Introduction to Neonatology
- Medication Safety
- Communicating with Children, Adolescents, and Their Caregivers
- Drug Formulations
- Pediatric Toxicology
- Pediatric Dermatology

Cardiovascular/Pulmonary

- Congenital Heart Disease
- Pediatric Arrhythmias
- Pediatric Hypertension
- Neonatal Respiratory Distress Syndrome and Bronchopulmonary Dysplasia
- Apnea of Prematurity
- Pediatric Asthma
- Cystic Fibrosis

FEN/Gastrointestinal

- Gastroesophageal Reflux Disease
- Diarrhea and Constipation
- Irritable Bowel Syndrome
- Fluids and Electrolytes
- Parenteral and Enteral Nutrition
- Pediatric Obesity

Renal/Endocrinology

- Nephrotic Syndrome
- Osteogenesis Imperfecta
- Diabetes Mellitus

Neurology/Psychiatric

- Cerebral Palsy

- Seizure Disorders
- Migraines
- Autism Spectrum Disorders
- Pediatric Bipolar Disorder
- Attention-Deficit/Hyperactivity Disorder
- Eating Disorders in Children and Adolescents
- Substance Use and Addictive Disorders
- Pediatric Depression

Infectious Diseases/Immunology

- Neonatal Sepsis
- Meningitis in Infants and Children
- Acute Otitis Media and Upper Respiratory Tract Infections
- Lower Respiratory Tract Infections
- Infectious Diarrhea
- Urinary Tract Infections in Children
- Bone and Joint Infections
- Skin and Soft Tissue Infections of Bacterial and Viral Etiology
- Human Immunodeficiency Virus
- Parasitic Infections in Pediatrics
- Pediatric Vaccines
- Kawasaki Disease
- Allergies and Anaphylaxis

Hematology/Oncology

- Pediatric Anemia
- Anticoagulation
- Hemophilia A and B
- Pediatric Sickle Cell Disease
- Pediatric Acute Lymphoblastic Leukemia
- Acute Myelogenous Leukemia
- Pain Management

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Visit the [ACCP Online Bookstore](#) today to reserve your copy of this important pediatric resource.

ACCP Volunteer Recognition

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization.

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Visit www.accp.com/membership/vrp.aspx to view the current listing of volunteers recognized and their specific contributions to the College.

Centers for Disease Control and Prevention Issues 2012-2013 Influenza Information for Pharmacists



(Atlanta, Georgia, January 15, 2013.)

The 2012-2013 flu season in the United States has been characterized by early and intense flu activity throughout much of the country. For the latest influenza surveillance information in the United States, see the [FluView weekly report](#).

The CDC recommends a [three-step approach](#) to fighting the flu: vaccination, everyday preventive actions (such as avoiding close contact with sick people, covering your nose and mouth with a tissue when you cough or sneeze, frequent hand washing, and staying home when sick), and the correct use of antiviral drugs, if prescribed by a doctor.

Update on Influenza Vaccine Supply

For the 2012-2013 season, 145 million doses of influenza vaccine have been produced for the U.S. market. And, as of January 4, 2013, 128 million doses have been distributed. At this time, while some vaccine providers may have exhausted their vaccine supplies, most providers still have available doses for administration based on a January 10-14, 2013, survey from the National Influenza Vaccine Summit. **CDC does not have a recommendation to prioritize remaining supplies of vaccine.**

The CDC continues to recommend influenza vaccination for all people 6 months and older. It remains especially important that people at high risk of influenza complications get vaccinated, including pregnant women, children under 5 years but especially younger than 2 years, older adults 65 years and older, and people with chronic conditions like asthma, diabetes, and heart disease.

Providers interested in ordering additional influenza vaccine can visit the Influenza Vaccine Availability Tracking System IVATS at www.preventinfluenza.org/ivats/ to find information regarding distributors and vaccine manufacturers that have vaccine for sale.

Providers who have exhausted their influenza vaccine supply should refer patients to the flu vaccine locator tool at <http://flushot.healthmap.org/> and should work with other providers in their area, including public health, to identify supplies of vaccines and where patients can be referred.

The CDC has issued [recommendations for clinicians on the use of antiviral medications](#) for treatment and prevention of influenza. A summary is available [here](#).

Update on Antiviral Availability

On January 10, 2013, the U.S. Food and Drug Administration (FDA) released [information indicating there may currently be intermittent shortages of Oseltamivir Phosphate \(Tamiflu\) for Oral Suspension \(6mg/mL 60 mL\)](#), due to increased demand for the drug. This is the pediatric suspension (liquid). Note: Influenza antiviral drugs are commercially manufactured, and supplies of these drugs are dependent upon commercial manufacturers.

Compounding of Tamiflu 75 mg Adult Capsules to make an Oral Suspension

FDA has instructions for pharmacists available online on how to compound an oral suspension from Tamiflu 75 mg (adult) capsules. These instructions provide for an alternative oral suspension when commercially manufactured oral suspension formulation is not readily available.

In some cases, clinicians can consider substituting a 30 or 45 mg capsule for children (if dose is appropriate) rather than suspension, particularly if there are spot shortages of suspension. These capsules may be opened and mixed with sweetened liquids, such as regular or sugar-free chocolate syrup, if oral suspension is not available.

The CDC will provide additional information and updates as needed.

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Director of Research American College of Clinical Pharmacy

Application Period Closes February 15

The American College of Clinical Pharmacy (ACCP) is seeking candidates for the senior staff position of Director of Research.

The Director of Research serves as director of the ACCP Research Institute; oversees the creation of new ACCP initiatives that facilitate investigator development, including investigator development programs within the Research Institute and the ACCP Academy; advances the College's overall research mission and strategic plan; serves as a liaison to selected ACCP or Research Institute standing or ad hoc committees; and represents ACCP and the ACCP Research Institute to other organizations and agencies for research-related and other professional activities.

As director of the ACCP Research Institute, she or he will serve as the institute's chief operations officer; direct other Research Institute staff; oversee the institute's strategic and financial planning; supervise the

institute's fund-raising activities; prepare and monitor an annual budget; and identify, develop, and implement initiatives to increase the quantity and scope of research and investigator development programs provided by the Research Institute.

The Director of Research reports to the ACCP Executive Director and serves as a member of the ACCP senior staff. This individual will ideally be a senior, experienced individual with an extensive background in research, pharmacy/medical education, and clinical pharmacy practice. Education as a pharmacist and experience in human research are highly desired.

The College offers a competitive salary and benefits program. It is desired that the successful candidate join ACCP in early 2013. Recruitment will continue until the position is filled. Candidates should submit a letter of interest and curriculum vitae to:

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