

ACCP Report

Timothy J. Ives, Pharm.D., MPH, FCCP, BCPS; Editor
Robert M. Elenbaas, Pharm.D., FCCP; Executive Director

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Silent Auction Raises \$50K for Frontiers Fund!

For the third year in a row, a highlight of the ACCP Annual Meeting was the Practice and Research Network-Research Institute Reception and Silent Auction. Held during the College's 2003 Annual Meeting in Atlanta, the evening's festivities raised more than \$50,000 in support of the ACCP Research Institute's new Frontiers Fund. This included \$20K from the games, raffle, and silent auction and \$30K donated by several of the PRNs.

The Frontiers Fund is a major new initiative that will raise \$1.25 million over the next three years. It will allow the ACCP Research Institute to significantly enhance its overall support of pharmacy-based health services and clinical research conducted by College members.

Activities during the fun-filled evening included a variety of games to test participants' skills and a raffle of gift certificates, jewelry, and other luxury items. The games included a series of exciting "canoe" races between meeting participants and their Board of Regents competitors.



(Actually, the canoe was a furniture dolly rowed using toilet plunger oars!) More than 100 varied items were contributed by ACCP members and regional chapters for inclusion in the silent auction, including artwork, books, clothing, education and training, regional food baskets, home and luxury items, and travel and recreation packages.

The PRNs who have provided donations from their treasuries to the Frontiers Fund to date include: Adult Medicine-\$ 1000; Ambulatory Care-\$5000; Cardiology-\$2000; Drug Information-\$500; Education and Training-\$1000; GI/Liver/Nutrition-\$2500; Infectious Diseases-\$15,000, made in honor of ACCP President John Bosso and "retiring" ACCP Executive Director Robert Elenbaas; Nephrology-\$500; Outcomes and Economics-\$2400; Pharmacokinetics/Dynamics-\$150; and Women's Health-\$500. In addition, the Cardiology PRN has pledged donations of \$2000 in 2004 and 2005, and

the Outcomes and Economics PRN has pledged donations of \$2500 in 2004 and \$2600 in 2005.

"Our immediate goal through the new Frontiers Fund is to provide at least



\$150,000 in support of new and expanded grant opportunities in 2004," said Brad Boucher, 2003 Chair of the ACCP Research Institute. "These new grants will directly support previously unmet or underserved areas of pharmacy-based health services or clinical research. Our goal is to grow this funding to about \$500,000 annually within the next few years."

"Recognizing the need to significantly increase the support that the Research Institute provides to these underserved areas of clinical pharmacy research, we have set some very ambitious goals for these next few years," commented Dr. Elenbaas. "Based on the response of ACCP members to the Frontiers Fund, it's clear that they see the need for enhanced efforts in these areas as well. We hope that everyone will take a few minutes when they receive campaign information over the next few weeks to learn more about the Frontiers Fund and the critical work it will enable."

Thanks to everyone who helped make the PRN-Research Institute Reception and Silent Auction such a success! Information about the Frontiers Fund can be found on the ACCP Web site at www.accp.com/frontiers/.

ACCP Provides Comment on ACPE Accreditation Standards

The Accreditation Council for Pharmacy Education (ACPE) has announced plans to conduct its regular review and revision of the Standards and Guidelines for accreditation of Doctor of Pharmacy degree programs. This review began earlier in 2003 with a request from ACPE for "specific information regarding what should be added to, removed from, clarified, and/or otherwise revised" in the accreditation standards.

The College provided input to ACPE in a November 11 letter, based on discussions by the ACCP Board of Regents and review of the 1998 Educational Affairs Committee report which analyzed the then-new standards and guidelines. ACCP's commentary noted that, in general, the current ACPE standards and guidelines are "reflective of contemporary health

professions education.” The areas that the College suggested ACPE consider for updating, clarification, or other revision included:

- the early professionalization of students;
- that the five core competencies cited by the Institute of Medicine in its report *Health Professions Education: A Bridge to Quality* could provide a foundation for the standard on Professional Competencies and Outcomes Expectations consistent with competencies recognized by other health care disciplines (i.e., provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics);
- the addition of pharmacogenomics, assuring patient safety, cultural competence, leadership, advocacy, professionalism, life-long learning, and team interaction/collaboration to the core curriculum;
- the incorporation of interdisciplinary learning and exposure to postgraduate training and credentialing;
- that student interactions with residents and fellows, and informal mentoring of students by residents or fellows, should be maximized whenever possible;
- that schools “have a faculty-student ratio sufficient to effectively deliver and evaluate the professional program in pharmacy and to provide time for *all* faculty to engage in faculty development and to pursue research or scholarly activities”, and that “under most circumstances, the student-preceptor ratio during advanced practice experiences should not exceed 3:1”; and
- to enhance faculty development and ensure practice competence commensurate with the faculty rank, that faculty with professional practice responsibilities should achieve certification in the appropriate Board of Pharmaceutical Specialties area(s).

