

ACCP Report

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Currie Named to Primary Care Policy Fellowship for 2004

ACCP member Jay D. Currie, associate professor in the Division of Clinical and Administrative Pharmacy at the University of Iowa, has been selected to participate in the 2004 Primary Health Care Policy Fellowship (PHCPF) program. Currie was nominated for the fellowship by ACCP.

Dr. Currie received his Bachelor of Science and Doctor of Pharmacy degrees from the University of Iowa in 1980 and 1984, respectively. He subsequently completed a geriatric education fellowship at the Iowa Geriatric Education Center in 1988, and joined the faculty at the University of Iowa as a full-time faculty member in 1994. Dr. Currie currently serves as co-director of the college's Center to Improve Medication Use in the Community. He twice received Faculty of the Year awards from the Cedar Rapids Medical Education Program for his teaching and practice activities with the Family Medicine Residency Program in Cedar Rapids.

Sponsored by the Department of Health and Human Services (HHS) and coordinated by the Bureau of Health Professions (BHP) of the Health Resources and Services Administration (HRSA), the PHCPF provides a 6-month intensive curriculum, including 4 weeks of on-site training in Washington, D.C., in the development and implementation of primary care policy, programs, and legislation. The goal is to provide this specialized training and experience to a select group of individuals engaged in primary care practice, education, and/or research to increase the capabilities of these primary care leaders at local, state, and national levels. About 70 organizations from among the entire range of health disciplines participate in the program, with nearly 30 primary care practitioners or academicians being selected to participate as Fellows each year.

ACCP members who previously have completed the program include Allan F. Shaughnessy ('03), Anne Hume ('03), John G. Gums ('02), Terry L. Seaton ('01), Timothy J. Ives ('00), C. Wayne Weart ('99), Barry L. Carter ('97), and C. Edwin Webb ('93).

Beginning in 2005, the PHCPF will seek nominations and participation of primary care practitioners and educators who are in earlier stages (3-8 years after completion of professional education and training) of their careers. The change in focus is

designed to foster enhanced understanding of primary health care issues and policy development in potential future leaders in primary care.

Questions concerning the program and nominations process, as well as expressions of interest to be considered for nomination, should be directed to C. Edwin Webb, ACCP's Director of Government and Professional Affairs, at ewebb@accp.com or (202) 756-2227.

Updates in Therapeutics: The Pharmacotherapy Preparatory Course

June 5-8, 2004
Hilton Austin - Austin, Texas

Early registration deadline is
April 30!

Register today at
www.accp.com/04pc.pdf.



Preparatory Course Highlights:

- **20 Case-based Lectures**—The course is taught by pharmacists who are board certified in pharmacotherapy. Participants will receive a comprehensive, detailed course syllabus (about 650 pages) that includes handout materials, case studies, study questions with explained answers, literature citations for further reference, and additional topics important to the discipline.
- **Making New Friends**—ACCP meetings have become “the place” to connect with clinical pharmacists. Many participants finish a meeting having new professional relationships that lead to lifelong friendships. Because the preparatory course is such an intense and focused program, ACCP is providing some opportunities, such as a Tex Mix Opening Reception on Saturday, June 5, and the Armadillo Bistro on Sunday, June 6, for you to meet colleagues and make new friends.
- **Industry**—sponsored Classrooms—During the Sunday and Monday lunch break, you have an opportunity to attend Industry-sponsored Classrooms. Lunch is complimentary and continuing education is available. Classrooms sponsored at the Preparatory Course are:

- Controlling Massive Bleeding Episodes: Pharmaco-economic Issues and Potential Solutions
- New Applications of Antiepileptic Drugs in CNS Disorders
- Advances in the Management of Venous Thromboembolism: New Pharmacologic Considerations

Finally-don't forget to make your hotel reservations at the Hilton Austin. The hotel reservation deadline is May 8, 2004. For reservation information, see the program announcement at www.accp.com/04pc.pdf.

Questions? Visit www.accp.com/04pc.pdf, call ACCP at (816) 531-2177, or contact us by e-mail at accp@accp.com.

National Provider Identifier Regulations Finalized

Final regulations for a standardized national system for identification of health care providers were published on January 23, 2004, in the Federal Register. The Health Insurance Portability and Accountability Act of 1996—commonly known as HIPAA—includes a provision requiring the adoption of a standard, unique identifier for each individual, employer, health plan, and organizational health care provider in the U.S. health care system. The National Provider Identifier (NPI) regulations take effect May 23, 2005, at which time providers may apply for their NPI. Providers then have two years from the effective date to obtain and begin using their NPI (i.e., May 23, 2007).

