

ACCP Report

American College of Clinical Pharmacy

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

Vol. 34, No. 10; October 2015



ACCP and RI Award \$2.4 Million Grant



ACCP and the ACCP Research Institute awarded last month a grant of more than \$2.4 million to the University of North Carolina's Eshelman School of Pharmacy (UNC) to study the impact of implementing comprehensive medication management (CMM) in contemporary primary care medical practices. Collaborating with UNC on this project will be the Alliance for Integrated Medication Management, the American Academy of Family Physicians National Research Network, and the University of Minnesota College of Pharmacy.

It is widely recognized that strategies to address the safe, effective, and affordable use of medications in primary care are critical to enhance patients' health, improve care transitions, increase value, and control costs. UNC and its collaborators will address several questions to determine how CMM can be implemented and sustained in real-world primary care medical practices, including:

- Which patients and populations within primary care practices benefit the most from CMM?
- Among those who receive CMM, what is the impact on quality of care and cost? Are the patients in greatest need of medication optimization receiving CMM, and if so, what are best practices around the duration and frequency of follow-up?
- How can/should CMM be delivered, replicated, scaled, and sustained? In other words, how can medical practices do this most effectively?
- Which medication-related, clinical, and economic performance metrics are most relevant to today's primary care practices? What are the contributions of the clinical pharmacist to helping the practice achieve these metrics?
- What are the contributions of the clinical pharmacist to the net revenue generated by the practice, and what is the relative return on investment of having the clinical pharmacist embedded in the office or clinic?

ACCP has integrated the practice framework of CMM into its strategic plan, organizational policy and advocacy agenda, professional development initiatives, and research agenda. ACCP President Judith Jacobi, Pharm.D., FCCP, MCCM, BCPS, commented on the significance of the work to be funded by this grant, the largest ever awarded by the College.

CMM holds significant promise as an effective, patient-centered practice to optimize medication use. The practice of CMM is gaining increasing support from policy-makers, medical and other professional organizations, and primary care providers. However, to advance this meaningful approach to medication management and ensure its widespread uptake and sustainability in primary care medical practices, well-designed research that comprehensively examines the implementation and impact of CMM on patients' medication-related outcomes is needed. The work proposed by UNC and its collaborators rigorously addresses these issues. Their proposal involves the use of a consistent process of care provided by well-trained clinical pharmacists embedded in primary care practices and serving as integral members of the health care team. No study of consistent CMM practice across such a diverse mix of real-world practice settings has ever been carried out.

When notified that UNC was named as the recipient of the award, Mary Roth McClurg, Pharm.D., MHS, principal investigator on the grant application, stated:

While we aim to provide additional evidence demonstrating the impact of comprehensive medication management (CMM) on patient care, our true goal is to demonstrate how it works, how to incorporate it into busy medical practices, and how to pay for it. Throughout the project, we will share learnings and best practices nationally and with multiple stakeholders for adoption and scale. On behalf of the UNC Eshelman School of Pharmacy and our collaborators, we are honored to

receive this award. We are grateful for the level of support provided by ACCP and the ACCP Research Institute, and look forward to conducting this important work.

A request for letters of intent to apply for this grant was issued jointly by ACCP and the ACCP Research Institute on April 15, 2015, and letters of intent were accepted through June 1. A total of 52 letters were received and then screened to determine whether they met the eligibility criteria and minimum qualifications. Six applicants were identified that most closely met the grant selection criteria, and on June 15, 2015, invitations were sent to those applicants to submit full proposals. Full proposals were due on or before August 1.

A five-person CMM application review panel independently conducted complete proposal reviews. Members of the review panel were:

Chair: Gary C. Yee, Pharm.D., FCCP, BCOP
Professor and Associate Dean
College of Pharmacy
University of Nebraska Medical Center

Rex Force, Pharm.D., FCCP, BCPS
Associate Dean for Clinical Research, Division of Health Sciences
Professor of Pharmacy Practice and Family Medicine
Director of Research, Department of Family Medicine
Idaho State University

Laura Lee Hall, Ph.D.
Director
Center for Quality and Office of Grants
American College of Physicians

Brian S. Mittman, Ph.D.
Senior Advisor, VA Center for Implementation Practice and Research Support
Department of Veterans Affairs Greater Los Angeles Healthcare System
Senior Scientist, Kaiser Permanente Department of Research and Evaluation

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director
American College of Clinical Pharmacy

The panel held two conference calls to deliberate its findings and arrive at a final recommendation. This recommendation was submitted to the ACCP Board of Regents in mid-September. The Board of Regents took action on this recommendation on September 22.

McClurg, on behalf of UNC and its collaborators, will present the project's aims, design, and designated outcome metrics at the Town Hall Meeting on Sunday, October 18, during the 2015 Global Conference on Clinical Pharmacy in San Francisco, California. The presentation will be followed by a question and answer session that will allow attendees to pose queries related to the project and its expected outcomes.

Other finalist applicants included the University of California, San Diego, School of Pharmacy; the University of Mississippi School of Pharmacy; the University of Pittsburgh School of Pharmacy; and the University of Washington School of Pharmacy.

Call for Nominations

All nomination materials, including letters, curricula 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, 2015 – Nominations for fall 2016 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2017 Therapeutic Frontiers Lecture, and the 2017 elected offices.

Due February 15, 2016 – Nominations for the 2016 "New" Awards (New Clinical Practitioner, New Educator, and New Investigator), 2016 Parker Medal, and 2016 ACCP Fellows (FCCPs).

2016 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or Credentials: FCCP Committee are ineligible for consideration.
Nomination deadline: February 15, 2016.

2017 Officers and Regents: President-Elect, Regents, Secretary, 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 or herself for office. **Nomination deadline: November 30, 2015.**

2016 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 from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2015.**

2016 Education Award: Recognizes an ACCP member who has shown excellence in the classroom and/or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. 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, including letters from non-ACCP

members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2015.**

2016 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 from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support from a minimum of two ACCP members 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2015.**

2017 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 from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2015.**

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 from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of

support from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required 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, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2015.**

2016 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, finance, technology, 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 detailing the nominee's qualifications for this award and his or 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, the Parker Medal Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2016.**

2016 New Clinical Practitioner Award: This award recognizes 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. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are

not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2016.**

2016 New Educator Award: This award recognizes and honors 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. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2016.**

2016 New Investigator Award: The purpose of this award is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been at the time of nomination 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., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) 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, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2016.**

2015 ACCP Clinical Pharmacy Challenge—Live Round Competition Begins October 17



Live round action in ACCP’s pharmacy student team competition kicks off with quarterfinal round matchups on Saturday, October 17, at the Global Conference on Clinical Pharmacy in San Francisco, California.

From a record-breaking field of 108 teams, eight teams have emerged through four online rounds of competition to vie for the title of ACCP Clinical Pharmacy Challenge Champion. Please join ACCP in congratulating the individuals representing their institutions below.