Based on input received through the end of 2003, ACPE plans to issue a draft revision of the standards and guidelines in early 2004. ACCP President John Bosso has charged the College's Educational Affairs Committee to review the draft standards when available and prepare a response that indicates those areas supported by ACCP, identifies those that should be modified in some way (suggesting alternative language), and suggests additional new standards or guidelines that ACPE should consider for inclusion.

ACPE plans to collect similar broadly based input from the profession during 2004, and to release final revised standards in 2005.

Elenbaas to Serve as Research Institute Director

Robert Elenbaas, Pharm.D., FCCP, has served as ACCP's Executive Director since 1986. As announced previously in the ACCP Report, he has indicated his plans to step down as Executive Director at the end of this month. In June, Michael Maddux, Pharm.D., FCCP, was



announced as Executive Director-Designate. Dr. Maddux has been on board at the College's Kansas City headquarter since October 1, and will become Executive Director effective January 1, 2004.

But rather than retiring and riding off into the sunset, Dr. Elenbaas will remain with the College on a part-time basis and will serve as Director of the ACCP Research Institute, also effective January 1.

“Serving as the Research Institute's Director was one of several hats worn by Dr. Elenbaas while the College's Executive Director these past 17 years,” noted Research Institute Chair and immediate ACCP Past President Mary Beth O'Connell. “One of the critical issues identified in the College's strategic plan is how to best advance our research mission. Obviously, the Research Institute plays a central role in executing this part of ACCP's overall mission. Even though Dr. Elenbaas will be working only part-time, this will still result in a marked increase in effort focused on the Institute. It will be his primary professional focus as we work over the next few years to grow the ACCP Research Institute into one of the top funding agencies in the country supporting pharmacotherapy-related research.”

“The College's strategic plan contains several objectives that relate specifically to the Research Institute,” observed Dr. Elenbaas. “We want to increase and diversify the Institute's funding base so we can in turn increase and diversify the research support provided to ACCP members. We want to be in the position to conceive and drive a research agenda that will answer important health services and clinical research questions critical to clinical pharmacy, but that may not be funding priorities for other agencies. We want to provide additional resources to enhance the research and scholarly capabilities of College members.”

To learn more about the programs currently available through the ACCP Research Institute, visit the College's Web site at www.accp.com.

Call for Proposals 2004

Research Institute of the American College of Clinical Pharmacy

ACCP Career Development Research Award

Supports the research efforts of a mid-career scientist (i.e., more than 5 years since completion of formal training or first academic appointment) in experimental therapeutics, pharmacoeconomics and outcomes, or pharmacy-related health services research. Dates: July 2004 - June 2006. Award: \$50,000 in support of direct costs over a period of two years, plus \$5000 in support of institutional overhead.

APPLICATION DEADLINE: April 1, 2004.

ACCP Frontiers Research Awards

Support previously unmet or underserved areas of pharmacy-based health services research or clinical research. All ACCP members are encouraged to apply. Frontiers Research Awards may range from \$10,000 - \$50,000, depending on the proposal's requisite budget. It is anticipated that up to \$150,000

in total Frontiers Research Awards will be granted in 2004.
APPLICATION DEADLINE: April 1, 2004.

Investigator Development Research Awards

ACCP Pharmacotherapy Research Award
Amgen Hematology/Oncology Research Award
Amgen Nephrology Research Award
AstraZeneca Cardiovascular Research Award
AstraZeneca Health Outcomes Research Award
Aventis Infectious Diseases Research Award
Bayer Infectious Diseases Research Award
Kos Pharmaceuticals Dyslipidemia Research Award
Roche Laboratories Transplantation Research Award
Sanofi-Synthelabo Central Nervous System Research Award
TAP Pharmaceutical Products GI Research Award*
Watson Laboratories Anemia Research Award

*Tentative for 2004. Contact ACCP Research Institute to confirm availability before submitting application.

Support a specific research project directly related to the stated areas of emphasis. Dates: July 2004 - June 2005. Award: with the exception of the Kos Dyslipidemia Research Award, the various programs provide \$15,000. The Kos Dyslipidemia Award provides \$20,000. Eligibility: ACCP Full Members, Associate Members, or Affiliate Members who qualify as new investigators (i.e., 5 or fewer years since completion of their formal training or first academic appointment).

APPLICATION DEADLINE: April 1, 2004.

Fellowships

Aventis Oncology Fellowship*
Ortho-McNeil Infectious Diseases Fellowship

*Tentative for 2004. Contact ACCP Research Institute to confirm availability before submitting application.

