

ACCP Report

Timothy J. Ives, Pharm.D., MPH, FCCP, BCPS; Editor
Robert M. Elenbaas, Pharm.D., FCCP; Executive Director

Vol. 22, No. 5; May 2003

Pharmacy Education Aid Act of 2003 Introduced in Senate

Eight Senators led by Jack Reed (D-RI) and Michael Enzi (R-WY) have introduced the Pharmacy Education Aid Act of 2003. The bill, S.648, provides enhanced support for pharmacy education to address the critical need for pharmacists and pharmacy faculty.

A December 2000 study from the Department of Health and Human Services, "The Pharmacist Workforce: A Study of Supply and Demand for Pharmacists", documented the expanding demand for pharmacists that is expected to grow through at least the next decade. Last year, the Senate passed a similar bill by unanimous vote. The House of Representatives was unable to pass companion legislation before adjournment.

ACCP, the American Association of Colleges of Pharmacy, and several other national pharmacy organizations support S.648. The organizations are working collaboratively to seek introduction of companion legislation in the House and passage in both chambers during this session of Congress. Introduction in the House is expected within the next two to three weeks.

The legislation would:

- establish an educational loan repayment program for pharmacists who agree to practice for at least two years in a "health facility with a critical shortage of pharmacists";
- establish a loan forgiveness program for individuals who pursue a career in pharmacy academia; and
- award grants to assist schools of pharmacy improve or acquire information systems to support technology-assisted learning and distance education.

ACCP members are encouraged to contact their United States senators now to urge support for S.648, and to contact their Congressional representatives after introduction of companion legislation in the House in a few weeks. Use the Legislative Action Center on the ACCP Web site (www.accp.com) to identify and contact your delegation. A template e-mail message is available that you can personalize with specific examples of how the legislation would benefit both patients and pharmacy.

For further information, contact C. Edwin Webb, Pharm.D., MPH, ACCP Director of Government and Professional Affairs, at (202) 756-2227 or ewebb@accp.com.

Five-Year Update Reviews Benefits of Clinical Pharmacy Services

A considerable body of literature has evaluated the benefits of clinical pharmacy services. ACCP has sponsored three comprehensive reviews that compile, summarize, and critique this important work. The first summarized the literature published before 1988.¹ The second reviewed economic evaluations of clinical pharmacy services published between 1988 and 1995.² Now the third in this series has compiled and evaluated those economic evaluations published during the five-year period of 1996 to 2000 (Pharmacotherapy 2003; 23:113–32).

The update was prepared by the 2002 ACCP Task Force on Economic Evaluation of Clinical Pharmacy Services whose members included Glen Schumock, Melissa Butler, Patrick Meek, Lee Vermeulen, Bhakti Arondekar, and Jerry Bauman. The paper evaluated 59 articles that studied clinical pharmacy services in hospitals, community pharmacies, clinics, health maintenance organizations, and long- or intermediate-term care facilities. A broad range of clinical pharmacy services were assessed, including general pharmacotherapeutic monitoring, target drug programs, disease management programs, and patient education services.

Compared with the studies included in the College's 1996-2000 review, a greater proportion of evaluations were conducted in community pharmacies or clinics, and the types of services evaluated tended to be more comprehensive rather than specialized. Also, a larger proportion of studies in the current review used more rigorous study designs.

Most of the studies reported positive financial benefits of the clinical pharmacy service evaluated. In 16 studies, a benefit-cost ratio was reported or was able to be calculated by task force members. These ranged from 1.7:1 to 17.0:1 with a median of 4.68:1. In other words, for every dollar invested in clinical pharmacy services, \$4.68 on average was returned in benefit to the health care system.

A reprint of this latest five-year review can be downloaded from the ACCP Web site at

<http://www.accp.com/position/pos029.pdf>.

1. Willit MS, Bertch KE, Rich DS, Ereshefsky L. Prospectus on the economic value of clinical pharmacy services. *Pharmacotherapy* 1989;9:45–56.
2. Schumock GT, Meek PD, Ploetz PA, Vermeulen LC. Economic evaluations of clinical pharmacy services: 1988-1995. *Pharmacotherapy* 1996;16:1188–208.

Provider Coalition Provides Testimony to Congress

The Pharmacist Provider Coalition (PPC) submitted written testimony in February to the United States House of Representatives Ways and Means Health Subcommittee as part of its hearing on “Eliminating Barriers to Chronic Care Management in Medicare.” The Ways and Means Health Subcommittee, chaired by Representative Nancy Johnson (R-CT), will play a major role in the development of any future Medicare outpatient pharmacy services benefit.

Following is the text of the PPC testimony:

The Pharmacist Provider Coalition is pleased to submit this statement for the record of the Subcommittee on Health’s hearing on eliminating barriers to chronic care management in Medicare.

The Pharmacist Provider Coalition is composed of six national pharmacy organizations, which represent pharmacists working in all sectors of pharmacy practice. The coalition partners joined forces to educate members of Congress and the public about the role pharmacists play in the safe and effective use of medications and to provide patients access to pharmacist medication therapy management services under the Medicare program. Our membership consists of the following groups: the Academy of Managed Care Pharmacy, American College of Clinical Pharmacy, American Pharmaceutical Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, and the College of Psychiatric and Neurologic Pharmacists.

