

ACCP Report

American College of Clinical Pharmacy

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

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Practice and Research Networks Offer Education and Networking in Anaheim

Every year, ACCP's Practice and Research Networks (PRNs) respond to members' needs with high-quality, tailored Annual Meeting programming within a therapeutic or practice area. Updating you in the latest hot topic of each respective area, the PRN focus sessions are designed to be informative and applicable—and sometimes controversial. The schedule of this Annual Meeting is no different—several PRNs have collaborated to bring you hot topics that cross specialty domains. October 17–21, join your colleagues for PRN-developed focus sessions, PRN-presented posters, and PRN business and networking forums. For a complete schedule of these and other Annual Meeting events, visit www.accp.com/am. If you have not yet registered for the meeting, there's still time! Stop by the ACCP registration desk in the Anaheim Convention Center to register on-site.

Monday afternoon, select from 10 PRN-developed focus sessions:

- Hot Topics in the Cognitively Impaired Patient (Central Nervous System and Pain and Palliative Care PRNs)
- Selected Therapeutic Issues Facing the Emergency Department Pharmacists (Emergency Medicine PRN)
- How to Use New Methodologies and Health Outcomes Research in Your Practice (Health Outcomes PRN)
- Guiding Antimicrobial Therapy in 2009 (Infectious Diseases PRN)
- Therapeutic Hypothermia: Clinical Applications and PK/PD Implications (Pharmacokinetics/Pharmacodynamics PRN)
- Motivational Interviewing: A Therapy for Behavioral Change (Ambulatory Care PRN)
- Clinical Practitioner Collaborations with the Industry (Pharmaceutical Industry PRN)
- Moving Beyond the Guidelines: Evaluating Present and Future Management Strategies for the Patient with Heart Failure (Cardiology PRN and the Heart Failure Society of America)
- Breast Cancer Treatment in the Molecular Era (Hematology/Oncology PRN)
- Ensuring Safe and Effective Use of Dietary Supplements (Drug Information PRN)

Tuesday afternoon, select from:

- Focus on Special Populations in Endocrine and Metabolism (Endocrine and Metabolism PRN)

- Pharmacotherapy Functional Status in Older Adults (Geriatrics PRN)
- Therapeutic Controversy in Nutrition Support: Use of Premixed Parenteral Nutrition Formulations (GI/Liver/Nutrition PRN)
- Updates in Women's Health Across the Lifespan (Women's Health PRN)
- Development and Implementation of Preceptor Development Programs (Clinical Administration and Education and Training PRNs)
- The Great Adult Medicine Debates of 2009 (Adult Medicine PRN)
- Controversies in the Management of Sepsis: A Practical Approach (Critical Care PRN)
- Clinical Pearls for Bridging the Gap Between Inpatient and Outpatient Care for Patients with Chronic Kidney Disease: The Roles of the Pharmacists (Nephrology PRN)
- Innovative Practices for Pharmacists in Solid Organ Transplant and Immunology (Immunology and Transplantation PRN)

After a long day of sessions, unwind with friends at the PRN business and networking forums. These reception-style events offer both PRN members and those interested in the PRN and its activities a chance to mingle and review plans for future activities. Many PRNs offer short poster presentations in addition to their business meetings. Monday evening, the following PRNs will gather from 6:00 p.m. to 9:00 p.m.: Ambulatory Care, Central Nervous System, Critical Care, Education and Training, Health Outcomes, Hematology/Oncology, Immunology/Transplantation, Infectious Diseases, Nephrology, Pharmaceutical Industry, and Pharmacokinetics/Pharmacodynamics. Tuesday evening, from 6:00 p.m. to 9:00 p.m., connect with the following PRNs: Adult Medicine, Clinical Administration, Drug Information, Emergency Medicine, Endocrine and Metabolism, Geriatrics, GI/Liver/Nutrition, Pain and Palliative Care, Pediatrics, and Women's Health.

In conjunction with the 30th anniversary celebration of ACCP, the PRNs have completed PRN history projects, and posters will be presented on Monday during the Scientific Poster Presentations, 11:15 a.m.–1:15 p.m. Check out the work of your PRN colleagues and enjoy a complimentary boxed lunch in Hall A of the Anaheim Convention Center.

To view the complete meeting agenda, visit the Web site at www.accp.com/am. On-site registration begins Saturday, October 17, at 2:00 p.m. in the Anaheim Convention Center. See you in sunny California!

Call for Nominations

All nomination materials, including letters, vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available 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 must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. 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 consist of a letter to the Chair of the Selection Committee detailing the nominee's qualifications for this award and his/her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters 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.**

ACCP Research Institute Hosts "Get Plugged In" Event in Anaheim



Come learn more about how we are changing to meet your needs at the ACCP Research Institute event on Monday, October 19, during the Annual Meeting. The luncheon program will take place from 11:30 a.m. to 12:45 p.m. on Monday, October 19, in Hall A of the Convention Center. The event is being called "Get Plugged In" because it will be a chance for members to explore ways to get more involved in the programs and services of the Research Institute.

The "Plugged In" in the event title is also a play on words, as those in attendance will receive a multiport USB "hub man" simply for making a \$100 on-site donation to the Frontiers Fund, which supports initiatives such as the new FIT Program and the ACCP PBRN. All event attendees and on-site donors will be entered in a drawing for an iPod touch.

Call for Abstracts for ACCP's 2010 Spring Practice and Research Forum

Nonstudent Abstracts Due November 16
Student Abstracts Due December 15

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts to be considered for poster presentation at the 2010 Spring Practice and Research Forum, to be held April 24–27 in Charlotte, North Carolina.

