

# ACCP Report

American College of Clinical Pharmacy

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

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## Prominent ACCP Members Weigh In on Tisdale Open Letter

### They Urge the College to Move Forward in Promoting a New Specialist Framework

In penning last month's open letter to ACCP members ([ACCP's Board Certification Quandary](#)), President Jim Tisdale didn't know what to expect in member response. "I received many thoughtful and thought-provoking e-mails. This is clearly an issue of importance to ACCP members." Among the messages Dr. Tisdale received were several from current and past leaders in clinical pharmacy.

Robert M. Elenbaas, Pharm.D., FCCP, ACCP Executive Director Emeritus, provided additional historical perspective to supplement the open letter:

Consideration of a new framework for pharmacy specialties is long past due. The College should be encouraged to keep this important issue among its highest priorities. In the early 1980s, I was honored to serve as co-chair of the Committee on Clinical Pharmacy as a Specialty. Our original charge was to seek recognition of Clinical Pharmacy as a specialty by the Board of Pharmaceutical Specialties (BPS). Although supported by many at the time, the concept of Clinical Pharmacy as a specialty also encountered resistance. In part, this resistance arose because people had difficulty envisioning how a Clinical Pharmacy specialty would relate to other potential clinically-based specialties in the future. Even then, in the early days of the BPS, the framework that had been conceived for pharmacy specialties was being stressed. To make a long story short, what eventually resulted was the recognition of Pharmacotherapy as a specialty. Although this relieved some of the concerns regarding "Clinical Pharmacy," it only delayed the need to consider our specialty framework.

The first Pharmacotherapy certification exam was given in 1991. It did not take long before the concept of subspecialties began to emerge. The Society of Infectious Diseases Pharmacists requested that BPS establish infectious diseases as a formal subspecialty of Pharmacotherapy. About this same time, ACCP encouraged BPS to create a new structure characterized by a core pharmacotherapy exam that would test knowledge and skills common to all clinical practitioners, supplemented by a more focused "subspecialty" exam

in areas like cardiology, infectious diseases, and the like. The College advocated such a structure because it was viewed as the most efficient and cost-effective way to certify the largest number of qualified clinicians. In 1993, BPS opted not to go down this path, but eventually (in 1997) created the "Added Qualifications" process. Once again, this only delayed the need to consider our specialty framework.

We now have nearly 20 years worth of experience since the advent of Pharmacotherapy, Nutrition Support, Oncology, and Psychiatry as formal pharmacy specialties. If pharmacy is indeed well down its transformational path to a patient-centric health profession, then we must assure that our credentialing processes of the future will meet not only our needs but the needs of patients, other health professionals, and the entire healthcare system. We cannot delay any longer in considering the optimal framework for pharmacy specialization, and in moving with all due speed to put that framework in place.

Stuart Haines, Pharm.D., FCCP, BCPS, a former Past President of ACCP, also commented on the issues addressed in Dr. Tisdale's letter:

Board Certification is an important quality assurance process intended to provide payers, employers, and patients a validated mechanism to identify qualified individuals who are prepared to engage in specific areas of practice. From the practitioner perspective, board certification validates that he or she possesses the requisite knowledge (and to lesser degree, skill) gained through training and experience. Unfortunately the current system of board certification in pharmacy fails to recognize important, well-established areas of practice and for which specialized training is available. For example, pharmacists working in the critical care setting clearly require specialized knowledge and skills—but there is no mechanism for payers, employers, patients, or accreditation bodies to determine whether the pharmacist working in the intensive care unit is qualified to do so. Moreover, there is no mechanism to determine if a "graduate" from a critical care pharmacy residency possess the knowledge and skills needed to practice independently. Our board certification framework should match our residency training framework. At the moment, there is a significant disconnect.

Jill Burkiewicz, Pharm.D., BCPS, who served as ACCP Secretary from 2006 until 2009, wrote:

I am pleased that ACCP continues to actively advocate for a new specialist certification framework. As our profession continues to grow and diversify, a new model that allows for the recognition of the array of specialists and subspecialists is needed to not only meet our needs as a profession but more importantly the patients we serve.

Jerry Bauman, Pharm.D., FCCP, BCPS, Dean of the University of Illinois at Chicago College of Pharmacy and 1997–1998 ACCP President, pointed to the need to address the specialist certification conundrum:

Unfortunately, and in direct contrast to the profession of medicine, for pharmacy there is a disconnect between board certification and post-Pharm.D. residency and fellowship training. It seems clear, in order for the profession to continue to move forward, this vexing problem must be solved. ACCP and President Tisdale should be applauded for recognizing this and taking a shot across the bow toward a solution.

Although most responses received by Dr. Tisdale supported the perspectives articulated in his letter, several important points related to specialist certification were raised. “In view of the number of members interested in this subject, and their varied understanding of specialist certification,” in Dr. Tisdale’s words, “I think it’s important to make certain that both the procedures involved in specialist certification and the College’s viewpoints on this process are clearly understood. I plan to devote my July President’s Column to discussion of the key arguments raised in member responses to the letter.” In addition to Dr. Tisdale’s column, the July issue of the *ACCP Report* will feature more comments from members who replied to the open letter.

## 2010 Pharmacotherapy Preparatory Course Instructional Materials Now Available

Instructional materials are now available for the 2010 edition of *Updates in Therapeutics: The Pharmacotherapy Preparatory Course*, the same course that was presented live at the 2010 Spring Practice and Research Forum.

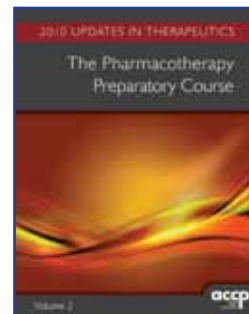
*Updates in Therapeutics: The Pharmacotherapy Preparatory Course* is ideal for pharmacy professionals who are preparing for the Pharmacotherapy Specialty Certification Examination administered by the Board of Pharmacy Specialties and for those seeking a self-paced review and refresher of disease states and therapeutics. Developed by Board Certified Pharmacotherapy Specialists, the course content provides a comprehensive review of the knowledge domains covered in the Pharmacotherapy Specialty Certification Examination. The course uses a case-based approach, with strong emphasis on the thought processes needed to solve patient care problems in each therapeutic area.