The regulation recognizes and accommodates the fact that a health care provider may be either an individual person or an organization. The majority of pharmacies and some pharmacists—those who transmit information electronically and/or bill on their OWN behalf, not on behalf of a pharmacy—are considered health care providers under HIPAA and will be required to obtain NPIs. However, pharmacists and pharmacies who currently are not covered entities under HIPAA are still eligible for NPIs, although not required to obtain them.

A covered health care provider is one who transmits any health information in electronic form between two parties to carry out financial or administrative activities related to health care, including (but not limited to) the following types of transmissions:

- Health care encounter or claims information or status
- Payment and remittance transactions or advice
- Coordination of benefits
- Enrollment or disenrollment processes
- Health plan eligibility
- Premium payments
- Referral authorization or certification
- Other transactions that the HHS Secretary may prescribe by future regulation

Beginning in May 2005, a health care provider can submit an application for an NPI, either electronically or on paper, to the Department of Health and Human Services (HHS). It is envisioned that the NPI will be a permanent identifier, assigned for life, unless circumstances require that it be deactivated.

Once a provider is assigned an NPI, the provider is required to update relevant information (e.g., name changes and address changes) within 30 days of any change. The cost of the system will be paid through federal funds, at no charge to the provider.

The National Provider System (NPS), being constructed under a contract with the Centers for Medicare and Medicaid Services (CMS), will be a single entity with responsibility for processing applications and updates, ensuring the uniqueness of the provider, and generating the NPIs. It also will produce reports and information based on requests from the health care industry and others.

The regulation represents another important step in the evolving recognition of pharmacists as health care providers within the U.S. health care system. It is a component part of the HIPAA-established electronic standards for health care transactions published in 2000. That standard includes pharmacists' professional services among those professional services of health professionals that are covered by the so-called "X-12 837 N" standard.

The NPI system also will serve to enhance administrative efficiencies in most practice settings, allowing for the use of a single identifier for providers rather than other, sometimes inappropriate, identifiers (e.g., DEA numbers, separate numbers for the various insurance plans or networks in which a practitioner may participate, etc.). More information on the NPI system may be found at:

<http://www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/NPI-FR-GeneralOverview-REV-2-18-04.pdf>.



Washington Report

C. Edwin Webb, Pharm.D., MPH

"Now Coming to the Plate ..."

One of the major rites of spring, the new baseball season, is upon us. On fields across America, from the Major Leagues to Little League, players will be stepping to the plate to face fastballs and curveballs, sliders and knuckleballs. A few will hit home runs. Some will strike out. Most will do something in between. The success of a team during the season will depend on its players performing to their full capabilities, avoiding errors, and "picking each other up" when runners are in scoring position. The season is long, and yet every game, every plate appearance, every pitch, has the potential to affect the final outcome.

With apologies for the strained analogy that follows, a "new season" also is under way for pharmacists and their professional organizations. The inclusion of medication therapy management (MTM) services as a required component of the outpatient drug benefit contained in the 2003 Medicare Modernization Act (MMA) represents a significant victory for senior citizens and pharmacists alike. Beginning in 2006, pharmacists' MTM services will be available to Medicare patients with multiple chronic conditions or who are taking multiple medications. The recognition by Congress that these

services are an important component of a quality drug benefit is the result of a sustained educational and advocacy effort by ACCP and other national pharmacy organizations throughout the past several years. In baseball terms, we are now “on base” and in position to advance further toward our ultimate goal of obtaining coverage of the full range of pharmacists’ professional services as providers within the Medicare program.

The next few weeks will be a critical part of this new season. The Centers for Medicare and Medicaid Services (CMS) are now in the process of crafting the regulatory rules and guidance to implement all aspects of MMA, including the drug benefit and MTM provisions. Because the benefit will be generally designed by and administered through private entities, such as PBMs or managed care organizations, the rules and guidance promulgated by CMS will be critical to ensuring quality and consistency of the benefit. Consequently, the work of educating CMS staff about pharmacists’ services and models of MTM, which has been ongoing at a basic level throughout the past few years, now takes on greater intensity and urgency.

As part of that effort, the Pharmacist Provider Coalition (PPC) has requested a meeting with newly appointed CMS Administrator Mark McClelland and his key policy staff to present the PPC perspective on this important issue. Included in the meeting request were a set of “essential principles” of MTM developed and endorsed by PPC member organizations.