Quarterfinal Teams:

Team	Faculty	Team Leader	Team Member	Team Member	Alternate 1	Alternate 2
South Carolina College of Pharmacy	Jean M. Nappi, Pharm.D., FCCP, BCPS	Eric Gaskill	Christine Jiang	James Gardner	Jonathan Fisher	
Thomas Jefferson University Jefferson College of Pharmacy	Cynthia Sanoski, Pharm.D., FCCP, BCPS	Abigail Bertonazzi	Andrea Lordan	Bridgette Nelson	Thomas Schultz	Christopher Hvidas
University of California, San Francisco School of Pharmacy	Tina Denetclaw, Pharm.D., BCPS	Phyllis Wang	Mark Kevin Yu	Linda Chen	Robert Paterson	Yuliya Byakina
University of Iowa College of Pharmacy	Stuart Pitman, Pharm.D., BCPS	Sara Wirth	Cari Stoneking	Tyler Sandahl	Jessica Goff	Shiny Parsai
University of Minnesota College of Pharmacy	Ann Philbrick, Pharm.D., BCPS	Rebecca Pulk	Andrew Radzak	Fei Tang	Deeter Neumann	
University of Oklahoma College of Pharmacy	Nichols Schwier, Pharm.D.	Sin Yin Lim	Aubrey Jones	Hannah Moreland	Vivian Nguyen	Sarah Hausner
University of Pittsburgh School of Pharmacy	Deanne Hall, Pharm.D., CDE	Neil Turco	Aaron Devanathan	Cameron Ninos		
University of Utah College of Pharmacy	Patricia Orlando, Pharm.D., FCCP	Jonathan Redd	Tim Benvegna	Joshua Wilde	David Sze	Heather Frey

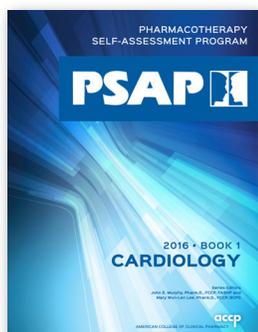
Be sure to make time in your Global Conference schedule to join us for all the live rounds of competition. Can’t make the meeting? Follow all the competition action online at www.accp.com/stunet.

2015 ACCP Clinical Pharmacy Challenge Schedule

Saturday, October 17	
8:00 a.m. to 8:45 a.m.	Participant walkthrough and photo session
9:00 a.m. to 9:30 a.m.	Quarterfinal A University of California, San Francisco School of Pharmacy vs. South Carolina College of Pharmacy
9:45 a.m. to 10:15 a.m.	Quarterfinal B University of Utah College of Pharmacy vs. University of Pittsburgh School of Pharmacy
10:30 a.m. to 11:00 a.m.	Quarterfinal C University of Iowa College of Pharmacy vs. University of Minnesota College of Pharmacy
11:15 a.m. to 11:45 a.m.	Quarterfinal D Thomas Jefferson University Jefferson College of Pharmacy vs. University of Oklahoma College of Pharmacy

Sunday, October 18	
4:30 p.m. to 5:00 p.m.	Semifinal A Winner Quarterfinal A vs. Winner Quarterfinal D
5:15 p.m. to 5:45 p.m.	Semifinal B Winner Quarterfinal B vs. Winner Quarterfinal C
Monday, October 19	
11:00 a.m. to 11:30 a.m.	Final Winner Semifinal A vs. Winner Semifinal B

PSAP 2016–2018 Series Is Now on Sale



The next 3-year series of ACCP's popular Pharmacotherapy Self-Assessment Program (PSAP) is now on sale in the [Online Bookstore](#).

PSAP is ACCP's home study series that provides evidence-based updates to enhance practice skills and improve patient outcomes for the Board Certified Pharmacotherapy Specialist (BCPS). The 2016–2018 PSAP series has been approved by the Board of Pharmacy Specialties (BPS) as a professional development activity for BCPS recertification.

Nine Releases in 2016–2018

Cardiology, the first book in the new PSAP series, will be released in January 2016. Other 2016–2018 releases are *GI/Fluids and Nutrition* (May 2016), *Women's and Men's Health* (September 2016), *Endocrinology/Nephrology* (January 2017), *Pulmonary and Emergency Medicine* (May 2017), *Pediatrics/Geriatrics* (September 2017), *Infectious Diseases* (January 2018), *Hematology/Immunology/Oncology* (May 2018), and *Neurology/Psychiatry* (September 2018). PSAP content was designed by Series Editors John E. Murphy, Pharm.D., FCCP, FASHP; and Mary Wun-Len Lee, Pharm.D., FCCP, BCPS.

Multiple Formats, One Low Price

Each PSAP release contains review-style chapters provided both as an online book (interactive PDF) that can be saved to the desktop or printed and as an e-media file that can be viewed on an e-reader, tablet, or iOS or Android smartphone. For even greater value, all purchasers receive access to the popular PSAP Audio Companion, which includes MP3 recordings of the chapter text that can be loaded onto an audio player, smartphone, or tablet or burned onto an audio CD.

For PSAP users who prefer print, the Print Package adds a 1-color softbound book to supplement the online book and e-media book.

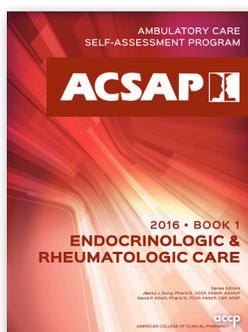
Save with Multi-book Discounts

Purchase PSAP 2016–2018 releases as single books, or buy any three or more and receive savings of more than 20% off the single-book price. Purchase the entire nine-book series for savings of more than 50% off the single-book price. Check the PSAP home page for updated faculty listings, tables of contents, and CPE credits as these become available.

PSAP 2016–2018 Pricing	Member Price	Nonmember Price
Single Book	\$65	\$90
Single Book (Print Package)*	\$90	\$130
Any Three or More Books	\$50/book	\$70/book
Any Three or More Books (Print Package)*	\$70/book	\$100/book
Full Series (nine books)	\$290	\$400
Full Series (Print Package)*	\$400	\$580

*Appropriate shipping and handling charges will be added to all Print Package purchases.

ACSAP 2016–2018 Series Now on Sale



The next 3-year series of ACCP's Ambulatory Care Self-Assessment Program (ACSAP) is now on sale in the [Online Bookstore](#).

ACSAP is ACCP's home study series that provides evidence-based updates to enhance practice skills and improve patient outcomes for the Board Certified Ambulatory Care Pharmacist (BCACP). The 2016–2018 ACSAP series has been approved by the Board of Pharmacy Specialties (BPS) as a professional development activity for BCACP recertification.

