

ACCP Report

American College of Clinical Pharmacy

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

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Highlights from the CMM Effectiveness and Implementation Grant: A Report from the Study Team

Each quarter, the *ACCP Report* features a column written by the CMM Effectiveness and Implementation Grant study team to provide ACCP members with highlights and learnings from the comprehensive medication management (CMM) project. In the March *ACCP Report*, the study team provided the first grant update since the project was launched in January 2016 (<http://www.accp.com/docs/report/0316.pdf>).

We continue to make progress. As mentioned in the first update, we have affirmed the interest of our 44 sites in participating in the study, and they are eager to get started. We are still awaiting IRB approval, which has slowed our efforts, but we expect to receive approval by mid-June. We are planning a kickoff webinar with the study sites in late June. Simultaneously, we will seek informed consent from the lead clinical pharmacist at each study site as well as affirm the commitment of both the clinical pharmacist and the medical director at each study site to engage in the study. Once all pharmacists have consented and sites have been confirmed, we will launch aim 1.

As a reminder, the study aims are as follows:

- **Aim 1:** Assess baseline demographics, the state of CMM within each practice, and practitioner and organizational capacity for CMM service development, refinement, and expansion.
- **Aim 2:** Determine best practices in the design and delivery of CMM in primary care that optimize medication use (i.e., how CMM is best delivered to patients in primary care).
- **Aim 3:** Determine the structural and system-level elements (i.e., the practice management system) that are needed to support the effective and efficient delivery of CMM, and establish initial benchmarks for practice quality and efficiency.
- **Aim 4:** Determine the key performance measures that support the value proposition for CMM from the perspective of stakeholders internal

and external to the providing organization, and evaluate the performance of study sites according to these key measures.

- **Aim 5:** Accelerate the adoption of CMM best practices through (1) replication across the 44 study sites; (2) dissemination across a facilitated community of learning to primary care practices throughout the United States; and (3) development and dissemination of the business case to key stakeholders.

To accomplish aim 1, we will conduct a baseline survey of the study sites in July. This survey will enable us to describe each site in greater detail as well as gain insight into the state of CMM within each practice. Our goal is on target, as originally planned, to have baseline findings collected, analyzed, and available this summer. As a follow-up to the baseline survey, we will conduct an interview with all sites this summer to learn more about their CMM practice model, their capacity for CMM service development and refinement, and the practice management system that supports CMM delivery. Plans for the survey and interview have been finalized and should soon be under way.

In addition to operationalizing the plans for aim 1, we have been developing our scope of work, our resources, and a timeline to launch the rapid-cycle testing of CMM within the primary care medical practices, which is at the core of aims 2 and 3. As stated in the March *ACCP Report*, we believe that we have a tremendous opportunity to advance the role of implementation science as an important area of research in pharmacy practice. We are committed to collaborating with a multidisciplinary team of key thought leaders and implementation scientists to ensure that we conduct this work with the highest degree of scientific rigor. To that end, these efforts are being planned in partnership with our colleagues Caryn Ward, Ph.D., and Dean Fixsen, Ph.D., with the National Implementation Research Network. We are also fortunate to be working with the American Academy of Family Physicians National Research Network (AAFP NRN), which has experience in using implementation science in primary care. To guide our implementation science efforts, we are applying the

Active Implementation Frameworks (<http://implementation.fpg.unc.edu/module-1>) and plan to launch the first cycle in late summer.

With the operational aspects of the study under way to facilitate our launch, we continue to work toward building key organizational and individual stakeholder collaborations to maximize our impact. We have finalized the goals of our CMM Grant Steering Committee as well as our Payer Advisory Board and are in the process of reaching out to prospective members to seek their interest in serving on these important groups.

To identify best practices in CMM delivery (aims 2 and 3), the evidence base to support CMM must be present (aim 4). Our goal is to both critically examine how to implement CMM in busy medical practices to facilitate uptake and scalability in routine health care practice and, of equal importance, demonstrate the impact of CMM on the “key metrics that matter” in advancing CMM as a significant component of value-based care delivery and payment reform. Jen Carroll, M.D., MPH, and Wilson Pace, M.D., with AAFP NRN and the DARTNet Institute, respectively, have been instrumental in leading this effort and guiding our team through a series of discussions and planning meetings to solidify our key research questions and identify the key metrics of focus. Our CMM Grant Steering Committee as well as our Payer Advisory Board will also play a key role in refining our approach to aim 4.

