

ACCP Report

American College of Clinical Pharmacy

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

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Nahata Named 2009 Parker Medalist

Milap Nahata, Pharm.D., M.S., has been chosen by the Parker Medal Selection Committee as the 2009 recipient of the College's Paul F. Parker Medal for

Distinguished Service to the Profession of Pharmacy. Dr. Nahata is Professor of Pharmacy and Division Chairman, College of Pharmacy, and Professor of Internal Medicine and Pediatrics, College of Medicine, at The Ohio State University (OSU). He also serves as the Associate Director of the Department of Pharmacy at the OSU Medical Center and is the current Editor-in-Chief of the *Annals of Pharmacotherapy*.

Paul Parker was one of clinical pharmacy's most influential proponents. Before his death in 1998, Mr. Parker spent 24 years as Director of Pharmacy at the Chandler Medical Center/University of Kentucky in Lexington. His innovations include the development of decentralized pharmacy services, which placed pharmacists in the hospital's clinical areas, as well as the development of the nation's first pharmacist-staffed drug information center. Mr. Parker's vision for pharmacy practice was passed along to the more than 150 residents and fellows who trained in the Kentucky program during his tenure. These disciples include many of today's leaders in clinical pharmacy who continue to pass on his wisdom and vision to their trainees. The Paul F. Parker Medal recognizes an individual who has made outstanding and sustained contributions to the profession that improve patient or service outcomes, create innovative practices, affect populations of patients, further the professional role of pharmacists, or expand the recognition of pharmacists as health professionals.

In making its selection, the Parker Medal Committee commented on Dr. Nahata's many contributions to clinical pharmacy, noting that he has written or cowritten more than 500 peer-reviewed journal articles and book chapters or monographs and three books about medication use in and drug formulations for pediatric patients. One of these books, *Pediatric Drug Formulations* (now in its fifth edition), is the most widely used source in the field. He has received the ACCP Education Award for sustained contributions to clinical pharmacy education and the ACCP Russell Miller Award for significant contributions to the literature of clinical pharmacy. The College has also recognized him for his Model Practice in Clinical Pharmacy Education. The committee noted further that Dr. Nahata has served as President, Regent, and Research Institute Chair of ACCP; as Chair of the Pharmacy Practice

Academic Section of the American Association of Colleges of Pharmacy (AAPC); as a member of AACCP's Commission to Implement Change in Pharmaceutical Education; and as a member of the Institute of Medicine. The committee emphasized that Dr. Nahata is clearly one of clinical pharmacy's most accomplished and dedicated leaders.

Dr. Nahata is a pioneer in clinical pharmacy, having contributed to the profession's advancement throughout a career spanning more than 30 years. In addition to his prolific scholarship, he has served as an exemplary leader, teacher, mentor, and practitioner. His nominators, Daren Knoell and Marialice Bennett, wrote in their letter of nomination,

Dr. Nahata has assembled a lifetime record of sustained contributions to the profession of pharmacy that furthers the role of pharmacists through his practice, research, teaching, and leadership.... He is well respected and admired for his gentle manner. He leads with integrity and humbleness.... He is well respected and loved by students, residents, and fellows. He has trained many who in turn have become great teachers and educators.... His outstanding research and teaching evolved from his practice. Many continue to seek the opportunity to train under his tutelage. As a division chair he has supported the growth of ambulatory and community care practices and assisted faculty to develop cutting edge practices in numerous innovative settings.

Dr. Barry Carter, Professor of Clinical and Administrative Pharmacy at the University of Iowa College of Pharmacy and a past ACCP President, wrote in his letter of support,

Dr. Nahata's peers view him as a visible and visionary leader. One of Dr. Nahata's most impressive achievements is his recent election to the Institute of Medicine of the National Academies for "major contributions to the advancement of the medical sciences, health care, and public health, and commitment to service." This is an outstanding recognition of his visionary leadership, not just within the discipline of clinical pharmacy, but also within medicine and public health.

In addition to the career highlights noted above, Dr. Nahata has presented almost 300 invited lectures in the United States and around the world. His vast list of awards and honors includes six Miriam Balshone awards for Distinguished Teaching/Outstanding Teacher of the Year awards at the OSU College of Pharmacy; the University Alumni Award for Distinguished Teaching at OSU; the Distinguished Pharmacy Educator Award for teaching,

research, and service contributions from AACP; the Research Achievement Award in Clinical Sciences from the American Association of Pharmaceutical Scientists; the Research Achievement Award in the Pharmaceutical Sciences from the American Pharmaceutical Association (APhA); the Award for Achievement for Sustained Contributions to the Literature of Health-System Pharmacy from the American Society of Health-System Pharmacists (ASHP); the ASHP Best Practices Award (as a corecipient) from ASHP; the Rho Chi Lecture Award for distinguished scholarship from the national Rho Chi Society; the Robert Leonard Award for contributions to clinical pharmacy from the University of Texas at Austin and Texas Society of Health-System Pharmacists. Dr. Nahata is an elected Distinguished Practitioner/Scholar in the National Academy of Practice and an elected Fellow of ACCP, APhA, ASHP, the American Academy of Microbiology, the American College of Clinical Pharmacology, and the American Association for the Advancement of Science. He has provided research training to 34 graduate students and postdoctoral fellows and more than 100 pharmacy students.

Committed to professional service throughout his career, Dr. Nahata has served as a chair or member of various national committees of AACP, ACCP, ACPE (the Accreditation Council for Pharmacy Education), AFPE (the American Foundation for Pharmaceutical Education), APhA, ASHP, the American Society for Clinical Pharmacology and Therapeutics, the U.S. Food and Drug Administration, the National Institute for Child Health and Human Development, the National Institutes of Health, the U.S. Pharmacopoeia, and the National Academy of Practice. He also serves on the editorial boards of four peer-reviewed journals.

Nevertheless, Barbara Wells, Pharm.D., Dean and Professor at the University of Mississippi School of Pharmacy and an ACCP past president, noted in her letter to the Parker Medal Committee,

I would hate to think that the truly extraordinary things about Dr. Nahata might be lost in his remarkable list of achievements, awards, and honors. I have never known anyone remotely like him.... His leadership is powerful because it is by example, and everyone knows that he would never ask anyone to do anything that he would not do himself. He is exquisitely aware of what the human spirit is capable of and he provides direction and encouragement to students and colleagues to help them realize their potential.

The 2009 Paul F. Parker Medal will be presented during the Opening General Session at the 2009 Annual Meeting in Anaheim, California, on Sunday morning, October 18. Dr. Nahata will attend to accept the medal and deliver a brief acceptance address. The Parker Medal Selection Committee is composed of representatives from member organizations of the Joint Commission of Pharmacy Practitioners, together with past presidents of ACCP. Members of the 2009 committee are Robert Talbert (chair), Diane Beck, Jill Boone, Bruce Canaday, Joseph DiPiro, Steven Gray, Kathleen Lake, Jean Nappi, John Pieper, and Mark Woods.

ACCP Announces Dr. James Mault as 2009 Annual Meeting Keynote Speaker

ACCP is pleased to announce that James R. Mault, M.D., FACS, director of New Products and Business Development for the Health Solutions Group at Microsoft Corp., will serve as the 2009 Annual Meeting Keynote Speaker. Dr.

Mault's address will focus on the innovative technologies used to advance patient-centered health care. Specifically, his address will focus on new technologic approaches to patient-centered health care and the ways in which technology can empower patients in making health care decisions.



Dr. Mault has served as the director of New Products for the Health Solutions Group at Microsoft since 2007 and has more than 25 years of experience as a senior executive in the medical device and health IT industry as well as in clinical medicine. He is board certified in both general surgery and cardiothoracic surgery, having specialized in heart and lung transplantation, thoracic oncology, and critical care. He has conducted academic medical research under numerous grant awards from the National Institutes of Health, the American Cancer Society, and others. He is the author of more than 100 scientific articles, chapters, and books in the published medical literature and is the named inventor of dozens of issued and pending patents for a variety of medical devices and health information systems. Dr. Mault also maintains a clinical faculty position at the University of Colorado Health Sciences Center and is an active member of numerous medical and surgical societies, including the American College of Surgeons, The Society of Thoracic Surgeons, and The American Heart Association as well as the American Medical Association.

Join ACCP at the Opening General Session on Sunday, October 18, 2009, from 8:00 a.m. to 12:00 p.m. to hear Dr. Mault's keynote speech to ACCP.