These principles serve to highlight the distinct and distinguishing features of MTM compared to activities such as drug utilization review and other quality assurance approaches mandated in the law. To learn more about the Essential Principles of Medication Management, see below:

Essential Principles of Medication Therapy Management Guidance to CMS for Implementation of MTM Provisions

Under the Medicare Prescription Drug, Improvement, and Modernization Act (P.L. 108-173) prescription drug plans (PDP) offering the Part D voluntary drug benefit are required to provide a medication therapy management (MTM) program:

“... to assure...that covered part D drugs under the prescription drug plan are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions.”

MTM programs, in combination with drug utilization management programs and quality assurance measures (which are separately required and described under the Act) serve to promote the safe, effective, and economical use of medications by beneficiaries.

The MTM benefit-like much of the Act-presents many significant challenges for health care providers and PDP sponsors. The principles set out below should guide the

Centers for Medicare and Medicaid Services (CMS) and PDP sponsors in the implementation of the MTM provisions of the new Part D benefit.

1. MTM encompasses a broad range of professional activities and responsibilities within the pharmacist’s (or other qualified health care provider’s) scope of practice, and can include but is not limited to:
 - a. Selecting, initiating, modifying, or administering medication therapy;
 - b. Monitoring and evaluating the patient’s response to therapy and providing recommendations to the patient and others involved in the patient’s care concerning adjustments to and changes in that therapy or care plan;
 - c. Directly managing chronic drug therapy regimens consistent with the applicable care plan and/or protocols that may be a part of collaborative practice agreements;
 - d. Documenting the care delivered and communicating essential information to the patient’s other primary health care providers;
 - e. Providing in-depth education, training, and related informational and support services and resources that enhance patient understanding and appropriate use of their medications;
 - f. Coordinating and integrating MTM services within the broader disease management and case management services being received by the patient; and
 - g. Conducting wellness and disease prevention programs.
2. MTM is a patient-specific and individualized service or set of services provided directly by a pharmacist (or other qualified health care provider) to the patient and/or persons involved in the care of the patient.
3. MTM is complementary to, but different than, population-focused quality assurance measures for medication use, such as drug utilization management, formulary systems, and generalized patient education and information activities.
4. For high-risk patients, those with chronic conditions or taking multiple medications, MTM usually should be provided by a pharmacist, the health professional most specifically qualified by professional education, training, experience, and scope of practice to perform MTM. Although the statute provides that “other qualified providers” may participate, the standards for delivery of MTM services must be sufficiently rigorous to assure that the services meet the needs of high-risk Medicare beneficiaries.
5. MTM frequently is provided in the context of a collaboratively designed care plan jointly developed by

the pharmacist, the patient's physician, and other involved health care providers. These should be encouraged, but not mandated.

6. MTM is distinct from, and may occur at different times than, the medication dispensing process due to changes in the patient's clinical condition, differences in patient need, variation in source of medication supply, and other factors. Accordingly, a payment formula for MTM services should be distinct from payments for the prescription drug product and the associated fees for the dispensing of that product. A payment formula for MTM services should be based on the time, clinical intensity, and resources that are required to provide the services.
7. MTM activities of pharmacists will vary in their consumption of time and resources due to the specific needs of the individual patient and/or caregivers.

Effective MTM has been demonstrated to promote optimal therapeutic outcomes and can maximize the investment in medications that beneficiaries and the Medicare program make (see reference list). By adopting these principles, CMS staff and others charged with responsibility for implementation of the Medicare outpatient drug benefit can help ensure the provision of MTM services that meet beneficiaries' needs and contemporary standards of patient care.

Pharmacists are enthusiastic about the opportunities an MTM program provides them to better serve their patients. The profession of pharmacy stands ready to assist CMS, PDP sponsors, and others in implementing this vital component of the new Part D drug benefit.

Endorsing Organizations:

Academy of Managed Care Pharmacy
American Association of Colleges of Pharmacy
American College of Clinical Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
College of Psychiatric and Neurologic Pharmacists

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In both current and prior discussions with CMS officials, it has become apparent that the agency's lack of familiarity and experience with outpatient drug benefit programs in general, and pharmacists' clinical services in particular, presents a significant challenge. However, national pharmacy association staff are just as challenged to be fully aware of the rapidly evolving developments in practice models for MTM in which our members are engaged. Still, these challenges present an important opportunity at a critical time in the development of the MTM benefit within Medicare.