Abstracts may be submitted in one of the following four categories.

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

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

Resident and Fellow Research-in-Progress:

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

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

Submission Deadline

All abstracts accepted for presentation (with the exception of Encore Presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Paper Award competition. Judging of finalists will occur during the poster sessions at the meeting. The deadline to submit abstracts in the Original Research and Clinical Pharmacy Forum categories is Monday, November 16, 2009, midnight, Pacific Standard Time. The deadline to submit abstracts in the Resident and Fellow Research-in-Progress and Student Submissions categories is Tuesday, December 15, 2009. Authors will be notified by e-mail of acceptance of their papers by January 29, 2010.

Submit your abstract at <http://accp.confex.com/accp/2010sp/cfp.cgi>.

ACCP Recognizes the Contributions of Its Volunteers

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their substantial contributions to the organization:

Ohio College of Clinical Pharmacy

Michael A. Militello, Pharm.D., BCPS
Cardiology Clinical Specialist at The Cleveland Clinic, Cleveland, OH

Middle East Chapter of Clinical Pharmacy

Cynthia Abou Jaoude, Pharm.D.
Pharmacy Owner, Cynthia's Pharmacy, Mount Lebanon, Lebanon

Shereen Nabhani Gebara, Pharm.D., BCOP

Senior Lecturer, Pharmacy Practice, Kingston University, UK

Southern California College of Clinical Pharmacy

Cynthia Jackevicius, Pharm.D., M.Sc., BScPhm, FCSHP, BCPS (AQ Cardiology)
Associate Professor of Pharmacy Practice, Western University of Health Sciences
Clinical Pharmacotherapy Specialist, Cardiology, VA Greater Los Angeles Healthcare System

Adjunct Scientist, Institute for Clinical Evaluative Sciences, Los Angeles, CA

Kelly Lee, Pharm.D., BCPP

Assistant Professor of Clinical Pharmacy
Skaggs School of Pharmacy and Pharmaceutical Sciences
University of California San Diego, San Diego, CA

Infectious Diseases Practice and Research Network

John Cleary, Pharm.D., FCCP, BCPS
Vice Chair for Research, Professor of Pharmacy Practice, Research Professor in the Research Institute of Pharmaceutical Sciences, University of Mississippi Schools of Pharmacy & Medicine

Amanda Corbett, Pharm.D., BCPS, AAHIVE

Clinical Assistant Professor, Eshelman School of Pharmacy and School of Medicine
Clinical Associate, Center for AIDS Research and Pharmacologist, AIDS Clinical Trials Group
University of North Carolina, Chapel Hill, NC

Central Nervous System Practice and Research Network

Susan C. Fagan, Pharm.D., FCCP, BCPS
Albert W. Jowdy, Professor of Pharmacy Care
Associate Head, Department of Clinical and Administrative Pharmacy
Assistant Dean, College of Pharmacy University of Georgia
Codirector, Program in Clinical and Experimental Therapeutics
University of Georgia and Charlie Norwood VA Medical Center, Augusta, GA

Ambulatory Care Practice and Research Network

Jeanette Altavela, Pharm.D., BCPS
Director, Care Management & Pharmacy Services
Greater Rochester Independent Practice Association, Rochester, NY

Karen Tisdell, Pharm.D., BCPS, CDE, CCRC

Clinical Pharmacotherapy Specialist, Diabetes Health Center
McGuire VA Medical Center, Richmond, VA

Melissa Blair, Pharm.D., FCCP, FASHP, BCPS, CDE

Clinical Assistant Professor, Assistant Director of Pharmacotherapy
Eshelman School of Pharmacy, University of North Carolina, Chapel Hill, NC
Pharmacy Clinical Manager, New Hanover Regional Medical Center, Wilmington, NC

StuNet Advisory Committee

Kelly Martin, B.S., Pharm.D. Candidate
University of Maryland, Baltimore, MD

Jennifer Neal, Pharm.D.

PGY1 Pharmacy Resident, University of Virginia Health System, Charlottesville, VA

Visit the ACCP Volunteer Recognition Program section of the Web site at <http://www.accp.com/membership/vrp.aspx> to view the current listing of volunteers recognized and their specific contributions to the College.

ACCP Expands Travel Awards Given for 2009 Annual Meeting

Since its inception in 2006, the ACCP Student Travel Awards program has provided more than \$25,000 in the form of stipends and complimentary meeting registrations to support student attendance at the College's national meetings. This year, ACCP expanded its Travel Award initiative to encourage and support the professional growth of postgraduate trainee members: residents, fellows, and graduate students.

One of the best ways for students and postgraduate trainees to experience organized clinical pharmacy in action is to participate in an ACCP national meeting. This fall, through the generous support of individual members and the PRNs, students and postgraduate trainees will have the opportunity to do just that at the upcoming Annual Meeting in Anaheim, California, honoring ACCP's 30th anniversary.