Nine Releases in 2016–2018

Endocrinologic/Rheumatologic Care, the first ACSAP book, will be released in January 2016. Other 2016–2018 releases are *Dermatologic Care* (May 2016), *Infection Primary Care* (September 2016), *Oncologic/Hematologic Care* (January 2017), *Neurologic/Psychiatric Care* (May 2017), *Fluids and Nutrition/GI Care* (September 2017), *Cardiologic Care* (January 2018), *Women's and Men's Care* (May 2018), and *Nephrologic/Geriatric Care* (September 2018). ACSAP content was designed by Series Editors Betty J. Dong, Pharm.D., FCCP, FASHP, FAPHA, AAHIVP; and David P. Elliott, Pharm.D., FCCP, FASCP, CGP, AGSF.

Two Formats for One Low Price

Each ACSAP release has review-style chapters provided both as an online book (interactive PDF) that can be saved to the desktop or printed and as an e-media file that can be viewed on an e-reader, tablet, or iOS or Android smartphone.

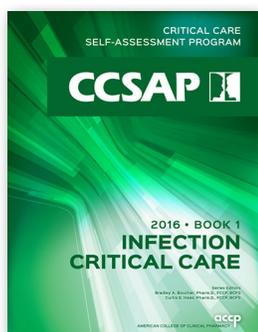
Save with Multi-book Discounts

Purchase ACSAP 2016–2018 releases as single books, or

buy any three or more and receive savings of more than 20% off the single-book price. Purchase the entire nine-book series for savings of more than 50% off the single-book price. Check the [ACSAP home page](#) for updated faculty listings, tables of contents, and CPE credits as these become available.

ACSAP 2016–2018 Pricing	Member Price	Nonmember Price
Single Book	\$65	\$90
Any Three or More Books	\$50/book	\$70/book
Full Series (nine books)	\$290	\$400

ACCP Launches Critical Care Self-Assessment Program



ACCP proudly announces a new Self-Assessment Program for the Board Certified Critical Care Pharmacist (BCCCP). The inaugural 2016–2018 series of the Critical Care Self-Assessment Program (CCSAP) is now on sale in the [Online Bookstore](#).

CCSAP is a new home study series that provides evidence-based updates to enhance practice skills and improve patient outcomes. CCSAP has been approved by the Board of Pharmacy Specialties (BPS) as a professional development activity for BCCCP recertification.

Nine Releases in 2016–2018

Infection Critical Care, the first CCSAP book, will be released in January 2016. Other 2016–2018 releases are *Medication Administration/Critical Care Research* (May 2016), *Pain and Sedation/Support and Prevention* (September 2016), *Cardiology Critical Care* (January 2017), *Renal/Pulmonary Critical Care* (May 2017), *Neurocritical Care/ICU Technology* (September 2017), *Medical Issues in the ICU* (January 2018), *Toxicology/Practice Issues* (May 2018), and *Fluids and Electrolytes/Hepatic Care/GI Care* (September 2018). CCSAP content was designed by Series Editors Bradley A. Boucher, Pharm.D., FCCP, MCCM, BCPS,; and Curtis E. Haas, Pharm.D., FCCP, BCPS.

Two Formats for One Low Price

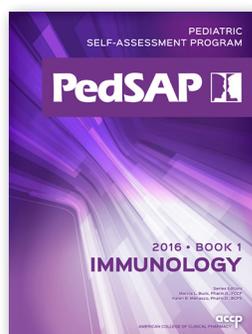
Each CCSAP release has review-style chapters provided both as an online book (interactive PDF) that can be saved to the desktop or printed and as an e-media file that can be viewed on an e-reader, tablet, or iOS or Android smartphone.

Save with Multi-book Discounts

Purchase CCSAP 2016–2018 releases as single books, or buy any three or more and receive savings of more than 20% off the single-book price. Purchase the entire nine-book series for savings of more than 50% off the single-book price. Check the [CCSAP home page](#) for updated faculty listings, tables of contents, and CPE credits as these become available.

CCSAP 2016–2018 Pricing	Member Price	Nonmember Price
Single Book	\$65	\$90
Any Three or More Books	\$50/book	\$70/book
Full Series (nine books)	\$290	\$400

ACCP Unveils New Pediatric Self-Assessment Program



ACCP proudly announces a new Self-Assessment Program for the Board Certified Pediatric Pharmacy Specialist (BCPPS). The inaugural 2016–2018 series of the Pediatric Self-Assessment Program (PedSAP) is now on sale in the [Online Bookstore](#).

PedSAP is a new home study series that provides evidence-based updates to enhance practice skills and improve patient outcomes. PedSAP has been approved by the Board of Pharmacy Specialties (BPS) as a professional development activity for BCPPS recertification.

Eight Releases in 2016–2018

Immunology, the first PedSAP book, will be released in May 2016. Other 2016–2018 releases are *Pediatric Critical Care* (September 2016), *Research Ethics/Study Design* (January 2017), *Pediatric Emergencies* (May 2017), *Sedation and Analgesia* (September 2017), *Pediatric Oncology* (January 2018), *Fluids/Electrolytes/Nutrition* (May 2018), and *Neonatal and Pediatric Sepsis* (September 2018). PedSAP content was designed by Series Editors Marcia L. Buck, Pharm.D., FCCP, FPPAG; and Kalen B. Manasco, Pharm.D., BCPS, AE-C.

Two Formats for One Low Price

Each PedSAP release contains two modules. The first module is a group of three or four traditional review chapters; the second module contains clinical and practice updates using webinars and other electronic formats. All PedSAP releases are provided both as an online

book (interactive PDF) that can be saved to the desktop or printed and as an e-media file that can be viewed on an e-reader, tablet, or iOS or Android smartphone.

Save with Multi-book Discounts

Purchase PedSAP 2016–2018 releases as single books, or buy any three or more and receive savings of more than 20% off the single-book price. Purchase the entire eight-book series for savings of more than 50% off the single-book price. Check the [PedSAP home page](#) for updated faculty listings, tables of contents, and CPE credits as these become available.

PedSAP 2016–2018 Pricing	Member Price	Nonmember Price
Single Book	\$65	\$90
Any Three or More Books	\$50/book	\$70/book
Full Series (eight books)	\$260	\$355

2015 Clinical Reasoning Series Programs Offer Specialty Recertification Credit Through November 30

Clinical Reasoning Series



The 2015 home study editions of ACCP’s Clinical Reasoning Series programs will be available beginning November 1. Each program offers 6.0 hours

of continuing pharmacy education (CPE) credit.

The 2015 From Theory to Practice: Clinical Reasoning Series in the Ambulatory Care Pharmacy program titled “Novel Agents and Management Strategies in Endocrinology,” designed for Board Certified Ambulatory Care Pharmacists (BCACPs) and Board Certified Pharmacotherapy Specialists (BCPSs), provides a critical review of the clinical evidence on the various agents approved for the management of type 2 diabetes and obesity and discusses implications on pharmacist patient care services. The program summarizes the scientific evidence and patient care recommendations necessary for enhancing patient outcomes and includes activities designed to advance participants’ abilities to incorporate significant findings into daily practice. For more information on program content, learning objectives, CPE, and BCACP and BCPS recertification credit, and to order your copy, visit www.accp.com/bookstore/crsam15.aspx.