Presymposia to Provide Tailored Experiences at Upcoming Annual Meeting



This fall, ACCP presents three premeeting symposia on Saturday, October 17, the day before the Annual Meeting officially gets under way. These presymposia are designed to give hands-on experience in a small classroom setting. Developed in collaboration with the ACCP Academy, each course is a required component of its respective ACCP Academy Certificate Program; however, it is not necessary to be enrolled in the ACCP Academy to participate in these courses. The *Clinical Practice Primer*, *Basic Training for New Clinical Faculty and Preceptors*, and *Basics of Clinical Research* are each led by a group of experienced faculty and offer participants a highly interactive experience.

The *Clinical Practice Primer* is the required prerequisite course for the newest certificate program in the ACCP Academy—Clinical Practice Advancement. The *Primer* is a full-day course designed to provide a framework for developing a strategic plan for the participant's professional advancement. Successful clinical practices will be examined, and attendees will learn strategies to justify clinical services, how to pursue their own professional development, and methods to cultivate productive relationships in collaborative patient care environments.

Basic Training for New Clinical Faculty and Preceptors serves as the prerequisite required course for the ACCP Academy Teaching and Learning Certificate Program.

Designed to provide a foundation for faculty and preceptors beginning their careers, this full-day course engages participants in thoughtful discussions and small group exercises. One of ACCP's most well-received educational courses, *Basic Training*, successfully helps young academicians develop the knowledge and skills needed to plan, implement, and assess student learning.

Basics of Clinical Research is a half-day course, serving as required module 1 in the ACCP Academy Research and Scholarship Certificate Program. By presenting a review of study designs in various areas of research, accomplished faculty will provide participants with pearls for their own research projects. The basics of writing successful grant proposals, securing funding, and surviving the review process are included in the discussions.

To secure a seat in one of these interactive presymposia, register online at www.accp.com/am. For complete presymposia information, including schedules, faculty, and learning objectives, visit www.accp.com/am and click on View Full Schedule. Register before September 4 to take advantage of discounted registration rates.

ACCP Elects 2009 Fellows

Twenty-three ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony on October 18 at the College's 2009 Annual Meeting in Anaheim, California. Recognition as a Fellow is awarded to ACCP members who have demonstrated a sustained level of excellence in clinical pharmacy practice and/or research. Fellows can be recognized by the initials "FCCP" as part of their title. The 2009 ACCP Fellows are:

Miranda Andrus, Pharm.D.; New Market, AL
Sheila Botts, Pharm.D.; Lexington, KY
Clarence Chant, Pharm.D.; Toronto, ON
Annie Kai Cheang, Pharm.D.; Richmond, VA
Renee DeHart, Pharm.D.; Little Rock, AR
Mark Garrison, Pharm.D.; Spokane, WA
Jane Gervasio, Pharm.D.; Indianapolis, IN
Barry Goldspiel, Pharm.D.; Germantown, MD
Mark Haase, Pharm.D.; Amarillo, TX
Dawn Havrda, Pharm.D.; Winchester, VA
Sandra Kane-Gill, Pharm.D.; Pittsburgh, PA
Sunny Linnebur, Pharm.D.; Aurora, CO
David Luke, Pharm.D.; Ledyard, CT
Scott Micek, Pharm.D.; Ballwin, MO
Melinda Neuhauser, Pharm.D.; South Barrington, IL
David Parra, Pharm.D.; Jupiter, FL
Frank Pucino, Pharm.D.; Bethesda, MD
Jo Ellen Rodgers, Pharm.D.; Chapel Hill, NC
Stacy Shord, Pharm.D.; Laurel, MD
Melissa Somma McGivney, Pharm.D.; Pittsburgh, PA
Anne Spencer, Pharm.D.; Charleston, SC
Kimberly Tallian, Pharm.D.; San Diego, CA
Barbara Wiggins, Pharm.D.; Charlottesville, VA

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Credentials: Fellowship Committee of their practice and research accomplishments. Among the criteria evaluated by the committee are examples of patient care service or educational programs developed by the nominee;

certifications or other credentials earned; drug therapy management responsibilities; educational presentations; consultantships; service to publications; original research presentations, projects, funding, and publications; and other professional activities and awards. Individuals nominated as Fellows also must have made a substantial contribution to ACCP through activities such as presentations at College-sponsored meetings; service as an abstract, Research Institute, or *Pharmacotherapy* reviewer; contributions to College publications; service as a committee member; or tenure as a Practice and Research Network, chapter, or other elected ACCP officer.

Members of the 2009 Credentials: Fellowship Committee, each of whom dedicated many hours to the review of FCCP applications and other documents, were Richard Artymowicz, Oralia Bazaldua, Laura Borgelt, David Burgess, Daniel Canafax, Judy Cheng, Lori Dickerson, Elizabeth Farrington, Melanie Joy, William Kehoe, Gary Levin (vice-chair), James Lyon, John Meyer, Margaret Noyes Essex, Beth Phillips, Paul Price, Beth Resman-Targoff, Jay Rho, Cynthia Sanoski, Larry Segars, Roger Sommi, Eva Vasquez, William Wade, William Webster (chair), and Cathy Worrall.



Last Chance Pharmacotherapy Review Webinar Registration Opens Soon

Are you planning to take the Pharmacotherapy Specialty Exam, but finding it difficult to get started reviewing, or questioning whether you understand key concepts? Could you use 9.0 hours of live continuing education (CE)? Then ACCP's Last Chance Pharmacotherapy Review Webinar Review Course is for you!

Enjoy the convenience of avoiding time-consuming and costly travel while reaping the benefits of nationally recognized content experts leading brief concept overviews and vignette-based self-assessment questions and feedback. This highly participatory Web-based course will be delivered directly to your home, office, or anywhere you have broadband Internet access.

Sessions will be offered on Tuesday, Wednesday, and Thursday evenings, September 8, 9, and 10, 2009. The six content areas to be covered include:

Tuesday

- Infectious Diseases – 6:30–8:00 p.m. (EDT)
- Pediatrics – 8:00–9:30 p.m. (EDT)

Wednesday

- Acute Care Cardiology – 6:30–8:00 p.m. (EDT)
- Biostatistics – 8:00–9:30 p.m. (EDT)

Thursday

- Fluids and Electrolytes – 6:30–9:30 p.m. (EDT)
- Gastrointestinal Disorders – 8:00–9:30 p.m. (EDT)

If you are unable to attend one or more of the sessions, the recordings will be available to all registrants for later viewing (CE is only available for the sessions that you attend live). From a technical standpoint, it's simple! All that is required is broadband Internet access, an Internet browser, Adobe Flash Player (already installed on more than 98% of devices currently connected to the Internet; otherwise, a free download), and speakers or headphones for audio.

The cost of participation is only \$149.95 for anyone who attended the ACCP/ESCP International Congress or anyone who has purchased any of the 2009 Pharmacotherapy Preparatory Review Course products, \$179.95 for all other ACCP members, and \$209.95 for ACCP nonmembers. Registration opens August 13. Webinar participants will be limited in number, so sign up early at www.accp.com.

Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2010. Elections will occur in spring 2010, and successful candidates will assume office at the 2010 ACCP Annual Meeting in Austin, Texas.

President-Elect:

Larry Cohen, Pharm.D.; Spokane, WA
Julie Maurey, Pharm.D.; Mentor-on-the-Lake, OH

Regent:

Elizabeth Farrington, Pharm.D.; Durham, NC
David Lourwood, Pharm.D.; Poplar Bluff, MO
Mark Munger, Pharm.D.; Salt Lake City, UT
Terry Seaton, Pharm.D.; Wildwood, MO

Research Institute Trustee:

Douglas Fish, Pharm.D.; Aurora, CO
John Flaherty, Pharm.D.; Foster City, CA
Vicki Ellingrod, Pharm.D.; Ann Arbor, MI
Cynthia Jackevicius, Pharm.D., M.S.; Los Angeles, CA

Additional nominations may be made in writing to the Secretary of the College, Julie Wright, ACCP, 13000 W. 87th Street Parkway, Lenexa, KS 66215. Nominations must state clearly the qualifications of the candidate, be signed by at least 50 Full Members (1% of eligible Full Members), and be submitted no later than September 18, 2009.

Respectfully submitted,

Robert MacLaren, Chair; Kathy Bungay, Vice-Chair; Barry Carter, Dawn Havrda, James Hoffman, Mark Shaefer, and Ann Wittkowsky



Washington Report

John McGlew
Associate Director, Government Affairs

Health Care Reform and What it Means for Clinical Pharmacy

Ed. Note – This report was prepared on July 31, 2009. Details pertaining to the status of the health care reform process were accurate at that time. However, we

acknowledge that developments may occur before the report is released. Please contact John McGlew at (202) 756-2227 or jmcglew@accp.com for up-to-date information or further discussion.