This is where we need you as a clinical pharmacist to "step to the plate." Our ability to provide CMS with specific, concise examples of MTM practice models in the ambulatory care setting will be instrumental in helping to shape the agency's perceptions and policies for this important benefit as they provide guidance to the entities that will administer it. ACCP needs your help to provide those examples during the coming "season" of rule-making and public comment. By the time the World Series comes around in October, the fundamental elements of the MTM program will have been proposed, published, commented on, and perhaps finalized. The "season" will be over almost before we realize it.

While we are now "on base," we still have more to do, together, before making it to "home plate." But we are truly in scoring position. Take time **NOW** to share with us a brief description of how MTM services are provided in your practice setting, including such things as the types of services provided, how patients are referred for care, the staff structure of the practice, payment and reimbursement approaches, and any other features you wish to share.

Sharing this information will in turn help ACCP provide CMS with input that could help to define the ultimate design and operation of the MTM benefit. Please share your information with me at ewebb@accp.com. And do it right away-the season is already under way!

Oh ... and enjoy the baseball season, too! Batter up!

Register Now for the 2004 Oncology Pharmacy Preparatory Review Course

May 21-23, 2004
Tampa Marriott Westshore
Tampa, Florida

There is still time to register for the Oncology Pharmacy Preparatory Review Course, co-sponsored by ACCP and the American Society of Health-System Pharmacists (ASHP). Designed to help oncology pharmacy practitioners prepare for

the Board of Pharmaceutical Specialties (BPS) Oncology Pharmacy Specialty Certification Examination, course content is based on the domains and knowledge areas tested on the examination.

Registration is limited to 200 attendees, so don't delay. Members of both ACCP and ASHP may register for the course at the discounted member rate. Premeeting registration is available until May 7. Onsite registration fees apply after May 7. Visit the ACCP Web site at www.accp.com/04onco.pdf to download the program announcement and registration form. To receive a program announcement by mail, call ACCP at (816) 531-2177.

Pharmacotherapy Pearls Facts and Comparisons

Wendy R. Cramer, B.S., FASCP

Richard T. Scheife, Pharm.D., FCCP

With 2003 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
1995	171
1996	205
1997	216
1998	228
1999	233
2000	309
2001	291
2002	308
2003	365

^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

^aExcludes supplements and advertising pages.

Manuscript Turnaround Time

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

Year	Median Time (mo)			
	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

Please have a low threshold to call us directly if you have any questions or comments on these most positive trends for your journal.

Frontiers Fund-2003 Contributors

The ACCP Research Institute successfully launched the Frontiers



Fund Campaign in 2003. Funds raised during 2003 will provide \$150,000 for new and expanded support of member-driven health services and clinical research in 2004. The first Frontiers Research Awards will be given in June 2004. The campaign's goal for this next year is to further expand its support of important clinical and health services research that benefits the practice of all ACCP members to at least \$250,000. Detailed information about the Frontiers Fund can be found at <http://www.accp.com/frontiers/>.

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Now Available: Health Care Stakeholders Book 2 of the Pharmacotherapy Self-Assessment Program, Fifth Edition

Pharmacy practice is influenced by patients, payers, accreditation and regulatory agencies, pharmaceutical industry, and other groups. The second book in the PSAP-V series, *Health Care Stakeholders*, describes the roles and perspectives of these influential groups as they affect and are affected by pharmacy practice. Filled with pointers to Web sites and other sources of information on key issues that impact clinical pharmacists, this book is an essential reference for educators, clinicians, and administrators. It also is an important educational tool to introduce pharmacy students to the organizations and groups that influence pharmacy practice.

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New! Pain Management Minisabbatical

Check out the new Minisabbatical just added for members of the Pain Management Practice and Research Network (PRN). The minisabbatical provides an opportunity for members of the Pain Management PRN to gain or expand their practice or research skills under the guidance of an expert mentor.

Applicants must be members of the Pain Management PRN. The host mentor must have demonstrated clinical or research experience in areas of interest that will serve to enhance the applicant's practice or research program.

Additional information can be downloaded from the ACCP Web site at <http://www.accp.com/ClinNet/ripainmini.php>.

Application Deadline: June 1, 2004.

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Awards, Promotions, Grants, etc.