The 2015 From Theory to Bedside: Clinical Reasoning Series program titled “Heart Failure: Current and Emerging Management Strategies,” designed for BCPSs and BCACPs, provides contemporary strategies for the optimal treatment of patients with chronic and acute decompensated heart failure. Expert faculty detail and apply evidence that

helps inform individual patient care and practices associated with heart failure. Sessions offer an in-depth analysis of published scientific evidence and learning exercises that help inform patient care decisions and advance the application of best evidence to clinical practice. For more information on program content, learning objectives, CPE, and BCPS recertification credit, and to order your copy, visit www.accp.com/bookstore/crsph15.aspx.

The home study editions include audio/slide-synchronized presentations, MP3 audio files, PDF files of the program book and associated documents, and an online posttest.

To be eligible for the 6.0 hours of specialty recertification credit offered in each program, BCACPs and BCPSs must successfully complete their respective program’s Web-based posttest by **November 30, 2015**.

Washington Report

John McGlew
Director of Government Affairs



Capitol Hill Update—House Leadership Chaos

The news of House Speaker John Boehner’s resignation came abruptly but was not entirely unexpected. The announcement came shortly after the emotional and historic visit of Pope Francis to Capitol Hill and ended the Ohio Republican’s 25-year career in Washington.

Boehner was admired as a pragmatic legislator by moderates from both political parties, a sentiment expressed by House Minority Whip Steny H. Hoyer (D-MD), who called Boehner’s resignation—and the circumstances behind it—a “big loss for the country and a loss for this institution.”¹ But Boehner’s tenure as speaker was largely defined by his struggle to reconcile the demands of the conservative faction of the Republican Party with the logistical challenges of working with the Obama White House.

Since retaking the majority in 2010, House conservatives have pushed Boehner and his leadership team to take a more confrontational approach with President Barack Obama over issues such as government spending, abortion, immigration, and Obamacare, a stance that more moderate Republicans believe is completely unrealistic in a divided government. Faced with the possibility of a second government shutdown on his watch, the speaker’s resignation was considered a selfless decision aimed at avoiding potentially bruising battles both within the GOP itself and across party lines. Boehner commented, “My first job as speaker is to protect the institution.... It had become clear to me that this prolonged leadership turmoil would do irreparable harm to the institution.”²

However, the race to replace Boehner was plunged into chaos when perceived frontrunner, House Majority Leader Kevin McCarthy (R-CA)—who shares Boehner’s center-right Republican politics—dropped out of the running just hours before his party was due to vote on its candidate for speaker. McCarthy, currently No. 2 in the House hierarchy, was originally considered a safe bet to take over as speaker but faced challenges from Rep. Jason Chaffetz (R-UT), the incumbent chairman of the House Oversight and Government Reform Committee, and Daniel Webster (R-FL), who unexpectedly won the backing of a group of 30–40 hardline conservatives, known as the House Freedom Caucus.

To claim the speaker’s chair, the Republican candidate would have to secure a majority in a full vote on the House floor, scheduled for October 29. Without Democratic support, a Republican nominee for speaker can’t afford to lose more than 29 GOP votes—a distinct possibility if the Freedom Caucus delivers on its threat to vote as a bloc to oppose the more moderate McCarthy.

With the House leadership contest thrown into disarray, it remains unclear how the party will proceed. There is speculation that Boehner will stay on in the position until his party can agree on a replacement. House Ways and Means Committee chairman and former vice presidential candidate Paul Ryan (R-WI), the top choice of many Republicans to fill the speaker position, continues to reiterate that he is not interested in the job.

Meanwhile, moderate Republican Representative Charlie Dent (PA) suggested the formation of a “bipartisan coalition” with Democrats to elect the next speaker and avoid having to appease the “rejectionist wing” of his own party, which he said has made the House ungovernable by insisting on “unreasonable demands.”³

Although the chaos surrounding the House Republican leadership will likely divert energy away from efforts on the Hill to develop a health care legislative package in the coming months, recent events have also lessened the possibility of an imminent government shutdown. On the Democratic side, Senate Minority Leader Harry Reid (NV) urged Republican leaders to quickly advance legislation that would lift the government’s debt limit, which the Treasury Department estimates will be hit around November 5. ACCP staff in Washington, D.C., will monitor the situation closely and prioritize outreach to the newly elected leadership.

2015 ACCP Global Conference on Clinical Pharmacy—Connecting Medicare Part B Coverage Initiative and Practice Transformation

Daniel S. Aistrophe, Pharm.D., BCACP – Director, Clinical Practice Advancement

In keeping with the organization’s core values and

mission, ACCP is fully committed to an organization-wide priority of clinical practice advancement and practice transformation. With the assistance of its members, the College is engaged in an ongoing evaluation of the landscape of clinical pharmacists’ needs related to the evolving health care policy initiatives. The College is committed to supporting members in translating theory and policy to implementable strategies to “get the medications right” and improve patient care.

For the past 3 years, ACCP’s Washington office has been focused on an advocacy effort that calls on Congress to enact legislation to provide Medicare patients with coverage for comprehensive medication management (CMM) within the Part B medical benefit. The College has established itself as a prominent leader in this area of health care policy, advocating for a patient-centered, interprofessional and collaborative approach to health care delivery and practice transformation that removes existing professional silos.

Our focus on the service (the “what”), rather than the provider (the “who”), and our requirement that these services be delivered under formal collaborative practice agreements or clinical privileges granted by the health care setting in which the pharmacist practices have played a significant role in facilitating our progress on Capitol Hill and our ongoing outreach to the physician community. These efforts in Washington, D.C., are connected components of ACCP’s organization-wide commitment to clinical practice advancement toward patient-centered, team-based care. This commitment includes the recent announcement of \$2.5 million in grant funding to demonstrate the effective implementation and scalability of CMM services in primary care medical practices. This augments our ongoing work with medical organizations, private payers, innovative health systems, and other key stakeholders to support the development, advancement, and positioning of clinical pharmacists as integrated direct patient care providers within team-based medical practices and delivery systems.

Our Medicare Initiative is designed to position clinical pharmacists to participate in evolving care delivery and payment models. The process of care we propose is consistent with the vision for CMM in the patient-centered medical home (PCMH) endorsed by the multidisciplinary Patient-Centered Primary Care Collaborative and is a necessary component to achieve many of the quality measures that accountable care organizations (ACOs) must meet.

Since the launch of this initiative, ACCP has made significant progress on Capitol Hill, resulting in meaningful interest from a bipartisan group of lawmakers who recognize the value of a truly patient-centered, team-based

approach to health care and understand that “getting the medications right” through consistent CMM is a vital component of evolving payment and care models both in Medicare and across all payers and delivery systems.