When President Barack Obama announced his ambitious timetable for health care reform and challenged the Democratic-controlled House and Senate to send legislation to his desk before the August recess, eyebrows were raised throughout Washington, DC, and the country as a whole.

Of course, the President's high approval ratings and success in steering the controversial and costly economic stimulus packages through Congress allowed him a degree of confidence. Yet, to most observers, this schedule seemed unrealistic.

Obama had good reason for setting this aggressive schedule. Despite solid majorities in both chambers, there remains a great deal of skepticism even among Democrats about the design and cost of the competing proposals. Republicans are united in almost universal opposition to the legislation based on ideological grounds and concerns about the cost of the proposal as well as in protest to perceived heavy-handed tactics by Democratic congressional leadership.

The administration anticipated these challenges and believed that its best chance for success lay in swift action – building on early momentum and enthusiasm. Of importance, the administration targeted the August recess to have legislation in place before members of Congress returned to their states and districts to hear local constituent opposition to the proposal and organized, national campaigns fighting the plan.

As it stands, Congress will adjourn for August and return home without passing health reform legislation. Although this is undoubtedly a blow to the administration and its allies on this issue, it is premature to announce the issue dead or to suggest that this missed deadline represents a fundamental setback.

Despite widespread evidence to the contrary, policy-makers in Washington strive to pass effective, popular legislation that achieves the outcomes targeted. Debate on health care has moved so swiftly that even reform proponents are concerned about the lack of critical analysis regarding legislation that will cost trillions of dollars and account for more than 15% of the entire economy.

Assuming that the August recess represents a break (rather than a breakdown) in discussion on the Hill, the recess also provides an opportunity to review the discussions to date and highlight where lawmakers have found common ground and which issues are proving most divisive.

Progress So Far

Falling short of the stated goal of a bill on the President's desk by the August recess should not be interpreted as a legislative failure. Given the controversy surrounding this issue and the extent to which health care and the economy are intrinsically linked, the progress made in the first 6 months of the 111th Congress is remarkable.

Legislatively, the health reform process is complicated because the issue itself is cross-jurisdictional. Two committees in the U.S. Senate – the Health, Education, Labor and Pensions (HELP) Committee and the Finance Committee – have oversight of portions of the reform process and have each drafted legislative language. In the House, three

committees – Energy and Commerce, Ways and Means, and Education and Labor – share responsibility.

Committee Report

- At presstime, the Senate HELP Committee, House Ways and Means Committee, House Energy and Commerce Committee, and House Education and Labor Committee had each approved separate pieces of legislation that will eventually be considered on the floor of the appropriate chamber.
- The hugely influential Senate Finance Committee, which controls all health programs under the Social Security Act and health programs financed by a specific tax or trust fund, was an early leader in releasing discussion documents and legislative talking points; however, it has reached an impasse in negotiations and has not held hearings on the issue since May, when the committee attempted to “mark up” legislation.

What Is Being Discussed and What it Means for Clinical Pharmacy

Many ACCP members are aware that the College’s number one legislative priority has been to secure coverage for clinical pharmacy services under Part B of the Medicare program. As the 111th Congress got under way, it became increasingly clear that the old model of fee-for-service payments in Medicare had grown out of favor.

In addition, the proposed expansion of the public role in providing health care beyond the existing Medicare and Medicaid programs meant it was important to broaden and simplify the College’s proposal to ensure the inclusion of pharmacists’ services in whatever new health delivery models were developed during this process.

Of all the legislation in circulation, the Senate HELP legislation would provide the most comprehensive coverage for pharmacists’ services:

- Section 212 of the HELP bill would provide grants to establish community-based multidisciplinary, interprofessional teams, including pharmacists (referred as health teams) to support primary care practices within the hospital service areas served by the eligible entities. This approach is popularly known as the “medical home model.”
- Section 213 of the HELP bill would establish grant programs to expand opportunities for pharmacists to deliver medication therapy management (MTM) services through local community-based, multidisciplinary health teams to patients who suffer from chronic diseases such as heart disease, cancer, and diabetes.

These two sections were also included in the final legislation of the House Energy and Commerce Committee after Rep. Butterfield (D-NC) introduced an amendment late in the final mark-up process that ensured the inclusion.

Fifteen national pharmacy organizations formally endorsed this language and applauded the recognition of the value of MTM services delivered by pharmacists and the inclusion of clinical pharmacists in the medical home model.

A formal press release was issued by the pharmacy community expressing its support for these sections, and letters were sent to leaders on the HELP Committee, thanking them for their leadership on this issue.

Legislation passed by the House Ways and Means and Education and Labor Committees includes coverage for MTM services and discussion around the medical home model, but it stops short of specifically referencing pharmacists.

Political Landscape

Given the controversial nature of this issue and the real potential for the entire effort to derail and ultimately collapse in the face of opposition or dispute among opponents and stakeholders alike, ACCP chose to tread carefully in its negotiations.

The sheer scale of the health care reform process should not be underestimated. Each of the various pieces of legislation circulating around the Hill is at least 1000 pages long, with a price tag approaching \$1 trillion. There are fundamental ideological differences among policy-makers over the role of government in administering health care delivery and the role of society in paying for it; however, that these bills are even being debated in committee speaks to the gargantuan effort by the administration, congressional leadership, and stakeholders from across the health care spectrum to move this issue forward.

In discussions with staff on Capitol Hill, it was clear that Congress and the administration were working to keep all stakeholders engaged and that the input of the pharmacy profession was sought and valued by those in decision-making positions.

However, staff warned that no one would get exactly what he/she asked for from the legislation. The purpose of this effort is to reform the health care system, attempt to curb the rate of growth in health spending, address the issue of the uninsured in America, and improve quality and outcomes to ensure that the College receives value for money for the investment it makes in health care.

The reform process is not intended to provide a wish list for all health care stakeholders or an opportunity for interest groups (including ACCP) to flex their political muscles. The message received from the hill was clear – “we want to work with you – but you have to work with us.”

To that end, the goals of the College were to provide support and insight to policy-makers to help them craft effective legislation and to bring the pharmacy profession together as much as possible to respond with a single voice and provide a clear and concise vision for the role of pharmacy in a reformed health care system.

What Are the Controversial Issues?

As is often the case in Washington, the real battles come down to the cost of the proposal. No one is seriously arguing that the U.S. health system does not require some sort of reform, but the cost of administering this reform is dividing many policy-makers.

Linked to cost, and perhaps driving cost, is the question of a “public plan option” – a public, government-sponsored insurance option for middle-income Americans.

The more liberal wings of the House and Senate believe that meaningful reform can only be achieved by establishing a public health insurance plan that Americans could opt-in to if they chose to do so. The public plan would provide a coverage option for the currently uninsured or underinsured population of Americans.

This federal foray into the administration of health coverage is unprecedented (other than the Medicare, Medicaid, and Veterans Affairs programs). It is also of great concern to those who value the competitiveness of the U.S. system and believe that consumer choice and the availability of many options in health care outweigh the simplicity and universality of the European or Canadian systems.

Some Americans argue that the establishment of a public plan is merely the first step to a universal, government-run system. Private insurers would find it hard to compete on price with a federally subsidized plan, and the fear is that this public plan would “crowd out” private payers and ultimately drive all Americans into the public option.

In response, proponents of a public plan argue that this approach increases, rather than decreases, consumer choice. The Obama administration makes regular reference to an “insurance exchange” in which consumers could choose among health insurance plans, including the public option. The administration also reiterated that low-income people should not have to buy insurance they cannot afford and that small businesses should be exempt from any mandate requiring employers to offer health benefits or pay a tax to finance government subsidies.

Americans have historically resisted “government-run health care,” however, so this remains an important issue to resolve as the process continues.

Advocacy Outlook for Clinical Pharmacy

Assuming the overall health reform effort proceeds as planned and is not derailed by partisan or ideological stalemate, the outlook for clinical pharmacy can be described as cautiously optimistic.

The provisions endorsed by ACCP represent just a fraction of the overall bill and, compared with many of the controversial aspects of this debate, would be considered logical and appropriate by most casual observers. The provisions do not carry a significant price tag – in fact, some indicators suggest they would be budget-neutral because the MTM grant programs could pay for themselves through savings.

In addition, ACCP has been actively working with various coalitions and provider groups to gain support for the inclusion of pharmacists as part of an integrated, interdisciplinary team and for their participation in efforts to manage health care through the concept known as the medical home model. Although the College is a long way from declaring victory in this endeavor, its advocacy efforts are gaining traction, and the feedback from other provider groups and stakeholders has been positive.