Need: Improved Care, Avoid Medication-Related Complications

On average, persons aged 65 and older take 5 or more medications each day.¹ The high utilization rate of medications is particularly common in patients who have one or more chronic conditions that call for drug treatment. These medications are often prescribed by several different physicians for concurrent chronic and acute conditions. As a result, these patients are at high-risk for medication-related complications, resulting in up to 11.5% of all hospitalizations.

Recently published research indicates that drug-related problems cost the U.S. health care system as much as \$177 billion each year.² A substantial portion of this expense is preventable through collaborative medication management services provided by pharmacists working with patients and their physicians.

Solution: Access to Pharmacist Medication Therapy Management Services

Pharmacist medication therapy management services help to eliminate unnecessary or counterproductive treatments and assure that patients are receiving the most appropriate drug therapy for their medical conditions. For example, pharmacists working closely with the health care team can identify or prevent duplicate medications, drugs that cancel each other out, or combinations that can damage hearts or kidneys. Pharmacists may also find that a newer multi-action drug may be exchanged for two older drugs or an alternative drug may be substituted for another therapy that causes side effects and results in the patient either taking additional medication or stopping their medication – the result of which may lead to their medical condition worsening. Drug interactions, adverse effects, and low patient adherence with prescribed therapies are costly and preventable medical complications of usual care.

The specialized training pharmacists have in medication therapy management has been demonstrated repeatedly to improve the quality of care patients receive and to control health care costs associated with medication-related complications. As the Institute of Medicine report “To Err is Human: Building a Safer Health System” stated: “Because of the immense variety and complexity of medications now available, it is impossible for nurses and doctors to keep up with all of the information required for safe medication use. The pharmacist has become an essential resource ... and thus access to his or her expertise must be possible at all times.”

Current Medicare payment policies are woefully outdated and fail to recognize pharmacists as providers of health care services. This restricts the patient’s ability to access pharmacist services. To ensure access, Medicare statutes must be updated to explicitly recognize services provided by pharmacists just as nurse practitioners, physician assistants, registered dietitians and other non-physician providers have been recognized in recent years.

Conclusion:

Pharmacist medication therapy management services can and will make a real difference in the lives of patients with chronic conditions. This is a logical and very affordable step towards eliminating barriers to chronic care management and establishing the essential infrastructure of a Medicare prescription drug benefit. The Coalition strongly encourages the Subcommittee to pass legislation to provide patients access to pharmacist provided medication therapy management services under Part B of the Medicare program.

Thank you for the opportunity to present the views of pharmacists who care for Medicare patients on a daily basis.

1. ASHP Consumer Survey, “Medication Use Among Older Americans”, 2001.
2. Ernst FR, Grizzle, AJ. Drug-Related Morbidity and Mortality: Updating the Cost-of-Illness Model. Journal of the American Pharmaceutical Association. 2001: Mar-Apr; 41(2):192-9.



President's Column
Mary Beth O'Connell,
Pharm.D., FCCP, BCPS

N = 1 qd

Each of us is a researcher every day. Every decision is a research project. We are conducting research when we:

- identify medication-related problems,
- recommend or evaluate therapy,
- determine if a patient's needs were met,
- calculate the cost-effectiveness of a product,
- make Pharmacy and Therapeutics Committee decisions,
- evaluate the quality of teaching,
- compare drug A to drug B,
- determine the kinetics of a drug when given concomitantly with an interfering drug, or
- critique the literature to resolve a problem.

Each of these scenarios starts with a hypothesis. To answer that hypothesis, we use information from research or generate new research findings. Each step requires combining scientific inquiry with clinical judgment. None of us can live without research.

Luckily, we are members of an organization that values and whose primary mission includes research. Currently, one-sixth of the College's strategic plan is devoted to research issues. Thus, research growth and support will parallel efforts put into membership needs, payment for pharmacists' clinical services, leadership training, advocacy, and clinical workforce issues. Plus, we will rely on past, current, and future research to accomplish the other five areas successfully.

Research is essential if we, as ACCP members, are to achieve our vision for pharmacy. Obtaining primary responsibility for developing patient drug therapy plans depends on continually documenting the clinical, humanistic, and economic outcomes of these activities. To develop drug therapy guidelines, we need the evidence on which to base these decisions. To make sure we are culturally proficient practitioners, educators, and researchers, we need to make sure subgroup research is conducted. When we try to convince legislators or other decision-makers to adopt policies that pay for clinical pharmacy services, they want to see the data. Future advocacy issues also will require a new set of supporting research. To guarantee that we can successfully compete with other health care professionals for research dollars, we need a competent, cutting-edge cadre of clinical pharmacy researchers. Training practitioners to use research findings and researchers to conduct high quality research must be a priority. ACCP and its members must increase their support of research to fulfill the College's mission and vision.