On behalf of the investigators and study personnel, we hope these highlights are informative. Please feel free to reach out to Mary Roth McClurg at mroth@unc.edu or Todd Sorensen at soren042@umn.edu at any time with questions or insights.

Registration Now Open for the 2016 ACCP Annual Meeting



Register now to attend the 2016 ACCP Annual Meeting, to be held October 23–26 at the Diplomat Resort & Spa in Hollywood, Florida. This year’s meeting will offer an engaging lineup

of educational programming on the most topical issues, ranging from emerging therapies to the advancement and development of clinical pharmacy practice and education.

Annual Meeting programming will also include highly specialized PRN (Practice and Research Network) focus sessions, curricular-based ACCP Academy programming, and much more! Premeeting symposia will be

held Saturday, October 22, providing registrants the opportunity to attend Board of Pharmacy Specialties–approved educational sessions for specialty recertification in ambulatory care pharmacy, critical care pharmacy, pediatric pharmacy, or pharmacotherapy. Other premeeting symposia include ACCP Academy, resident, and student programs. A separate registration is required for the premeeting symposia.

Visit www.accp.com/meetings/am16 to view the complete meeting schedule, register for the meeting, and begin planning your Hollywood itinerary.

Reserve Your Room at the Diplomat Resort & Spa

ACCP has selected the Diplomat Resort & Spa as its headquarters hotel. Located steps from the beach, the Diplomat Resort & Spa provides attendees with state-of-the-art meeting facilities, stylish beachfront accommodations, a variety of dining and nightlife options, and countless leisure and spa activities. Bring your family and stay a few extra days to enjoy all the amenities the Diplomat Resort & Spa has to offer while exploring Hollywood’s one-of-a-kind oceanfront promenade, the Hollywood Beach Boardwalk.

Make your hotel reservations now and take advantage of the specially discounted ACCP room rates. For complete information on the Diplomat Resort & Spa, including online reservations, visit www.accp.com/meetings/am16.

Early-bird registration rates for the 2016 ACCP Annual Meeting expire **September 16**. Don’t miss out on these savings—register [online](#) today!

Virtual Poster Symposium Best Poster Competitions Won by Beshir and Miao

The winner of the Best Poster Award from the 2016 ACCP Virtual Poster Symposium was selected Wednesday, May 18, 2016, during the 2016 symposium. The winner of the Best Student and Resident Poster Award was selected Thursday, May 19, 2016. Poster finalists for both categories were required to give a 6- to 8-minute Skype presentation as well as participate in a 3- to 5-minute question and answer session with the judges. In all, 144 abstracts were presented during the Virtual Poster Symposium. Of these, 69 were reports of original research, 15 described innovative clinical pharmacy services, and 60 were resident and student submissions of research-in-progress.



Semira Beshir from the University of Malaya, Kuala Lumpur, Malaysia, won the Best Poster Award for “Rate and Associated Factors of Novel Oral Anticoagulant-Induced Bleeding in Patients with Non-valvular Atrial Fibrillation in a University-Affiliated Hospital in Kuala Lumpur, Malaysia.” Coauthors of the poster were Szyuin Sim, Kok-Han Chee, and Yoke-Lin Lo, also from the University of Malaya. Chu-Yun Huang from Shuang Ho Hospital, Taipei Medical University, New Taipei City, Taiwan, was the first runner-up in this category. Huang’s coauthors were Ju-Huei Tseng, Yi-Wen Chen, Yun-Ju Chen, and Jui-Chia Chang, also from Shuang Ho Hospital. The second runner-up in this category was Geoffrey Mospan from the Wingate University School of Pharmacy, Hendersonville, North Carolina. Kurt Wargo, also from the Wingate University School of Pharmacy, was coauthor of this poster. The other finalist in this category was Ronald Floyd, Sharp Mary Birch Hospital for Women & Newborns, San Diego, California.



Benjamin Miao from the Ernest Mario School of Pharmacy, Rutgers, The State University of New Jersey, Piscataway, New Jersey, won the Best Student and Resident Poster Award for “Cardiac Risk of Concomitant Levofloxacin with Amiodarone.” Miao’s coauthor was Luigi Brunetti, from Robert Wood Johnson University Hospital Somerset, Somerville, New Jersey. Daniel Przybylski was the first runner-up in this category. Przybylski’s coauthor was David Reeves, Butler University, Indianapolis, Indiana. The second runner-up in this category was Clarice Carthon, University Health System, San Antonio, Texas. Carthon’s coauthors were Reed Hall, Pamela Maxwell, and Barrett Crowther, also from University Health System. The other finalists in this category were Andrew Aziz, Hunterdon Medical Center, Huntington, New Jersey; Alicia Lichvar, University of Cincinnati, Cincinnati, Ohio; and Michi Yang, Philadelphia College of Pharmacy at the University of the Sciences, Philadelphia, Pennsylvania.