Please join us in congratulating the following recipients of the 2009 ACCP Annual Meeting Travel Awards:

Pharmacy Students

Alexandra Barnette
Angela Bingham
Eric Chow
Michelle Edwards
Alexander Flannery
Megan Hames
Travis King
Kelly Martin
Anna Milone
Kathleen Morneau
Niti Patel
Anne Sadofsky
Kristine Smilie
Melissa Thompson
Stephanie Weightman
Christine Yocum

Postgraduate Trainees

Daniel Aistrop
Qusai Al-Share
Russell Attridge
Aida Bickley
Matthew Browne
Danielle Candelario
Dmitri Cohen
Keith Dunn
Milena Griffith
Ashley Hall
Roy Hendley
Amy Kennedy
Wiyanna Kramer
Abigail Miller
Heather Owens
Megan Sheahan
Emma Tillman
Katy Trinkley

Travel awards encourage student and postgraduate trainee attendance at ACCP meetings and promote future involvement in the College. The next cycle of travel awards will be offered in conjunction with the ACCP Spring Practice and Research Forum and *Updates in Therapeutics: The Pharmacotherapy Preparatory Course*, April 23–27, 2010, in Charlotte, North Carolina. To qualify for a travel award, applicants must be (1) a current resident, fellow, or postgraduate trainee member of ACCP or (2) a current student member pursuing his or her first professional degree, who has completed at least 1 academic year in his/her professional pharmacy program. Applicants are required to submit an essay, a CV, and letter(s) of recommendation from faculty members and/or preceptors.

ACCP would like to recognize the following individuals and PRNs for their generous contributions to support the Travel Award program:

Dele Akao	Allison Bernknopf
Andrea Anderson	Cori Brock
Maria Ballod	Lingtak-Neander Chan
David Bateshansky	Lisa Charneski
Amber Beitelshees	Jack Chen
Sandra Benavides	John Cleary

Kathryn Connor
Amanda Corbett
Tony Gerlach
Suzanne Havican
Mary Hess
James Hoehns
Ian Hollis
Cynthia Jackevicius
Brandon Jennings
Emilie Karpiuk
David Knoppert
Hope Le
Sekhar Mamidi
Gary Milavetz

Audrey Nakamura
Mary Beth O'Connell
Patricia Orlando
Roxanna Rodriguez-Ramirez
Joseph Saseen
Andrew Smith
Zachary Stacy
Joe Tami
Paula Thompson
Sarah Tomasello
Barbara Wells
Suzanne Wortman
Elizabeth Young

The Adult Medicine PRN
The Ambulatory Care PRN
The Cardiology PRN
The Clinical Administration PRN
The Critical Care PRN
The Education and Training PRN
The Endocrine and Metabolism PRN
The Geriatrics PRN
The Infectious Diseases PRN
The Pharmacokinetics/Pharmacodynamics PRN

Donations to the Travel Award Fund helped support this fall's awards, and they will continue to fund awards assisting student and postgraduate trainee attendance at upcoming ACCP national meetings. All donations collected by the Travel Award Fund are applied directly toward attendee meeting support; no funds are used for administrative or overhead expenses. If you would like to make a tax-deductible contribution to help support future awards, please contact Jon Poynter, Membership Project Manager, at jpoynter@accp.com.

Clinical Pharmacy in the United States: Transformation of a Profession

The Perfect Holiday Gift for Students, Trainees, or Colleagues



Wouldn't the perfect gift for a colleague, student, resident, or fellow be an insightful, comprehensive book tracing the remarkable development of clinical pharmacy? Drawing on material from the early part of the 20th century to the present day, Dr. Robert Elenbaas and Dr. Dennis Worthen portray the evolution of pharmacy from its product-centered beginning as a guild-like occupation to the patient-centered profession we know today.

Clinical Pharmacy in the United States: Transformation of a Profession is a uniquely organized text presenting as its focus an annotated chronology of events highlighting pharmacy practice, education, and research innovations; key conferences and seminal publications; consequential

association position statements; key legislation; and regulatory actions that have affected the development of clinical pharmacy. The book also places these clinical pharmacy developments in a context that extends beyond the pharmacy profession by providing a decade-by-decade overview of U.S. culture, politics, economics, technology, health, and other prominent societal events. To complement the narrative historical accounts, a visual timeline that chronicles key historical events winds along the bottom of the page.

Distributed throughout are captivating reflective essays—personal accounts that provide an on-the-ground perspective and impart a “you are there” dimension. Written by some of the visionaries and activists who helped blaze the early trails of clinical pharmacy, these reflections capture the path taken thus far and point the way for the course to come.

Pharmacy students, residents, and fellows should read this important testimony of our profession—as should practitioners who have experienced this history firsthand. To learn more about the book and purchase a copy for yourself or as a gift, visit http://www.accp.com/bookstore/la_01cpus.aspx.



Washington Report

*John McGlew
Associate Director,
Government Affairs*

Health Care Reform—What’s in It for Clinical Pharmacy?

Introduction

As the health care reform process moves out of congressional committees and onto the floor of the House and Senate, policy-makers face the daunting task of resolving a host of controversial issues – and of facing a divided electorate.

Recent polls show support for the current proposals at 46% and opposition at 50%, yet these numbers need to be considered within a much broader context. Research shows that 54% of voters believe major changes are needed in the health care system, and 61% say it is important for Congress to pass health care reform this year.¹

To complicate matters further, the polls themselves reflect a general public that is often confused or even misguided over what is being proposed. Widespread fears over government-run “death panels” emerged from nothing more than a provision in the legislative language that would have, for the first time, paid for optional consultations with doctors about hospice care and other “end-of-life” services.

As former Senate Majority Leader Bill Frist was quoted as saying, “*Clearly, the death panels and public plan arguments have been overblown.*”² Although undoubtedly there should be concern and debate over any proposal that would affect people’s health as well as the economy, to the extent this issue does, the partisan rhetoric from both sides has served to muddy the issue rather than clarify it.

