

ACCP Report

American College of Clinical Pharmacy

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BPS Approves Expanded Menu of Professional Development Offerings for BCPS Recertification

The Board of Pharmacy Specialties (BPS) has approved a professional development program to be developed and delivered by ACCP for recertification of Board Certified Pharmacotherapy Specialists (BCPSs) that offers more options to earn recertification credit. ACCP's program maintains the established *Pharmacotherapy Self-Assessment Program* (PSAP) for home study, now in its seventh edition, while introducing two new offerings: the "Pharmacotherapy Preparatory Review and Recertification Course" and the "Clinical Reasoning Series."

PSAP-VII will release the sixth book of its 11-book series in April 2011. The "Pharmacotherapy Preparatory Review and Recertification Course" will first be offered April 8–11, in Columbus, Ohio, during Updates in Therapeutics 2011, ACCP's new spring meeting, and in home study format beginning on or about June 1, 2011. The "Clinical Reasoning Series," to be presented annually in conjunction with ACCP's Annual Meetings, will be introduced at the 2011 Annual Meeting. Each of these programs will offer continuing pharmacy education credit that is approved for BCPS recertification. To be eligible to earn BCPS recertification credit, participants must earn a passing score on the posttest for the program.

The "Pharmacotherapy Preparatory Review and Recertification Course," Live and Home Study, Now Available for BCPS Recertification

One of two new options available for BCPS recertification, the "Pharmacotherapy Preparatory Review and Recertification Course," provides a comprehensive overview of pharmacotherapeutics, current management options, and guidelines of common patient care problems within the scope of services provided by pharmacotherapy specialists. The course will be presented annually at ACCP's spring meeting, Updates in Therapeutics, and subsequently converted to home study formats, which currently include an online version and a CD-ROM and workbook package.

Updated annually, this review and recertification course will offer a minimum of 21 contact hours of continuing pharmacy education credit toward BCPS recertification. BCPS recertificants may complete the course for recertification credit up to two times during their 7-year recertification cycle. *The course may not be completed for recertification credit in 2 consecutive years.* To earn recertification credit for the preparatory and recertification course, recertificants must attend the live program (in April 2011) or complete the instructional materials for home study (available beginning in June 2011) and successfully complete the Web-based posttest for the course by the established deadline each year. Recertificants must complete the entire course to be eligible to earn recertification credit. Partial credit will not be available.

Register for the "Pharmacotherapy Preparatory Review and Recertification Course" by February 25 at the Early Registration Rate; Home Study Course Available June 1

The discounted early registration deadline for the live presentation of the "Pharmacotherapy Preparatory Review and Recertification Course" is Friday, February 25. BCPS registrants who wish to earn recertification credit for the course must complete a Web-based posttest, to be available in May 2011. For course details and registration fees, and to register for the course, visit the ACCP Web site at www.accp.com/ut.

The home study version of the course will be available on or about June 1, 2011. Course formats include an online version and a CD-ROM and workbook package product. Each version will provide at least 21 contact hours of

continuing pharmacy education credit toward BCPS recertification upon successful completion of a Web-based posttest. Deadline for submission of the posttest is September 30, 2011.

“Clinical Reasoning Series” to Debut at 2011 Annual Meeting

The third offering in ACCP’s BPS-approved recertification program is “From Theory to Bedside: The Clinical Reasoning Series.” This live education series will explore cutting-edge, contemporary therapeutic topics and demonstrate scientifically sound clinical reasoning and decision-making. The series will help participants enhance their ability to critically evaluate scientific evidence and clinical trials and to incorporate these findings into daily practice.

The live program, which will deliver completely new content annually, will be scheduled in conjunction with ACCP’s Annual Meeting, beginning in October 2011. Each annual presentation of the “Clinical Reasoning Series” will provide a minimum of 6.0 contact hours of continuing pharmacy education credit toward BCPS recertification. To be eligible to receive recertification credit, BCPS participants must attend the entire live program and successfully complete the Web-based posttest by the established deadline each year. The “Clinical Reasoning Series” must be completed in its entirety. Partial credit will be not available.

Board-certified pharmacotherapy specialists may participate in the “Clinical Reasoning Series” every year throughout their 7-year recertification cycle to earn recertification credit. More information on the 2011 presentation of “From Theory to Bedside: The Clinical Reasoning Series” will be available in summer 2011. Watch the ACCP Web site for details.

ACCP Program Changes Future Scope of Recertification Offerings

ACCP’s newly approved professional development program for BCPS recertification will offer substantially more than the BPS-required 120 hours of recertification credit over a 7-year period, as the table below indicates. For the 7-year period from January 2010 (which marked the release of the first book in the 11-book PSAP-VII series) through 2016, the program will deliver at least 382 contact hours toward BCPS recertification, of which a minimum of 298 eligible hours will be available to individual recertificants. Factored into this total minimum number of eligible hours is the limitation on use of the “Pharmacotherapy Preparatory Review and Recertification Course,” which may be taken no more than twice, and not in 2 consecutive years.

Concurrent with the increase in types of recertification product offerings, future editions of the PSAP series (beginning in 2013 with PSAP-VIII) will be reduced to a six-book series, with book releases occurring twice annually. Each PSAP series, effective in 2013 and beyond, will offer a minimum of 25 hours of continuing pharmacy education credit toward recertification annually.

For More Information

Additional details (as they become available) about ACCP’s BPS-approved professional development program for BCPS recertification will be posted on ACCP’s Web site at <http://www.accp.com/careers/certification.aspx>.