Winners of both the Best Poster and the Best Student and Resident Research-in-Progress Poster competitions have been invited to present their research during the 2016 ACCP Annual Meeting, to be held October 23–26, 2016, in Hollywood, Florida. Serving as finalist judges for the two competitions were Ed Bednarczyk, David Hoff, Jacky Olin, Keith Olsen, and Kim Tallian. Abstracts for all of the 2016 Virtual Poster Symposium presenters will be published in *Pharmacotherapy*.

The next abstract award competition will be held at ACCP’s 2016 Annual Meeting. The deadline to

submit abstracts is June 15, 2016, for these categories: Original Research; Clinical Pharmacy Forum; Advances in International Clinical Pharmacy Practice, Education, or Training; Systematic Reviews/Meta-analyses; and Case Reports. The deadline to submit abstracts for the Student and Resident/Fellow Research-in-Progress submission categories is July 1, 2016. ACCP is now accepting these abstracts at www.accp.com/2016abstracts.

Start Studying for the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, and Pharmacotherapy Specialty Exams with ACCP



Do you plan to take the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, or Pharmacotherapy specialty exam this fall, but find it difficult to start reviewing? Do you question your understanding of some of the key concepts that may be covered on the specialty exam? If so, save time and money by taking advantage of the 2016 home study version of the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, or Pharmacotherapy preparatory review and recertification course to fully prepare! Instructional materials for all courses are available today at www.accp.com/bookstore.

Advantages of purchasing an ACCP preparatory review course include:

- Access to the 800+ page detailed two-volume workbook covering key content areas.
- Access to more than 250 case-based questions and explained answers for effective learning and self-assessment.
- The convenience of studying from your home, office, or anywhere you have Internet access or access to an MP3 player.
- Access to fast-paced, comprehensive reviews of the full scope of the pharmacy specialty.
- The ability to start studying immediately!

Packaged instructional materials include content for the entire course in print and online formats, starting at the low price of \$395 (ACCP member rate). The workbook for each course is also available, starting at the low price of \$160 (ACCP member rate).

To receive continuing pharmacy education credit for any of the home study packages, you must successfully

complete and submit the web-based posttest to ACCP by October 31, 2017. Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of each course are available at www.accp.com/bookstore.

Orders for the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, and Pharmacotherapy preparatory review and recertification home study courses may be placed online at www.accp.com/bookstore. Orders may also be placed by telephone at (913) 492-3311 or by fax at (913) 492-0088.

Research-in-Progress Abstracts Due July 15, 2016

All students, residents, and fellows currently in training programs are invited to submit a research-in-progress abstract for presentation at the 2016 ACCP Annual Meeting in Hollywood, Florida, October 23–26, 2016.

To access detailed instructions and complete the online abstract submission, visit <http://accp.com/2016abstracts>. For all other questions, contact:

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Washington Report



John McGlew
Director of Government Affairs

U.S. House of Representatives Congressional Briefing “Getting the Medications Right’: An Essential Ingredient in Achieving the Goals of H.R. 4878 – the Medicare Better Care, Lower Cost Act”

On May 18, 2016, in the Rayburn House Office Building on Capitol Hill, Representatives Eric Paulsen (R-MN) and Peter Welch (D-VT) hosted a congressional briefing titled “Getting the Medications Right’: An Essential Ingredient in Achieving the Goals of H.R. 4878 – the Medicare Better Care, Lower Cost Act.”

The briefing was originally proposed during a meeting held by ACCP with Paulsen’s office. His staff inquired whether the College could help identify appropriate pharmacist-physician teams and invite them to Washington to present how comprehensive medication management (CMM) services, delivered under

team-based care structures, can significantly improve patient outcomes and control health care costs. The focus and content of the proposed briefing were consistent with Paulsen’s efforts to advance the Better Care, Lower Cost Act (H.R. 4878), and the joint initiative confirms the strength of the relationship ACCP is building with Paulsen. ACCP was joined in this briefing by the College of Psychiatric and Neurologic Pharmacists (CPNP), ACCP’s long-standing partner in its Medicare Initiative.

In keeping with efforts to maintain a bipartisan approach on this initiative, ACCP reached out to the other original cosponsor of H.R. 4878, Democratic Congressman Welch, who enthusiastically agreed to serve as a briefing cohort.