¹ Rasmussen Reports Opinion Poll. Available at http://www.rasmussenreports.com/public_content/politics/current_events/healthcare/september_2009/health_care_reform. Accessed October 5, 2009.

² Time Magazine. Available at <http://swampland.blogs.time.com/2009/10/02/bill-frist-on-health-bill-id-vote-for-it/>. Accessed October 5, 2009.

Status

All five congressional committees have passed legislation. Leadership in each house will now work to merge the language produced by the committees to allow consideration on the floor of each respective chamber.

Finally, conference negotiators representing both chambers will meet to reconcile the House and Senate language and produce a final bill that will be voted on and eventually sent to the White House for the President’s signature.

The five different congressional committees that share responsibility for the reform process are:

- Senate Health, Education, Labor and Pensions (HELP) Committee
- Senate Finance Committee
- House Energy and Commerce Committee*
- House Ways and Means Committee*
- House Education and Labor Committee*

(*The legislative draft release by the House of Representatives is known as the “Tri-Committee Bill.”)

In addition, the Obama administration is deeply invested – politically speaking – in the process and has made health care reform a centerpiece of its agenda.

Major Issues to Be Resolved

All the legislation sets out similar goals – to provide affordable, quality health care. Opinion remains divided over how to reach these goals, and several controversial issues must be resolved before the process is completed.

“**Public Option**” – Perhaps the most controversial issue in the debate. Although all committees would establish a health insurance exchange or gateway through which individuals could purchase coverage, the Senate HELP Committee and House Committees go as far as including a “public option” that would compete with private plans operating in the exchange. The Senate Finance Committee voted against this public option.

Financing – Early and incomplete Congressional Budget Committee (CBO) estimates score each proposal as follows:

- Senate Finance – \$829 billion over 10 years
- Senate HELP – \$645 billion over 10 years
- House “Tri-Committee” – \$1.042 trillion over 10 years

The Obama administration has called for a bill that costs no more than \$630 billion over 10 years. Most of this spending will come from new taxes and savings to Medicare and Medicaid. Specifically, the Finance Committee calls for cuts in payments to Medicare Advantage Plans and for an excise tax on high-cost insurance plans that exceed \$8000 for single coverage and \$21,000 for family coverage. The House proposes a surcharge of 1%, rising to 5.4% on families with incomes above \$350,000 and individuals with incomes above \$280,000.

Senate HELP Committee Affordable Health Choices Act (http://help.senate.gov/BA109A84_xml.pdf)

Provisions Affecting Clinical Pharmacists’ Services

(Section 212) Medical Home Model – Initiates a grant program to establish community health teams. Teams must receive the support necessary for local primary care practitioners to provide access to pharmacist-delivered medication therapy management (MTM) services, including medication reconciliation. Under the proposal, health teams must provide 24-hour care management and support during transitions in care settings, including a transition care program that:

- provides in-site visits from the care coordinator; and
- assists with the development of discharge plans and medication reconciliation on admission to and discharge from hospitals, nursing homes, or other institutional settings.

The transition support must also ensure that postdischarge plans include MTM, as appropriate.

(Section 213) MTM Grant Program – Provides grants to eligible entities to implement MTM services provided by licensed pharmacists, as a collaborative, multidisciplinary, interprofessional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce the overall cost in the treatment of such diseases.

Services, based on the APhA/NACDS–developed *Core Elements of an MTM Service Model 2.0*, include the following: assessing a patient’s medication therapy, developing an action plan, working with the rest of the care team to implement the action plan, monitoring the patient, and providing education and training to enhance the patient’s understanding and appropriate use of the medications.

These services are provided to targeted individuals who take four or more prescribed medications; take any “high-risk” medications; have two or more chronic diseases; or have undergone a transition of care, or other factors, as determined by the Secretary of U.S. Health and Human Services (HHS), that are likely to create a high risk of medication-related problems.

(Section 216) Hospital Readmission – Creates a payment structure to prevent hospital readmissions by providing increased reimbursement or incentives for improving health outcomes, care coordination, chronic disease management, and medication and care compliance initiatives through comprehensive programs for hospital discharge planning and postdischarge by appropriate health care professionals.

(Section 220) Quality – Establishes a demonstration program to integrate quality improvement and patient safety training into the clinical education of health professionals. Entities eligible for the demonstration program include schools of pharmacy.

(Section 2707) Quality – Directs health insurers to develop and implement a reimbursement structure for making payments to health care providers. This structure provides incentives for the provision of high-quality health care in a manner that includes the implementation of case management, care coordination, chronic disease management, and medication and care compliance activities, including the use of a medical home model as

defined in section 212 of the act.

(Section 411) Workforce – Establishes a commission to look at various workforce issues, including current workforce supply and distribution and health care workforce education and training. The section defines health care workforce as all health care providers with direct patient care and support responsibilities, including pharmacists. The section also includes “clinical pharmacist” in its definition of health professionals.

(Section 431) Workforce – Authorizes the Secretary to award grants or enter into contracts with entities that operate a geriatric education center. The center shall use the funds to offer courses focusing on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in health profession schools including schools with programs in pharmacy.

Section 431 also directs the HHS Secretary to provide grants or to contract with individuals to foster greater interest among health care providers in entering the fields of geriatrics, long-term care, and chronic care management. Eligible individuals include pharmacists.

(Section 453) Workforce – Provides area health education centers grant monies to distribute to entities that initiate health care workforce educational programs. The grant money must be used for several things including conducting and participating in interdisciplinary training that involves various practitioners including pharmacists.