To make the best decisions related to future endeavors and resource allocation, the Board of Regents and the ACCP Research Institute Board of Trustees recently approved the following:

The research mission of the American College of Clinical Pharmacy is to advance human health and quality of life by facilitating the generation, dissemination, and application of new knowledge that promotes the safe, effective, and cost-effective use of medications. This is accomplished by:

- *Supporting the training and development of clinical scientists;*
- *Funding translational, clinical, and health services research;*
- *Communicating research results to the health professions, policy makers, and consumers;*
- *Providing educational programs and publications that help health care practitioners translate research results into enhanced patient care; and*
- *Advocating policies that support translational, clinical, and health services research.*

We cannot provide the best patient care, educate students well, or conduct high-quality research without resources and skills to generate and use new knowledge. Currently, the ACCP Research Institute funds 12 research development projects, seven fellowships, and one career development award. About 90% of the money that supports these programs is provided through pharmaceutical industry sponsorship. We are exceptionally fortunate to have this support. However, these funds are limited in scope and not always recurring. We need more "unrestricted" resources to generate new knowledge in all clinical practice areas, improve systems of care, fund projects to support our advocacy agenda, evaluate new methods of teaching, train researchers in all areas, and achieve our strategic plan and visions.

We should pat ourselves on the back for our commitment to research that benefits society. But we all need to think about our professional obligation to support research financially. I hope you see your important, personal role in helping ACCP and its Research Institute help you achieve your career goals, help your patients receive the best care, and help your students learn the most they can. Your support trains and enables researchers to provide the information and evidence you need to accomplish your daily N of 1 trials. Such research will also advance the College's advocacy agenda and create beneficial policies that assist you in your practice, teaching, and research. We are all researchers and need good data daily.

I strongly encourage each of you to join me by writing a tax deductible check to the ACCP Research Institute and then making this an annual commitment. "How much should I give?," you may ask. Well, at least the "no brainer" amount. However, because you are well-paid professionals who receive direct benefit daily from research, I would encourage you to join me by supporting the Research Institute at the "stop and think," "involvement," or "investment" levels. Or even better, at the "stretch" or "heart" levels. And for sure, we hope ACCP members who have themselves received funding from the Research Institute are already contributing significantly and annually to its further support. Yes?

Wisdom outweighs any wealth.

Sophocles, Antigone

Garvin, Potoski Receive ID Minisabbaticals

Cory Garvin, Pharm.D., from the University of Missouri-Kansas City, and Brian Potoski, Pharm.D., from the University of Pittsburgh Medical Center, are the recipients of the 2003 Infectious Diseases Minisabbaticals. The minisabbaticals are sponsored by the College's Infectious Diseases (ID) Practice and Research Network (PRN), and are administered through the ACCP Research Institute.

The ID minisabbaticals provide an opportunity for PRN members to gain or expand their practice or research skills under the guidance of experts in ID pharmacotherapy. Dr. Garvin will work with Steven Martin, Pharm.D., FCCM, BCPS, at the University of Toledo College of Pharmacy. His program will concentrate on developing the laboratory skills needed to study antibacterial pharmacodynamics in a *in vitro* model. Dr. Potoski will spend his minisabbatical with George Drusano, M.D., at the Ordway Research Institute in Albany, NY. He will learn to use Monte Carlo simulations to examine pharmacokinetic, pharmacodynamic, and microbiologic variability, and how this may affect dose or drug selection in clinical practice.

A call for applications for the 2004 ACCP minisabbatical programs in Cardiology, Central Nervous System, and ID pharmacotherapy is anticipated later this fall, with an application deadline of February 1, 2004. More information can be found in the "Research Institute" portion of the College's Web site at <http://www.accp.com>.



Call for Abstracts: 2003 ACCP Annual Meeting

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the ACCP Annual Meeting, November 2–5, 2003, in Atlanta, GA.

- Original Research
- Clinical Pharmacy Forum
- Student, Resident, Fellow Research in Progress
- Encore Presentations
- Student, Resident, Fellow Best Paper Competition

All papers accepted for poster presentation, with the exception of Student, Resident, Fellow Research in Progress, will automatically be entered in the Best Poster Award competition.

All abstracts must be postmarked no later than June 16, 2003. Download abstract form at <http://www.accp.com/abst2003am.pdf>.

Pharmacotherapy Pearls

Wendy R. Cramer, B.S., FASCP

Richard T. Scheife, Pharm.D., FCCP

Let's Table That Discussion

When considering the various components of a manuscript submitted to the journal, the format used for tables represents a common area of misunderstanding. Many word processing programs (such as Microsoft Word) frequently offer "table tools" or a "table wizard" to help the user create tables. Although the resulting tables appear neat and tidy in that program (e.g., columns appear aligned and data are grouped correctly), the formats are lost and the table appears as a long string of randomly placed words and numbers when transferred to professional desktop publishing programs. The potential for error in reconstructing a table from this string of data is extremely high.

To have your tables reproduce accurately in all professional publishing programs, columns within tables should be separated by tabs. This approach is explicitly detailed in both our "Instructions to Authors" (available at <http://www.accp.com>; click on "Journal," then click on "Instructions to Authors") and in the "Guidelines for a Successful Revision" included with the letter accompanying every accepted manuscript. In addition, a hard copy of all tables is required so that we can verify that the format and content of the electronic version are correct.