ACCP’s relationship with these health care policy leaders began in 2014, when the College endorsed their legislation during the 113th Congress, when it was first introduced. Before its reintroduction earlier this year, Paulsen and Welch contacted ACCP staff in Washington to reestablish this dialogue. In response, ACCP submitted comments confirming the College’s ongoing support for the bill.

About the Better Care, Lower Cost Act

The Better Care, Lower Cost Act is aimed at improving care for chronically ill Medicare beneficiaries and reforming the fee-for-service system to facilitate team-based care that helps patients achieve their clinical goals. The bill would establish a “Better Care Program,” offering traditional Medicare enrollees facing multiple chronic conditions the option to receive care tailored to their needs and preferences delivered by collaborative teams of health care professionals.

The bill includes pharmacists as eligible members of the proposed “better care practices,” which would expand opportunities for Medicare beneficiaries to participate in integrated care delivery models, but does not specify what pharmacists would do as part of these teams. In its endorsement letter, ACCP urged Paulsen and Welch to go beyond simply including pharmacists on the list of providers by enacting reforms to the Medicare Part B program that grant coverage of CMM services provided by qualified clinical pharmacists as members of the patient’s health care team.

- [Click here](#) to read ACCP’s comments in full.
- [Click here](#) to review the Better Care, Lower Cost Act.

Briefing Purpose and Goals

The briefing highlighted contemporary care delivery approaches to achieving medication optimization through formalized interprofessional practice structures

composed of physicians and other health professionals providing direct patient care in collaboration with clinical pharmacists. This approach is increasingly recognized as essential for “getting the medications right” for patients, particularly those with complex and/or multiple chronic conditions and care needs.

Expansion and scaling of practices that can accomplish medication optimization and help patients reach clinical goals through medication therapy is consistent with several of the policy goals contained in H.R. 4878. Specifically, the bill seeks to improve the quality and coordination of care for beneficiaries by supporting enhanced care coordination across Medicare Parts A, B, and D through promotion of patient-centered “better care programs,” interprofessional practice and education support, and enhanced use of health information technology.

The Briefing Panel



The Briefing Panel seated in the Rayburn House Office Building

From left to right: Mary M. Figueroa, M.D.; Amanda Brummel, Pharm.D., BCACP; C. Edwin Webb, Pharm.D., MPH, FNAP; Charles D. MacLean, M.D.; and Amanda Kennedy, Pharm.D., BCPS

True to the adage that “all politics is local,” ACCP worked to identify practitioners from the representatives’ home states.

Minnesota Presenters:

- Amanda Brummel, Pharm.D., BCACP
Director, Clinical Ambulatory Pharmacy Services
Fairview Health Services
Minneapolis, MN
- Mary M. Figueroa, M.D.
Family Physician
Fairview Southdale Hospital
Edina, MN

Vermont Presenters:

- Amanda Kennedy, Pharm.D., BCPS
Pharmacist Clinician

University of Vermont Medical Center
Burlington, VT

- Charles D. MacLean, M.D.
Associate Dean for Primary Care and Professor of
Medicine
University of Vermont Medical Center
Essex Junction, VT

Presentation Overview

Minnesota Collaborative Team

The Minnesota practitioner team presented an overview of Fairview Health Services, a nonprofit partnership with the University of Minnesota that delivered 6.6 million patient encounters at more than 30 CMM practices in 2015.

Highlighting the extent of the medication use problem within the U.S. health care system, Brummel and Figueroa described the spectrum of pharmacist practice and explained how consistent, defined, collaborative process of care is delivered to patients treated at Fairview Health Services. Of particular importance to the health policy audience, the presentation also focused on economic and outcomes data, including a crucial proven 12-to-1 return on investment in reduced overall health care costs.

Vermont Collaborative Team

Members of the Vermont team provided an overview of their work under the Vermont Blueprint for Health, a state-led, nationally recognized initiative transforming the delivery and payment of primary care and comprehensive health services. The program includes multi-payer payment reform with financial incentives, community health teams to augment primary care, quality improvement infrastructure, health information technology for treating individuals and populations, and collaboration with accountable care organizations and patient-centered medical homes.

Kennedy and MacLean went on to describe the demonstration project they worked under, aimed at improving care by optimizing medication regimens, or “getting the medications right,” in primary care through a mix of education, direct patient care, and population-based medication management.

[Click here](#) to view the presentations in full.