At the same time, Congress has demonstrated that it is both willing and able to move forward on a series of key health care policy initiatives, including the passage of legislation that permanently repeals the flawed Medicare SGR (sustainable growth rate) formula and that will, in the coming years, transition Medicare payment policy to a system that measures and pays for quality and value, not simply volume of services, and that fully incentivizes patient-centered, team-based care.

ACCP’s advocacy efforts around health care transformation align with the College’s ongoing and ever-expanding clinical practice advancement initiatives. These include issue briefs, products, services, and educational resources essential for integrating clinical pharmacy services into contemporary team-based health care delivery. The content and mode of delivery are focused on providing clinical pharmacists with actionable tools, knowledge, and skills to bring about meaningful transformation through practice management and leadership development.

One notable example of this work is focused on billing practices for clinical pharmacy services. New billable service codes such as chronic care management (CCM) and transitions of care management (TCM) offer practitioners a bridge over the chasm between fee-for-service and value-based reimbursement. By implementing these programs, practices will develop internal processes critical to population health management while receiving fee-for-service payment to support those activities. In recognizing members’ needs in this area, ACCP’s first Practice Advancement issue brief focused on payment methods in team-based practices. This and other resources align with health care transformation initiatives focused on operationalizing a shift from volume to value by putting policy into action.

Learn more about our progress to date and how you can get involved in this effort at the following sessions to be held during the Global Conference on Clinical Pharmacy in San Francisco, California.

ACCP Advocacy and Practice Transformation: Updates on ACCP’s Medicare Initiative

Monday, October 19, 2015, from 9:15 a.m. to 11:15 a.m.

Learn about the progress ACCP has made in its legislative initiative to secure Medicare Part B coverage for CMM services provided by qualified clinical pharmacists as members of the patient’s health care team. Hear the latest from Capitol Hill and the outlook for 2016. Find out how you can get involved through grassroots advocacy

and the ACCP-PAC to help move this initiative forward in Congress. Understand how our work in Washington relates to ACCP’s commitment to practice transformation and the College’s longer-term strategic goals.

ACCP Business Meeting and Town Hall

Sunday, October 18, 2015, from 2:30 p.m. to 4:15 p.m.

Learn about ongoing efforts and priorities of the College and the Research Institute from board, committee, and staff members, including a discussion of the CMM Grant Award.

Keynote Address: Measuring Quality in Patient-Centered Care—Challenges and Opportunities

Monday, October 19, 2015, from 7:45 a.m. to 9:00 a.m.

“Measuring Quality in Patient-Centered Care—Challenges and Opportunities”: Michael S. Barr, M.D., MBA, FACP, Executive Vice President, Research, Performance Measurement and Analysis, National Committee for Quality Assurance

Innovations in Practice Technology

Monday, October 19, 2015, from 9:15 a.m. to 10:45 a.m.

New practice technologies are available that may expand or enhance patient care. This session will describe new practice technologies and their actual and potential roles in delivering patient care. The session will incorporate evidence on the effectiveness of new technologies as well as clinician experience and will forecast potential roles of technologies within the practice of clinical pharmacy.

Clinical Administration PRN Focus Session—Patient Monitoring Prioritization and Productivity Measurement to Grow and Sustain Pharmacy Services.

Monday, October 19, 2015, from 1:30 p.m. to 3:00 p.m.

As quality outcomes become increasingly more important in the evolving world of health care, health systems and pharmacy departments must identify key metrics that drive efficiency and manage workflow, in addition to capturing clinical work and identifying patients in need of a clinical pharmacist’s intervention. This session will discuss opportunities and metrics in pharmacy, as well as how to use productivity dashboards in electronic health records to drive changes in pharmacy practice.

Advancing Clinical Pharmacy Practice: Innovative Models

Tuesday, October 20, 2015, from 10:15 a.m. to 11:45 a.m.

Practice innovation is a major focus in the current health care environment. This session will describe the impact

of clinical pharmacists in the implementation of innovative health care practices in various settings. The session will specifically showcase projects recognized through the Centers for Medicare & Medicaid Innovations Awards and other national awards where pharmacists play a major role.

Adult Medicine PRN and Ambulatory Care PRN Focus Session—Transitions of Care Management: Best Practices

Tuesday, October 20, 2015, from 1:30 p.m. to 3:00 p.m.

Patient movement across health care settings introduces the risk of medication and communication errors, and clinical pharmacists on interprofessional teams can assist in bridging these dangerous gaps. In this session, learn how to put systematic transition principles into practice from both inpatient and ambulatory care experts, as well as how to integrate trainees into the service.

Ambulatory Care PRN Focus Session—Billing Practices in Ambulatory Care Pharmacy: Developing, Implementing, and Sustaining Ideal Models

Tuesday, October 20, 2015, from 3:15 p.m. to 4:45 p.m.

As health care systems evolve, so do compensation models to support the sustainability and growth of clinical services provided to patients. Attend this session to learn about the best practices, challenges, and realities of implementing both well-known and emerging billing methods to ensure that your clinical pharmacy practice excels in providing CMM.

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

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American College of Clinical Pharmacy
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Suite 400
Washington, DC 20004-1017
(202) 621-1820
jmclew@accp.com

¹Washington Post article. "House Speaker John Boehner to Resign at End of October." Accessed October 6, 2015. Available [here](#).

²New York Times article. "John Boehner, House Speaker, Will Resign from Congress." Accessed October 6, 2015. Available [here](#).

³Washington Post article. "House Majority Leader Kevin McCarthy Drops Out of Race for House Speaker." Accessed October 8. Available [here](#).

Introducing the ACCP-PAC PRN Participation Challenge



Consistent with the priorities set out in ACCP's strategic plan and the College's organization-wide commitment to clinical practice transformation, ACCP's Washington, D.C., office has been focused for almost 3 years on an advocacy effort

that calls on Congress to enact legislation to provide Medicare patients with coverage for comprehensive medication management (CMM) within the Part B medical benefit.

Central to our grassroots strategy that supports this effort, ACCP staff have worked to engage with members to promote and develop a culture of political advocacy and activism within the College and identify opportunities to stimulate discussion, interest, and political action on behalf of our Medicare Initiative.

Now we are specifically calling on PRN members to demonstrate their commitment to the College's advocacy priorities through contributions to ACCP's Political Action Committee (ACCP-PAC).

How the Challenge Works

ACCP-PAC has launched a competition, the ACCP-PAC PRN Participation Challenge, to determine which PRN provides the greatest PAC support. When PRN members make a PAC contribution online, they are provided with an option to designate a PRN to receive credit for their contribution. Over time, we will determine which PRN provides the greatest PAC support.

- The challenge will be measured in terms of the percentage of PRN members who contribute to the PAC, not the total dollars raised by each PRN.
- ACCP members who belong to multiple PRNs can make multiple contributions in the name of each PRN, but only one PRN can receive credit for any single contribution.
- All contributions, no matter how small, count toward the challenge, but we suggest that PRN members contribute at least \$25 to this effort.