Next Steps – Fall Strategy

Until now, the political strategy of the College has focused on cautious, behind-the-scenes negotiation. Friends and allies on the Hill welcomed ACCP’s input but warned of the importance of compromise and understanding to avoid overplaying its hand at this early stage and upsetting the fragile coalition of support.

As the effort moves out of committee and onto the floors of the respective chambers and, ultimately, into the reconciliation process, active, informed grassroots support will be imperative.

Put simply, until now, Congress has focused on the big-picture items – cost, access, and the role of government in health care. As the process moves forward, however, discussion will shift to the specific details of the bill; at this point, ACCP members will be required to show their support for the inclusion of pharmacists in the medical home model and recognition of the need to adequately manage medication therapy in a reformed health delivery system.

With Congress in recess during August, ACCP members should consider inviting their elected representatives to tour

their practice sites and learn firsthand the value of clinical pharmacy services.

ACCP members should also consider attending in-state town hall meetings or other forums where they can meet with their elected officials and remind them of the importance of including the services of clinical pharmacists in the health care reform package.

ACCP members should watch for additional updates from ACCP as the College moves forward in providing input into the final legislative product. In addition, ACCP members should prepare to engage their own congressional officials and their staff as Congress reconvenes after the August recess.

For more information on grassroots advocacy, contact John McGlew at (202) 756-2227 or jmcglew@accp.com.

Conclusion

At this stage of the health care reform debate, with so much of the bill still unfinalized and with passage of the package as a whole uncertain, it is premature to draw any sweeping conclusions.

In general, despite making health care reform a centerpiece of his campaign, Obama has kept his distance from congressional leadership and adopted a hands-off approach. It is widely assumed that he learned from the mistakes of the Clinton administration’s failed attempt to reform the health care system. In the early 1990s, then–First Lady Hillary Clinton was appointed chair of the administration’s task force on reforming the system and was charged with maneuvering the issue through Congress.

Recognizing the mistakes made in the past and the prominence of congressional leaders such as Finance Committee Chairman Max Baucus (D-MT) and HELP Committee Chairman Ted Kennedy (D-MA) – represented in many discussions by New England colleague Chris Dodd (D-CT) – Obama initially chose to take advantage of the Democrats’ strong congressional majorities and defer to the legislative branch.

In recent weeks, in the face of widely reported infighting within the Democratic Party, Obama has taken a more prominent role in the debate, but for the most part, the White House has deferred to the legislative branch.

Obama is also noted for his willingness to engage major stakeholders in the process, particularly his likely opponents. Although the health insurance lobby famously derailed the Clinton reform process with its “Harry and Louise” TV commercials, this time around, representatives from the health insurance industry, pharmaceutical manufacturers, and hospitals identified up to \$300 billion in savings that could help offset the cost of the reform proposal.¹

Wal-Mart, the world’s largest retailer, joined forces with an unlikely ally in the Service Employees International Union in supporting, at least in concept, the health care reform effort.² Some might see this as a cynical move by Wal-Mart to rehabilitate its image as an employer; however, that these historical opponents are both in favor of the initiative suggests a level of momentum around this issue never seen before.

1. The Washington Post. Hospitals reach deal with administration. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/07/06/AR2009070604053.html?hpid=topnews>. Accessed July 31, 2009.
2. The Wall Street Journal. SEIU health-care push aided by Wal-Mart. Available at <http://online.wsj.com/article/SB124865337393682517.html>. Accessed July 31, 2009.

Although there is much to admire about the health care reform process so far with respect to engaging stakeholders and building coalitions across the spectrum of the health care delivery system, congressional leaders and the Obama administration can also be criticized for failing to address key concerns within the current system:

- **Failure to Address Medical Malpractice** – The overall price of what columnist Charles Krauthammer called the “insane cost and arbitrary rewards of our malpractice system”³ contributes greatly to the rising cost of health care. Between the spiraling cost of medical malpractice insurance and the practice of defensive medicine – tests and procedures that health care providers order simply to protect themselves from lawsuits – reforming the system of medical malpractice could generate significant savings to offset the cost of the health reform proposal. Yet Democrats in Congress and the Obama administration have largely ignored this issue.
- **No Clear Plan for Paying for Reform** – During the campaign, Obama suggested in general and often vague terms that savings to the system would pay for the reform initiatives over time, rendering his proposal budget neutral. Economists from the Congressional Budget Office quickly quashed this idea, forcing the President to reevaluate the economic side of his proposal. A series of ideas were subsequently floated to varying degrees of success – revenues generated from the “cap and trade” energy policy, a tax on Americans earning more than \$250,000, or the elimination of the preferential tax status of employer-sponsored health insurance. Overall, the lack of a clear economic plan has provided fuel for opponents and left many supporters, including economically conservative Blue Dog Democrats in the House, very nervous about the entire effort, especially during a recession and unprecedented government spending.
- **Failure to Adequately Engage Congressional Republicans** – Although the minority party in Congress inevitably complains about being excluded from policy negotiations, Republicans have been particularly vocal in their concerns about the lack of access and transparency throughout this process. Democrats claim the process is so intricate and delicate that legislative proposals are often only finalized at the last minute. However, given the cost of the proposal and the extent of its impact on the health and lives of all Americans, most would prefer a process that took into consideration the perspectives of all elected officials, not just those in the majority.

The fate of this attempt at a comprehensive overhaul of the health care delivery system will ultimately be decided when Congress returns to Washington in September. During the August recess, members of Congress will hear from local and national opponents and proponents of the effort. Ideological differences over the cost of the proposal and the potential impact of a public health insurance plan continue to divide Congress, but few would argue that the current system of paying for and delivering health care is sustainable over the long term.

The provisions included in the Senate HELP and Energy and Commerce Committee bills represent a historic opportunity to significantly advance the practice of clinical

pharmacy and to target health care spending on ensuring value for money through improved quality and outcomes. ACCP is a nonpartisan organization and does not take a position on areas such as the funding mechanisms or the role of the federal government in administering health care. However, the College will endorse legislation that expands patient access to the clinical services of pharmacists, and it will continue to work to ensure that this principle is reflected in the final health care reform package.

2008 FIT Attendees Awarded Federal Grants



The goal of the FIT Program is to help clinical pharmacists obtain federal grants. In less than 12 months, the 18 mentees of the 2008 FIT Class have submitted more than 20 individual grants for funding. The Research Institute is pleased to report that two mentees have received federal funding.

Gary L. Cochran, Pharm.D., S.M., Assistant Professor, Pharmacy Practice, was awarded a K-08 award from AHRQ. Gary’s mentors on the K-08 grant are Keith Mueller, Ph.D. (Interim Dean, UNMC College of Public Health; Director, Rural Policy Research Institute [RUPRI] Center for Rural Health Policy Analysis), and Courtney Fletcher, Pharm.D. (Dean, UNMC College of Pharmacy). The title of the grant is “Comparing the Effectiveness of Medication Use Systems in Small Rural Hospitals.”

When contacted by the Research Institute, Gary stated he would specifically like to thank Mike Reed, Julie Wright, Gary Yee, and Courtney Fletcher for their encouragement, constructive criticism, and abundant patience with his proposal.

I would also like to thank Sandra (Benevides) and Kari (Olson) for their feedback throughout the program. Even though I am fortunate to have access to several senior investigators here on campus, I am quite confident that the application would not have been competitive without the knowledge I gained from participating in the FIT Program. I would also like to thank the ACCP RI for providing the opportunity to learn from some of the most successful faculty investigators in the country. I am deeply indebted to ACCP for my development as an investigator.

The second funded grant was awarded from the Institute for Integration of Medicine & Science/CTSA to Christopher R. Frei, Pharm.D., M.S., BCPS, Assistant Professor, University of Texas at Austin, College of Pharmacy, for his pilot proposal titled, “CA-MRSA: Genetics, Resistance, and Treatment in a South Texas Practice-Based Research Network.” Chris’s proposal ranked at the top of the 74 total submissions. Chris extends his thanks to FIT Mentor Gene Morse, who worked closely with him in the weeks leading up to the grant submission.

The Research Institute recognizes the host site, University of Utah College of Pharmacy, and Amgen for their partial support of the FIT Program. Please consider making a donation to the Frontiers Fund to support the FIT Program. Tax-deductible donations can be made online at www.accpri.org.

3. The Washington Post. Why Obamacare is sinking. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/07/23/AR2009072302723.html>. Accessed July 31, 2009.