Support the development of clinical scientists through postgraduate fellowship experiences, or through the support of graduate students who have at least completed their qualifying examinations. Research activities must be related to the stated areas of emphasis. These grants provide the fellow's stipend of \$29,000, travel support of \$1000, and personnel fringe benefits of \$1500 for either the first or second year. Dates: funding will begin July 1, 2004. Eligibility: Preceptor-ACCP Full Member at time of application. Fellow-Full Member or Associate Member at time of application.

APPLICATION DEADLINE: February 3, 2004.

For complete application information and packet, contact:

ACCP Research Institute
3101 Broadway, Suite 650
Kansas City, Missouri 64111
(816) 531-2177

E-mail: accp@accp.com

or

Download application materials at
www.accp.com/ClinNet/research.php

Buffington Appointed to AMA's Health Care Professionals Advisory Committee

ACCP member Daniel E. Buffington, Pharm.D., MBA, has been appointed to the American Medical Association's (AMA) Health Care Professionals Advisory Committee (HCPAC). The only pharmacist on HCPAC, Dr. Buffington is a member of the recently established X12 Pharmacy Advisory Panel. HCPAC represents the interests of nonphysician health professionals in the AMA's Current Procedural Terminology (CPT) Editorial Panel process. It maintains the CPT code set to accommodate changes in health care practice, delivery, and clinical technology.

The CPT code set is the national standard used to describe the professional services and procedures performed by physicians and, increasingly, other health professionals for billing and other purposes. Other health professions represented on HCPAC include audiologists, chiropractors, occupational therapists, optometrists, physical therapists, physician assistants, podiatrists, psychologists, registered dietitians, social workers, and speech pathologists.

Dr. Buffington's appointment to HCPAC follows more than two years of collaborative effort by the organizations that compose the X12 Pharmacy Advisory Panel to advance policies for payment of pharmacists' patient care services. The X12 Panel was established in 2002. It provides a collaborative and comprehensive forum to advance policies, procedures, and activities that support pharmacists in obtaining appropriate payment for their patient care services. The organizations that make up the X12 Pharmacy Advisory Panel include ACCP, the American Pharmacists Association (APhA), the American Society of Consultant Pharmacists (ASCP), the American Society of Health-System Pharmacists (ASHP), the National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA).

In August, 2000, the Department of Health and Human Services released its final rule for implementation of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The rule's purpose was to improve the effectiveness of federal and private health programs by simplifying administration of the health care claims system and enabling more efficient electronic transmission of certain health information. It mandates precise electronic data interchange (EDI) standards for health claims submitted electronically and the use of these standards by public and private health plans, health care clearinghouses, and certain health care providers, including pharmacists. It dictates use of the X12-837N transaction standard for professional services claims from health professionals, including pharmacists, and the transaction standards for electronic claims for prescription products dispensed in the retail pharmacy setting that were developed previously by the National Council for Prescription Drug Programs (NCPDP).

The X12N 837N Professional Implementation Guide (IG) is a compendium of the EDI standards developed to process insurance claims transmitted between health care providers and payers for professional services. Within the EDI standards are transaction segments to describe the data format and data

elements or codes to electronically process a health care claim for a professional service. The 837 professional claim design is comparable to the traditional, paper-based HCFA-1500 form and pertains to all types of claims that can be filed using a HCFA-1500 form.

Dr. Buffington's participation on HCPAC is important because the HIPAA final rule states that pharmacists are to use the CPT code set to document their professional (nondispensing) services provided to patients when submitted for payment to third-party payers. Buffington's position as the X12 Pharmacy Panel's representative will help ensure that pharmacists' professional roles, services, and payment issues will be addressed in the ongoing evolution of the CPT coding process.

"Without a seat on the Health Care Professionals Advisory Committee, pharmacy would be at a distinct disadvantage," said Buffington. "Pharmacists perform vital patient care and deserve recognition as health care providers and payment for their services." Buffington is the Director of Clinical Pharmacology Services, Inc., in Tampa, FL, and Clinical Assistant Professor of Medicine at the University of South Florida.

Washington Report

C. Edwin Webb, Pharm.D., MPH

An Historic Moment

As this column is being written, two days before Thanksgiving, the U.S. Senate has just voted 54 to 44 to pass the Medicare Conference Report to H.R. 1, **The Medicare Prescription Drug, Improvement, and Modernization Act of 2003**. Over the past weekend, the House of Representatives voted in favor of the legislation by a margin of 5 votes, 220-215. The debate has been fierce in the Congress, among senior citizens' groups, and to some extent within pharmacy itself. The bill goes to President Bush for his signature, which is inevitable given the upcoming election year. (*Ed. Note: the bill was signed by President Bush on December 8.*) From there, the issue moves into an entirely new phase: from policy debate and legislative maneuverings to the reality and challenges of implementation. And, in all likelihood, modification and refinement as the challenges the legislation will undoubtedly present become more apparent.