We encourage PRN leaders and members to take time to highlight the challenge in PRN meetings and online communications to PRN members. The leading PRN will receive recognition on the ACCP website, in communications from the Washington office, and at future ACCP meetings. For more information, contact John McGlew (jmclew@accp.com or 202-621-1820).

More About ACCP-PAC

ACCP-PAC is the only means by which ACCP can provide financial support to help candidates for Congress who understand and support our issues and share our vision of a team-based, patient-centered, quality-driven approach to health care delivery.

ACCP-PAC is non-partisan and supports candidates regardless of their political party affiliation. ACCP-PAC is regulated by the Federal Election Commission (FEC) based in Washington, D.C. The PAC files quarterly FEC reports declaring all PAC receipts and disbursements, which are publically available at www.fec.gov.

Because of FEC regulations, PAC contributions are NOT deductible as charitable for federal tax purposes and must be made by personal funds and/or post-tax dollars. Unlike contributions to the Frontiers Fund, ACCP-PAC cannot accept contributions from PRNs. All PAC contributions must be made by individuals from their personal funds.

Who Receives ACCP-PAC Support?

All decisions regarding financial contributions to candidates are made by the PAC Governing Council on the basis of certain established criteria:

- Position on key health care committees in Congress
- Proven support for pharmacy and health care–related issues
- Previous health care experience

The key health care–related committees in Congress are the Appropriations, Ways & Means, and Energy & Commerce committees in the House of Representatives and the Appropriations, Finance, and Health, Education, Labor and Pensions (H.E.L.P.) committees in the Senate.

ACCP members who contribute to the PAC may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, we may not accommodate all requests. The ACCP-PAC Governing Council must approve all candidate contributions.

As a federal committee, ACCP-PAC can only contribute to candidates who are running for federal office (candidates for the U.S. House of Representatives or U.S. Senate, not state legislatures or gubernatorial races).

Why Support ACCP-PAC?

- The success of ACCP-PAC depends entirely on the support of our membership, because we can only solicit contributions from ACCP members.
- As the only PAC registered on behalf of clinical pharmacy, this is a unique opportunity to raise our political profile and advance our advocacy agenda.
- Political contributions help enhance our standing

in Washington, D.C., and attending fundraising events offers an additional opportunity to build relationships with members of Congress or congressional staff.

- ACCP members can also attend fundraising events on behalf of the PAC and help improve their relationships with elected officials.
- By combining individual contributions from ACCP members into a larger pool of money, the ACCP-PAC can maximize the impact of the support we provide to candidates who advocate on behalf of the profession.
- ACCP pays for the administrative costs of running the PAC, and all money raised goes directly toward helping elect candidates to federal office who share our vision for health care delivery and payment transformation.

For more information, visit the ACCP-PAC website at www.accpaction.com.

The Impact of Impact Factor

PHARMACOTHERAPY Inside the Journal

At an early age, we are introduced to performance measures: gold stars meant our parents were pleased with our behavior, schools use the letters A–D to denote a passing grade and F for failure, numerical grades can reflect academic performance over time, the grade point average of a high school senior can be compared with those of graduates of the same or different schools, and the Pharmacy College Admission Test score helps identify qualified applicants to pharmacy colleges.

The use of a single statistic to represent performance, achievement, or some other valued attribute is common. For example, lightbulbs are compared with a single number to predict their life span, and the industrial output of a nation can be summarized by a single statistic called the gross national product. Each of these statistics can be criticized but represent a useful measure of perceived worth.

Scientific journals are also evaluated by statistical methods. The impact factor (IF) is widely accepted as reflecting a journal's value to the academic community it serves. It is determined using data on the total number of citations that occurred in a single year from articles that appeared in that journal during a previous 2-year period. *Pharmacotherapy's* current IF of 2.662 for 2014, the last year for which the IF is available, was calculated as the total number of times any article published in *Pharmacotherapy* in 2012 or 2013 was cited in 2014. The Institute for Scientific Information (ISI) announces IF values for the previous year each summer.

There are subtleties to the IF calculation, such as adjustments for citations by a journal of its own published articles. There are also variations to IF, such as the cited half-life and immediacy index to provide further insight into the impact of a journal. In some countries, IF is used to evaluate the performance of academic faculty.

The distribution of IF values is skewed. Some well-known journals have an IF several times higher than those of competitive journals. For example, the *New England Journal of Medicine* and *Lancet* greatly out-distance other general medical journals. A useful context to evaluate *Pharmacotherapy's* IF is within the scientific category assigned by ISI. *Pharmacotherapy* ranks 104th out of 254 journals considered by ISI in the subject category Pharmacology and Pharmacy. In 2014, the IF for *Pharmacotherapy* (2.662) was higher than that of journals often publishing similar content, including the *Journal of Clinical Pharmacology* (2.475), *Annals of Pharmacotherapy* (2.059), and *American Journal of Health-System Pharmacy* (1.882).

The reviewers, editors, and board of directors who are responsible for the publication of *Pharmacotherapy* are dedicated to producing the highest-quality journal possible. The high IF of *Pharmacotherapy* has many benefits: authors have more readers download and cite their work, ACCP has greater visibility of official position statements and commentaries, and the field of pharmacotherapy benefits from greater dissemination of the journal's articles.

AHRQ Releases New Continuing Education Video on the Treatment of Menopausal Symptoms



A new interactive video from the Agency for Healthcare Research and Quality (AHRQ) is now available at no cost for clinicians' continuing education credit. The video summarizes research and compares the risks and benefits of treatments for menopausal symptoms. Both hormonal and nonhormonal prescription and over-the-counter treatments are examined in the review. Access the free video and obtain continuing education credit at <http://goo.gl/BD6BBN>. For additional information on menopausal treatment options, clinicians can download the [executive summary](#) and [full research report](#).

ACCP Travel Awards Given for 2015 Global Conference

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, 24 students and postgraduate trainees will have the opportunity to do just that at the Global Conference in San Francisco. Please join us in congratulating the following recipients of the ACCP Global Conference Travel Awards:

Resident/Fellow Travel Award Winners

Jacqueline Argamany	Brandon Martinez
Matt Bilhimer	Erin McCreary
Joseph Fulginiti	Cory Nelson
Ashley Hedges	Kalynn Rohde
Kevin Lonabaugh	Cory Weaver
Bernice Man	

Student Travel Award Winners

Carmelo Alonso	Ciera Patzke
Umima Baig	Forrest Ridgway
Marco Custodio	Sahar Torabi
Sara DiTursi	Stefanie Underwood
Gabrielle Furgieue	Elizabeth Wood
Abdul Ghorbandi	Paria Sanaty Zadeh
Brian Kurish	

Travel awards encourage student and postgraduate trainee attendance at ACCP meetings and promote future involvement in the College. Information about the next cycle of travel awards will be available on the ACCP Web site next June. 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 a professional pharmacy program. Applicants are required to submit an essay, CV, and letter(s) of recommendation from faculty members and/or preceptors.