ACCP is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Year	PSAP Series	“Pharmacotherapy Preparatory and Recertification Course”	“Clinical Reasoning Series”	Total Contact Hours Available (minimum hours available)
2010	40 (PSAP-VII)	Not available	Not available	40
2011	40	21	6	67
2012	40	21	6	67
2013	25 (PSAP-VIII)	21	6	52
2014	25	21	6	52
2015	25	21	6	52
2016	25 (PSAP-IX)	21	6	52
Minimum Contact Hours Available Between 2010 and 2016	220	126	36	382
Minimum Eligible Contact Hours Between 2010 and 2016	220 (at least 40 hours annually 2010–2012; at least 25 hours annually 2013–2016)	42 (at least 21 hours annually; may be completed up to two times, in nonconsecutive years, during the 7-year recertification period)	36 (at least 6 hours annually during the period)	

Early Registration Closes February 25 for ACCP's Updates in Therapeutics

American College of Clinical Pharmacy **UPDATES IN THERAPEUTICS**

To maximize your savings with the early registration rate to Updates in Therapeutics 2011, ACCP's new spring meeting, register at www.accp.com/ut before February 25. Take advantage of these special savings and receive a copy of the two-volume course workbook for either the "Ambulatory Care Pharmacy Preparatory Review Course" or the "Pharmacotherapy Preparatory Review and Recertification Course."

The new "Ambulatory Care Pharmacy Preparatory Review Course" will deliver a comprehensive review of the domains within the Ambulatory Care Pharmacy specialty, newly recognized by the Board of Pharmacy Specialties. The course is designed to help ambulatory care pharmacists prepare for the specialty certification examination, to be offered by BPS for the first time in October 2011. This course will also use ACCP's proven, case-based instructional approach, emphasizing the thought processes needed to solve patient care problems in each therapeutic area within the specialty. The intensive 4½-day course, led by recognized clinical experts, will integrate patient cases and practice-based self-assessment questions into each presentation.

Also available in Columbus will be the "Pharmacotherapy Preparatory Review and Recertification Course." This course, designed to help pharmacists prepare for the specialty certification examination in Pharmacotherapy, will provide at least 21.0 hours of BCPS recertification credit for pharmacists who are already board certified. To learn more about the "Pharmacotherapy Preparatory Review and Recertification Course" and the new BCPS recertification offerings, please see the article above.

For more information on the meeting and the courses, and to register, please visit www.accp.com/ut.



ACCP Academy Programming in Columbus

Take advantage of ACCP Academy programming to be held in conjunction with Updates in Therapeutics 2011, ACCP's new spring meeting, in Columbus, Ohio, from April 8 to 11, 2011. The ACCP Academy offers a flexible, curricular approach to enhancing ACCP member abilities in major areas of professional responsibility. Specifically, the Academy provides four unique professional development programs leading to certificates of completion in Clinical Practice Advancement, Leadership and Management, Research and Scholarship, and Teaching and Learning. At the spring meeting in Columbus, each academy will concentrate its programming over a 2-day period to enable participants to minimize both travel expense and time away from their practice. Enroll in the Academy now and begin your coursework this spring!



Register by February 25 for Maximum Savings

Register by February 25, 2011, to take advantage of the lowest discounted rates. Early registration is only \$235 for ACCP full and associate members who plan to attend the Clinical Practice Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning ACCP Academy tracks (ACCP student, resident, and fellow member registration rates begin at \$145). 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.

There's no better time to enroll—two of the Academy prerequisites (the Research Primer and the Leadership Primer) will be offered in Columbus. Program application forms, curricular schedules, module descriptions, and learning objectives can be reviewed at www.accp.com/academy. An abbreviated schedule for each Academy track is summarized below. To view the complete programming schedule, please visit the ACCP Web site at www.accp.com/ut.

ACCP Spring Meeting Academy Schedule

Academy	Courses	Schedule
Leadership and Management	Leadership Primer	April 8
	Interpersonal Leadership Development	April 9
	Team Building in the Academic Scholarship Venue (elective)	April 9
	Planning Change: Leadership Implications (elective)	April 9
Research and Scholarship	Research Primer	April 8
	Statistical Issues	April 9
	Team Building in the Academic Scholarship Venue (elective)	April 9
	Research and Scholarship Elective (TBA)	April 9
Clinical Practice Advancement	Extending Your Practice by Mentoring and Precepting	April 10
	Learner-Centered Teaching: What Is It and How Do We Do It? (elective)*	April 10
	Enhancing Clinical Outcomes Through Application of the Breakthrough Model for Performance Improvement (elective)	April 10
	Establishing Interprofessional and Patient-Centered Roles	April 11
	Planning for Effective Teaching	April 10
Teaching and Learning	Learner-Centered Teaching: What Is It and How Do We Do It? (elective)*	April 10
	Using Cases to Enhance Learning (elective)	April 10
	Assessing Student Learning	April 11

*Developed by ACCP's Education and Training Practice and Research Network.



Parker Medal and FCCP Nominations Period Closes February 15!

Nominations for the Paul F. Parker Award and ACCP Fellow are **due February 15, 2011**. The online nominations portal specifies the required nominating materials. This portal is available at <http://www.accp.com/membership/nominations.aspx>.

2011 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, the Research Institute Board of Trustees, the *Pharmacotherapy* Board of Directors, or the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2011.**

2011 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/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, 2011.**

The recipients of the 2011 New Clinical Practitioner, New Educator, and New Investigator Awards (formerly awarded during the ACCP Spring Meeting but now given during the Annual Meeting, beginning in 2011) have already been selected and will be announced later in 2011. The call for the 2012 New Clinical Practitioner, New Educator, and New Investigator Awards will be issued next fall.

Washington Report

John McGlew

*Associate Director of
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What Can We Expect from the 112th Congress?