Course materials are presented in a variety of formats to suit different learning styles. Continuing pharmacy education credit is available through the successful completion of online posttests. The maximum number of continuing pharmacy education credits available for the preparatory course is 23.0 hours. Instructional materials are available in the following formats:

- **Course Workbook.** Presenter handouts are provided in a perfect-bound book. These materials include case studies,

study questions with answer explanations, and literature citations for further reference.

- **Online Book.** Information contained in the printed course workbook is also available in this online version. The online book provides access to course workbook contents as PDF (Portable Document Format) files.
- **CD-ROM.** The CD-ROM includes the presenters’ lectures, which are audio-synchronized to the slide presentations from the live program. The CD-ROM is both PC and Macintosh compatible and contains MP3 files of the presenters’ lectures. (The CD-ROM is not CD-Audio compatible.)
- **CD-ROM and Course Workbook with CE.** This package includes the full course workbook and a CD-ROM, plus access to the Web-based posttests for continuing pharmacy education credit.
- **Web-Based Online Course with CE.** This combination provides participants with the online workbook and includes the presenters’ lectures, which are audio-synchronized to the slide presentations from the live program. The online course also provides the MP3 files of the presenters’ lectures. In addition, the online course provides participants access to the Web-based posttests for continuing pharmacy education credit.
- **CD-ROM and Online Workbook with CE.** This package includes the CD-ROM and full course online workbook, plus access to the Web-based posttests for continuing pharmacy education credit.



Instructional components also are priced for individual sale. Orders for *Pharmacotherapy Preparatory Course* instructional materials may be placed online at <http://www.accp.com/bookstore/ppc10.aspx>. Orders may also be placed by telephone at (913) 492-3311 or by fax at (913) 492-0088.

Prices	Member	Nonmember
Print Workbook and CD-ROM with CE Credit	\$360.00	\$505.00
Online Workbook and CD-ROM with CE Credit	\$340.00	\$490.00
Online Course with CE Credit	\$350.00	\$485.00
CD-ROM	\$225.00	\$330.00
Print Workbook	\$150.00	\$220.00
Online Workbook	\$140.00	\$210.00



The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The Universal Activity Numbers are:

- **Pediatrics; Geriatrics; Fluids, Electrolytes, and Nutrition; and Endocrine and Metabolic Disorders** Activity No. 0217-0000-10-013-H01-P; 4.50 contact hours.

- **Biostatistics: A Refresher; and Clinical Trials**  
Activity No. 0217-0000-10-014-H01-P; 3.00 contact hours.
- **Critical Care and Ambulatory Care**  
Activity No. 0217-0000-10-015-H01-P; 3.00 contact hours.
- **Neurology and General Psychiatry**  
Activity No. 0217-0000-10-016-H01-P; 2.50 contact hours.
- **Infectious Diseases; HIV/Infectious Diseases; Nephrology; and Gastrointestinal Disorders**  
Activity No. 0217-0000-10-017-H01-P; 4.00 contact hours.
- **Oncology Supportive Care; Men's and Women's Health; and Pharmacokinetics: A Refresher**  
Activity No. 0217-0000-10-018-H01-P; 3.00 contact hours.
- **Acute Care Cardiology and Outpatient Care Cardiology**  
Activity No. 0217-0000-10-019-H01-P; 3.00 contact hours.

All *Pharmacotherapy Preparatory Course* modules are application-based activities. To receive continuing education credit, each Web-based posttest must be successfully completed and submitted to ACCP by October 31, 2011. Statements of credit for continuing pharmacy education will be available to participants immediately after the successful completion of each Web-based posttest at [www.accp.com/](http://www.accp.com/). Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of the *Pharmacotherapy Preparatory Course* are available at <http://www.accp.com/bookstore/ppc10.aspx>.

## Mark Your Calendar Now for the *NEW Ambulatory Care Preparatory Review Course* and the *Pharmacotherapy Preparatory Review Course*

April 8–12, 2011 • Columbus, Ohio

Mark your calendar for the popular *Pharmacotherapy Preparatory Review Course* and the *NEW Ambulatory Care Preparatory Review Course*. Both programs are designed to help you prepare for the relevant Board of Pharmacy



Specialties (BPS) Pharmacy Specialty Certification Examination that will be offered in October 2011. Even if you are not planning to sit for a BPS examination, you may still be interested in assessing your knowledge and skills by taking advantage of one of these advanced specialty programs. Each course is an excellent review for either pharmacotherapy or ambulatory care practitioners seeking to remain current in their practice. Registration opens October 2010.

Both courses will take place at the Greater Columbus Convention Center located in Columbus, Ohio, from April 8 to 12, 2011. Watch the ACCP Web site, [www.accp.com](http://www.accp.com), for complete meeting details.

## 2010 Annual Meeting Call for Abstracts

Submit abstracts online at <http://accp.confex.com/accp/2010am/cfp.cgi>.

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts to be considered for poster presentation at the 2010 Annual Meeting.

Abstracts may be submitted in one of the following categories:

**Original Research:** Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

**Clinical Pharmacy Forum:** Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with clinical services payment or cost analysis are encouraged. Encore submissions are welcome.

**Resident and Fellow Research-in-Progress:** Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing. The presenting author must be a resident or fellow.

**Student Submissions:** Submission criteria are those of an Original Research presentation. Partially completed data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by date of presentation. The presenting author must be a student.

**Late Breakers:** Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

### Submission Deadline

All abstracts accepted for presentation (with the exception of Encore presentations) in the Original Research, Clinical Pharmacy Forum, and Late Breakers categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. The deadline to submit abstracts in Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Tuesday, June 15, 2010, midnight, Pacific Standard Time. The deadline to submit abstracts in Student Submissions and Late Breakers is Wednesday, July 7, 2010. Authors will be notified by e-mail of acceptance of their papers by Monday, August 2, 2010.

For more information about the Call for Abstracts, contact Emma Webb, ACCP Project Manager – Education, at (913) 492-3311, extension 20, or [emmawebb@accp.com](mailto:emmawebb@accp.com).