ACCP would like to recognize the following individuals for their generous contributions to support the travel awards program. In addition, the following PRNs either contributed to ACCP's Travel Award Fund or provided their own travel awards:

Carmelo Alonso	Emili Leary
Scott Bolesta	Erin McCreary
Joshua Caballero	Gary Milavetz
Maya Campara	Thu Nguyen
Amanda Carter	Nicholas Norgard
Laura Celmins	Sven Normann
Rebecca Cope	Jennifer O'Callaghan
Stephanie Crist	Stephen Perona
Nicole Eckard	Deborah Raitchel
Ann Franklin	Julia Reffert
Ian Hollis	Cynthia Sanoski
Vanthida Huang	Sharon See
Jill Kolesar	Yasar Tasnif

Kathleen Tornatore
Toby Trujillo

Karen Whalen

PRNs and Chapters

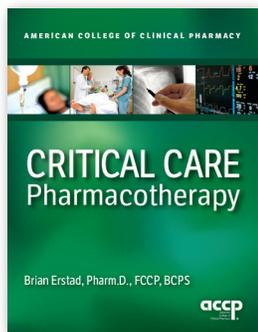
Adult Medicine
Ambulatory Care
Cardiology
Central Nervous System
Clinical Administration
Critical Care
Drug Information
Education and Training
Geriatrics
GI/Liver/Nutrition

Gulf College of Clinical
Pharmacy
Hematology/Oncology
Immunology/
Transplantation
Infectious Diseases
Nephrology
Pain and Palliative Care
Pediatrics
Women's Health

Donations to the Travel Award Fund helped support this fall's awards and will continue to fund awards supporting student and postgraduate trainee attendance at upcoming ACCP national meetings. All donations collected by the Student Travel Award Fund and Resident/Fellow 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, Senior Membership Project Manager, at jpoynter@accp.com.

Coming Soon from ACCP!

Critical Care Pharmacotherapy



Arriving in February 2016, *Critical Care Pharmacotherapy*, edited by Brian Erstad, Pharm.D., will offer the most comprehensive publication on the cutting-edge field of critical care pharmacotherapy. Written by the most experienced critical care pharmacists in the field, its 51 chapters will cover

topics in supportive care, infectious diseases, neurocritical care, cardiovascular critical care, and more. Also featured will be chapters dealing with unique pharmacotherapy challenges in special ICU populations such as multiple trauma patients, as well as chapters on patient safety, credentialing, and compliance issues. A special foreword in *Critical Care Pharmacotherapy* will provide a historical analysis of critical care pharmacy practice from the perspectives of experienced practitioners as well as recent entrants in the field. *Critical Care Pharmacotherapy* will be the go-to reference for critical care pharmacists everywhere.

Application Fee Waived for Fellowship Program Peer Review



ACCP is pleased to announce that it will waive the application fee for any ACCP members wishing to submit their research fellowship

program for peer review by December 31, 2015. In addition, a rolling application review process will be employed during this period. It is expected that all qualifying applicants will complete the review and approval process within 6 weeks of submitting their application. For more information about the peer review of fellowships, visit <http://www.accp.com/resandfel/peerReview.aspx>. Download the ACCP peer-review application form at <http://www.accp.com/docs/resandfel/FellowshipPeerRevApplic.docx>.

New Members

Ankita Adhia	Linjun Bao
Cullen Adre	Julia Barber
Bersabeh Aghajanian	Megan Barber
Ashlyn Aguiniga	Alexis Barrett
Young-Mi Ah	Brooke Barstow
Sohail Ahmad	Tracey Bastian
Junsup Ahn	Asma Battah
Kyug Ahn	Zachary Baxter
Soroosh Aidun	Ashleigh Beachy
Ositadinma Akaeme	Morgan Beard
Christina Aladro	Emily Beardsley
Taymaa Albitar	Ashton Beck
SoYoung Alexander	Paria Behmardi Kalantari
Christy Alexander-Perez	Margarita Belilovskaya
Pamiz Alibhai	Christopher Bell
Katherine Allen	Laila Bengtsson
Samah Alshehri	Bradley Berak
Reem Alsultan	Alyssa Berganini
Amobi Amakwe	Alta Bergquist
Brett Amestoy	Helen Berhane
Kevin Amestoy	Al-Layshia Bettis
Sook Hee An	Emma Bevan
Kara Anderson	Brian Bint
Raymon Araniego	Sarah Blevins
Adenike Atanda	Randy Boakye
Noor Atiyah	Kimsey Bolinger
Benjamin August	Cameron Bonell
Joseph Austin	Ian Booth
Frank Austria	Amanda Branda
Valerie Avant	Lukas Brightman
Dianeysis Avendano	Daniel Britt
Alexandra Awada	Jessica Brummitt
Samantha Axelrod	Shannon Bugg
Ahsun Babalmorad	Emilie Bui
Richard Babb	Hongtu Bui
Carrie Baker	Ngan Bui