ACCP Research Institute FIT Program: Reflections from the Class of 2009

Sixteen investigator participants and 12 mentors teamed up for 1 week of intensive proposal development and hard work at the University of Utah from July 11 to 16, 2009. Central to the FIT Program were mentored group proposal sessions. In these small group discussions, led by two faculty mentors and two or three investigators, each investigator presented his/her work in detail to the group. By participating in these sessions, combined with lectures and small group and panel discussions, the investigators made significant progress in retooling their proposals by week's end. In addition, on returning to their home institutions, each participant had formulated a plan and timeline for the submission of his/her proposal. As part of the program, participants wrote reflection papers on their experiences during the week.

Some participants commented on the content and design of the FIT Program overall. The following quotations are excerpts from the reflection papers.

When I got back to work following the FIT Program, several people asked me how it went. The first word out of my mouth? "Great!" The second? "Exhausting." ...I can honestly say that the FIT Program in its entirety provided the most useful content of any meeting or seminar that I've attended. ... It provided me with access to the most successful researchers in pharmacy. ... Thanks so much for the experience.

I appreciate the extraordinary efforts from ACCP and each of the mentors ... to provide us with the knowledge, skills, and training needed to become successful independent researchers.

Overall, this program has been extremely helpful for more reasons than perhaps the stated objectives. ... This has been a tremendously rewarding experience for me.

This has been a tremendous experience. ... The real-world experience is one of a kind and could not be found anywhere else. Thank you for making this program available and for creating such a great learning environment. ... P.S. It was a lot of fun.

Other participants focused their reflection papers on their specific proposals or professional development.

As a result of the FIT Program, my research focus is more FIT, my specific AIMS are more FIT.

I really do feel that I gained much insight that, with future review, study, and reflection, will benefit my ability to have a successful career. Very good and very intense.

After leaving the 1-week program, I am very confident I have received the tools to become a successful researcher in the future. I am pumped up to pursue NIH grants and continue moving the pharmacy profession forward.

Most often, participants' reflection papers mentioned the FIT Program mentors.

It's been so amazing to work with the many successful mentors who are part of this FIT Program. ... The mentors of the FIT Program are the biggest asset of the FIT Program.

The relationships developed during our times of proposal revision, rethinking, etc., will last beyond the FIT Program. ... This experience is priceless.

The personal inspiring stories and experiences of the faculty were invaluable. This type of information is not available in a book or online. ... I am certain that I have grown as a researcher.

The group development session teams were great. I learned a great deal from my peers in the group sessions.

Seeing the success but also hearing the struggles of the mentors provided me motivation to set higher research expectations for myself and to place myself in situations that would be more conducive to research success, ... which would not have occurred to me without my experience at FIT.

I feel energized about the future. ... It is both humbling and inspiring to have worked with the esteemed faculty at this meeting.

The FIT Class of 2009:

Kim G. Adcock, Pharm.D., University of Mississippi Medical Center

Larry A. Dent, Pharm.D., BCPS, University of Montana—College of Health Professions & Biomedical Sciences

Cynthia A. Jackevicius, Pharm.D., M.S., BSP Pharm, Western University of Health Sciences

Effie L. Kuti, Pharm.D., University of Connecticut, School of Pharmacy

Jeannie K. Lee, Pharm.D., BCPS, University of Arizona, College of Pharmacy

Tien M.H. Ng, Pharm.D., BSP Pharm, University of Southern California, School of Pharmacy

Asad E. Patanwala, Pharm.D., BCPS, University of Arizona, College of Pharmacy

Hanna Phan, Pharm.D., University of Arizona, College of Pharmacy

Terri L. Warholak, Ph.D., M.S., B.S., University of Arizona, College of Pharmacy

Eric J. Ip, Pharm.D., BCPS, CSCS, Touro University—College of Pharmacy

Sally A. Huston, MPharm, Ph.D., BSP Pharm, University of Georgia, College of Pharmacy

Kelly R. Goode, Pharm.D., BCPS, FAPhA, FCCP, Virginia Commonwealth University

Amy M. Franks, Pharm.D., UAMS College of Pharmacy

Carrie McAdam Marx, R.Ph., Ph.D., University of Utah, Pharmacotherapy Outcomes Research Center

Joshua Caballero, Pharm.D., BCPP, Nova Southeastern University

Nicholas B. Norgaard, Pharm.D., BCPS, SUNY, University at Buffalo, School of Pharmacy & Pharmaceutical Sciences

The 2010 FIT Program will take place in June 2010. The FIT Program is for successful mid-career research faculty members who have never received significant federal funding. Tenured faculties without NIH funding are encouraged to apply. Watch www.accpri.org for the new program site announcement and the 2010 application information, or call the Research Institute at (913) 492-3311 for additional information.



FIT Class of 2009

Front Row: Hanna Phan, Lynda Welage, Kathy Bungay, Nick Norgard, Jeannie Lee, Cynthia Jackevicius, Kelly Goode, Amy Franks
 Second Row: Carrie McAdam Marx, Grace Kuo, Julie Wright, Gary Yee, Sally Huston, Susan Fagan, Eric Ip, Josh Caballero, Terri Warholak, Reggie Frye
 Back Row: Gene Morse, Jacqueline Marinac, Tien Ng, John Cleary, Mark Munger, Barry Carter, Larry Dent, Mary Gerkovich, Sid Patanwala, Kim Adcock
 Not pictured: Greg Stoddard, Effie Kuti

New PSAP Series Goes On Sale This Month

The new edition of ACCP's acclaimed *Pharmacotherapy Self-Assessment Program* (PSAP-VII) goes on sale Monday, August 17, with early bird pricing available until December 15.



Cardiology, the first book in the PSAP-VII series, will be released on January 15, 2010. Every PSAP book is designed to update the clinical practitioner on a specific therapeutic area. Readers of PSAP will find improved content, a redesigned format, and several new reader-friendly features in the new series. As in the previous edition, PSAP-VII books will be available in print, in online format, or both.

For almost two decades, PSAP has been the home study program of choice for pharmacotherapy specialists who want the latest information on a wide range of clinical and patient care topics. The Board of Pharmaceutical Specialties has approved previous editions of PSAP as a home study program for recertification of board-certified pharmacotherapy specialists (BCPSs). ACCP will seek similar approval for the seventh edition of the series.

PSAP-VII Book Releases

After *Cardiology*, the other quarterly releases in this 11-book series will be *Critical Care/Urgent Care* (April 2010), *Women's and Men's Health* (July 2010), *Pediatrics* (October 2010), *Chronic Illnesses* (January 2011), *Oncology* (April

2011), *Geriatrics* (July 2011), *Science and Practice* (October 2011), *Infectious Diseases* (January 2012), *Neurology/Psychiatry* (April 2012), and *Gastroenterology/Nutrition* (July 2012).

New Features of the Seventh Edition

Improvements to the new series will ensure that PSAP remains the premier home study program for pharmacotherapy specialists. Like the previous edition, PSAP-VII books will feature shorter chapters focusing on only the most recent information or topics; complete online testing; expanded annotated bibliographies with recent research and additional learning resources; and explained answers to each self-assessment question with supporting evidence and rationale.

Based on subscriber input, the Editorial Board has developed separate books focusing on pediatric and geriatric topics. Also because of reader suggestion, each chapter will include a new Baseline Resources Box with suggested resources for background information on the topic.

All PSAP-VII books will feature an updated, reader-friendly design and typography to help the learner move through the material more easily. In the self-assessment portion of the books, readers will benefit from an updated design, e-mail confirmation of test submission, user-generated credit reports, and clickable links that lead directly from the explained answers to online research articles with more information.

PSAP-VII Editorial Board

An 11-member panel of accomplished pharmacists guides the development of the new series. The PSAP-VII Editorial Board consists of Michelle M. Richardson, Pharm.D., FCCP, BCPS (chair); Katherine H. Chessman, Pharm.D., FCCP, BCPS (vice-chair); Clarence Chant, Pharm.D., BCPS; Judy W.M. Cheng, Pharm.D., FCCP, BCPS; Brian A. Hemstreet, Pharm.D., BCPS; Anne L. Hume, Pharm.D., FCCP, BCPS; Lisa C. Hutchison, Pharm.D., FCCP, BCPS; Emilie L. Karpiuk, Pharm.D., BCPS; Marianne McCollum, Ph.D., BCPS; Marisel Segarra-Newnham, Pharm.D., FCCP, BCPS; and Jeffrey T. Sherer, Pharm.D., BCPS.

Order Early for Discounted Pricing

Early bird pricing for the full PSAP-VII series will be available until December 15. Subscribers to the full series will receive each book as soon as it is released and at a substantial savings over the single-book price (see the chart below). Early bird discounts apply to the purchase of the full series only. To order, visit the ACCP online bookstore at www.accp.com/bookstore/psap7.aspx.