On January 3, 2011, the 112th Congress was sworn in, with Congressman John Boehner (R-OH) succeeding Rep. Nancy Pelosi (D-CA) as Speaker of the House of Representatives. Notably, the 112th Congress has the largest number of Republican members in the House of Representatives (242) since the 80th Congress of 1947–1949.

Although Rep. Pelosi will continue to serve as Minority Leader in the House, congressional Democrats have appeared to flounder since their decisive defeat in the November elections, unsure of their policy positions and questioning their leadership.

Republicans, emboldened by their success in November and the growing conservative movement across the country, unveiled an aggressive agenda to roll back many of the initiatives established during the first 2 years of the Obama administration—particularly those authorized by the health care reform *Accountable Care Act* that passed in 2010.

Yet despite a clear endorsement of the GOP at the November elections, Republicans face their own challenges—their strong majority in the House of Representatives countered by the Democratic control of the Senate and White House.

There's a growing sense that promises made on the campaign trail to roll back the size and scope of the federal government may be tough to deliver. Even the issue of health care reform—central to the Republican message that Washington has overreached itself—is not straightforward.

According to polls conducted by the Kaiser Family Foundation and Harvard School of Public Health,¹ certain provisions of the law retain broad support, including closing the Medicare prescription drug benefit doughnut hole (85% in favor), offering subsidies to those with low and moderate incomes to purchase health coverage (79%), establishing a voluntary long-term care insurance program (76%), and expanding Medicaid to encompass more Americans (67%).

A combined 47% want to either expand it or leave it as is, whereas 43% say it should be repealed or repealed and then replaced by something else. But the notion of defunding provisions of the law—a strategy being considered by Republicans that would involve using their majority in the House to simply block funding for new provisions—is not popular.²

New Year. New Congress. New Tone?

The hostile partisanship that has dominated Washington over previous Congresses can be traced back to the 2006 midterm elections when Nancy Pelosi won Speaker

of the House. In fact, some would argue that Capitol Hill never completely recovered from the 2000 Florida recount, and that the current tone has defined Washington for the previous decade, with a brief period of unity after the 9/11 attacks.

The 111th Congress epitomized this sentiment, including explosive outbursts at the annual State of the Union address and the sinister sight of an armed individual in the vicinity of a Town Hall meeting attended by President Obama.³

Neither party can claim innocence. Although the Tea Party movement became associated with some of the stronger rhetoric that has circulated for the past few years, Democratic leaders such as Senator Harry Reid did little to engage with their colleagues across the aisle, and former White House Chief of Staff Rahm Emanuel did not earn the nickname “Rahmbo” for nothing.

However, on January 8, 2011, a gunman opened fire at an open meeting held by newly inaugurated U.S. Representative Gabrielle Giffords at a supermarket in Tucson, Arizona. Six people were killed in the shooting, and 13 more suffered injuries, including the congresswoman, who is, thankfully, expected to recover from this tragic act of violence.

News of the shooting reverberated around Washington, DC, and across the nation. Policy-makers from both parties may diverge on issues such as gun control or mental health—and there are strong and compelling arguments from both sides. But this tragedy in Tucson reminded many people that, as a nation, we share common goals and we all have a desire to build a better, stronger society.

As the nation comes to terms with this tragic incident, we have seen the start of an effort to develop a more civil tone in Washington, beginning with the symbolic act whereby lawmakers from both parties sat together at Tuesday's State of the Union address, breaking with the tradition of separating themselves by party.

Although it remains to be seen how meaningful this new focus on civility actually is, and how long it will really last, that lawmakers in Washington are recognizing their role in helping the entire nation work together during historically challenging times must be seen as a positive step.

What Does the New Congress Look Like?

Senate:

- Majority – 53 Democrats (including two independents who caucus with the Democrats)
- Minority – 47 Republicans



Senate Majority (Democratic) Leadership

- President of the United States Senate: Joe Biden
- President pro tempore: Daniel Inouye (HI)
- Majority Leader and Conference Chairman: Harry Reid (NV)
- Assistant Majority Leader (Majority Whip): Dick Durbin (IL)
- Conference Vice Chairman and Policy Committee Chairman: Chuck Schumer (NY)
- Senatorial Campaign Committee Chairman and Conference Secretary: Patty Murray (WA)

Senate Minority (Republican) Leadership

- Minority Leader: Mitch McConnell (KY)
- Assistant Minority Leader (Minority Whip): Jon Kyl (AZ)
- Conference Chairman: Lamar Alexander (TN)
- Policy Committee Chairman: John Thune (SD)
- Conference Vice Chair: John Barrasso (WY)
- National Senatorial Committee Chair: John Cornyn (TX)

House of Representatives:

- Majority – 242 Republicans (55.6% voting share)
- Minority – 193 Democrats (44.4% voting share)

Majority (Republican) Leadership

- Speaker: John Boehner (OH)
- Majority Leader: Eric Cantor (VA)
- Majority Whip: Kevin McCarthy (CA)

Minority (Democratic) Leadership

- Minority Leader: Nancy Pelosi (CA)
- Minority Whip: Steny Hoyer (MD)
- Assistant Minority Leader: Jim Clyburn (SC)

Key Committees

Senate Finance

- Chairman: Max Baucus (MT)
- Ranking Member: Chuck Grassley (IA)

Senate HELP

- Chairman: Tom Harkin (IA)
- Ranking Member: Mike Enzi (WY)

House Ways and Means

- Chair: Dave Camp (R-MI)
- Ranking Member: Sander Levin (D-MI)

House Energy and Commerce

- Chairman: Fred Upton (MI)
- Ranking Member: Henry A. Waxman (CA)

House Appropriations

- Chairman: Harold Rogers (KY)
- Ranking Member: Norm Dicks (WA)

Outlook for Health Care Reform

Public concern over the health care reform law and the perceived expansion of the role of the federal government certainly served as critical factors in the Republican success at the November 2010 elections. Exactly what the new Republican majority plans to do with this newfound power remains unclear.