Thang Bui	Celia Curtis	Corina Fontelera	Sam Hong
Olga Bulakh	Andrea Curtiss	Chad Forinash	Katelyn Hood
David Burchett	Morgan Dahm	Danielle Fox	Teri Hopkins
Stephanie Burrow	Kaitlyn Dalton	Myles Frazier	Bethanee Horn
Evan Buzgo	Linda Dang	Kailee Gaines	Caroline Horner
Ciera Cammilleri	William Daniel	Jeffery Galyon	Leslie Hornsby
Colton Campbell	James Davenport	Stephen Gamble	Keito Hoshitsuki
Joanne Elizabeth Canedo	Adrienne Davis	Radhika Gandhi	Shahrier Hossain
Kimberly Capell	Asia Davis	Gaines Kyna Gania	Anna Hu
Jeremy Capulong	Laura Davis	Allison Ganze	Alan Huang
Joshua Carlson	Megan Davis	Yi Gao-Roberts	Scott Huang
Jamie Carr	Peter Davito	Jason Garcia-Trevino	Bryan Hunt
Christine Carrasco	Susan DeNapoli	Rachel Garonce	Danh Huynh
Megan Carroll	Sumeet Deogan	Reem Geberkidan	Hanh Huynh
John Casali	Hali DePrima	Prince George	Trinh Huynh
Caitlin Casper	Ashley DePuy	Michaela Gieser	Sora Hwang
Sarah Cassady	Suneet Dhillon	Anna Godik	David Hymel
Alexandra Cervantes	Viki Ding	Kyle Gordon	Alicia Ianuzelli
Weerachai Chaijamorn	Annette Do	Christopher Gore	Mark Iskhakov
Heather Champion	Christina Doan	Jenna Grago	Michael Izzo
Cindy Chan	Adam Dodson	Molley Granberry	Haani Jaber
Emmeline Chan	Keith Dolcy	Kezia Gravesannde	Shazia Jamshed
Jason Chan	Nicole Dominguez	Nicole Graybill	Alessia Jankowski
Youngil Chang	Megan Doran	Jessica Greger	Mark Jao
Diana Charles	Adeline Douanla	Lucas Grenolds	Priya Jayachandran
Andrea Chase	Jennifer Doughty	Sara Groome	Heeje Jeon
Joy Chaudhry	Kendralyne Dove	Haley Grunwald	Nadiya Jiwa
Meijuan Chen	Stefanie Drescher	Deepty Gunda	Brynn Johnson
Serena Cheng	Kevin Dube	Jennifer Gutierrez	Deja Johnson
Margarita Chernova	Leah Dungca	Rita Habib	Dylan Johnson
Carmen Cheung	Cindy Duong	Isaac Haddy	Willis Johnson
Kevin Cheung	Hung Duong	Sarah Hagan	Sophia Jordan
Tyler Chia	Gerard Dyckman	Victoria Hagen	Kayla Joyner
Daniel Ching	Samantha Earley	Milada Halacova	Kitiya Jueawattanasirikul
Yunwen Chiu	Rachael Eaton	Lisa Halcomb	Iyoung Jung
Kristen Chlebowski	Elizabeth Edmonds	Marah Haley	Haya Kaseer
Hailey Choi	Ronni Ehlers	Joseph Hamedl	Manleen Kaur
Yeunjung Choi	Sara Eichner	Ajna Hamidovic	Sukhvir Kaur
Anees Chowdhery	Lendelyn J. Ekholt	Melissa Hammill	Graeson Keisel
Pui Shan Chu	Adam Elessawi	Nirav Haribhakti	Jonathan Kelly
Tiffany Chui	Noel Elkareh	Tyler Harris	Alec Kelty
WonWoo Chung	Fauzia Ellis	Carly Harsha	Katherine Key
Andrea Clarke	Arnaz Ensani	Felecia Hart	Fatima Khaja
James Clinard	Tully Erwin	Aislinn Hastings	Nazia Khan
Heather Cohen	Peace Esonwune	Jessica Hauger	Jessica Khy
Carol Cole	Candace Essel	Sarah Hausner	Dong-Hyun Kim
Daniel Cole	Bassem Fahmi Armanious	Gladys Heard	Eun Young Kim
Shelby Cole	Xuan Falah	Amber Heffelfinger	Hye Nam Kim
Brandon Coleman	Charles Fann	Lindsey Helm	Min Jung Kim
Deborah Collins	Stephen Farley	Ashley Henry	Tiffany Kim
Amber Cone	Sanam Farokhi	Gennaro Hernandez	Amanda Kitten
Megan Coole	Caroline Farr	Kayla Hetrick	Courtney Klatt
Rebecca Cope	Lorelei Farr	Matthew Hinton	Shannon Kline
Amber Cordry	Alexandra Ferrero	Andrew Ho	Courtney Knight
Rene Corral	Don Ferrill	Bryan Ho	Lacey Kocian
Michelle Cottino	Melissa Flaherty	Dung Ho	Nima Kohanpour
Michelle Cox	Jeron Fleming	Joyce Ho	Allison Komirenko
Michael Curcio	Christopher Foley	Jesse Hollanbaugh	Takako Komiyama

Matthew Korber
Ansue Koshy
Tiffany Kremmer
Rie Kubota
Benjamin Kutzke
Veronika Lagutina
Phillip Lai
Wei Lai
Curtiss Lane
Joy Langley
Loreto Lapeiretta
Elisabeth Lapp
Danielle LaPrad
Agnes Lau
Ivan Lau
Roxana Lazar
Amy Le
Jada Le
Phuong Le
Son Le
Sophie Hien Le
Hannah Lee
Jae Hyun Lee
Joseph Lee
Joseph Lee
Karissa Lee
Sang Yoon Lee
Soo Jin Lee
Pamela Lekhter
Zi Li
Lei Liang
Jennifer Liberato
Hye-Jin Lim
Daniel Lindsay
Ashley Lindstrom
Mauriell Llanos
Maurice Lobo
Brianna Long
Patrick Long
Jacob Lopez
Jenny Lopez
Tracy Louie
Betty Lu
Morgan Luce
Mark Luke
Briann Luteran
Davaajargal Luvsantseren
Andy Lyuh
Andrew Macaitis
Christopher Maclafferty
Christina Maguire
Ava Mahan
Iman Mahmud
Wazhma Mahshour
Daniel Majerczyk
Chloe Majkowski
Mariana Mallidi

Cree Maloney
Candice Manabat
Diya Manavalan
Brittany Maniga
Jasmine Manning
Stephanie Manning
Tharit Manoi
Emily Marcato
Jennifer Marcelo
Ashley Martin
Jesse Martin
Alyssa Massengill
Sharon Mathew
Sahar Matloub
Christine Mauriello
Carolyn Mayle
Bianca Mayzel
Abby McCabe
Kaitlin McCadden
Lauren McCarthy
Paul McCartor
Erin McCusker
Sarah McDaniel
Melanie McDonald
Josie McElroy
Madison McGuire
Mary McIntyre
Matthew McTaggart
Jovana Mercado
Pmichaele Meredith
Curtis Merrill
Haroon Mesdaq
Monica Metts
Joseph Metz
Georges Mikhael
Andrew Milewski
Mary Miller
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Frances Reed
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Kandon Render
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Ellen Schellhase
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Annie Situ
Nimalan Sivarajan
Jeremy Skeen
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Luke Smedley
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Emily Vuong
Hung (Leo) Vuong
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Audrey Walker
Clarence Walker
Connor Walsh
Amy Walters
Sara Walton
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Amanda Wellens
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Brian Wittlinger
Amber Wood
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The following members recently advanced from Associate to Full Member:

Susan Krueger	May Nguyen
Eric Matey	Y-Nha Nguyen
Amanda Morris	Marissa Rodriguez

Member Recruiters

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

Manisha Bajwa	Julie Murphy
Amy Boblitt	Jean Nappi
Jeremy Capulong	Jenna Nickless
Collin Clark	Kimberly Novak
Heather Corbo	Brandon Nuziale
Kristin Darin	Teresita Ortiz
Hung Duong	Isaac Perales
Michelle Farland	Kassie Pfluger
Justin Foster	Alexandra Powderly
Nyles Fowler	Kendra Radtke
Christopher Frei	Elizabeth Robinette
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Shasta Grotewiel	Kristyn Sanders
Dan Guinn	Kamarena Sankar
Curtis Haas	Lauren Schmidt
Cassie Hamilton	Elizabeth Staub
Cassie Heffern	Robyn Stoianovici
Ashley Hughes	William Taylor
Sarah Lewter	Lucrece Tiengwe
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