PSAP Format	Early Bird Pricing (8/17/09–12/15/09)		Regular Pricing (Starts 12/16/09)	
	Member	Nonmember	Member	Nonmember
Print series	\$400.00	\$600.00	\$435.00	\$635.00
Online series	\$350.00	\$530.00	\$385.00	\$570.00
Print and online combo series	\$590.00	\$760.00	\$635.00	\$820.00
Single-book print	N/A	N/A	\$75.00	\$100.00
Single-book online	N/A	N/A	\$65.00	\$90.00

Pharmacotherapy Pearls

Pharmacotherapy's Impact Factor

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



The new Institute for Scientific Information (ISI) impact rankings were just released, and *Pharmacotherapy's* 2008 (which is the most recent figure) impact factor increased from 2.012 (in 2007) to 2.527, surpassing both *Annals of Pharmacotherapy* (2.305) and *AJHP* (1.763). The Board of Directors (BOD) and Scientific Editor Council (SEC) review strategies on an ongoing basis to improve journal quality and effect on pharmacotherapy. One device that is monitored to assess impact and quality is the ISI impact factor. For the past couple of years, the Scientific Editors have increased the rejection rate of papers submitted to the journal to reduce the number of papers that do not significantly contribute to evidence-based pharmacotherapy or clinical research. Although we cannot determine precisely what increased the impact factor for 2008, we suspect that the increase is partly because of the increase in the rejection rate, fostered by the increased involvement of the SEC.

The ISI impact factor reported each year reflects data from the previous 2 years. The 2008 impact factor was calculated as follows:

$$\frac{\text{No. of citations in 2008 to articles published in 2006 and 2007}}{\text{No. of articles published in 2006 and 2007}} = \frac{1089}{431} = 2.527$$

The SEC and BOD remain confident that these and other initiatives will lead to further increases in the quality of the journal as well as the impact factor. More will be published in this newsletter and in the journal about these and other initiatives. We thank all of you who have served the journal in so many capacities.

ACCP's Popular Online Student Curriculum Vitae Review Program Returns

ACCP's innovative Online Curriculum Vitae Review Service is accepting submissions. This program, now in its third year, is an exclusive service offered to student members as a means to facilitate their curriculum vitae (CV) preparation.

As the clinical pharmacy profession continues to see an increase in demand for residency positions and competition for first-rate jobs, it is vital that students have a well-written CV. An effective CV can provide a positive image for future selection committees or employers, and it distinguishes an individual from the rest of the crowd. As questions arise in preparing and completing a CV, wouldn't it be helpful to have a seasoned professional review it?

Now through April 2, 2010, student members may submit their CV online as a Microsoft Word document and have the document randomly assigned to a volunteer ACCP member reviewer. The ACCP reviewer will provide his/her comments and suggested edits using the track changes feature in Microsoft Word. Students will receive an e-mail containing feedback from the reviewer within 14 business days.

When preparing a CV for review, be sure to take advantage of ACCP's other Web-based resources. Learn the basics of CV formatting, view sample student CVs, and

access valuable "curriculum vitae pearls," which provide practical insights in developing a CV. These services and other resources are accessible from the student section of the ACCP Web site at <http://www.accp.com/stunet/index.aspx>. For questions about the ACCP CV Review Service, contact Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Call for New and Updated Training Program Directory Listings: Deadline Is August 21

The *ACCP Directory of Residencies, Fellowships, and Graduate Programs* is available both on the Web and in print. The 2010 print directory will

be distributed this December to prospective residency, fellowship, and program candidates and to each U.S. school and college of pharmacy. All ACCP members who serve as principal preceptors of residencies, fellowships, or clinical scientist graduate degree programs (M.S., Ph.D.) are encouraged to list or update their programs in the directory no later than August 21, 2009.

Responses received by August 21 will be listed in the 2010 printed directory. The directory will be available in November 2009 and will be distributed to students, residents, and practitioners at the 2009 ASHP Midyear Clinical Meeting and at the 2010 APHA Annual Meeting. In addition, it will be sent at no charge to any ACCP member who requests a copy (see future editions of the *ACCP Report* and the ACCP Web site for information on how to request a copy of the 2010 directory). This service is provided by the College at no charge to ACCP members. Even if a program is already listed in the directory, however, the listing will automatically expire if it is not updated annually.

All ACCP members have been notified by e-mail and asked to update their listings by verifying accuracy and making any needed changes. This ensures that all listings are correct and up-to-date for prospective applicants who rely on this information. Directory listings that are not updated and verified by the deadline above will be automatically removed from the directory. It is easy to list or update a program. Last year's listings already appear on the directory Web site. To add, edit, or delete a listing, go to <http://www.accp.com/resandfel>. If an ACCP member already has a program listed in the current directory, he/she can just open it, make any changes or additions, and resubmit it. If the member has forgotten his/her password, it can be accessed through ACCP's password reminder system at <http://www.accp.com/signin/forgotPassword.aspx>.

Remember, listings must be added, updated, or deleted by August 21, 2009. If the member experiences any technical difficulties, or has questions regarding directory updates, he/she should contact Brent Paloutzian at bpaloutzian@accp.com.

2010 Committee and Task Force Progress Report

ACCP expresses its thanks to the more than 550 ACCP members who expressed interest in devoting time to



committees, task forces, and other volunteer activities during the upcoming year. All members were asked to indicate the specific ACCP activities in which they were interested by responding to ACCP's annual survey for volunteers, conducted from June 29 to July 17. President-Elect Jim Tisdale is expected to complete the initial committee roster assignments soon, and committee/task force e-mail invitations will be sent to members by August 21. As some members find themselves unable to serve, it is expected that additional invitations will be distributed in late August and early September. ACCP will provide a final update on 2010 committees and task forces in next month's newsletter.

Application Fee Waived for Fellowship Program Peer Review

ACCP is pleased to announce that it will waive the application fee for any ACCP member who wishes to submit his/her research fellowship program for peer review between August 15 and December 31, 2009. In addition, a rolling application review process will be employed during this period. It is expected that all qualifying applications will complete the review and approval process within 6 weeks of submission of the application. Both new programs and programs due for re-review are invited to submit a no-fee application. For more information, and to download a peer-review application form, visit <http://www.accp.com/docs/resandfel/FellowshpPeerRevApplic09.doc>.

Call for Nominations

All nomination materials, including letters, vitae or résumés, and other supporting documents, can be submitted online to ACCP beginning on September 1. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal will be available September 1 at <http://www.accp.com/membership/nominations.aspx>.

PLEASE NOTE:

Due November 30, 2009 – Nominations for fall 2010 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2011 Therapeutic Frontiers Lecturer, and 2011 elected offices.

Due February 15, 2010 – Nominations for the 2010 Parker Medal, 2010 ACCP Fellows (FCCPs), and 2011 Spring Awards (New Investigator, New Educator, and New Clinical Practitioner).

Additional information on award criteria may be obtained from ACCP headquarters.

2010 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates may be nominated by any two Full Members other than the nominee or by any Fellow. Current members of the Board of Regents and the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2010.**

2011 Officers and Regents: President-Elect, Secretary, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Please note that any qualifying full member may nominate himself/herself for office. **Nomination deadline: November 30, 2009.**

2010 Education Award: Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacist continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2009.**

2010 Clinical Practice Award: Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2009.**

2010 Russell R. Miller Award: Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single, especially noteworthy contribution or sustained contributions over time. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's

current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: November 30, 2009.

2011 Therapeutic Frontiers Lecture: Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: November 30, 2009.

Robert M. Elenbaas Service Award: Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: November 30, 2009.

2010 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must include the nominee's curriculum vitae, résumé, or biographical sketch, as available, and at least three letters of support that describe the individual's accomplishments relative to the award criteria. At least one letter of support must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Selection Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2010.

2011 New Clinical Practitioner Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. Its purpose is to recognize and honor a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of

clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2010.

2011 New Educator Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. Its purpose is to recognize and honor a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2010.

2011 New Investigator Award: This award is scheduled to be given during ACCP's 2011 Spring Meeting in Columbus, Ohio. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme, or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2010.

Awards, Promotions, Grants, etc.

Tricia Berry, Pharm.D., BCPS, was recently presented with the Distinguished Alumnus Award by the St. Louis College of Pharmacy....**Don Brophy**, Pharm.D., M.S., FCCP, has been promoted to Professor and Interim Chairman of the Department of Pharmacy at Virginia Commonwealth University....**Gretchen Brophy**, Pharm.D., FCCP, was recently promoted to Professor of Pharmacy at Virginia Commonwealth University....**Kai I. "Annie" Cheang**, Pharm.D., has been promoted to Associate Professor of Pharmacy with tenure at Virginia Commonwealth University....**Kwadwo Amankwa**, Pharm.D., has been appointed Assistant Professor of Clinical and Administrative Sciences at the College of Notre Dame of Maryland School of Pharmacy....**Eugene Morse**, Pharm.D., FCCP, BCPS, was recently named Associate Director of the Center of Excellence in Bioinformatics and Life Sciences at the University at Buffalo, The State University of New York....**Vincent H. Tam**, Pharm.D., BCPS, has been elected to join the Board of Directors of the National Foundation for Infectious Diseases.