House Tri-Committee – America’s Affordable Health Choices Act of 2009 (H.R. 3200) (<http://docs.house.gov/edlabor/AAHCA-BillText-071409.pdf>)

Provisions Affecting Clinical Pharmacists’ Services

MTM Grant Program – An amendment introduced by Congressman Butterfield (D-NC) that is identical to the Senate HELP proposal.

(Section 1301) Medical Home Model – Establishes an accountable care organization (ACO) pilot program to test different payment incentive models intended to promote accountability, encourage investment in processes that result in high-quality and efficient care, and reward providers for high-quality, efficient care. The community-based medical home model must employ community health workers who assist primary care providers in chronic care management activities such as MTM services. ACOs may involve services not currently compensated for by Medicare such as pharmacist services.

(Section 1305) Preventive Services Cost Sharing – Eliminates cost sharing for Medicare preventive services, including diabetes outpatient self-management training services, diabetes screening tests, and certain vaccinations.

Workforce Strategies – Congressman Braley’s (D-IA) amendment to Section 2211 – Establishes a new program, similar to the National Health Service Corps (which does not include pharmacists), to offer

loan repayments to frontline health care providers, including pharmacists, who agree to serve 2 years in an underserved area.

(Section 1191) Quality – Expands tele-health services that allow access to care in underserved communities; may result in the ability of pharmacists and other health care professionals to provide remote “in-person” care.

Senate Finance Committee: America’s Healthy Future Act of 2009 (http://finance.senate.gov/sitepages/leg/LEG%202009/091609%20Americas_Healthy_Future_Act.pdf)

Provisions Affecting Clinical Pharmacists’ Services
(The proposal released by the committee is known as the “Mark” rather than the “bill” because the chair has not yet released legislative language.)

Medication Therapy Management – The HHS Secretary would be required to create an Innovation Center within CMS. The Innovation Center would be authorized to test, evaluate, and expand different payment structures and methodologies that aim to:

- foster patient-centered care
- improve quality
- slow the rate of Medicare cost growth

The Innovation Center would be required to conduct an evaluation of each model tested, including an analysis of the extent to which the model results in, among others, coordination of health care services across treatment settings.

The Center would be required to consider testing, at a minimum, models that achieve at least 1 of 13 criteria. One of the criteria includes “the utilization of medication therapy management services.”

Hospital Readmissions – The Mark includes “comprehensive medication review and management, including patient self-management, when appropriate” in the list of possible core intervention elements for care transition services. However, the Mark does not address the realignment of payments to increase access to these services or confirm that pharmacists may provide these services and that their services will be compensated through Medicare Part B.

Medicare Advantage MTM – The Mark includes MTM in a new bonus payment for care coordination and management activities that are conducted by Medicare Advantage plans: “Medication therapy management programs that focus on poly-pharmacy and medication reconciliation, periodic review of drug regimens, and integration of medical and pharmacy care for chronically-ill, high cost beneficiaries.”

Workforce – The Mark would establish a Workforce Advisory Committee, composed of external stakeholders and representatives of health professionals; schools of higher education for health care professionals; public health experts; health insurers; business; labor; state or local workforce investment boards; and any other health professional organization or practice the Secretary deems appropriate. These stakeholders would develop and present a national workforce strategy to the Secretary

and Congress that would set the nation on a path toward recruiting, training, and retaining a health workforce that meets the nation’s current and future health care needs.

Medicaid – The Mark would make prescription drugs a mandatory benefit for the categorically and medically needy, effective January 1, 2014.

Prevention – The Mark would provide Medicare beneficiaries with access to a comprehensive health risk assessment based on guidelines developed by the Secretary in consultation with relevant groups and entities. The assessment would identify chronic diseases, modifiable risk factors, and emergency or urgent health needs, including a list of all medications currently prescribed and all providers regularly involved in the patient’s care.

Conclusion
After a summer fraught with hysteria over health care reform, September saw the return of some stability to the process.

The passage of a bill through the Senate Finance Committee was a vital step. Of importance, the nonpartisan CBO determined that the bill would not add to the federal budget deficit but would dramatically reduce the number of uninsured Americans.³ This favorable CBO “score” is vital to securing the support of Republicans and moderate Democrats.

Yet difficult negotiations lie ahead. House Democrats remain divided over the controversial “public option,” and senior citizens across the country continue to voice their concerns over proposed Medicare cuts.

ACCP continues to work with its pharmacy stakeholder colleagues to develop a strategy to ensure that the provisions affecting clinical pharmacists’ services remain in the bill during the process of merging and reconciling the language. As the process moves onto the House and Senate floor, a comprehensive grassroots response will likely be called for to protect these important provisions.

ACCP members are reminded to visit the College’s [Legislative Action Center](#) to communicate directly with elected officials on the importance of protecting the provisions that allow access to vital clinical pharmacists’ services.

New Edition Now Available

Pharmacogenomics: Applications to Patient Care

ACCP is pleased to announce the publication of the second edition of *Pharmacogenomics: Applications to Patient Care*. The nine-member Pharmacogenomics Editorial Board has recruited experts from many different practice areas, disciplines, and research environments to guide the integration of pharmacogenomics into daily clinical practice.



³ Washington Post article. Available at <http://www.washingtonpost.com/wp-dyn/content/article/2009/10/07/AR2009100704078.html>. Accessed October 7, 2009.

Pharmacogenomics, the field of study addressing how individual genetic variation affects a patient's response to drugs, will change how disease is defined, diagnosed, and treated. The application of pharmacogenomic principles is altering how health care providers select and monitor drug therapy. By eliminating the trial-and-error approach to drug selection, pharmacogenomics can promote increased efficacy and decreased toxicity.