Almost the first order of business for the recently sworn-in House of Representatives was to introduce, and then pass, legislation that would repeal the controversial 2010 law. This action was, for the most part, symbolic. Democrats, who still hold the majority in the Senate, had made it clear that the repeal effort would not be given consideration in the upper chamber. President Obama has also vowed to veto any repeal legislation that makes it to his desk. In short, it is inconceivable that the Democrats, with control of the Senate and White House, will allow an overhaul of the landmark legislation that has formed the centerpiece of their legislative efforts for the past 2 years.

Health Care Reform—Behind the Poll Numbers

The November 2010 election sent a clear message to Democrats on Capitol Hill and in the White House. President Obama himself, in his January 25, 2011, State of the Union address, acknowledged: “With their votes, they’ve determined that governing will now be a shared responsibility between parties. New laws will only pass with support from Democrats and Republicans.”⁴

Yet even though American opinion of the new law remains mixed and, in some cases, polarized, there is even less enthusiasm for a complete repeal:

- 28% want the 2010 health insurance law expanded.
- 19% say leave it alone.
- 23% back repealing it and replacing it with Republican ideas.
- 20% say repeal it, but don’t replace it.⁵

Some polls show that the public actually favors certain parts of the law:

- 85% approve of the discount on brand-name prescription drugs for certain Medicare recipients.
- 79% back subsidies for low- and middle-income people to buy coverage.
- 66% support the law’s voluntary long-term care insurance program and the expansion of Medicaid.
- 62% oppose the proposed Republican tactic of blocking funds to implement the legislation.⁶

However, Republicans do have ample support for one of their primary viewpoints: only 23% of respondents in one poll support the mandate that individuals must buy coverage by 2014.⁷ Not even the lawmakers who originally worked on and drafted the law would argue that it is perfect, yet public opinion provides no clear direction on how Congress should proceed.

Keeping with the theme of bipartisanship and cooperation, the president in his State of the Union address urged Congress to move onward: “Instead of refighting the battles of the last 2 years, let’s fix what needs fixing and let’s move forward.”⁸ Given the divergence in public opinion over the new law, this might prove to be the most popular approach of them all, at least outside the Beltway.

Health Care Reform—Looking at the Economic Analysis

If the poll numbers provide little insight or clarity on the health reform issue, economic analysts further muddy these waters. One of the main criticisms of the health reform law was the perception that Obama devoted all of his energy, and spent all of his political capital, during the first 2 years of his presidency to an issue that the public feels is less important than the economic challenges we face and the persistent unemployment rate.

Yet to the White House, health care issues and economic issues are so intertwined that one cannot be resolved without addressing the other. White House advisers note, “Slowing the growth of health care costs—as the Affordable Care Act does—will have the likely impact of creating more jobs since businesses will have to spend less on health care for their employees.”⁹

Indeed, the National Federation of Independent Businesses (NFIB), the leading trade association representing small and independent businesses, confirmed that, “since 1986, our small business members have told us that increasing healthcare costs is their No. 1 problem.”¹⁰ Clearly, Congress cannot solve the economic crisis and significantly reduce the unemployment rate without addressing some of the underlying factors that have contributed to our current predicament—including the unsustainable growth in the cost of providing health care coverage to employees.

Proponents of the new law point out that it will provide \$40 billion in tax credits to reduce the health care expenses of small businesses and that it will create new, competitive state-based insurance exchanges that will enable individuals and small businesses to pool together and use their market strength to buy coverage at a lower cost.¹¹ Indeed, the Congressional Budget Office (CBO), the nonpartisan congressional agency charged with reviewing congressional budgets and other legislative initiatives with budgetary implications, projected that the Republican effort to repeal the health reform law would actually cost the nation \$230 billion over 10 years,¹² a seemingly contradictory position considering that the same agency also projected that the law would cost \$930 billion to extend health insurance to 32 million people.¹³

The Republicans recently published a report titled “Obamacare: A Budget-Busting Job-Killing Law,” which concluded, “The health care law will cost the nation \$2.6 trillion when fully implemented, and add \$701 billion to the deficit in the first 10 years.”¹⁴ Because no one on Capitol Hill has a functioning crystal ball, it is impossible to say with certainty whether the new law will ultimately save or cost money. As long as the revenue from new taxes and the savings from reductions in projected Medicare spending exceed the new expenditures by the government, the deficits are reduced.

The Republicans argue that these numbers required some questionable accounting—suggesting that the process effectively double-counts almost \$400 billion in Medicare savings as both reducing the cost of the health care law and prolonging the life of the Medicare trust fund. They

also complain that the projections omitted \$115 billion in spending required to administer the law as well as \$208 billion needed to prevent scheduled reductions in Medicare payments to doctors.¹⁵ However, for the Democratic assurances that the law will reduce the deficit to be realized, Congress will have to deliver on some of the tough cuts to the Medicare program and on some of the provider payments that previous Congresses have proved reluctant to deliver. Meanwhile, regardless of the projected cost of the new law, it is clear that without reform, the current system will inevitably overwhelm our entire economy. Some would argue this is reason enough to do something, rather than nothing.

Health Care Reform—The Legal Challenge

As of November 2010, more than 20 separate legal challenges to the Affordable Care Act have been filed in federal district courts across the country. The two challenges receiving the most media attention were filed by states; however, additional suits have been filed by state and federal legislators, universities, private citizens, and others. Although most of the cases have been filed by Republican governors and attorneys general, Republican legislators, and conservative organizations, a handful of cases have been filed by businesses and private citizens who oppose specific provisions of the law.