Mary Lynn McPherson, Pharm.D., BCPS, Associate Professor at the University of Maryland School of Pharmacy, received the 2004 APhA Academy of Pharmacy Practice and Management Distinguished Achievement Award in Specialized Pharmaceutical Services..... ACCP members **Valerie Prince, Pharm.D.; Mary E. Teresi, Pharm.D.; Cathy L. Worrall, Pharm.D., BCPS; and Thomas J. Worrall, Pharm.D., BCPS**, were recently selected as Fellows of the American Pharmacists Association (APhA)..... **Marsha Raebel, Pharm.D., FCCP, BCPS**, Pharmacotherapy Services Manager for Kaiser Permanente, was recently honored by South Dakota State University as the College of Pharmacy Alumna of the Year for 2004.

New Members

Nabila Ahmed	Jodi Greenberg
Chris Amaya	Debra J. Hansen
Adebowale Bolanle Babajide	Douglas Hedge
Kevin T. Bain	April Holley
Margaret A. Baldwin	Dawn Hunsberger
Gregory Bartle	Kimberly Janicek
Stephanie Barud	Josephine Jean
Douglas J. Beck	Sheila Kang
Jeffrey Bishop	Michael Kerley
Jennifer M. Blanchard	Ellen Keyes
Wesley Blankenship	Imran Khan
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Alexander Cao	Joseph Kohn
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Wei-Chung Chuang	Jennifer Layton Arnold
David Collette	Angie Lee
Michael Cook	Shu-Wen Lin
Samntha A. Cotter	Paul Lowden
Amy Dickson	Aleksandr Lyakhovetskiy
Diane Dowell	Qing Ma
Leisl Esposito	Daniel Mansour
Riham Z. Fardoun	Katherine Marks
Judith Feltman	Tonya M. Martin
Ryan J. Flugge	Patrick D. Mauldin
Shanequa Foreman	Sarah McBane
Frank Fritz	Kimberly McConnell
Jennifer Gardner	Kelly J. McMonigal
Kevin Gearing	Melinda Monteforte
Jeffrey S. Gildow	Pennie Moore
Linda Giwa	Maria Muller
Nora Gleason	Cori Nelsen

Daniel N. Nguyen
Henry X. Nguyen
Noriko Okada
Alexandra Ornelas
Sheila Patel
Jennifer L. Petrie
Mark A. Poupard
Rachelle Roa
Tonya Robertson
Jennifer M. Roth
Michael Russum
Paul L. Saban
Stephen Sander
Eric Sanderson
David W. Schroust
Richard J. Silvia
Stacey A. Smith
Todd L. Sponenberg
Jamie Swoboda
Susan Teplitsky
Mimi Thomas
Alexandra C. Vance
Wren Wagner
Gene Whitaker
P. Shane Winstead
Melissa Yates
Shaun Young
Edward Zavala
Richard Zeppieri

The following individuals recently advanced from Associate to Full Member:

Joni K. Beck
Robert Wright

New Member Recruiters

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

Julie Anne Brousil
Jill S. Burkiewicz
Pauline A. Cawley
Edward H. Eiland
Vicki Ellingrod Ringold
Jeremy D. Flynn
Suzana Giffin
Susan M. Glomski
Rebecca Huggins
Nancy H. Huntington
Sunny A. Linnebur
Susan Marschall
S. Dee Melnyk
Meghna Trivedi
Susan J. Ware



Clinical Research Pharmacist

Community Care Behavioral Health, a subsidiary of the University of Pittsburgh Medical Center, is searching for a Clinical Research Pharmacist to assist with the development, execution, and monitoring of psychiatric medication quality improvement initiatives in Allegheny and other Pennsylvania counties under the supervision of the Chief Medical Officer. These initiatives are designed to further the utilization and implementation of best practice guidelines in community settings and to improve the cost-effectiveness of therapies. These initiatives will involve collaborative work with other payers and providers to improve quality of behavioral health prescribing practices and to assist with the development of treatment guidelines for managing specific psychiatric disease states. Qualifications: Pharm.D. or Ph.D. degree from an ACPE-accredited school of pharmacy and three (3) years of practice experience, preferably in behavioral health. Previous pharmacology research experience is preferred. A competitive salary, along with a comprehensive benefits package, including tuition reimbursement, 403(b) plan, paid time off, and flexible spending account, are provided. EOE.

Interested applicants send CV to:

Terry Morris
Community Care Behavioral Health
One Chatham Center, Suite 700
Pittsburgh PA 15219
E-mail: *morristf@ccbh.com*
Fax: (412) 454-8620