Summary

Congressional briefings are hosted by members of Congress in collaboration with key stakeholders on a particular issue area. Briefings are generally open to the public, but their target audience is other congressional offices, with the goal of educating staff members and

building awareness and support to help advance the issue legislatively.

On the basis of these criteria, ACCP's briefing was an unqualified success, widely attended by a diverse group of congressional staff and other interested parties. ACCP and CPNP would like to thank Brummel, Figueroa, Kennedy, and MacLean for the time spent preparing, traveling, and presenting at the briefing, which ensured the success of this important event. In addition, ACCP is grateful to the offices of Paulsen and Welch for their ongoing commitment to improving quality, care delivery, and outcomes for Medicare beneficiaries and their recognition that, to achieve this goal, it is vital to "get the medications right."

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

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The One-Size-Fits-All Journal

C. Lindsay DeVane
Pharm.D., Editor-in-Chief
Pharmacotherapy



Here are a few things I've learned from over 35 years of reading scientific journals. When I was a Pharm.D. student, a routine Saturday meant using a month of saved change at the library to photocopy and staple enough articles to fill a wire in-basket. Current reviews were readily available on topics related to the patients I encountered on clinical rotations. No topic was beyond my interest, and I felt that the world of therapeutics was like an ocean to be sailed. However, no single journal served all of my needs.

Moreover, the process of photocopying journals had its drawbacks. Although the occasional discovery of an entire journal issue devoted to a single topic of interest meant fewer trips to the stacks, other journals were bound and too thick to be copied. This resulted in articles reproduced with an inch of blurred text on one side. Eventually, I realized that my investment in time and dimes undermined the time available to read and digest my harvest of research and reviews. The old adage seemed to apply—I needed to either fish or cut bait. There had to be a better way to access the world's scientific knowledge.

Subscriptions were available for all journals, so I devised a list of those that published the articles I was most keenly interested in and narrowed down my list of journals to a handful. Then, I subscribed to several pharmaceutical and medical journals. Thus, I no longer wasted library time by standing in line for a copy machine; instead, I perused the current contents from which reprint requests could be generated and delivered directly to my mailbox. Eventually, though, the piles of journals and articles became too high. They occupied too much shelf space, constantly fell over, or concealed a specific issue from a casual search.

I have stopped archiving physical journals. The collective resources behind Google Scholar now serve as my current library. With computer storage memory readily available, the task becomes one of organization rather than access or attainment. This brings me to my original point.

Pharmacotherapy has a limited number of pages, physical and electronic, that can be published each month. Fortunately, however, all issues of the journal are now archived online for downloading to anyone with Internet access. Moreover, the search function on the journal website is a gateway to a treasure of articles on topics of interest. As *Pharmacotherapy's* international reach increases with foreign downloads, so does the global readership's breadth of interests. Thus, *Pharmacotherapy* can only meet the range of human pharmacology and drug therapy topics important to the readership to a limited extent.

The content of *Pharmacotherapy* that is published each month, far from being random, is in fact the result of a thoughtful process. The editors depend on unsolicited manuscript submissions, from which they choose the articles most impactful for publication. Fortunately, the number of annual submissions has been increasing for several years. In the future, invited submissions will occupy a larger proportion of each issue.

Each month, the editors strive to create a balance among the manuscripts submitted to include new research, therapeutic reviews, case reports, and special articles of interest. Some submissions are better suited for other journals. For instance, advances in pharmacotherapy that are stimulated from in vitro and animal studies are best left to journals that specialize in these topics. A well-written review on an esoteric topic or condition must be weighed against its value to a larger proportion of the readership that might better benefit from an updated review of a common therapeutic problem. One journal does not typically fit all the needs of its readers. The editors of *Pharmacotherapy* strive to publish a journal with constantly increasing value to ACCP and other pharmacotherapy communities.

Enroll in the Research and Scholarship Certificate Program to Develop Clinical Research and Scholarly Abilities



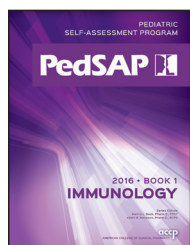
The Research and Scholarship Certificate Program is an educational program aimed at developing basic clinical research and scholarly skills. The program integrates research theory with practical applications while involving the participant in scholarly work early in the curriculum. Participants are challenged to explore individual professional research and scholarly activity goals in order to make the experience as relevant as possible within their respective professional contexts.