## The ACCP Clinical Pharmacy Challenge – Register Your Team Today



There's a new game in town! [Register](#) your pharmacy student team today to compete in the inaugural ACCP Clinical Pharmacy Challenge. Teams of three students will compete against teams from other schools and colleges of pharmacy in a “quiz-bowl” format.

Preliminary rounds of the competition will be conducted virtually (online) in September. Semifinal and final rounds will be held live at the ACCP Annual Meeting in Austin, Texas. [Click here \(http://www.accp.com/stunet/compete/eligibility.aspx\)](http://www.accp.com/stunet/compete/eligibility.aspx) to view the competition schedule.

Each competition round will consist of questions offered in three distinct segments of the competition: Trivia/Lightning, Clinical Case, and “Jeopardy-style” rounds. An expert panel of clinical pharmacy practitioners and educators has developed and reviewed the questions and cases used in the competition. [Click here \(http://www.accp.com/docs/stunet/compete/SampleQuestions.pdf\)](http://www.accp.com/docs/stunet/compete/SampleQuestions.pdf) to view sample items.

Each team advancing to the semifinal rounds conducted at the ACCP Annual Meeting will receive three complimentary student full-meeting registrations, and each team member will receive a recognition certificate. The second-place team will receive a \$750 cash award (\$250 to each member). The winning team will receive a \$1,500 cash award (\$500 to each member), and each member of the winning team will receive a plaque. A team trophy will be awarded to the winning institution.

Only one team from each college or school of pharmacy may enter the ACCP Clinical Pharmacy Challenge. Institutions with several branch campuses may enter a team from each campus branch, provided that student participants on their respective teams are enrolled and educated at the same campus branch. However, only one team from an institution with entries from multiple campus branches may qualify for the semifinal round. The campus branch team achieving the highest qualifying score after completion of the virtual rounds will represent its institution going forward.

Students need not be members of ACCP to participate. Each college or school of pharmacy team registration may be submitted online and can be initiated by the institution's [ACCP faculty liaison \(http://www.accp.com/stunet/studentliaisons.aspx\)](http://www.accp.com/stunet/studentliaisons.aspx) or a current faculty member. *The registering faculty member and/or his/her designee must be present at the time his/her school participates in the online rounds.* Each team must complete its online registration and eligibility confirmation by **September 8, 2010**.

Detailed information regarding ACCP Clinical Pharmacy Challenge eligibility, format, FAQs, sample test items, and registration may be found on our Web site at <http://www.accp.com/stunet/compete/overview.aspx>.

### ACCP StuNet Advisory Committee Applications Due June 18

Attention students: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills,

expand opportunities for student pharmacists within ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the 2010–2011 ACCP National StuNet Advisory Committee.

The National StuNet Advisory Committee is a standing ACCP committee composed of members appointed each year by the ACCP President-Elect. Members generally serve a 1-year term, and the committee is typically composed of 8–12 members. The leadership of the committee is also appointed by the ACCP President-Elect.

Leadership positions include the Chair (1-year term), the Vice Chair (2-year term; serves the first year as the Vice Chair and then assumes the Chair position during the second year), and the Secretary (1-year term). If you are interested in serving on the 2010–2011 ACCP National StuNet Advisory Committee, either as a member-at-large or in a leadership role, please visit <http://www.accp.com/stunet/advisoryCommittee.aspx> for more information about the committee and how to apply. The deadline for applications is June 18, 2010.

### Applications for a Leadership Position on the 2010–2011 National Resident Advisory Committee Due June 18

Are you a resident or fellow who is interested in becoming more involved in ACCP? The American College of Clinical Pharmacy encourages postgraduate trainees wishing to enhance their leadership skills, network with colleagues across the country, and interact with clinical pharmacy leaders to apply for appointment to a leadership position on the 2010–2011 National Resident Advisory Committee.



The National Resident Advisory Committee is a standing committee composed of residents, fellows, or graduate student members appointed each year by the ACCP President-Elect. Members serve a 1-year term, and the committee is typically composed of 8–12 members. Appointed leadership positions include:

- Chair (1-year term)
- Vice Chair (1-year term)

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for postgraduate trainee members consistent with the College's vision of clinical pharmacy practice, research, and education.

The committee meets in person at the College's Annual Meeting in October and communicates by conference call and e-mail to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Annual Meeting held during their committee term. Applications are due by June 18, 2010. For additional information on the application process, or to enter your application, please visit <http://www.accp.com/membership/rac.aspx>.

## Washington Report

John McGlew  
Associate Director of  
Government Affairs



### Introducing the ACCP-PAC

ACCP is on course to launch a Political Action Committee (PAC) as part of its ongoing strategic plan to increase the College's advocacy capabilities and strengthen its position in Washington, DC.

The decision to establish an ACCP-PAC was made during a series of meetings of the ACCP Board of Regents and was supported by feedback from ACCP members who responded positively to the proposal.

### Can We Really Compete with the Big Washington PACs?

The thought of participating in the high-dollar, high-stakes world of political fundraising is daunting. In 2008, as a candidate, President Obama raised and spent the almost incomprehensible sum of \$730 million in his successful bid for the White House.<sup>1</sup>

Between the 24-hour news cycle and the use of sophisticated online fundraising techniques, candidates who make the headlines can raise vast sums of money almost instantaneously—Congressman Joe Wilson of South Carolina profited from his well-publicized “you lie!” (<http://www.youtube.com/watch?v=qgce06Yw2ro>) outburst directed at the president during an address to a Joint Session of Congress to the tune of almost \$1 million<sup>2</sup> from sympathizers across the country who opposed the president's health care reform proposals.

But politics is a fickle universe. Rep. Wilson's outburst might have won him short-term approval among opponents of President Obama, but his congressional challenger, Democrat Rob Miller, raised a similar sum from those horrified at Rep. Wilson's lack of decorum.<sup>3</sup> Few of these donors will provide meaningful, ongoing financial support. Politicians with long-term ambitions cannot rely on splashy headlines for their financial base—they need the support of their political friends and allies. A \$1 million dollar, nationwide, online fundraising blitz is a welcome bonus, but it is not considered sustainable—not in the way that dependable support from political allies is.