Got a question? Call our production experts, Steve Cavanaugh and Min Lam, at (617) 636-5390 to resolve any issues related to your *Pharmacotherapy* tables.



NHSC Student Loan Repayment Program

The National Health Service Corps (NHSC) is launching a demonstration project, for this year only, to award student loan repayment to pharmacists who agree to serve underserved populations in Primary Care Health Professional Shortage Areas (HPSAs) throughout the United States. A minimum two-year service commitment is required, and you must be employed by a primary health care site that has an active NHSC clinician on staff who is authorized to prescribe medications.

Awardees will be part of a three-year trial program to determine whether adding pharmacists to the loan repayment program enhances the effectiveness of the NHSC. An application for the NHSC Loan Repayment Program is available by calling (800) 221-9393. Or view and download the Applicant Information Bulletin for the Pharmacist and Chiropractor Demonstration Project at the NHSC Web site at <http://nhsc.bhpr.hrsa.gov/y3pharmacist/>. The application deadline is June 16, 2003.

Extending Frontiers Through Partnerships 2003 ACCP Annual Meeting

November 2–5, 2003

Atlanta, Georgia



Call for Abstracts Postmark Date: June 16, 2003

An exciting program of activities is planned for you at the 2003 ACCP Annual Meeting in Atlanta, Georgia. Join your friends and colleagues at the Hyatt Regency Atlanta to attend educational programming loaded with the most current and up-to-date information. Network with your peers, learn from the leaders of the profession, share experiences! Complete program information will be coming to you soon or check our home page at www.accp.com!

Saturday, November 1

Pre-Meeting Programs (separate registration is required)

- Biostatistics Review and Primer/Implementing Biostatistical Applications into Research and Clinical Practice (Co-sponsored by the Pharmacokinetics/ Pharmacodynamics PRN)
- Leadership Experience Refresher
- The Clinical Pharmacist's Guide to Career Development: The Early Years
- Orientation to the Annual Meeting: How to Maximize Your Meeting Experience

Sunday, November 2

Opening General Session

- Keynote Address—CDC Initiatives
- Presentation of ACCP Awards
- Outgoing and Incoming Presidents' Addresses
- Therapeutic Frontiers Award Lecture—Pharmacogenetic Risk Factors for Second Cancers
- ACCP Research Institute: Presentation of the 2004 Fellowship and Research Award Recipients
- Recognition of New Fellows of the American College of Clinical Pharmacy

Committee and Task Force Luncheon and Meetings

ACCP Recruitment Forum

ACCP Business and Town Hall Meeting

Opening Reception

Monday, November 3

Curricular Track 1—Through the Crystal Ball: Agents in the Pipeline

Agents in the Pipeline for Treating Cardiovascular, Neurologic, and Psychiatric Disorders

- Agents in the Pipeline for Treating Cardiovascular Disorders
- Agents in the Pipeline for Treating Neurologic Disorders
- Agents in the Pipeline for Treating Psychiatric Disorders

Curricular Track 2—Clinician Perspectives in Managing Various Disease States

Clinician Perspectives in Managing Obesity

- Public Health Perspective: An Epidemic of Obesity
- Clinical Perspective: Therapeutic Modalities for Treating Obesity

Curricular Track 3—Disaster Preparedness for Pharmacists
Preparing for Disaster: Are We Ready?

- Disaster Medical Assistance Team: A Pharmacist's Perspective
- Developing a National Disaster Plan: The Pharmacist's Role
- Institutional Preparedness: Implementing a Disaster Response Plan

Curricular Track 4—Pharmacoepidemiology

Pharmacoepidemiology: A Primer

- Epidemiology and Pharmacoepidemiology
- Considerations in Designing Cohort and Case Control Studies

Significant Papers in Pharmacotherapy

Pharmacy Industry Forum Exhibits and Luncheon

Scientific Poster Presentations

Scientific Paper Platform Presentations

Cardiology Focus Session—Interventional Cardiovascular Pharmacotherapy: Current and Emerging Issues

- Short and Long-Term Antiplatelet Therapy: Implication of Recent Clinical Trials
- Anticoagulants: Unfractionated Heparin, Low Molecular Weight Heparin, or Direct Thrombin Inhibitors?
- Drug-Eluted Stents
- Pharmacoeconomic Implications of New Interventional Cardiovascular Pharmacotherapies

Central Nervous System Focus Session—Using Neuronal Stabilization to Treat Neurological Disease

- Neuropathic Pain Pathophysiology and Treatment Options
- Neuroprotection and New Treatments for Parkinson's Disease
- Neuroprotective Strategies in Treating Psychiatric Disorders

Clinical Administration Focus Session—Improving Patient Care via Regulatory Initiatives

- Role of the Clinical Pharmacy Administrator in Implementing Institute of Safe Medication Practices Patient Safety Initiatives
- JCAHO: Shared Vision and New Pathways

Education and Training Focus Session—Partnering with Patients and the Community to Provide Quality Learning Opportunities for Pharmacy Students