Pharmacogenomics offers the opportunity for clinicians to dramatically improve the health outcomes of a large number of patients receiving drug therapy. However, this opportunity is tempered by the challenge of learning the seemingly limitless amount of genetic information assembled during the past decades, together with rapidly emerging new knowledge.

ACCP has developed this textbook to assist clinicians in meeting this challenge. The enhanced second edition, written by experts in the field, combines the basics of pharmacogenomics with disease-specific applications to give clinical pharmacists and other health professionals a solid foundation for understanding the basic science of pharmacogenomics and the skills for integrating pharmacogenomics into daily clinical practice.

Now available in the ACCP online bookstore http://www.accp.com/bookstore/th_02pg.aspx, *Pharmacogenomics: Applications to Patient Care*, second edition, is an invaluable publication for students, trainees, and practitioners.

The members of the Pharmacogenomics Editorial Board are Howard L. McLeod, Pharm.D., FCCP (chair); C. Lindsay DeVane, Pharm.D., FCCP, BCPP; Susanne B. Haga, Ph.D.; Julie A. Johnson, Pharm.D., FCCP, BCPS; Daren L. Knoell, Pharm.D., FCCP; Jill M. Kolesar, Pharm.D., FCCP, BCPS; Joseph D. McInerney, M.A., M.S.; P. David Rogers, Pharm.D., Ph.D., FCCP; and Joseph R. Walker, Pharm.D.

Pharmacotherapy Pearls

Annual Call for Pharmacotherapy Reviewers

Wendy R. Cramer, B.S., FASCP

Richard T. Scheife, Pharm.D., FCCP

The value of the academic reviewer in all quality bioscience publications cannot be overstated. Only someone who is actively involved in and has a passion for clinical practice or research can accurately assess the scientific rigor and impact of a given manuscript submitted for publication. So, how does one make the leap from an impassioned pharmacy clinician or researcher to an academic reviewer?

If you would like to become a reviewer, you may do so online. Simply go to the Manuscript Central Web site (*Pharmacotherapy's* online manuscript management system) at <http://mc.manuscriptcentral.com/pharmacotherapy>. Then proceed to "create account" at the top right-hand portion of the page, and follow the step-by-step directions. You will be prompted to provide contact information, and you will be able to specify your areas of expertise (you may choose one or several) from a list of more than 100 specialty areas. These categories are as follows:

ACE inhibitors	Administration
Acute coronary syndrome	Adverse drug reactions
ADHD	AIDS

Allergy	Hypertension
Alzheimer's disease	Immunizations
Ambulatory	Immunology
Aminoglycosides	Industry
Analgesia	Infectious disease
Anemias	Insomnia
Anesthesiology	Legal
Anticoagulation	Lipids
Antiepileptic drugs	Liver
Antifungals	Lyme disease
Anti-inflammatories	Managed care
Antiplatelets	Migraine
Antiretrovirals	Nausea
Antivirals	Neonatology
Anxiety	Neurology
ARDS	Neuromuscular-blocking agents
Arrhythmias	Neuropathy
Arthritis	Neurosurgery
Asthma	Nuclear medicine
Bacterial resistance	Nutrition
Biotechnology	Obesity
Bioterrorism	Oncology
Bipolar	Ophthalmology
Botulism	Outcomes
Breastfeeding	Parkinson's disease
Burns	Patient safety
C-reactive protein	Pediatrics
CAD	Peptic ulcer disease
Cardiology	Pharmacodynamics
COPD	Pharmacoeconomics
Community practice	Pharmacogenomics
Complementary and alternative medicine	Pharmacokinetics
Computer technology	Pharmacology
Contraception	Pharmacy education
Critical care	Pharmacy practice
Cytochrome P450	Pregnancy
Dementia	Psychiatry
Depression	Public health
Dermatology	Pulmonary
Diabetes	Quality of life
Dialysis	Renal
Drug abuse	Restless legs syndrome
Drug information	Septic shock
Drug safety	Sickle cell
Endocrinology	Smoking cessation
Epidemiology	Spinal cord and brain injury
Ethics	Statistics
Evidence-based medicine	Stereoisomers
Febrile neutropenia	Steroids
Fluids and electrolytes	Stroke
Fluoroquinolones	Study design
Forensic medicine	Surgery
Gastroenterology	Thrombocytopenias
Geriatrics	Thyroid
Glaucoma	Toxicology
Gout	Transplant
Headache	Travel medicine
Heart failure	Urology
Hematology	Vancomycin
Hospice	Women's health

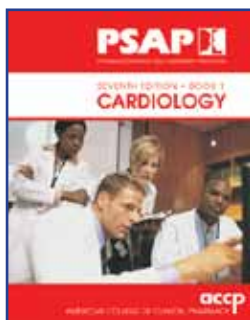
We would like to thank all of you who have served the journal as reviewers as well as those of you who are interested in becoming reviewers.

Newly Posted to the ACCP Web Site: Pharmacotherapy Didactic Curriculum Toolkit

Developed by the 2008 ACCP Educational Affairs Committee B, the ACCP *Pharmacotherapy Didactic Curriculum Toolkit 2009* is now available on the ACCP Web site at <http://www.accp.com/docs/positions/misc/PharmacotherapyToolkit.pdf>. This document is intended to provide guidance to faculty responsible for the pharmacotherapy component of the professional curriculum. Members of the committee who developed the toolkit were Douglas Slain (committee chair), Annie Wong-Berringer, Betsy Blake, Melissa Bumgardner, Randy Rowen, Kristin Schonder, and Sarah Spinler. John Murphy served as the Board of Regents liaison to the committee.