Contributions from the ACCP-PAC to pro-clinical pharmacy candidates for office reinforce our long-term commitment to improving access to clinical pharmacists' services and the investment we are making in our advocacy program to influence policy and improve patient care.

### Which Candidates Will the ACCP-PAC Support?

The ACCP-PAC, which is non-partisan, will support Republican, Democratic, or Independent candidates who have demonstrated their support for issues affecting clinical

pharmacy practice. Contributions tend to be targeted toward candidates who sit on congressional committees with jurisdiction over health care issues (e.g., House Energy and Commerce; House Ways and Means; Senate Finance; Senate Health, Education, Labor and Pensions).

### Who Can Contribute to the ACCP-PAC?

As a separate, segregated fund of ACCP, the PAC can only solicit contributions from ACCP members—our “restricted class.” The maximum contribution allowed by law is \$5,000 per ACCP member per calendar year. Contributions are not deductible as charitable contributions for federal income tax purposes. The PAC can only accept personal funds—corporate contributions are prohibited by law.

### Timeline

The ACCP Board of Regents has now approved an ACCP-PAC budget for 2010 and has installed a [PAC Governing Council](http://www.accp.com/report/index.aspx?iss=0510&art=9) (<http://www.accp.com/report/index.aspx?iss=0510&art=9>) to provide oversight and strategic input into the operations of the ACCP-PAC, particularly in the areas of fundraising and decisions around which candidates to support. ACCP is working to register the PAC with the Federal Election Commission (FEC) and to establish accounting and reporting processes that will keep the ACCP-PAC compliant with FEC regulations. Further information will be made available during the summer in preparation for the formal launch of the PAC at the ACCP Annual Meeting in Austin in October.

For more information, contact John McGlew at (202) 621-1820 or [jmcglew@accp.com](mailto:jmcglew@accp.com).

### ACCP at the National Conference of State Legislators

For more than a decade, ACCP, as part of the Alliance for Pharmaceutical Care, has participated in the Annual Legislative Summit of the National Conference of State Legislators (NCSL).



The Alliance for Pharmaceutical Care is a consortium of eight national pharmacy groups, working together to educate the public and policy-makers about the role of the pharmacist in improving patient outcomes.

NCSL is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, providing research, technical assistance, and opportunities for policy-makers to exchange ideas on the most pressing state issues.

The NCSL Legislative Summit brings together 5,000 legislators, legislative staffers, families, government officials, business representatives, union members, foundation representatives, and others interested in public policy to discuss issues including health care, the economy, transportation, education, human services, energy, and the environment.

The centerpiece of the Alliance's outreach is “Pharmacist Central,” an exhibit where meeting attendees can experience firsthand the wide range of patient care services that

1 Source: Banking on becoming president/open secrets. Available at <http://www.opensecrets.org/pres08/index.php>. Accessed June 2, 2010.

2 Source: Politico Article—Wilson breaks \$1 million. Available at [http://www.politico.com/blogs/bensmith/0909/Wilson\\_campaign\\_Fundraising\\_breaks\\_1\\_million\\_passes\\_Miller.html](http://www.politico.com/blogs/bensmith/0909/Wilson_campaign_Fundraising_breaks_1_million_passes_Miller.html). Accessed June 2, 2010.

3 Source: Politico Article—Wilson breaks \$1 million. Available at [http://www.politico.com/blogs/bensmith/0909/Wilson\\_campaign\\_Fundraising\\_breaks\\_1\\_million\\_passes\\_Miller.html](http://www.politico.com/blogs/bensmith/0909/Wilson_campaign_Fundraising_breaks_1_million_passes_Miller.html). Accessed June 2, 2010.

pharmacists provide, including health screenings, patient counseling, and medication reviews. Visitors to Pharmacist Central also gain insight into the valuable initiatives and programs using the medication expertise of pharmacists that increase access, reduce costs, and improve overall patient care and health care outcomes.



In previous years, patient care services available at Pharmacist Central included:

- **Brown Bag Medication Review:** In this area, participants are invited to share with pharmacists their current prescription use and discuss any potential interactions or recommendations based on current protocols.
- **Counseling Area:** In the patient counseling area, patients will receive their cholesterol and diabetes screening results from a pharmacist, who will explain what they mean. In addition to the cholesterol/glucose results, pharmacists will consider the results of the patient's other tests and provide patient-specific feedback on what the results may mean.
- **Cholesterol/Diabetes Screening:** At this station, individuals will have a sample of blood taken (by fingerstick and capillary tube draw). Patients will undergo a panel of tests ranging from total cholesterol, LDL, and HDL to glucose concentrations. The results are available in 5 minutes and are available for pickup at the Counseling Area.
- **Body Fat Analysis Area:** In this area, participants will receive an ultrasonic measurement of their biceps by the Futuro machine. The machine provides a printout of data such as the person's body mass and fluid content.
- **Respiratory Area:** In this area, pharmacists will be using the [Satellite Spirometry System](#). The computerized spirometer measures complete flow-volume and time-volume data, together with comparative values.
- **Blood Pressure Area:** Pharmacists will measure patients' blood pressure.
- **Bone Density/Osteoporosis Measurement Area:** Using the Sahara Heel Bone Ultrasonic Machine, pharmacists will screen patients for bone density. Patients must have stocking-free heels to undergo the screening.
- **Heartburn Awareness:** In this area, pharmacists provide a brief evaluation to determine the applicability of OTC heartburn medication.

**The Alliance member organizations are:**

- American Association of Colleges of Pharmacy (AACP)
- American College of Clinical Pharmacy (ACCP)
- Academy of Managed Care Pharmacy (AMCP)
- American Pharmacists Association (APhA)
- American Society of Health-System Pharmacists (ASHP)
- International Association of Compounding Pharmacists (IACP)
- National Alliance of State Pharmacy Associations (NASPA)
- National Association of Chain Drug Stores (NACDS)

**Call for Volunteers**

This year's NCSL Legislative Summit will be held July 26–28 in Louisville, Kentucky. We are calling on ACCP members in Kentucky to volunteer to staff the exhibit to help educate state legislators about the value pharmacists provide to patient care every day.