The cases, for the most part, focus on the following areas of the Affordable Care Act¹⁶:

- Individual responsibility – The law’s requirement that nonexempt individuals either maintain health insurance coverage or pay a penalty in the form of a tax
- Medicaid expansion – The law’s requirement that states participating in Medicaid expand their programs to cover non-elderly individuals with incomes below 133% of the federal poverty level (FPL), including individuals previously ineligible for federally assisted Medicaid benefits
- Insurance market reforms – Federal reforms aimed at curbing certain practices by health insurers, requiring insurers and self-insured group plans to issue and renew health insurance coverage without regard to the health status of individuals or groups, and to offer coverage that is not subject to annual or lifetime limits and that complies with certain other requirements
- Employer responsibility – The law’s minimum employer contribution responsibilities in the case of employers that either offer no plan or a plan with inadequate subsidies, with contribution responsibilities tied to the number of employees that qualify for a subsidy

Democrats and other proponents of health care reform remain quietly confident that the legal challenges to overturn the new law will ultimately prove unsuccessful. According to reports from the White House, “similar legal challenges to major new laws—including the Social Security Act, the Civil Rights Act, and the Voting Rights Act—were all filed and all failed.”¹⁷ Yet in December 2010, a federal judge in Virginia ruled that it is unconstitutional for the government

to compel Americans to buy health insurance. The ruling, made by U.S. District Judge Henry E. Hudson, concluded that requiring most people to get insurance or pay a fine—as the law mandates starting in 2014—is an unprecedented expansion of federal power and cannot be justified under Congress’s authority to regulate interstate commerce. “It’s important to distinguish between the theater and the politics, and the implementation [of the law], which is still being carried out,” said Drew E. Altman, president of the Kaiser Family Foundation, a health care research and policy organization, to assure supporters of the new law that the implementation process will not be impeded by legal challenges.¹⁸

Health Care Reform—ACCP Advocacy Outlook

Ultimately, no one knows for sure how the 112th Congress will play out. The Democrats, chastened by their recent drubbing, still retain the Senate and the White House. Republicans, enjoying a surge in momentum, may yet struggle to reconcile their campaign promises with the realities of governing. ACCP and our colleague organizations in Washington remain committed to working to fund and implement the clinical pharmacy provisions we fought to secure in the health reform law. We continue to meet with Republican and Democratic congressional offices to discuss the role of the clinical pharmacist as part of the multidisciplinary health care team and the importance of medication management in the patient-centered approach to health care delivery. We have also been exploring alternative approaches to funding the clinical pharmacy provisions in order to minimize the impact of the deficit.

The past 2 years have seen health care reform become one of the most contentious, divisive issues in Washington. And although the debate remains polarized, our message is a positive one, aligned with the stated goals of policy-makers on both sides: clinical pharmacists, working collaboratively as part of an integrated, multidisciplinary health care team, can deliver better care for individuals, better health for populations, and a reduction in per capita costs.

Contact Us

For more information on any of ACCP’s advocacy efforts, please contact:

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¹Source: WSJ Article – Kaiser Poll: Mixed Feelings on Health Law but Opposition to Defunding. Available at <http://blogs.wsj.com/health/2011/01/25/kaiser-poll-mixed-feelings-on-health-law-but-opposition-to-defunding/>. Accessed January 28, 2011.

²Source: Politico Article – Republican Party Eyes Choking Health Law Funding. Available at <http://www.politico.com/news/stories/0810/40536.html>. Accessed January 28, 2011.

³Source: Huffington Post Article – Man Carrying Semi-Automatic Assault Rifle and Pistol Outside Obama Event. Available at http://www.huffingtonpost.com/2009/08/17/man-carrying-semi-automat_n_261279.html. Accessed January 28, 2011.

⁴Source: Huffington Post Article – Obama State of the Union Speech 2011. Available at http://www.huffingtonpost.com/2011/01/25/obama-state-of-the-union_1_n_813478.html. Accessed January 28, 2011.

⁵Source: McClatchy Newspapers Article – Poll: Americans Deeply Split on Altering Health Care Law. Available at <http://www.mcclatchy-dc.com/2011/01/25/107343/poll-americans-deeply-split-on.html#storylink=misearch#ixzz1CAZoecox>. Accessed January 28, 2011.

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¹⁵New York Times – In Battle over Health Law.

¹⁶Source: Health Reform GPS – Legal Challenges to the Affordable Care Act. Available at <http://healthreformgps.org/resources/health-reform-and-the-constitutional-challenges/>. Accessed January 28, 2011.

¹⁷Source: The White House Blog – Today’s Health Care Court Ruling. Available at <http://www.whitehouse.gov/blog/2010/12/13/today-s-health-care-court-ruling>. Accessed January 28, 2011.

¹⁸Source: Washington Post Article – Federal Judge in Va. Strikes Down Part of Health-Care. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2010/12/13/AR2010121302420.html>. Accessed January 28, 2011.

ACCP PBRN Celebrates Completion of MEDAP Study



The Medication Error Detection, Amelioration, and Prevention (MEDAP) Study was launched on August 5, 2010, and was closed on December 31, 2010. This sentinel feasibility project for the ACCP PBRN was funded by the Frontiers Fund. The MEDAP Study was successful in documenting more than 700 pharmacist interventions related to medication safety. PBRNConnect was effective as a data repository; source of study-related documentation and member training; and handler of data, portfolios, and documents

from more than 300 member pharmacists. Twenty-three percent (n=70) of PBRNConnect portfolio members consented to join the study. The data are currently being analyzed. The ACCP PBRN is grateful to all ACCP PBRN members who participated in the MEDAP Study.