New PSAP Edition Now Available; Order Before December 31 to Receive Discounted Pricing

The new edition of ACCP's *Pharmacotherapy Self-Assessment Program* (PSAP-VII) begins January 15, 2010, with the release of Book 1 (*Cardiology*). The book will include the following chapters:



- “Evolution of Antithrombotic Therapy Used in Acute Coronary Syndromes” by Sarah A. Spinler, Pharm.D., FAHA, FCCP, BCPS (AQ Cardiology)
- “Dyslipidemias: Updates and New Controversies” by Evan Sisson, Pharm.D., MSHA; and Benjamin W. Van Tassel, Pharm.D., BCPS
- “Atrial and Ventricular Arrhythmias: Evolving Practices” by Cynthia A. Sanoski, Pharm.D., FCCP, BCPS
- “Cardiovascular Disease in Women” by Shannon W. Finks, Pharm.D., BCPS (AQ Cardiology)
- “Drug-Induced CVD” by Brian J. Quilliam, Ph.D., R.Ph.; and Marilyn M. Barbour, Pharm.D., FCCP, BCPS
- “Management of Chronic Stable Angina” by Paul Dobesh, Pharm.D., FCCP, BCPS; and Zachary A. Stacy, Pharm.D., BCPS
- “Venous Thromboembolism Prevention and Treatment: Evidence-Based Updates” by Nancy L. Shapiro, Pharm.D., BCPS; and Adam J. Bursua, Pharm.D., BCPS
- “Hypertension” by Heath R. Jennings, Pharm.D., BCPS (AQ Cardiology); and Terri S. Cook, Pharm.D., BCPS
- “Perioperative Cardiovascular Care of Patients Undergoing Surgery” by Jeremy D. Flynn, Pharm.D., BCPS; and Kevin Hatton, M.D.
- “Anticoagulation Management in Pregnancy” by Nathan Clark, Pharm.D., BCPS, CACP; and Mary Beth Dowd, Pharm.D., BCPS, CACP
- “Statistics: Study Design in Recent Cardiology Trials” by Ross T. Tsuyuki, Pharm.D., M.Sc., FCSHP, FACC; and Sipi Garg, M.Sc.

Other Books in the PSAP-VII Series

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).

All PSAP-VII books will feature an updated, reader-friendly design to help the learner move through the material more easily. Each chapter will include a new Baseline Resources Box with suggested references for background information on the topic. Like the sixth edition, PSAP-VII will feature shorter chapters focusing on only the most recent information or topics, complete online testing, expanded annotated bibliographies highlighting recent research, and explanations for each self-assessment question with supporting evidence and rationale.

Order Early for Discounted Pricing

Early bird pricing for the full PSAP-VII series will be available only through December 15. Subscribers to the full series receive each book as soon as it is released and at a substantial savings over the single-book price. To order, visit the ACCP online bookstore at www.accp.com/bookstore/psap.

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 by 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>.

New Members

Laura Adams
Sarah Adams
Darlene Banzhaf
Kelly Barland
Craig Beavers
Lauren Biehle
Ciantel Adair Blyler
Valerie Bonifacio
Jennifer Boudreaux
Adam Brancaccio
Erika Briegel
Shana Brunsvold
Chris Butler
Antonia Carbone
Ryan Cardon
Jennifer Challacomb
Tiffany Chen
Christine Cho
Jason Corcoran
Larissa Coyle
Caitlin Crosley

Chintan Dave
Girish Dighe
Rachael Doebel
Jason Donnelly
Emily Dornblaser
Stephen Drackett
Kimberly Dunagan
Michael Egeberg
Daniel Epperson
James Fiebert
Tara Fogleman
Rola Franks
Mahvish Ghufuran
Elizabeth Gilbert
Jaspreet Gill
Patricia Gonzales
Priya Gopinath
Erin Grussendorf
Jessica Hackworth
Janice Han
Lory Hansen

Crystal Hardin
Jessica Henry
Molly Heyn
Jennifer Holser
Kristin Horning
Tami Houser
Karma Huffman
Aaron Hutchings
Rusudan Jashi
Nina Joiner
James Joseph
Avni Karogal
Chad Kay
Do-Hoon Kim
Lauren Kimmons
Ryan Koca
Marcus Kouma
Renata Kralj
Jessica Lauver
Vi Le
Adrian Lee
Kimberly Liang
Amanda Lin
Judy Lin
Tristan Lindfelt
Dazhi Liu
Tram Luong
Catherine Lyder
Christy Maggiore
Erin Mancl
Janelle Mann
Heather Maracle
Marie Marcelino
Bobbie Masoud
Michele Meade
Anna Meador
Jimish Mehta
Michael Michutka
Kib Mickelson
Leticia Moczygemba
Amy Montes
Sung-Min Moon
Luci Moore
Jami Moss
Josphat Muchiri
David Mulherin
Folashade Naku
Jonathan Newsome
Tiffany Nguyen
Yukiko Noda
Susan Norman
Christian Park
Seong Park
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Manav Patel
Emily Pauli
Sarah Peitz
Emily Peron
Elizabeth Peterson
Vincent Peyko
Michelle Pittman
Vikki Polk
Kelly Pulte
Maura Radliff
Amarita Randhawa