The Research and Scholarship Certificate Program curriculum includes 20.0 hours of core modules and 4.0 hours of elective programming. The core modules are as follows:

- Prerequisite Module: Research Primer (4 hours)
Delivered at the ACCP Annual Meeting
- Module No. 1: Research Basics (4 hours)
Delivered at the ACCP Annual Meeting
- Module No. 2: Statistical Issues (4 hours)
Delivered at ACCP's Updates in Therapeutics®
- Module No. 3: Regulatory and Ethical Issues (4 hours)
Delivered at ACCP's Updates in Therapeutics®
- Module No. 4: Extending Your Research Tool Kit (4 hours)
Delivered at ACCP's Updates in Therapeutics®

For complete information on each module's learning objectives, pre-assignments, portfolio activities, and mentoring requirements, please [click here](#).

PedSAP Features New Learning Formats



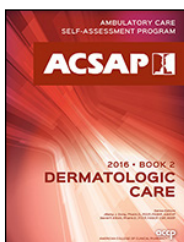
Immunology, the debut release in the new Pediatric Self-Assessment Program (PedSAP), offers new learning formats for the Board Certified Pediatric Pharmacy Specialist (BCPPS).

Like ACCP's other self-assessment programs (SAPs) for board specialty recertification, PedSAP presents review-style chapters with the latest evidence-based information to improve clinical skills and patient outcomes. *Immunology* has an available 9.0 BCPPS recertification credits.

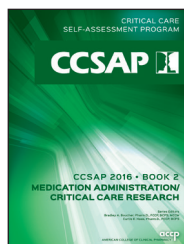
The PedSAP releases will provide Clinical and Practice Updates in a variety of new electronic formats. For example, *Immunology* includes the following features.

- Interactive Case: Solid Organ Transplant Immunology. A patient scenario is presented through a series of sample questions; each answer submission leads to a new webpage with detailed, referenced feedback on the optimal treatment of the case patient.
- Translating Evidence into Practice: HPV Vaccine. In this on-demand webcast, a study author and a clinician explore the impact of: Mayne SL, duRivage NE, Feemster KA, et al. Effect of decision support on missed opportunities for human papillomavirus vaccination. *Am J Prev Med* 2014;47:734-44.
- Translating Evidence into Practice: Vancomycin Toxicity. In this on-demand webcast, a study author and a clinician explore the impact of: Le J, Ny P, Capparelli EVC, et al. Pharmacodynamic characteristics of nephrotoxicity associated with vancomycin use in children. *J Pediatric Infect Dis Soc* 2015;4:e109-16.

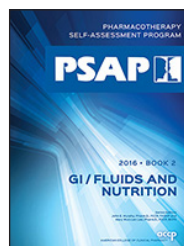
PedSAP joins the lineup of the 2016–2018 SAPs, which includes these current releases:



[ACSAP 2016 Book 2 \(Dermatologic Care\)](#): Ambulatory care clinical pharmacists are often responsible for identifying and managing dermatologic conditions. The book contains three learning modules with an available 13.5 BCACP continuing pharmacy education (CPE) credits.



[CCSAP 2016 Book 2 \(Medication Administration/Critical Care Research\)](#): Care of the critically ill patient often involves complex issues such as advances in technology, drug shortages, and patient-specific variables. The book offers 10.5 BCCCP CPE credits.



[PSAP 2016 Book 2 \(GI/Fluids and Nutrition\)](#): This release focuses on evidence-based practice considerations on the management of several important gastroenterologic diseases and nutritional and fluid disorders, as well as point-of-care testing. The book offers 14.5 BCPS CPE credits.

For specific release dates, available CPE credits, and program numbers for each book, or to place your online order for a SAP book, visit the [ACCP Online Bookstore](#).

ACCP-PAC Needs Your Support This Election Season



With the 2016 election season now officially under way, ACCP-PAC has almost \$60,000 cash on hand to support elected officials and candidates who are committed to a care delivery system in which clinical pharmacists,

working within integrated medical practice, are responsible for providing a significant portion of the medication management work and for helping to achieve clinical goal attainment for patients' medication use.

As we emerge from the bruising primary season and look toward the national conventions, congressional leaders from both political parties are increasingly concerned about the potential impact of the divisive and controversial presidential nominees on the "down-ballot" races for the U.S. Senate and House of Representatives. Both legislative chambers are now considered up for grabs, and leaders from each major political party are scrambling to raise funds to protect vulnerable incumbents or sweep challengers to victory.

Quite simply, PAC dollars have never been more sought after, and ACCP-PAC must make sure to help support its friends on Capitol Hill.