- ACPE Standards for Early Experiential Learning
- Early Experiential Learning in the Curriculum:
- The Auburn Experience
- Community Partnerships in Experiential Learning:
- The Minnesota Experience
- Partnering with Patients to Promote Experiential Learning: The Wilkes Experience
- Early Practice Experiences: How We Got Started

Geriatrics/Women's Health Focus Session—Advances in the Interdisciplinary Management of Osteoporosis and Falls

- Update on the Pathophysiology, Screening, and Interdisciplinary Management of Osteoporosis
- Recent Developments in the Management of Osteoporosis at Large and in Selected Special Populations
- Falls, Medications, and Osteoporosis: Current State of Knowledge and Prevention

Immunology/Transplantation Focus Session—Chronic Rejection in Solid Organ Transplantation

- Overview of Chronic Allograft Nephropathy: Focus on Immunologic Parameters and Cytokines Profiles
- Clinical Aspects of Managing Chronic Allograft Nephropathy
- Clinical Aspects of Managing Cardiac Allograft Vasculopathy

Infectious Diseases Focus Session—Anti-Infective Resistance: Has the Well Run Dry? (Co-sponsored by the Society for Infectious Diseases Pharmacists)

- The Current Status of Anti-Infective Resistance
- The Pharmaceutical Industry's Perspective on Anti-Infective Drug Development
- The Food and Drug Administration Anti-Infective Advisory Panel's Perspective on New Drug Development

Pain Management Focus Session—Update on Cancer Pain Management

- American Pain Society Cancer Pain Guidelines
- Equi-Analgesic Dose Conversions: Unraveling the Mystery
- The Role of Methadone in Cancer Pain Management

Pediatrics Focus Session—Important Developments in Pediatric Immunization

- Hot Topics in Pediatric Immunization
- To Use or Not to Use: Analysis of the Risk of Use and Non-Use of Vaccines in Children

Outcomes and Economics Focus Session—Justifying Clinical Pharmacy Services: An Evidence-Based Review

- Justifying Clinical Pharmacy Services: An Evidence-Based Review
- Insight Into the Asheville Project: A Novel Model for Clinical Pharmacy Service

PRN and Chapter Business Meetings and Networking Forums
Research Institute/PRN Reception and Silent Auction

Tuesday, November 4

Pharmacy Industry Forum Exhibits and Breakfast

Scientific Poster Presentations

Curricular Track 1—Through the Crystal Ball: Agents in the Pipeline

Agents in the Pipeline for Treating Oncologic, Infectious, and Pulmonary Disorders

- Agents in the Pipeline for Treating Oncologic Disorders
- Agents in the Pipeline for Treating Infectious Diseases
- Agents in the Pipeline for Pulmonary Disorders

Curricular Track 2—Clinician Perspectives in Managing Various Disease States

Clinician Perspectives in Managing Schizophrenia

- Inpatient Clinician Perspective: Treating Acute Onset Schizoaffective Disorders
- Managed Care Perspective: Treating Chronic Schizophrenia
- Research Perspective: Avenues of Inquiry to Improve Our Understanding and Treatment of Schizoaffective Disorders

Curricular Track 3—Disaster Preparedness for Pharmacists Responding to Disaster

- Managing Exposure to Biological Agents
- Managing Chemical and Radiological Exposures
- Managing Health Care During Natural Disasters

Curricular Track 4—Pharmacoepidemiology

Using Pharmacoepidemiology to Investigate Drug Safety

- Using Large Health Insurance Claims Databases to Evaluate Drug Safety
- Using Pharmaceutical Company Adverse Event Databases for Pharmacovigilance

Pharmacist Liability

Meet the Experts

- How to Start and Manage a Substance Abuse Recovery Program
- How to Prepare for HIPAA in a Clinical Setting
- How to Balance Personal and Professional Time
- How to Manage Your Research Program
- How to Benefit from the ACCP Fellowship Peer-Review Program
- How to Protect Your Intellectual Property
- When Should You Blow the Whistle and What Should You Be Prepared For If You Do?
- How to Build an Interactive Department Website
- How to Use Technology in Pharmacy Education
- How to Be Innovative when Teaching Drug Information
- How to Get Free Medications for Indigent Patients
- How to Be a Productive Author and Investigator
- Key Lessons for Being an Excellent Educator
- Seizing Opportunity to Develop an Excellent Practice
- How to Become Involved in ACCP
- What Does It Take to Change Your Profession?