Calling All Researchers: Use the ACCP PBRN as Your Laboratory



The ACCP PBRN can produce research findings that are immediately relevant to the clinician and that, in theory, are more easily translated into practice. PBRNs can link relevant clinical questions with rigorous research methods in real-life settings and produce scientific information that is not only externally valid, but also, in essence, easily assimilated into everyday practice.

Do you have the next ACCP PBRN project idea? Could you use the 700 members of the ACCP PBRN to answer your research question in a more robust manner? Is your project compatible with PBRN research? Do you need some help with research infrastructure? The ACCP PBRN is interested in establishing collaborative research efforts with both internal and external stakeholders. All investigators wishing to collaborate with the ACCP PBRN will be asked to complete an *ACCP PBRN Project Concept Paper* found at www.accpri.org. Published PBRN-based research projects and more information about PBRN research can be viewed at the Agency for Healthcare Research and Quality (AHRQ) Web site: [http://pbrn.ahrq.gov/portal/server.pt/community/practice_based_research_networks_\(pbrn\)_pbrn_literature/857](http://pbrn.ahrq.gov/portal/server.pt/community/practice_based_research_networks_(pbrn)_pbrn_literature/857).

Contact us at pbrn@accp.com. We look forward to hearing from you!

2011 FIT Program: Is It Right for You?



The FIT Program is an annual, intensive, 1-week, hands-on program for up to 18 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as principal investigators. The 2011 FIT Program will be held June 10–16, 2011, at the University of Arizona, College of Pharmacy.

If you have been wondering whether this program is right for you, ask yourself the following questions.

1. Am I an experienced researcher with aspirations of acquiring significant extramural funding?
2. Am I ready to spend a week totally immersed in my research proposal, free of outside distractions?
3. Could I benefit from the expertise of highly experienced research faculty who will review my proposal and provide advice and insight on how to achieve my research goals?
4. Could I benefit from a team of highly experienced NIH reviewers working one-on-one with me to make my proposal as competitive as possible?
5. Am I ready to do the hard work it will take to get my project funded?
6. Would I like to join the ranks of the FIT graduates who have received more than \$2.4 million in new grant monies?

If you answered “yes” to any of the above questions, we have one more question for you: can you afford *not* to attend the FIT Program?

Applications are available at <http://www.accpri.org/fit/>. The deadline for applications is April 1, 2011. If you wish to talk to a Research Institute staff member about the FIT Program, please call the Research Institute at (913) 492-3311.

Pharmacotherapy Pearls

Facts and Comparisons

Wendy R. Cramer,
B.S., FASCP

Richard T. Scheife,
Pharm.D., FCCP



With 2010 behind us, we would like to share with you some of

Pharmacotherapy's performance measures. As you will see, the performance of the journal has continued to trend in a very positive direction.

New Manuscript Submissions to *Pharmacotherapy*^a

Year	No. of Submissions	Rejection Rate (%)
1995	171	20
1996	205	22
1997	216	23
1998	228	24
1999	233	24
2000	309	25
2001	291	26

(Continued)

New Manuscript Submissions to *Pharmacotherapy*^a
(Continued)

Year	No. of Submissions	Rejection Rate (%)
2002	308	30
2003	365	35
2004	395	39
2005	353	41
2006	473	45
2007	476	53
2008	423	59
2009	477	64
2010	459	58

^aExcludes supplements.

Numbers of Articles and Pages Published^a

Year	No. of Articles	No. of Pages
1995	106	832
1996	153	1224
1997	180	1351
1998	165	1380
1999	194	1462
2000	186	1515
2001	189	1578
2002	202	1635
2003	198	1666
2004	206	1807
2005	202	1820
2006	217	1811 ^b
2007	197	1762 ^c
2008	177	1544 ^d
2009	153	1490 ^e
2010	164	1310 ^f

^aExcludes supplements and advertising pages.

^bAs of 2006, ACCP abstracts were no longer printed in the journal (available online only); number of pages published represents articles only.

^cAnnual Meeting Abstracts in 2007 were not printed in the journal; pages from the meeting guide were posted online.

^dAs of 2008, most ACCP White Papers and Commentaries were available online only (abstracts-only printed in the journal).

^eAs of December 2009 issue, case reports were available online only (abstract-only printed in the journal).

^fAs of January 2010 issue, key articles were available online only (abstracts-only printed in the journal).

Manuscript Turnaround Time

Turnaround times from time of manuscript receipt to accept/reject judgment, time for author to complete all revisions, and time from acceptance of final revision to publication are as follows:

Year	Time (months)			
	Manuscript Receipt to Judgment	Revision Time	Revision Receipt to Publication	Total Turnaround Time
1995	2.3	1.8	6.5	10.6
1996	2.3	1.9	7.9	12.1
1997	2.1	1.8	5.2	9.1
1998	2.1	1.9	4.8	8.8
1999	1.9	1.8	4.5	8.2
2000	1.9	1.9	3.8	7.6
2001	2.0	2.0	3.2	7.2
2002	2.0	2.1	3.0	7.1
2003	2.1	1.9	3.3	7.3
2004	1.8	1.2	5.1	8.1
2005	1.6	1.7	5.3	8.6
2006	1.5	1.6	5.3	8.4
2007	1.9	1.1	5.2	8.2
2008	1.8	1.3	5.3	8.4
2009	1.9	1.4	5.3	8.6
2010	1.9	1.4	5.7	9.0

Congratulations to ACCP Members on Achieving Board Certification

We offer our sincerest congratulations to the ACCP members listed below who passed specialty certification or examinations offered by the Board of Pharmacy Specialties (BPS) in October 2010. Of the 1332 people who became certified in Pharmacotherapy, Oncology, Psychiatric Pharmacy, Nutrition Support Pharmacy, or Nuclear Pharmacy, 629 are members of ACCP.