Why You Should Support ACCP-PAC

ACCP's advocacy efforts in Washington, D.C., related to its Medicare Initiative are perfectly aligned with the College's ongoing and ever-expanding clinical practice advancement initiatives essential for integrating clinical pharmacy services into contemporary team-based health care delivery. As an organization, ACCP is entirely focused on providing clinical pharmacists with the actionable tools, knowledge, and skills to bring about meaningful transformation through practice management and leadership development.

However, the political reality is that a legislative initiative cannot move forward purely on the strength of its own merits—grassroots advocacy and financial contributions are key to demonstrating support for our initiative from elected officials' own districts and states.

A well-funded PAC will help provide the necessary resources to support our friends on Capitol Hill. Contributions from ACCP-PAC to members of Congress will raise our profile on Capitol Hill, improve our standing among key lawmakers, and provide unique opportunities to discuss our initiative with potential congressional champions. ACCP-PAC will also help ensure that elected officials who support our initiative remain in office to advance the goals of the proposal in the future.

Only ACCP members are eligible to contribute to the PAC and allow us to make these vital political contributions. With its more than 18,000 ACCP members, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership. [Click here to contribute to ACCP-PAC today!](#)

ACCP Launches Mobile App for Ambulatory Care Review



Are you preparing for the Ambulatory Care Pharmacy specialty certification examination administered by the Board of Pharmacy Specialties? Now there's an app for that!

The *ACCP Flip Cards: Ambulatory Care* mobile app is now on sale at the [Apple App Store](#) and [Google Play](#). This mobile app combines the flash card experience with the on-the-go convenience of your iOS and Android devices for an anywhere, anytime review.

This new study tool features almost 300 patient-centered, disease-specific vignettes and clinical scenarios covering all domains in the ambulatory care examination content outline. Each item includes an explained answer with a rationale and supporting references for further study.

The mobile app enhances self-testing and evaluation in several ways. Items can be presented by examination domain or by system and patient care problems, or they can randomly be shuffled for a more challenging review. Scoring statistics provide instant feedback to direct a more focused review of selected areas.

A "favorites" feature allows the user to highlight items of special interest or in need of additional review. A "notes" feature assists in exam preparation by allowing the user to jot down reminders, mnemonic devices, or additional information. Another key element is a handy table of reference values for common laboratory tests. Explained answers for each item assist in learning and include one to five supporting references, each with a hyperlink to PubMed or other compiler.

The *ACCP Flip Cards: Ambulatory Care* mobile app joins the previously released mobile app *ACCP Flip Cards: Critical Care* and the mobile and print versions of *ACCP Flip Cards: Pharmacotherapy*. The print version of *ACCP Flip Cards: Pharmacotherapy* can be ordered from the [ACCP Online Bookstore](#). The ACCP Flip Cards mobile apps may be purchased from the [Apple App Store](#) or [Google Play](#).

Apply Now for the 2016–2017 ACCP PBRN Community Advisory Panel



Applications are now being accepted for the 2016–2017 Community Advisory Panel (CAP) of the ACCP Practice-Based Research Network (PBRN). The CAP functions

as an expert review panel for proposals received by the ACCP PBRN to determine the feasibility and practicality of proposed research projects. This standing committee to the ACCP PBRN, composed of a balance of generalists and specialists in a mixture of practice settings (e.g., outpatient clinics and inpatient services), represents the breadth and scope of the PBRN membership. The CAP consists of up to 10 members, each of whom may serve a 3-year term. All members of the panel belong to the ACCP PBRN and are unpaid volunteers. Eligible candidates must meet the following requirements:

- Be a full or associate member of ACCP
- Be a member of the ACCP PBRN
- Have worked a minimum of 5 years as a clinical practitioner after training

Candidates with prior investigator-initiated studies, experience in soliciting funds from external sources, or PBRN research experience will be given preference when comparing otherwise equally matched candidates. Current members of the Research Institute Board of Trustees, ACCP Board of Regents, and *Pharmacotherapy* Board of Directors are NOT eligible. To find out more about current CAP members, please visit <http://www.accpri.org/cap/index.aspx>.

To submit your application, please e-mail your CV/ biosketch and a statement of interest (500 words or less) to jculley@accp.com by Thursday, June 30, 2016. This year's newly selected members will begin their terms at the 2016 ACCP Annual Meeting in Hollywood, Florida, October 23–26, 2016.