The ACCP Research Institute Grants Review Process

How To Be a 5-Star Scientific Journal Reviewer

Scientific Paper Platform Presentations

ACCP's Advocacy Curriculum: Issues and Opportunities in 2004

- Health Issues and the U.S. Congress
- Grassroots Advocacy: Something We Can All Do
- Capitol Hill Update

Adult Medicine Focus Session—Collaborative Practices in the Inpatient Setting

- Inpatient Collaborative Practice at Memorial Hospital at Easton
- Inpatient Collaborative Practice at Mission St. Joseph's Hospital
- Inpatient Collaborative Practice at the College of Medicine, Oklahoma University Health Science Center

Ambulatory Care Focus Session—Partnerships in Community and Ambulatory Care Settings

- The Ukrop's Pharmacy Experience: Building Community Partnerships
- Senior PHARMAssist: An Innovative Community-Based Program
- The Asheville Project: Building Community Partnerships

Critical Care Focus Session—Relationships of Drugs, Diseases, Inflammation, and the Immune Response in the Critically Ill

- Impact of Antibiotics on the Immune System
- Effects of Hyperglycemia and Insulin on Inflammatory and Immune Response in the Critically Ill
- Current Status of Immune Enhancing Nutritional Therapies in the Critically Ill

Drug Information Focus Session—Drug Information Technologies and Resources

- Medical and Pharmaceutical Applications for Personal Digital Assistants
- Electronic Tertiary References of Drug Information
- Internet-Based Resources of Drug Information
- Databases That Index Primary Literature

GI/Liver/Nutrition Focus Session—Common Issues in Treating Obese Patients

- Pharmacokinetic Dosing in Obesity
- Using Nutraceuticals to Treat Obesity
- Using Hypocaloric Feedings to Treat Obesity

Hematology/Oncology Focus Session—Targeted Drug Therapies on the Horizon

- Overview of New Targeted Therapies
- Epidermal Growth Factor Inhibitors where Skin is not the Target
- How to Make Sense of Antisense Therapies: A Focus on BCL-2 and PKC

Pharmaceutical Industry Focus Session—Bioterrorism: Challenges for Pharmaceutical Industry

- Bioterrorism: Challenges for the Pharmaceutical Industry
- Anthrax Vaccine Production: Challenges from Within the Pharmaceutical Industry
- Smallpox Vaccine Production: Review of the Current State of the Smallpox Vaccine

Pharmacokinetics/Pharmacodynamics Focus Session—Modeling Tools for Understanding Variable Drug Response

- Employing Pharmacogenomics to Optimize Therapeutic Outcomes
- Utilizing Pharmacokinetic Modeling to Optimize Therapeutic Outcomes
- Using Pharmacodynamic Modeling to Bridge the Gap Between Pharmacogenomics and Pharmacokinetics

Nephrology Focus Session—Update on the National Kidney Foundation K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease

- Overview of the National Kidney Foundation K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease
- Association Between Chronic Kidney Disease Severity and Development of Secondary Complications
- Applying the National Kidney Foundation Guidelines for Chronic Kidney Disease: An Opportunity to Expand Pharmacist's Roles

Women's Health Focus Session—Therapeutic Challenges in Adolescent Health

- Emergency Contraception
- Sexually Transmitted Diseases in Adolescents
- Pharmacotherapy of Chronic Diseases in Pregnant Adolescents

PRN and Chapter Business Meetings and Networking Forums

Wednesday, November 5

Scientific Poster Presentations, with announcement of the winners of Best Poster and Best Paper Award Competitions

Curricular Track 1—Through the Crystal Ball: Agents in the Pipeline

The Impact of Pharmacogenomics on Disease State Management

- Pharmacogenomics: Paving the Way for a Medical Revelation or a Revolution?
- Examining the Therapeutic, Economic, and Humanistic Potentials and Pitfalls of Pharmacogenomics

Curricular Track 2—Clinician Perspectives in Managing Various Disease States

Clinician Perspectives in Managing Post- and Peri-Menopausal Symptoms

- Allopathic Clinician: Using Hormone Replacement Therapy to Manage Post- and Peri-Menopausal Symptoms
- Homeopathic Clinician: Using Complementary and Alternative Medicines to Manage Post- and Peri-Menopausal Symptoms

Curricular Track 3—Disaster Preparedness for Pharmacists
Post-Disaster Fallout: Selected Long-Term Public Health Implications

- Disaster-Related Issues in Infectious Diseases
- Psychosocial Impact of Disasters

Curricular Track 4—Pharmacoepidemiology

Using Epidemiologic Principles to Address Clinical Problems

- Cancer Epidemiology
- Using Epidemiology to Track Antimicrobial Usage Patterns

Coming in June: Updates in Therapeutics 2003

ACCP's *Updates in Therapeutics* series is a key professional resource, whether you are looking for an update in a therapeutic area or are preparing to take a Board of Pharmaceutical Specialties specialty examination.

Updates in Therapeutics courses are available in three specialty areas: Nutrition Support, Pharmacotherapy, and Psychiatric Pharmacy. The instructional materials—derived from live presentations of their respective, acclaimed board certification preparatory courses—are available in a variety of formats to best suit your learning style. Each specialty course contains detailed handouts, key references, and case-based questions with explained answers. Strong emphasis is placed on the thought process needed to solve patient care problems in each therapeutic area.

Each course in the *Updates in Therapeutics* series is available in a variety of formats:

	Member Price	Non-member Price
Online Course with Continuing Education Credit	\$210.00	\$330.00
Print Book	\$85.00	\$135.00
Online Book	\$75.00	\$120.00
Audiotapes	\$140.00	\$225.00
CD-ROM	\$145.00	\$235.00

(Available for Pharmacotherapy only)

Order Now! Visit the ACCP Online Bookstore at www.accp.com and enter **promotional code R0503**.