Gauri Rao
Brent Reed
Carole Richardson
Danielle Richardson
Silvia Rivas
Stacy Robinson
Andrew Rogalski
Jeremy Rose
Shannon Rotolo
Samantha Ruffing
Heidi Schneberger
Michelle Serres
Adrian Shook
Jerrica Shuster
Susan Sincavage
Danya Sinno
Pamela Smithburger
Bryant Summers
Sharjeel Syed
Zachary Tackett
Bik Wai Tai
Nicolas Terranova
Andrew Tong
Bau Tran
Pei-Chi Tsai
Karen Tung
Jeanine Utz
Atula Vachhani
Angela Villareal
Ashley Vincent
Sandra Weissmiller
Kylee Willoughby
Melinda Wilson
Conrad Wong
Jason Wong
Lilian Wong
Nicole Wulf
Vivian Yeung
Anthony Zimmermann

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

Fakhr Al-Ayoubi
Jinu Andrews
Raymond Cha
Victoria Chan
Yi-An Chen
Michelle Elias
Phyllis Grauer
Diana Hao
Heather Hesselton
Rehana Jamali
Kathleen Johnson
Laura Keefer
Jon Knezevich
Katherine Marks
LaTosha Mitchell
Pamela Parker
Emmanuelle Schwartzman
Nadine Tadros
Amanda Walker
Susan Woodard

New Member Recruiters

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

Alexandra Barnette
Gretchen Brummel
Jill Burkiewicz
Crystal Cha
Lawrence Cohen
David Craig
Brenda Darling
J. Stuart Deal
Shannon Finks
Lisa Hammond
Christy Henry
Mark Hogan
Gary Matzke
Jonathan Ogden
David Parra
Niti Patel
Hanna Phan
Beth Phillips
Maureen Smythe
William Taylor
Edward Tessier
Gary Walton



**Faculty Positions
University of Hawaii at Hilo
College of Pharmacy
Department of Pharmacy Practice**

The University of Hawaii at Hilo invites applicants for faculty positions in the College of Pharmacy. This is a unique opportunity for faculty to be involved in Hawaii's only college of pharmacy on the scenic Big Island. These positions are available for full-time appointments (11 months). The University reserves the right to hire at any rank depending on the qualifications of the selected applicant. All faculty members are expected to develop an extramurally funded research program, contribute to the Pharm.D. curriculum, serve as a faculty adviser for Pharm.D. students, and assist the College and University by serving on appropriate committees. Excellent communication skills and the ability to function in a team environment are essential qualities for these positions.

Faculty Position Numbers 73376, 73377, 73378, 73379, 73380, and 73381: Six tenure-track faculty positions are being offered in the Department of Pharmacy Practice at the assistant, associate, and full professor rank. Minimum qualifications for the positions include a Pharm.D. degree, Ph.D. degree, or other professional doctorate from an accredited college in a pharmacy-related discipline; completion of a PGY1 or PGY2 residency program or equivalent clinical experience; and eligibility for licensure in the state of Hawaii. For full details of the position and application requirements, please visit the "Work at UH" Web site (<http://workatuh.hawaii.edu>). Candidates with fellowship or other research training and those with previous experience in pharmacy education will receive preference. The College is seeking qualified individuals with training in general internal medicine or other specialties. Faculty members will be expected to establish a clinical practice site in a pharmacy-related setting. Rank and a highly competitive salary will be commensurate with qualifications and experience. Interested candidates are invited to submit a letter of intent with their philosophy of teaching and research and provide a curriculum vitae, a transcript (copies are acceptable; however, official transcripts will be required at the time of hire), and contact information for three professional references to the chair of the search committee.

Deadline: Recruitment is continuous. First application reviews will begin on October 15, 2009, and will continue until selections have been made. For more information, contact:

**R. Scott Holuby, Pharm.D., BCPS, BCADM
Pharmacy Practice Search Committee Chair
University of Hawaii at Hilo – College of Pharmacy
200 W. Kawili Street
Hilo, HI 96720-4091
Telephone: (808) 933-2809
E-mail: scott.holuby@hawaii.edu**

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**Director of Pharmacy Position
Per Diem Pharmacist Position**

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Director of Pharmacy

Description. This position is accountable for planning, organizing, and directing pharmacy services within Renown Regional Medical Center. The director ensures that cost-effective and high-quality pharmacy services are delivered through the departments under his/her responsibility in accordance with federal, state, and JCAHO requirements and organizational goals.

General Requirements and Qualifications. We desire a confident leader with experience in a pharmacy supporting a hospital (850+ beds) of our size and scope. We seek a pharmacy patient leader ready to move this organization to automation and electronic medical record systems. Experience with implementing an EMR/CPOE (computerized physician order entry) is preferred but not required.

Education. Graduate of an accredited School of Pharmacy. Pharm.D. degree is required.

Experience. A minimum of 5 years' hospital pharmacy or equivalent management experience is required. ASHP-accredited training is preferred.

For more information, contact:

Linda Kasper, Senior Recruiter
Telephone: (775) 982-4738
E-mail: lkasper@renown.org

Per Diem Pharmacist

This position is on a per diem basis, conducting routine hospital pharmacy operations. The per diem pharmacist will work with a staff of pharmacy technicians to fill physician orders. The ideal candidate will have 6 months to 1 year of experience; local candidates may substitute internship and/or pharmacy technician experience during school. Relocation may be offered on a case-by-case basis.

For more information, contact:

Rachel McManus, Recruiter
Telephone: (775) 982-6164
E-mail: rmcmanus@renown.org

To receive more information about Renown Health or to apply, visit www.renown.org.



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