For more information, or to sign up as a volunteer, please visit the Alliance for Pharmaceutical Care Web site at <http://www.allianceforpharmcare.com/index.html>, or contact John McGlew at (202) 621-1820 or [jmcglew@accp.com](mailto:jmcglew@accp.com).

**2008–2010 ACCP-VCU-ASHP Healthcare Policy Fellow Reflects on Her Experience**

Did the March signing of President Barack Obama's health care reform bill change Stephanie Hammonds' job?

Yes and no.

Hammonds has experienced a bird's-eye view of health care legislation and policy decisions during her nearly 2-year term as a Congressional Healthcare Policy Fellow based in Washington. She began her time on Capitol Hill in the Majority Health Policy Office of the Senate Health, Education, Labor and Pensions Committee. At the time, Sen. Edward Kennedy (D-Mass.) was in charge.

"I met Senator Kennedy twice," she said. "His passing away was extraordinarily difficult for all of us. When Senator [Tom] Harkin of Iowa took over, he asked us all to stay." Although the two senators "come from different places," as Hammonds said, they share an extraordinary commitment to the cause.

Hammonds' fellowship is the result of collaboration between ACCP, the VCU School of Pharmacy, and the American Society of Health-System Pharmacists. Gary Matzke, Associate Dean for Clinical Research and Public Policy at VCU, is the program's founding director.

Hammonds earned her Pharm.D. degree at Purdue University School of Pharmacy and Pharmaceutical Sciences. When she arrived in Washington in September 2008, she said, "We were working on a fact-finding mission." After much input from innumerable sources, Congress wrote the health care proposals (as opposed to 1993–1994, when the White House handed a proposal to Congress).

Once it came to instilling ideas from both sides, Hammonds said, "There were some glaring differences and some similarities. So we got into a bit of a stalemate. A lot of adverse messaging was going out. But the president increased his outreach efforts." According to Hammonds, "The House had a good bill" and thought perhaps it could pass as a separate bill to reconcile some of the issues ... or start over. "But we didn't have time for that," she said. "One of the options was passing the Senate bill and then a separate reconciliation bill to negotiate fixes for the House."



*Healthcare Policy Fellow Stephanie Hammonds (second from left) poses with ASHP's Brian Meyer (far left), VCU's Gary Matzke (to the right of Hammonds), and ACCP's C. Edwin Webb (far right).*

Talks continued. Laughing, Hammonds added, “[The reconciliation discussion] was all happening way above my pay grade.” At that point, she said, “We were sort of in this waiting-game limbo. I’m still actually working on what I was before ... but I have a lot more confidence now in being able to provide talking points.”

That’s partly why she was happy her fellowship was extended last fall. “We weren’t done yet. There were some parts I felt personally invested in, and I didn’t want to walk away from that.” Some of Hammonds’ colleagues have suggested that watching legislation grow is akin to childbirth. Because of this experience, she can relate. “It was like this was my baby.”

Fast-forward to the health care reform bill—aka the Patient Protection and Affordable Care Act—which was passed by the House on March 21 and signed by the president on March 23.

“We did it!” exclaimed Hammonds by phone, shortly after the signing. So, *has* her job changed now? Yes, in that part of the “waiting game” is over. No, in that many items need reauthorization, and then there’s the committee’s next big push: food safety.

It’s clear Hammonds finds her job exhilarating. Although she previously worked at three medical centers and as a community pharmacist, the Healthcare Policy Fellowship has confirmed her interest in policy as a career. “I don’t see myself going back to fulltime clinical practice,” she said. “That prepared me for a managerial track, but I knew I wanted to do policy at the legislative level. I think this is where I will hopefully stay, maybe on the Hill or in an agency.”

Because her fellowship ends in August, Hammonds said, she has the luxury of looking for post-fellowship jobs. Among her potential opportunities is a job working with a French national health insurance medicines policy group “to see how it could inform our work here.”

Wherever she lands, Hammonds said, her decision to pursue such a career is a testament to the Congressional Healthcare Policy Fellow program. “I know the applicant pool expanded greatly this year,” she said. “I’m sure the health-care reform issues also brought attention to it. It’s been great!”

Please click [here](http://www.pharmacy.vcu.edu/sub/prospective/postgrad/publicpolicy/default.aspx) (<http://www.pharmacy.vcu.edu/sub/prospective/postgrad/publicpolicy/default.aspx>) for more information on the Congressional Healthcare Policy Fellow program.

## Faculty and Investigator Participants Head to Arizona for the FIT Program

A cadre of 12 highly experienced faculty mentors and 13 participants are set to arrive at the University of Arizona for the third annual Focused Investigator Training (FIT) Program this month. The 13 experienced investigators

selected to attend the program possess the knowledge and skills required to submit a competitive extramural funding grant (such as an NIH grant application). The 13 participants selected to attend the FIT Program are as follows: Marcia Brackbill, Fred Doloresco, Mitchell Barnett, Pamala Pawloski, Rahul Jain, Terrance Adam, James Backes, Steven



Leonard, Leigh Anne Nelson, Roy Parish, Edith Nutescu, Qing Ma, and Kenneth Bauer Jr. Throughout the week, these 13 investigators will maximize pilot data while working with highly funded, experienced mentors from around the country in a collegial setting.

The core activity of the FIT, called the *Grant Proposal Group Sessions*, teams the investigators with two faculty mentors and other peer investigators throughout the week. In addition to lectures, participants will engage in panel discussions and small group breakout sessions for basic, clinical, and health outcomes research topics. Moreover, participants will have ample opportunity to consult with all the NIH-funded FIT Program faculty mentors, which include three biostatisticians, during one-on-one office hours. The 2010 FIT Mentor Team is as follows: Drs. Barry Carter, John Cleary, Reginald Frye, Susan Fagan, Vicki Ellingrod, Lynda Welage, and Gene Morse; Duane Sherrill, Ph.D.; Mary Gerkovich, Ph.D.; Greg Stoddard, Ph.D.; Julie Wright; and Gary Yee.

The FIT Program is partially supported by an educational donation provided by Amgen and in-kind support from the host institution, University of Arizona, College of Pharmacy. The American College of Clinical Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The 2010 FIT Program will provide up to 26 contact hours of continuing education credit.