The American College of Clinical Pharmacy is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. The 2003 Spring Practice and Research Forum and *Updates in Therapeutics: The Pharmacotherapy Preparatory Course* will provide up to 19 contact hours of continuing education credit. To receive ACPE credit for each module, the answer sheet must be returned for scoring, and a score of 70% or above must be achieved.

The Pharmacotherapy Preparatory Course-Program No. 217-000-03-020-H01; 3 contact hours; 217-000-03-021-H01; 3 contact hours; 217-000-03-022-H01; 3 contact hours; 217-000-03-023-H01; 3 contact hours; 217-000-03-024-H01; 3 contact hours; 217-000-03-025-H01; 4 contact hours.

Visiting Scientist Program: Application Deadline June 6

Since 1985, the Visiting Scientist Program has provided an opportunity for industry-based pharmaceutical scientists to visit colleges of pharmacy and share knowledge, experiences, and ideas with students. The program benefits both academia and industry by encouraging students to pursue research and careers in the pharmaceutical sciences.

The program matches pharmaceutical scientists with colleges of pharmacy, who can then schedule a one- to three-day visit for the scientist at the school. The college may ask for a scientist in a specific discipline and the scientist may request the college of their choice. Interested industry-based scientists and colleges of pharmacy can obtain further information and all necessary application forms at <http://www.aapspharmaceutica.com/resources/vsp.vspoverview.asp>.

The Leadership Experience— “It’s active, it’s real...”

A key to being a good leader is to understand why people work well (or don't work well) together. Michael Ujhelyi says that *The Leadership Experience* helped him gain this insight.

The Leadership Experience is a four-day program that focuses on individual development within group situations. It will be held again September 22–25, 2003, in Kansas City, MO. During *The Leadership Experience*, attendees interact with one another in a business simulation and deal with managerial and organizational issues. LeaderPoint presents the course in cooperation with ACCP.

Ujhelyi attended the February 2003 session and said it was hard work but worthwhile. “*The Leadership Experience* is definitely the hardest thing I have done in my life,” he said. “Science is easy compared to leadership.”

Ujhelyi is a senior principal scientist and program manager for the External Research Program at Medtronic in Minneapolis, MN. He has read many books on leadership and attended other courses, but said that *The Leadership Experience* is the most worthwhile course he has taken.

“The course was able to give me immense clarity as to how and why people work well together. *The Leadership Experience* really gives you a clear understanding of why certain groups work well,” Ujhelyi said. “The business simulation is the best aspect of the course. To me, it was glowingly obvious how real the simulation was.”

Since attending the course, Ujhelyi has been trying to implement ideas he learned. “I try to focus on key elements to getting things done, such as finding a common goal and assigning accountability. I directly used aspects of the course to write a policy for a program I manage. *The Leadership Experience* has helped me articulate my vision.”

Ujhelyi believes the course is worth the cost, especially for people who have significant responsibilities and accountabilities and who lead other employees. He believes also that ACCP members who serve in PRNs or on committees would benefit from the course. “*The Leadership Experience* was very positive,” he said. “I give it glowing ratings. It was a well-run, excellent experience. It’s active, it’s real, and it’s hard.”

The special ACCP fee for taking this course is \$2500, a large reduction from the usual course fee. Participants in *The Leadership Experience* may receive up to 30.0 contact hours of continuing education credit. Complete information about the course is available online at www.leaderpoint.biz/accp.htm. For other questions, contact Peggy Kuehl, ACCP Director of Education and Member Services, at (816) 531-2177, pkuehl@accp.com, or Michael Laddin at LeaderPoint, (913) 384-3212, mladdin@leaderpoint.biz.

View the daily course schedule at <http://www.leaderpoint.biz/articlestopost/SessionDetailACCP.pdf> or read what other past participants have said about *The Leadership Experience* at <http://www.accp.com/leadtest.pdf>.