Pharmacotherapy

- | | |
|---------------------|------------------------|
| Jason Abbot | Rosalie Baez-Rodriguez |
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| Amanda Agnew | Kacie Bailey |
| Sumana Alex | Brett Balderson |
| Denise Alexander | Margaret Baldwin |
| Carrie Allen | Kristin Banek |
| Joseph Aloï | Mary Barna |
| Sulaiman Alzubairy | Holly Barrier |
| Ellena Anagnostis | Daniel Bates |
| Stephanie Anders | Matt Bathula |
| Ashley Anderson | Robert Bayudan |
| Keri Anderson | Andrew Beckmann |
| Krisan Anderson | Michael Behrens |
| Lisa Aquillano | Ngan-Vi Bellew |
| Jason Arimura | Robert Belloto |
| Katie Armstrong | Nicholas Bennett |
| Laura Azuma | Karen Berger |
| Carolyn Bae | Britta Bergstrom |

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Dustin Bezy
Michael Biddle
Ann Biehl
Patrick Blankenship
Steven Blanner
Charlene Blubaugh
Renee Bogdan
Megan Bond
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Laura Bowers
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Shelley Carruba
Dornida Casavecchia
Stephanie Chambers
Andrea Chan
Dominic Chan
Matthew Chandler
Mei Chang
Nai Chao
Jessica Chardoulias
Terence Chau
Chih-Hui Tracy Chen
Xian Jie Chen
Diana Chen Hogan
Chhang Chhay
Hui Wen Chia

Allison Chilipko
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Mercy Chipman
Amy Chiu
Brenda Clark
Marilyn Clem
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Justin Cole
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Sarah Cox
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Ramonna Cvelich
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Anthony Dargush
Jacob Daughtry
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Victor DeLapp
Kathleen Delikowski
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Sandeep Devabhakthuni
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Christina Doligalski
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Alan Goldberg
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My Le
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Amy Vyhnalek
Joy Wahawisan
Lanie Walters
Tamara Wanchisen
Dimay Wang
Dawn Ware
Dawn Wasik
Robert Watteyne
Jennifer Wear
Elizabeth Weekes
Tasheba West
Laurie Whalin
Kimberly Whipple
Dawn Whiting
Lisa Whittington
Heather Wier
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Lillie Exa Willis
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Pannyun Yiu
Calantha Yon
Morgan Youngblood
Linda Yun
Laura Zendel
Michael Zeolla
Stephanie Zi

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Fouad Al-Najjar
Leigh Boehmer
Quynhloan Bui
Carol Carico
Richard Fong
Cristie Gilbreth
Nicholas Giller
Michael Hebert
Kristin Held
Kristin Hennenfent
Alexander Kappelman
Diana Kostoff
Sudha Kumar
Vivian Lam
Fatma Maraiki
Theresa Nguyen
Jin Park
Brandy Persson
Chaiyapruk Phantumvanit
Aimee Ruder
Dwight Tingley
Sarah Ussery

Jeremy Whalen
Doris Wong
Elsayed Murad Younis

Psychiatric Pharmacy
Abimbola Farinde
Jill Fowler
John Huang
Risa Ishino
Donald Shamblin
Thanarat Suansanae

Nutrition Support Pharmacy
Alison Allen
Gary Brooks
David Deen
Roy Hendley
Shahryar Mahdiyoun
Marie Shinkle
Francis Simon
Padma Sivaraju
Joseph Ybarra
Irene Yi

When an Associate Member of ACCP achieves specialty board certification, he or she qualifies to become a Full Member in the College. As a result of the 2009 examinations, 430 former Associate Members are now Full Members. In addition, 199 Full Members passed their examinations.

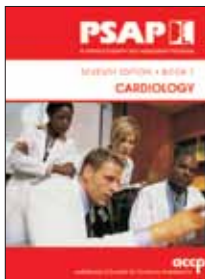
See the figure on the next page for a graphical depiction of the extraordinary growth in the number of board-certified specialists—more than 10,000 pharmacists are now certified in one or more specialties! For more information on the 2011 specialty examinations, contact BPS at (202) 429-7591, or visit their Web site at <http://www.bpsweb.org>.

Electronic Publications Offer Anywhere, Anytime Access

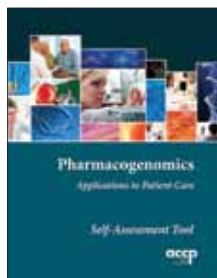
An increasing number of ACCP Publications are now available in electronic format for online delivery and mobile learning. In addition to portability, many online products are searchable, providing ready reference for the busy clinician. Electronic products also reduce paper use, carry no shipping and handling fees, and are more affordable to purchase.

ACCP Publications is pleased to offer many resources in this increasingly popular format. Current offerings include:

- All books in the PSAP-VI and PSAP-VII series are available online as PDFs that can be downloaded to your computer.
- PSAP-VII Audio Companions are MP3 files of the chapter text that can be loaded onto a listening device or burned onto a CD. Created as an adjunct to the print or online book, the Audio Companion does not carry available continuing pharmacy education credits. Audio Companions are available for PSAP-VII Book 1 (*Cardiology*) and Book 2 (*Critical and Urgent Care*); the Audio Companion for Book 6 *Oncology* will be released on April 15. Audio books are available separately (\$25 for ACCP members, \$40 for nonmembers) or in a discount package with the corresponding online book.



- *Pediatric Medication Education Text* (fifth edition) is the go-to source for easy-to-access medication information for pediatric caregivers. In 389 alphabetically arranged single-page drug information sheets, each in English and Spanish, valuable information is provided on the products most often prescribed at hospital discharge or during pediatric ambulatory care visits. The contents of this text are available either as easily accessed PDFs online or as a CD-ROM.
- *Pharmacogenomics: Applications to Patient Care Self-Assessment Tool*, an online supplement to *Pharmacogenomics: Applications to Patient Care*, second edition, offers more than 230 self-assessment questions and explained answers. Individual chapter tests are available for a one-time test



that can be worked on, saved, and returned to later. Users receive their test scores as a percentage of correct responses, together with information on which answers were correct and which were incorrect and the explained answers for that individual test.