New Members

Katherine Adams	Salma Bargal
Brian Ahn	Eugenie Basseres
Temilola Akobi	Jenna Bender
Omar Alkhezi	Antonina Benoit
Faris Alnezary	Alisha Bradley
Mohammad Alowairdhi	Heidi Brink
Fatima Al-Sulaiti	Kyle Brown
Mohamed Amar	Lisa Carlson
Rennie Atkins	Ann Chafin
Erin August	Ip Hoi Chan
Dina Azar	Mitchell Chan
Lauren Babjak	Matthew Cheung
Janelle Baker	Alan Chung

Jeff Clark	Linda Leav
Nicola Clayton	Lorrie LeClair
Mar Creixell	Catherine Lee
Elizabeth Crish	Sangkuk Lee
Donna Cushing	Meighan LeGrand
Kathryn Dane	ChengCheng Li
Erica Davidson	Kathlyn Lim
Catherine Dewaal	Christine Ling
Rebecca Dieter	Dania Lopez
Scott Dietrich	Anastasia Loukitcheva
Caitlin Drayna	Marina Maes
Gifty Edusei	Kevin Maginnis
Sandra Eich	Trisha Major
Abdelhameed Elfadol	Kali Martin
Emmanuel Ezenyi	Abigale Matulewicz
Jenna Ferrara	Nicole McCorkindale
Kristine Ferreira	Brian McCullough
Carla Finley	Ryan Medas
Maria Foreman	Steven Merrill
Mona Gandhi	Tyler Michael
Matthew Garvin	Romina Morales
Sepideh Ghassemian	Zain Morin
David Giddings	Elizabeth Moro-Wodi
Nicholas Giruzzi	Doaa Naeem
Tyler Golembiewski	Russell Neill
Kari Gordon	Randy Nemecek
Melanie Hackney	Baker Newson
Miyounghahn	Boon Tat Ng
Laurie Hayes	Thanh-Nhi Nguyen
Eric Hinderleider	Charles Oakley
Shadaksharayya Hiremath	Megan Ohrlund
Christina Ho	Soo Im Ong
Wesley Hoffmann	Jessica Pabon
Mary Hogue	Wilson Pace Pace
Maya Holsen	Charles Park
Isaac Hong	Ji Hye Park
Lauren Howard	Vitaliy Perets
Martina Hu	Cory Perry
Evan Hurley	Kaylyn Pham
Sini Jacob	David Quach
Elizabeth Jasper	Kojo Quansah
Bess Johnson	Sara Radparvar
Dustin Jones	Christine Rahme
Kyle Jones	Andrea Rai
Tina Joseph	Karim Ramadan
GaEun Joung	Jan Ramos
Carolyn Jung	Hunter Reeves
Michelle Kim	Abdur Rehman
Kevin Koshy	Rachel Renwick
Carrie Krieger	Anesia Reticker
Kenneth Kurek	Nicole Reynolds
Elisabeth Labrecque	Jean Rudolph
Tiffany Lam	John Russell
Nicholas Larche	Mohamed Saad
William Larson	Abubaker Saeed
Fania Lazarov	Genene Salman
Huyen Le	Shauna Samuel
Thao Vi Le	Nirav Shukla

Patrick Skeffington	Ashley Valverde
Cody Smith	Shajauna Vaughn
Hailey Smith	Sergio Villicana
Charles Snyder	Mei Qi Wan
Suvimol Sonchaiwanich	Aaron Warren
Andrei Stashonak	Melissa Waterhouse
Samantha Strong	Lori Watkins
Suzanne Surowiec	Caitlin Wessels
Christy Thai	Patrick Williams
Erika Titus-Lay	Nedayka Wright
Anne Tran	Boxin Xu
Kelvin Tran	Samantha Yates
Brittany Tschaen	
Katelyn Turner	

The following members recently advanced from Associate to Full Member:

Jennifer Bacci	Brittany Loy
Nancy Bui	Thanh-Nga Nguyen
Christine Darby	Sarah Norman
Pansy Elsamadisi	Michael Phan
Amanda Flory	Amanda Shearin
Kristen Funelli	Kimberly Shipp
Veraaj Garachh	Jonathan Spry
Lindsey Greiner	Toby Thomas
Sarah Holman	Jared Underdahl
Chiamaka Ike	Christine Yu
William Kuan	

Member Recruiters

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

Ahmed Elmubark	Ahmed Shible
Michelle Gano	Greg Slevin
Michele Hanselin	Andrew Sowles
Brian Hemstreet	Natalia Tarasiuk
Amber Miller	Ayahelushim Tesfaye
Folashade Naku	Christopher Urieto
Sarah Nordberg	Karen Whalen