## FIT Attendee Awarded NIH Grant

Jennifer Le, Pharm.D., BCPS-ID, Assistant Professor, UCSD Skaggs School of Pharmacy and Pharmaceutical Sciences, attended the FIT Program in 2008. Her project, titled “Pharmacokinetic-Pharmacodynamics of Antimicrobials in Resistant Infections,” was recently awarded a K23 grant from the NIAID over 5 years. The purpose of the Mentored Patient-Oriented Research (POR) Career Development Award (K23) is to support the career development of investigators who have made a commitment to focus their research endeavors on patient-oriented research. This mechanism provides support for 3–5 years of supervised study and research for clinically trained professionals who have the potential to develop into productive clinical investigators focused on patient-oriented research. Jennifer’s mentor team is Victor Nizet, M.D., Edmund Capparelli, Pharm.D., and John Bradley, M.D.

When contacted, Jennifer stated,

I’m so lucky to receive this award, as this is my first time ever applying for NIH funding! My attendance at the FIT program 2 years ago really paid off. Thank you so much for continuing this informative, well-structured program that made me realize that funding success stems from hard work and support of great mentors and role models such as Drs. Courtney Fletcher and John Cleary. They were so helpful to me and even took the time to write support letters that I submitted along with my application. Keep up the great work!

Congratulations to Jennifer on her successful grantsmanship!

## Pharmacotherapy Pearls

### Call to Pharmacotherapy Reviewers to Update Their Areas of Expertise and Contact Information

Wendy R. Cramer, B.S., FASCP  
Richard T. Scheife, Pharm.D., FCCP



Our current Web page for reviewers, authors, and editors, at [www.pharmacotherapy.org](http://www.pharmacotherapy.org), provides access to a link to our sophisticated online manuscript management system called Manuscript Central by ScholarOne, Inc. This Web-based software allows authors to submit new and revised manuscripts and allows reviewers to perform their reviews online. For the system to work optimally for both reviewers and the journal, it is imperative that the reviewers' areas of expertise, as well as their contact information, be accurate and current.

To this end, we ask that all reviewers for *Pharmacotherapy* update their areas of expertise (choosing as many areas as appropriate) and contact information in our system. To do this, please follow these steps:

1. Go to [www.pharmacotherapy.org](http://www.pharmacotherapy.org) and click on "Article Submission and Review."
2. Enter your user ID and password into ScholarOne (Manuscript Central) and sign in. If you have forgotten your user ID and password, go to "Password Help," and your user ID and password will be e-mailed to you.
3. Click on "Edit Account" at the top right of the screen.
4. Make the appropriate edits on your areas of expertise and contact data.

We have created just over 100 descriptors of areas of expertise (e.g., anticoagulation, bacterial resistance, acute coronary syndrome) that represent our reviewers. These categories are as follows:

ACE inhibitors	Asthma
Acute coronary syndrome	Bacterial resistance
ADHD	Biotechnology
Administration	Bioterrorism
Adverse drug reactions	Bipolar
AIDS	Botulism
Allergy	Breastfeeding
Alzheimer's disease	Burns
Ambulatory	C-reactive protein
Aminoglycosides	CAD
Analgesia	Cardiology
Anemias	Community practice
Anesthesiology	Complementary and alternative medicine
Anticoagulation	Computer technology
Antiepileptic drugs	Contraception
Antifungals	COPD
Anti-inflammatories	Critical care
Antiplatelets	Cytochrome P450
Antiretrovirals	Dementia
Antivirals	Depression
Anxiety	Dermatology
ARDS	Diabetes
Arrhythmias	Dialysis
Arthritis	

Drug abuse	Obesity
Drug information	Oncology
Drug safety	Ophthalmology
Endocrinology	Outcomes
Epidemiology	Parkinson's disease
Ethics	Patient safety
Evidence-based medicine	Pediatrics
Febrile neutropenia	Peptic ulcer disease
Fluids and electrolytes	Pharmacodynamics
Fluoroquinolones	Pharmacoeconomics
Forensic medicine	Pharmacogenomics
Gastroenterology	Pharmacokinetics
Geriatrics	Pharmacology
Glaucoma	Pharmacy education
Gout	Pharmacy practice
Headache	Pregnancy
Heart failure	Psychiatry
Hematology	Public health
Hospice	Pulmonary
Hypertension	Quality of life
Immunizations	Renal
Immunology	Restless leg syndrome
Industry	Septic shock
Infectious disease	Sickle cell
Insomnia	Smoking cessation
Legal	Spinal cord and brain injury
Lipids	Statistics
Liver	Stereoisomers
Lyme disease	Steroids
Managed care	Stroke
Migraine	Study design
Nausea	Surgery
Neonatology	Thrombocytopenias
Neurology	Thyroid
Neuromuscular- blocking agents	Toxicology
Neuropathy	Transplant
Neurosurgery	Travel medicine
Nuclear medicine	Urology
Nutrition	Vancomycin
	Women's health

As you well know, this maneuver will help ensure that you receive papers in your specific areas of expertise. We appreciate your taking the time to update this information.

### Leadership Opportunity Within ACCP PBRN: Community Advisory Panel

Most large Practice-Based Research Networks (PBRNs) have a Community Advisory Panel (CAP) within their organizational structure, although the roles and functions of each CAP may vary among PBRNs. The CAP's primary role for the ACCP PBRN will be to represent the ACCP membership in an advisory capacity. CAP members will have a formal leadership appointment with the ACCP PBRN. The 2010 Research Affairs Committee's main charge is nominating the 2011–2013 CAP—they will solicit ACCP PBRN members to submit applications, review candidates' application materials, and recommend a slate of candidates to the ACCP Board of Trustees. Watch your e-mail for the *call for applications*.