- *Pharmacotherapy* is ACCP's peer-reviewed scientific journal. Published monthly and available online, it includes contemporary original research and review articles about all aspects of human pharmacology and drug therapy.
- Pharmacotherapy News Network (PNN), a daily newsletter provided to subscribers by e-mail, is published every business day. PNN provides current pharmacotherapy-related knowledge by covering the latest information from journals such as *Lancet*, *British Medical Journal*, *Annals of Pharmacotherapy*, *Archives of Internal Medicine*, *Journal of the American Medical Association*, and *The New England Journal of Medicine*, as well as summaries from the top journals in medical specialty areas and major pharmacy journals.



For more information about these electronic products and to place an order, please visit the Bookstore at www.accp.com.

New Members

- | | |
|---------------------|----------------------------|
| Mohamed Abdel-Halim | Amy Burns |
| Andrew Albanese | Amanda Burton |
| Abdulaziz Aldahami | Fernando Camacho |
| Maher Almatar | Kari Cantrell |
| Yasser Almogbel | PatriciaCaruso-Prendergast |
| Darya Anisimova | Yustine Chai |
| Lauren Armijo | Izabela Chamot |
| Mohammad Ateya | Celine Chan |
| Clint Auttapibarn | Aileen Chi |
| Nghia Banh | Lindsey Childress |
| Etienne Beauchemin | Tony Chu |
| Kathryn Beavers | Emily Chudek |
| Jennifer Bekker | Jeff Chudek |
| Kimberly Belongie | David Collins |
| Bonnie Bennett | Tracy Costello |
| Christine Betz | Jeremy Crowfoot |
| Samuel Beyene | Michel Daher |
| Sierra Binek | Brian Decker |
| Ashutosh Biswas | Antonia DeQuevedo |
| Kathleen Black | Tyler Dieker |
| Rachael Bochsler | Wendy Dinh |
| Fariyeh Bostan | Diane Ditrick |
| Daniel Brazeau | Mariah Doty |
| Bethanne Brown | Evan Duce |

Andrew Dunatchik
Debra Edgar
Moustafa Elhosseni
Rachael Elias
Nervana Elkhadragey
Katie Erickson
Joel Feammelli
Jennifer Fernandez
Rory Fifield
Abby Floeter
Joshua Floyd
Jennifer Ford
Christen Freeman
Zhili Fu
Anna Gandelman
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Chris Jacob
Elise Jacobson
Denise Kadleck
Hyeseung Kang
Sara Kelley
Orna Kessler
Svetlana Keuylian
Andrew Killeen
Crystal King
Natasha King
Angus Kinkade
Karl Kizur
Tracie Kobayashi
Erica Krogsgard
Naomi Lam

Amanda Leader
Scott Leader
Jamie Lee
Jimin Lee
Kenneth Lee
Matthew Leinbach
Heumin Li
Mark Liberski
Fideliz Lim
Juan Maldonado
Sally Manibusan
Carl Maslag
Ian McClellan
Hao Mee
Amanda Meeker
Beth Mills
SaraLee Molinari
Justin Morris
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Stacey Murakami
Yulia Murray
Haruko Nakano
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Lori Navarro
Bic Nguyen
Michelle Nguyen
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Veronica Nieto
Sarah Nigro
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Jared Okerson
Tracy Okolo
Michael Oliver
Jessica O'Neill
Vaidahi Patel
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Timothy Peterson
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Chris Ploghoft
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Nahid Sabbaghkar
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Theodore Simmons
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Matthew Sono
Carolina Soto
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Candace Tan
Kenneth Taylor
Jason Tee
Neesha Thakkar
Dustin Thomas
Chui Mei Miko Thum
Kevin Tiller
Warren Tong
Steven Totterdale
Shunsuke Toyoda
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Kendra VanGrinsven
Christine Vartan
Mildred Vicente
Donovan Victorine
Ann Villella
Caitrin Vordtriede
Lyn Vu
Audrey Wagner
Mary Walker
June Walsh
Molly Webster
Amy Weir
Tasheba West
Timothy West
Robin Whelpley
Amanda Wight
Michael Will
Sean Wimberley

Deborah Wittman
Donna Wolk
Christopher Wu
Anneke Yamate
Emily Yen
Daehak Yim
Monica Yoshinaga
Kristie Zappas
Marla Zippay
Kristen Zorich

The following individuals recently advanced from Associate to Full Member:

Amanda Adamski
Saleh Al-Mousa
Christopher Amerman
Diane Ammerman
Laura Bullock
Eugene Bush
Noelle Chapman
Carmen Kulig
William Loeffler
Pamela Nicoski
Michael Palladino
Nicole Pinelli
Cynthia Ruiz
Cheryl Sadowski
Prakash Shah
Lisa Tarakji
Inez Victorian
Tara Whetsel
Charlene Whittlesey
Craig Williams

New Member Recruiters

Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

David Angaran
Michael Bennett
Lauren Biehle
Sheryl Chow
Rania El-Lababidi
Sandy Estrada
Jennifer Goldman-Levine
Jeffrey Gross
Maura Hall
Myra Hawkins

Curtis Holt
Shawna King
Joel Marrs
Kathryn Matthias
Randell Miyahara
Rachana Patel
Bishoy Ragheb
Toni Ripley
John Thomas
Kyle Townsend
Kennda Zoffka-Zimmerman