New Members

Khulood Abdulghani	Ruth Chan
Randa Adib	Ed Chin
Daniel Aistrope	Eric Chow
Olaitan Akinade	Valerie Christy
Esther Alabi	Sun Chung
Krisan Anderson	Joshua Cirulli
Nicholas Anglim	Heather Collins
Ananth Anthes	Meg Conger
Sally Arif	Maureen Connors
Ohita Asein	Caroline Cooper
Komal Bains	Rhonda Cooper-DeHoff
Michelle Banares	Anthony Dargush
Megan Barnes	Lindsey Davis
Susan Basheer	Justin Debold
Jamie Bates	Christopher Degenkolb
John Bearden	Ritu Desai
Kathryn Behrend	Vishnuprabha Dhanapal
Jennifer Belha	Carolyn Echele
Scott Benken	Bruce Edgren
Jennifer Bergan	Michelle Edwards
Adam Biggs	Elizabeth Erlain
Donna Bigley	Megan Evans
Gregory Blank	Gloria Eze
Carly Blevens	Elizabeth Farber
Dana Boomhower	Jenna Ferrara
Joshua Boudeman	Tyler Fischback
Kathleen Boyles	Karen Freeman
Ashley Branham	Diane Fromelt
Jennie Broders	Lucas Gasco
Jessica Brown	Gerard Gawrys
Matthew Browne	Matthew Gentry
Kathleen Buechter	Tara Gleason
Cystal Calloway	Rebecca Grandy
Lisa Cameron	Sarah Greco
Matt Carleton	Brandon Gregory
Blake Carley	Thomas Guidry
Drew Cates	Megan Hames
Monica Chan	Jennifer Harris

Amie Hatch	Anupa Patel
Kimberly Heath	Arati Patel
Brad Heiken	Chandni Patel
Erika Hellenbart	Kejal Patel
Heather Hiatt	Nimi Patel
Amber Holdiness	Priyanka Patel
Seth Housman	Rina Patel
Micah Howell	Srujal Patel
Andrew Hsieh	Heather Paultler
Seigo Iwakawa	Haley Peel
Jessica Jakubiec	Julie Pettit
Shannon James	Hieu Pham
Amber Johnson	Lily Phuong
Jamie Joseph	Caroline Pitney
Joseph Jurak	Angelina Pucci
Karmen Kemmerer	Sally Putt
Sarah Kennedy	Deepa Ramaswamy
Rami Khatib	Kremer Rampley
Hanan Khreizat	Rebecca Regen
Marianne Koenig	Chad Richardson
Lisa Kohler	Laura Richardson
Patrick Kojima	Sossity Riordan
Lindsay Kreutzer	Leah Robinson
Natsuki Kubotera	Kristina Rogers
Jessica Laidlaw	Diana Roy
Weibin Lam	Carolyne Ruto
Patrick Landherr	Suprat Saely
Mallory Larsson	Brandon Salke
Maria Lazaro	Jessica Sayers
Michelle Lee	Zachary Schafer
Shirley Lee	Andrew Schmelz
Patrick Lester	Brian Scholfield
Holland Lewis	Sarah Schweiss
Bohan Li	Abdelbaset Seifelnasr
Danielle MacDonald	Shafeeque Shaikh
Rachel Maedeker	Jessica Siegel
Eric Mahone	Linda Sitkiewicz
Van Mai	Adrienne Sokolowski
Ronald Mangin	Ashley Soohoo
Karen Marshall	Jennifer Stender
Kyle Mays	Ashish Suthar
Linda Methot	Jennifer Szajkovic
Michelle Methot	Autumn Tami
Nicole Metzger	Marianne Tan
Michael Misel	Ruston Taylor
Luke Mobley	Melissa Thompson
Syed Mohiuddin	Jeffrey Tingen
Florence Mwangi	Maria Tolosa
Erin Nagel	Brian Tom
Sameh Nasif	Vy Tran
Kimberly Nealy	Jeannette Truong
Bao Nguyen	Hannah Tucker
Gene Nguyen	Euphemia Uhegbu
Stephanie Nichols	Eric Venker
Kevin Niedlowski	Christina Wadsworth
Michael Novario	Victoria Wallace
Karen Obermann	Amanda Watermeier
Jonathan Ogurchak	Amanda Watson
Catherine Oliver	Jonathan White
Caitlin Paarlberg	Scott Wiegand
Steven Paradee	Heather Wier
Swati Parikh	Jessica Wilhoite
Amanda Parker	Kayley Will
Melissa Parson	Megan Willson

Lindee Wilson
Katie Winterhalter
Gary Yang
Magdalena Zasadzki

**The Following Members
Recently Advanced
from Associate to
Full Member:**

Delal Alkortas
Lori Amborn
Mohammed Aseeri
Supriya Bavadekar
Carrie Beckman
Lisa Brennan
Cori Brock
Dana Brown
Sheryl Compton
Megan Corrigan
Harry Cummings
Vixen Deines
Karishma Deodhar
Troy Dye
Nabila Ebrahim
Cindy Gaston
Molly Graham
Rebekah Hanson
Stacy Hardeo
Phil Humphrey
Roberto Iaderosa
Connie Law
Lovie Lewis
Anne Marie Liles
Shu-Wen Lin
Robert Maclean
Angela Madalon
Dustin Marinucci
Greg Mateyoke
Mallika Patel
Margie Perez
Diane Rhee
Vincent Ruocco
Marizela Savic
Daniel Schaber
Todd Schroeder
Jennifer Schuh
Summer Schwab
Alpa Shah
Jeanette Trella
Yvonne Viteri
Cathy Whalen
Glenn Whelan
April Yarbrough
Siu Yan Yeung

New Member Recruiters

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

Andrew Behm
Eric Bou
Robert Caldwell
Christine Cicci
Lawrence Cohen
Jean Dib
Sharon Dickey
Jason Gallagher
Suzanne Higginbotham
Julie Johnson
Peggy Kuehl
Roger Lander
Sunny Linnebur
Thomas Mattei
Amy Barton Pai
Chrystian Pereira
Angela Porter
Kalen Porter
Christina Rivers
Philip Rodgers
Rami Safi
Harminder Sikand
Colleen Terriff



Clinical Pharmacy Specialist

Kaiser Permanente, the nation's largest not-for-profit health plan, has an exciting opportunity for a motivated Clinical Pharmacy Specialist in Primary Care in Colorado Springs, Colorado. The successful candidate will participate in the planning and implementation of region-wide programs to optimize drug therapy patient outcomes in this progressive managed care setting.

The Clinical Pharmacy Specialist in Primary Care will work with a multidisciplinary team to provide direct patient care and drug therapy consults. Opportunities are also available to provide patient education, work with affiliated providers, participate in committees, develop and revise regional guidelines, precept students and residents, and participate in research.

Interested candidates must hold the Doctor of Pharmacy degree and have completed a postgraduate year two (PGY2) residency, or possess equivalent experience, together with Colorado licensure as a pharmacist. Board certification is required within 3 years of the date of employment (applicants with equivalent clinical experience must be board-certified upon hire).

Kaiser Permanente Colorado's Pharmacy Department employs over 750 individuals with more than 160 clinical pharmacy staff members in clinical practice areas such as Anemia Growth Factor, Anticoagulation, Asthma/Allergy, Cardiac Risk, Cardiology/Heart Failure, Continuing Care, Diabetes, Drug Information, Gastroenterology, Infectious Diseases, Inpatient, Mental Health, Nephrology, Neurology, Oncology, Palliative Care, Primary Care, Rheumatology, Research, Solid Organ Transplant, Call Center, and International Travel.

We offer an excellent salary and benefits package. Support for continuing education, board certification, and professional memberships is included. Enjoy the Rocky Mountains while shaping the development of premier clinical pharmacy services in this not-for-profit managed care environment.