## Awards, Promotions, Grants, etc.

**M. Lynn Crismon**, Pharm.D., FCCP, BCPP, was recently named recipient of the Distinguished Alumnus Award from the University of Oklahoma....**Renee DeHart**, Pharm.D., FCCP, BCPS, has been appointed Associate Dean for Administrative Affairs at the University of Arkansas for Medical Sciences....**Paul Gubbins**, Pharm.D., FCCP, was elected President-Elect of the Society of Infectious Diseases Pharmacists....**Michael Jann**, Pharm.D., FCCP, BCPP, was the corecipient of a grant in the amount of \$120,600 from Ortho-McNeil-Janssen for the study titled "Evaluating Outcomes of Long-Acting Antipsychotics in a Rural Healthcare Setting"....**Russell Lewis**, Pharm.D., FCCP, BCPS, received a grant from Gilead Sciences Europe Ltd. in the amount of \$66,750 to study "Liposomal Amphotericin B Dose-Intensification and De-escalation Strategies for Experimental *A. terreus* Pneumonia"....**Keri Naglosky**, Pharm.D., **Tim Stratton**, Ph.D., BCPS, and two coinvestigators have received \$63,000 for a grant titled, "Pilot Study to Determine the Effectiveness of Pharmacist Provided MTM Using Face-to-face and TeleMTM in the Treatment of Long-Haul Drivers with Hypertension"....**John Pieper**, Pharm.D., FCCP, BCPS, has been appointed President of the St. Louis College of Pharmacy, beginning August 1....**Nathan Wiederhold**, Pharm.D., has been appointed to Associate Professor with Tenure at the University of Texas College of Pharmacy.

## New Members

Abdullah Abdu	Gina Dolores Bonaccorso
Victoria Aderibigbe	Brahim Bookhart
Nasim Aghaenia	Julie Bosler
Demelash Alambo	Karen Boyd
Husam AlDeek	Robert Bragg
Sumana Alex	Danielle Brindisi
Abdulrazaq Aljazairi	Raquel Broder
Nouf Aloudah	Donald Brown
Majed Alshakhori	Wendy Brown
Jainish Amin	Daniel Brum
Myla Anderson	Monique Bryan
Jason Andree	Peter Bryan
Russell Appleby	Theodore Bujak
Bridget Archer	Jane Burian
Oluwatoyin Arije	Erin Carey
Marie Ayoub	Dori Casavecchia
Soukaina Ayoub	Francesco Cattel
Jason Babby	Stephanie Chambers
Amani Bahdealah	Rashi Chandra
Dana Baker	Hewon Chang
Adeiwale Balogun	Nai Chao
Kelli Bankard	Caroline Chavez
Monica Bant	Chih-Hui Tracy Chen
Naomi Barasch	Weichia Chen
Steven Barr	Rebecca Chhim
Craig Bartlett	Wayne Chu
Jennifer Bartlett	Amy Chuang
Robert Beckett	Marion Clark
Britta Bergstrom	Nikia Coefield
Omar Bihi	Justin Cole
Karen Bills	Daniel Conant
Charlene Blubaugh	Anna Connolly

Jennifer Conty	Joshua Ingram
Jennifer Cooper	Wendy Iwasaki
Charles Cordaro	Salimatou Jawara
Teena Cortese	Gurpreet Johal
Ginny Crisp	Jessica Johnson
Genevieve Cyr	Kelly Kabat
Joshua Dakon	Courtney Kain
Tara Dalton	Susan Kang
Florian Daragjati	Doris Kao
Charles Darling	Scott Karkula
Tamba Dauda	Marc Keilman
Jacob Daughtry	Amanda Kerr
Jennifer Davis	Mohammad Khashayar
Mike De Luna	Nicole Kiehle
Maia Decker	Sarah Soo Kim
Susan Decker	Heather Kincaide
Erin DeWald	De'Keisha Knowles
Ian Doyle	Eva Kozlowski-Lazzara
Clay Dumke	Matt Krull
Sherri Dupart	Brian Kurtz
Jonathan Edwards	Nicole LaHaie
Robert Ejike	Paul Laucka
Patrick Ellis	Lisa Lenzi
Janet Engle	Tamy Leung
Mark Epstein	Erna Lindain
Michelle Espada	Anouk Lindemans
Christopher Evans	Kimberly Locklear
Cristal Exline	Jennifer Low
Fady Faltas	Shannon Lowe
Kristen Finical	Yanela Lozano
Jeff Fink	Nguyen-Kim Luc
Melissa Flaherty	Sharon Lyddane
Julie Flint	Gavin Magaha
Nancy Fortson	Erin Mahoney
Ashley Foster	Kim Mai
Bonnie Frawley	Stephanie Mange
Marissa Furman	Kendra Manigault
Cheryl Gainey	Spencer Martin
Kala Gallagher	Jamie McCarrell
Heather Gao	Darrell McDuffie
Melinda Gardiner	John McEntee
Charlene Gartner	Catherine Menard
Nadia Gartner	Kifle Merid
Tsion Gebru	Jessica Merrill
Jennifer Glace	John Miller
Brian Greenberg	Kellie Miller
Richard Gremillion	Michael Miller
Rustin Groskreutz	Sarah Miller
Reetu Gupta	Megan Mitchell
Rupal Gupta	Amanda Moffett-Frey
Betty Ha	Solmaz Moinzad
Evelyn Handel	Chad Morris
Kimberley Harris	Jeanne Naeger
Kim Hart	Jill Neitzel
John Hawboldt	David Nelson
Elizabeth Helm	Carey Newlon
Renee Hill	Diem Nguyen
Keith Holguin	Frank Nguyen
Gina Hollander	Huong Nguyen
Allison Hood	Laura Nguyen
Sarah Hopps	Linh Nguyen
Stephanie Hopson	Kristen Nichols
Melony Hosford	Robert Nix
Jessica Hull	Chad Norkus
Hyun Jeong Im	Julius Nwadinobi