New Members

ERICA ATKINS	ALYSSA LEE
JENNIE E. AYERS	SIOK KIM LIM
KAREN BACA	YAOFAY LIN
KATE E. BARBATO	WALTER G. LLOYD
CYNTHIA E. BARLOW	STACEY MACAULAY
LUIS BARRETO ROCCHETTI	NEERA MAHAL
DAVID S. BATESHANSKY	JANINE MASI
RHONDA BEENE	JILL MAYES
JASON BRYOWSKY	KAYSI MCGHIE
R. TODD BURKHARDT	MATTHEW E. MORROW
DIANA CAO	ERIN NEWKIRK
SARA CHERIYAN	MAI NGUYEN
NANCY CHIE	THUYHUONG T. NGUYEN
ERIK CHRISTENSON	PEDRO OCHOANTESANA
LINDA S. CLARK	VALENTINE J. PASCALE
RANDI CONRAD	DANIELLE PETROCELLI
TIFFANI CONSTANTINO	ANDREEA POPA
RICHARD E. CORRITORE	ROBERT G. PRATT
RENEE COSTIANIS	STEVEN M. RIDDLE
HOLLY DIVINE	RALPH RIVERA
STACY DOBBS	KATHRYN D. RYAN
MATTHEW DORMARUNNO	SONA SAHNI
TERESA A. DUHANCIK	JENNIFER L. SANDI
DALE E. ENGLISH	DEBORA B. SCHERING
DEBORAH D. EPPS	JULIE A. SCHWELLER
D. RENEE EVANS	CHRISTOPHER J. SCOTT
STEPHEN J. FORD	MICHAEL SEMANCO
AVA P. FRANK	TERESA SHIH
VANESSA FREITAG	DANA SINGLA
ANNA K. FUKUNAGA	RACHEL M. SLATON
KARI FURTEK	JASON SMITH
RENEE GARD	RHONDA SOEST
AMAR GAUTAM	ASHLEY SPEER
ROBERT GILLIES	KALI SPENCER
AUDREY L. GRAY	VICTORIA TAMIS
NAHID H. HADIKHAN	EMILIA TEREKHINA
SHAMBRIA HAYNIE	DEREK TESCHLER
KRISTEN L. HELMS	FIONNA H. TRAN
FRANCISCO JAVIER JIMENEZ	SUSAN TRIEU
SHELLEY M. JONES	CRYSTAL TUBBS
TSELAINIE JONES SMITH	KRISTIN A. URA
ELIZABETH R. KACZMAREK	ANTHONY VITALE
MAISHA KELLY	DENISE L. WALBRANDT PIGARELLI
KLUGH KENNEDY	PHUONG N. WOOD
MICHAEL L. KESSLER	BRIAN WREN
CATHERINE KIRUTHI	KELSY YAMANE
SOO YEON KWON	SUSAN YUN
JOANNE LAFLEUR	SEENA ZIERLER-BROWN

The following individuals recently advanced from Associate to Full Member:

KRISTI BROKERING
DAMARY CASTANHEIRA
WILLIAM E. DAGER
LIYA DAVYDOV
KENNETH E. JOHNSON
JOHN M. KOERBER
CAMERON C. LINDSEY
KRISTY H. LUCAS
BRIAN R. MARTIN
JORGE R. MIRANDA-MASSARI
HONG NGUYEN
KATHLEEN PACKARD
ROBERT L. PAGE
JENNIFER M. PETROLATI
CATHERINE A. PIERCE
JEAN ROSE
GLORIA SACHDEV
DENISE L. SCHIFF
KRISTINE E. SCHONDER
RICHARD E. SHIELDS
REZA TAHERI
ANNE M. TUCKER
SHARON K. VIRE
JOEL F. WALLACE
KATHERINE Y. YANG



New Member Recruiters

Special thanks to the following individuals for inviting their colleagues to join them as ACCP members:

CINDA BATES
DEBBIE BYRD
LINGTAK-NEANDER CHAN
SARA CHERIYAN
ANTHONY GERLACH
MICHAEL LEE



**Pharmacotherapists/Clinical Assistant Professors
University of Illinois at Chicago**

The University of Illinois at Chicago, Department of Pharmacy Practice is seeking qualified candidates for nontenured positions as Clinical Assistant Professors and Pharmacotherapists at our various teaching sites in Chicago or Rockford, IL. Skills in Ambulatory Care, clinical practice/teaching, or drug information are desirable. Scholarly contributions and clinical research are also expected.

Applicants must possess a Pharm.D. degree, a residency in clinical pharmacy practice or comparable clinical experience, and be eligible for licensure as a Pharmacist in the state of Illinois.

For fullest consideration, interested individuals should submit letter of intent and curriculum vitae by June 1, 2003 to:

**Jerry L. Bauman, Pharm.D.
Professor and Head
Department of Pharmacy Practice (M/C 886)
University of Illinois at Chicago
College of Pharmacy
833 South Wood Street
Chicago IL 60612-7230**

UIC is an AA/EOE

**Assistant Professor in Primary Care Pharmacotherapeutics
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Science Center**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure-track appointment in the area of primary care pharmacotherapeutics. Service, clinical teaching, and research will be conducted at Tinker Field Air Force Base as a part of associated primary care clinics.

Academic responsibilities include clinic administration, supervision and training of ASHP-accredited primary care residents, provision of doctor of pharmacy student experiential training, didactic teaching, and scholarship. A valid, unrestricted Oklahoma pharmacist license will be required. Board Certification in Pharmacotherapy is preferred. Preference will be given to individuals with prior experience at this site and with at least four years of practice experience beyond residency training. Salary will be commensurate with experience. The position is available immediately. Applications for the position will be accepted until June 15, 2003.

Interested applicants should send a letter of intent, curriculum vitae, and three references with supporting letters to:

**Michael E. Burton, Pharm.D.
Professor and Chair
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy, CPB211
The University of Oklahoma Health Science Center
PO Box 26901
Oklahoma City OK 73190-5040
Phone: (405) 271-6878
Fax: (405) 271-6430
E-mail: Michael-Burton@ouhsc.edu**

The University of Oklahoma is an equal opportunity institution.