Qualified applicants should send a letter of interest, curriculum vitae, and three letters of reference to:

Beverly Kroner, Pharm.D., BCPS
Chief of Primary Care Clinical Pharmacy Services
Kaiser Permanente Colorado
16601 East Centretech Parkway
Aurora, CO 80011
Telephone: (303) 739-3522
E-mail: Beverly.kroner@kp.org

Kaiser Permanente is an AA/EEO Employer.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

Assistant Professor of Pharmacy Practice
Department of Pharmacy Practice, Division of Pediatrics
Texas Tech University Health Sciences Center, School of Pharmacy
Abilene, Texas

The Texas Tech University School of Pharmacy announces two Pediatric faculty positions at our Abilene campus, where our first class of 40 students started in the fall of 2007. The faculty members will have multiple opportunities to develop practices in collaboration with pediatricians to care for patients in a continuity-of-care, inpatient-to-outpatient model. Further opportunities for collaboration exist with outreach physicians from Cook Children's Medical Center, particularly with hematology and oncology.

Join a growing faculty at our newest campus, which includes a state-of-the-art, 40,000-square foot building adjacent to Hendrick Regional Medical Center.

Requirements: Entry level: Pharm.D. with specialty residency or fellowship.

Candidates should send a letter of application, curriculum vitae, and three letters of reference to:

Mark Haase, Pharm.D., BCPS
Search Committee Chair for Pediatrics
Pharmacy Practice
1300 S. Coulter
Amarillo, TX 79106
E-mail: mark.haase@ttuhsc.edu
Telephone: (806) 356-4000, ext. 292
Fax: (806) 356-4018

All interested applicants must apply online at <https://jobs.texastech.edu>.
Please reference position # 62112.

Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

New Position

Assistant Professor of Pharmacy Practice

Department of Pharmacy Practice, Division of Pediatrics
Texas Tech University Health Sciences Center, School of Pharmacy
Dallas/Fort Worth, Texas

The Texas Tech University School of Pharmacy announces a new full-time, nontenure-track Pediatric Faculty Practice Position at our Dallas/Fort Worth campus. The DFW campus provides resources for P3 and P4 didactic and experiential training, postgraduate residency training, and graduate training. A clinical practice will be delivered at least 50% of the time by our practice partner.

Special interest in pediatric neurology is highly desirable. The successful candidate will also have the opportunity to collaborate with the Pediatric Pharmacology Research & Development Center, a recognized Center for Research Excellence within the School of Pharmacy at Dallas/Fort Worth, and to facilitate the development of pharmaceutical and medical devices for infants and children.

The School of Pharmacy has a total of five full-time pediatric faculty practicing at three of the School of Pharmacy campuses with three new positions approved systemwide. The Dallas/Fort Worth Metroplex has a total of 21 faculty and has physical facilities located on the Veterans Affairs campus and facilities located adjacent to UT Southwestern Medical Center.

Requirements: Pharm.D. with specialty residency or fellowship or equivalent experience. Candidates should send a letter of application, curriculum vitae, and three letters of reference to:

Mark Haase, Pharm.D., BCPS
Search Committee Chair for Pediatrics
Pharmacy Practice
1300 S. Coulter
Amarillo, TX 79106
E-mail: mark.haase@ttuhsc.edu
Telephone: (806) 356-4000, ext. 292
Fax: (806) 356-4018

All interested applicants must apply online at <https://jobs.texastech.edu>.
Please reference position # 62112.

Equal Employment Opportunity/Affirmative Action Employer. Women and minorities are strongly encouraged to apply.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

Assistant Professor of Pharmacy Practice

Department of Pharmacy Practice, Division of Primary Care
Texas Tech University Health Sciences Center, School of Pharmacy
Amarillo, Texas

The Primary Care Division at the School of Pharmacy is actively seeking to fill an immediately available nontenure-track faculty position at the Assistant or Associate Professor level on the Amarillo campus. This position has a strong emphasis in direct patient care through collaborative drug therapy management in a variety of chronic disease states. The new position will join an existing division member and help expand clinical services within the School of Medicine's Department of Internal Medicine clinics. In addition to clinical practice, candidates will be responsible for didactic and experiential teaching, research/scholarship activities, and school service.

The Primary Care Division is one of the largest groups of faculty in primary care in the nation! We have 11 members spread across four campuses in North and West Texas. Two members of the division currently practice in Amarillo. Multiple opportunities exist for scholarly collaboration both within and between the different clinical practice divisions of the School. Individuals with specialty residency training in Ambulatory Care or equivalent practice experience are preferred. For more information, contact:

Shane Greene, Pharm.D., BCPS, CDE
Search Committee Chair for Primary Care
Texas Tech School of Pharmacy
4500 S. Lancaster Road, Bldg. 7 – R# 119A
Dallas, TX 75216
E-mail: shane.greene@ttuhsc.edu
Telephone: (214) 372-5300, ext. 235
Fax: (214) 372-5020



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

Division Head/Associate Professor of Pharmacy Practice
Department of Pharmacy Practice, Division of Practice Management
Texas Tech University Health Sciences Center, School of Pharmacy
Amarillo, Texas

The Texas Tech University Health Sciences Center School of Pharmacy seeks a qualified individual for a newly approved, full-time, 12-month position in the Division of Practice Management with expertise in an area of management. Other areas of expertise in the social and administrative sciences as well as in the business or information management sciences will be considered. The successful candidate will serve as the Division Head reporting to the Chair, Department of Pharmacy Practice. A tenure-track appointment is available.

Primary responsibilities will include Division leadership as well as didactic teaching in the Pharm.D. program, research, and service. Opportunities exist to provide leadership in a newly implemented Pharm.D./MBA program. Candidates must have a Ph.D., professional doctorate, or terminal degree in pharmacy, pharmacy administration, management/business, public health, health services administration, or related fields. A record of accomplishments in scholarship, grantsmanship, and leadership will be a strong consideration. Pharmacists eligible for licensure or licensed in the state of Texas are especially invited to apply.

The successful candidate will join and be part of the leadership team for a growing department currently projected to expand over the next 3 years to 70+ faculty located on campuses in Abilene, Amarillo, Dallas, and Lubbock. Since its inception in 1996 as part of the new school of pharmacy, the Department of Pharmacy Practice has earned national recognition for its residency programs (174 graduates as of July 2009) and its innovative practice and patient care initiatives, as well as a growing research program in health services, patient safety, and clinical and translational sciences. Opportunities abound to collaborate in research and teaching with the Rawls College of Business. The Department also provides clinical and practice management services through its Managed Health Care Pharmacy Services for more than 25 Texas Department of Criminal Justice prison facilities. This position is 100% funded by the state, with significant opportunities for salary augmentation resulting from contracts, practice initiatives, or research initiatives. The position is based in Amarillo.

Additional information about the School of Pharmacy, the Health Sciences Center, or the Department of Pharmacy Practice and Division of Practice Management can be found at www.ttuhscc.edu/sop/.

Interested candidates should send a letter of application, curriculum vitae, and three letters of reference to:

Judy Newsom, R.Ph., Ph.D.
Search Committee Chair
Texas Tech School of Pharmacy
Department of Pharmacy Practice
1300 S. Coulter
Amarillo, TX 79106
Telephone: (806) 356-4010
Fax: (806) 356-4018

Interested applicants must also access <https://jobs.texas-tech.edu> to complete a brief online application for job application # 75392.

Texas Tech University Health Sciences Center is an Affirmative Action/Equal Opportunity Employer committed to excellence through diversity. Texas Tech welcomes applications from minorities, women, veterans, and individuals with disabilities.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Pharmacy™

Assistant Professor of Pharmacy Practice

Department of Pharmacy Practice, Division of Primary Care
Texas Tech University Health Sciences Center, School of Pharmacy
Dallas, Texas

The Primary Care Division at the School of Pharmacy is actively seeking to fill an available nontenure-track faculty position at the Assistant or Associate Professor level on the Dallas campus. This position has a strong emphasis in direct patient care through collaborative drug therapy management in a variety of chronic disease states (e.g., diabetes, hypertension, anticoagulation, dyslipidemia). In addition to clinical practice, candidates will be responsible for didactic and experiential teaching, research/scholarship activities, and school service.

The Primary Care Division is one of the largest groups of faculty in primary care in the nation! We have 11 members spread across four campuses in North and West Texas, with five of those members in Dallas. Multiple opportunities exist for scholarly collaboration both within and between the different clinical practice divisions of the School. Individuals with specialty residency training in Ambulatory Care or equivalent practice experience are preferred.

Contact Information:

Shane Greene, Pharm.D., BCPS, CDE
Search Committee Chair for Primary Care
Texas Tech School of Pharmacy
4500 S. Lancaster Road, Bldg. 7 – R# 119A
Dallas, TX 75216
E-mail: shane.greene@ttuhsc.edu
Telephone: (214) 372-5300, ext. 235
Fax: (214) 372-5020