Rose O'Flynn  
Erin Oh  
Obioma Okafor  
Christina Olmsted  
Irina Olshanskaya  
Alexia Olson  
Amy Olson  
Denise Owens  
Nehal Pandya  
Tomeka Park  
Michaiah Parker  
William Parker  
Palak Patel  
Yatin Patel  
Daisy Payne  
Sotheary Pel  
Pamela Pelletier  
Matt Perciavalle  
Huyen Tran Pham  
Sarah Pham-Thai  
Wesley Pitts  
Craig Pleiman  
Aminah Pollock  
Joyce Poon  
Amanda Popoloski  
Kachelle Preau  
Jennifer Purdy  
Magda Quintana  
Jonathan Ray  
Jill Reid  
Sean Reilly  
TrisAnn Rendulic  
Kimberly Richards  
Melanie Richer  
Wendy Richow  
Melissa Rios  
Barton Robbins  
Catherine Robitaille  
Krista Ross  
Kim Rossman  
Kathleen Rottman  
Kathryn Ruf  
Dawn Rush  
Logan Saito  
Glenn Schulman  
Richard Schumacher  
Robert Seabury  
William Seavey  
Anne Selig  
Vivianne Shih  
Karen Shive  
Gurshirn Sihota  
Satu Siiskonen  
Kimberly Smith  
Chad Snuggerud  
Scott Sommo  
Matthew Soto  
Dale Spears  
Jessica Spittler  
Karen Spry  
Shusen Sun  
Yuan Sun  
Carl Sutherland  
Randall Sweeney  
Stephen Tan

Wacharah Taupradist  
Robert Taylor  
Tiffany Tesoro  
Diana Thamrin  
Elaine Thomas  
Alicia Thornton  
Paul Tran  
David Tucker  
Courtney Tysinger  
Ulfat Usta  
Sara Utley  
Niyati Wakil  
Brismayda Valdes  
Francisco Valls  
Julie Vandergon  
George Varghese  
Keith Veltri  
Temetra Washington  
Ginger Watlington  
Jennifer Weaver  
Beth Weber  
Kimberly Whipple  
James White  
Janet Whittey  
David Wolfe  
Eric Wombwell  
Lourdes Wong  
Valerie Wright  
Vani Yalamanchili  
Phillip Yamauchi  
Cheng-Jung Yang  
Yu-Hsuan Yen  
Amy Yim  
Edward Young  
Linda Yun  
Shane Zembles  
Tracy Zembles  
Ahmed Zikri  
Emily Zywicke

**The following individuals  
recently advanced from  
Associate to Full Member:**

Alison Allen  
Nichole Allen  
Julie Atay  
Jane Elliott  
Dana Kirk  
Sum Lam  
Thomas Nester  
Hong Ngoc Nguyen  
Amy Rockwell  
Douglas Steinke  
Erin Turk  
Susan Vendemelio  
Janet Wolcott

**New Member Recruiters**

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

Frank Caligiuri  
Jennifer Confer  
Catherine Crill  
Robert Deamer  
Jean Dib  
Curtis Haas  
Krystal Haase  
Mary Hess  
Wendy Kagawa  
Abir Kanaan  
Chad Knoderer  
Joel Marrs  
Chris Oswald  
John Papadopoulos  
Kenna Payne  
Treavor Riley  
Patricia Ritz  
Autumn Runyon  
Joseph Saseen  
Nicole Scott  
Mina Willis  
Kevin Wright  
Jennifer Zwiener



**Pharmacy Manager  
Tucson Heart Hospital  
Tucson, Arizona**

Life-touching.

Furthering the healing ministry of Christ.

Tucson Heart Hospital, a member of Carondelet Health Network in Tucson, Arizona, is seeking an experienced Pharmacy Manager. In this key role, the successful candidate will be responsible for planning, directing, executing, and evaluating all aspects of pharmacy services for the hospital.

Requirements include:

- M.S. or Pharm.D. degree from an ACPE-accredited school or College of Pharmacy
- Valid and current Arizona pharmacist's license
- Two years of management experience in a hospital pharmacy
- Strong interpersonal skills and basic computer skills

If you would like to join our team in Southern Arizona as a Pharmacy Manager, or for additional opportunities, please visit our Web site at [www.carondelet.org](http://www.carondelet.org) or e-mail us at [jobs@carondelet.org](mailto:jobs@carondelet.org).

Carondelet Health Network is composed of St. Mary's Hospital, St. Joseph's Hospital, Holy Cross Hospital, and Tucson Heart Hospital.

*Equal Opportunity Employer.*



**Executive Director  
Board of Pharmacy Specialties**

The Board of Pharmacy Specialties (BPS), located in Washington, DC, is recruiting for the position of Executive Director.

BPS is an autonomous division of APhA and serves as the agency responsible for specialty-level board certification across the profession of pharmacy. Currently, BPS administers five separate specialty certification processes, accredited by the National Commission for Certifying Agencies. About 9000 pharmacists worldwide hold BPS specialty certifications. The 2010 BPS budget is in excess of \$2 million.

Among the key responsibilities of this challenging and professionally rewarding position are:

- Represent BPS across the profession of pharmacy and related health care professions to increase recognition and promote specialized training, knowledge, and skills in pharmacy and specialty board certification of pharmacists.
- Provide leadership, strategic direction, and evaluation to ensure that specialty certification needs of the profession are anticipated and met in a timely manner.
- Guide the BPS Board of Directors in strategic planning, policy, and governance activities.
- Provide leadership and management oversight to BPS operations.
- Build external relations for BPS and promote the organization's mission and vision to a broad range of stakeholders.
- Serve on the APhA Management Team and maintain a strong working relationship with APhA.

**Desirable Qualifications and Experience:**

- Pharmacy degree (B.S. or Pharm.D.)
- Postgraduate degree (M.S., MBA, or Ph.D.) and/or advanced training in management and credentialing highly desirable
- Minimum of 5 years of pharmacy practice desirable
- Demonstrated excellence and experience in association management and/or academic, government, or pharmacy practice environment. A minimum of 5 years of senior- and/or executive-level experience is preferred.
- Demonstrated leadership in professional pharmacy organizations at the national level
- Successful track record in program management, budget management, and contract management

BPS offers a competitive salary and benefits. Candidates should send a letter of interest; a resume or CV; and the names, addresses, and phone numbers of three references by June 22, 2010, to:

**The Bernard Consulting Group, Inc.  
523 Grand Boulevard, 1A  
Kansas City, MO 64106  
Attn: Laura New**

Or send an e-mail to [lnew@bernardconsultinggroup.com](mailto:lnew@bernardconsultinggroup.com), subject: BPS Search.

*EOE.*