As was stated by many speakers during debate on the House and Senate floors, this legislation represents the most substantial change to and expansion of the Medicare program since its inception in 1965. Almost every floor speech during the debate noted the critical importance of medications in the delivery of health care today and into the future. Senate Majority Leader Bill Frist (R-TN), a cardiothoracic surgeon, described prescription medications as the "single most important tool available to physicians in caring for patients today." Senate Finance Committee Chairman Charles Grassley (R-IA) spoke eloquently and positively about the important role



played by pharmacists in helping people use their medications more effectively and safely.

We in pharmacy have known and been saying these things for many years. Our national leaders at the highest levels of health policy-making are finally on the same page as we are. This is an historic moment. It is one of recognition and validation of the critical role of medications and pharmacists in the health and wellness of our nation's seniors.

Nevertheless, much work remains to be done. As was noted in ACCP's communication to its members when seeking their grassroots support for the bill, it is certainly not a perfect piece of legislation. Seniors are very concerned about gaps in coverage for the costs of medications and the potential for disruption of relationships with their current health care providers. For pharmacists, even though the legislation requires a medication therapy management program as part of the outpatient drug benefit, the design and delivery of such programs remain to be determined. Pharmacists and their national organizations will need to be actively involved in discussions with prospective providers of the outpatient drug benefit to ensure that this provision is implemented in a way that serves Medicare beneficiaries well and takes full advantage of the knowledge and commitment of pharmacists to help seniors benefit fully from their medications.

For several pharmacy organizations, including ACCP, the decision to support the legislation was based on a careful, and at times difficult, balancing of its positives and negatives. Certainly, the legislation falls short in several areas. It is complex and potentially confusing. But it is an important first step in providing comprehensive medication access to seniors and improving medication use in this country.

In the coming weeks, we will provide ACCP members as much information as possible about the legislation, especially the prescription drug benefit and the medication therapy management components. We will continue efforts already begun to work with regulators and others who will be responsible for implementation of the outpatient drug benefit and associated medication therapy management services. And we will continue to work with our national organization partners to advance the cause of better health care through the provision of pharmacists' patient care services.

Many thanks to those ACCP members who contacted their Congressional delegations throughout this legislative campaign, particularly during the last week of intense debate and decision, regardless of the position you asked your representatives to take. To those who expressed concern about the College's support of the legislation because of its imperfections, we acknowledge your concerns and hope you will help ACCP improve on this essential, if imperfect, starting point for a Medicare outpatient pharmacy benefit. We need your continued involvement as we strive for further progress and more explicit recognition of pharmacists as the health care providers most able and prepared to help seniors achieve the best possible outcomes and value from their use of medicines.

Highly Anticipated *Pharmacoeconomics and Outcomes: Applications for Patient Care*, Second Edition Now Available

Fully updated and substantially expanded, this second edition of the well-known ACCP publication, *Pharmacoeconomics and Outcomes: Applications for Patient Care*, will enable both pharmacists and students to develop the knowledge and skills to measure and evaluate economic and patient-based outcomes.

Pharmacoeconomics and Outcomes: Applications for Patient Care

- introduces the terminology and basic components of health economics, outcomes research, and pharmacoeconomics;
- identifies a strategy for designing a research question, a process for conducting a pharmacoeconomic evaluation, and sources of data for economic outcomes analysis; and
- includes an extensive series of economic and humanistic assessments, their purpose and application. Economic outcome measures include cost-of-illness analysis, cost-minimization analysis, cost-benefit analysis, cost-effectiveness analysis, cost-utility analysis, decision analysis, Markov modeling, and sensitivity analysis. Humanistic outcomes measures include health status, patient satisfaction, work outcomes, and patient-based assessments.

New and updated chapters include:

- *Evaluating and Justifying Clinical Services* by Glen T. Schumock, Pharm.D., M.B.A., BCPS, and Melissa Butler, Pharm.D.
- *Using Pharmacoeconomic Methodologies to Develop Health Policy* by Judith L. Glennie, Pharm.D., M.Sc., FCSHP, and Neil MacKinnon, Ph.D.
- *Markov Modeling* by Dan Touchette, Pharm.D., M.A., and Daniel Hartung, Pharm.D.
- *Types of Economic and Humanistic Outcomes Research Questions* by Lisa Sanchez, Pharm.D., and Kathy Bungay, Pharm.D., FCCP
- *Investigating the Outcomes Research Question* by Jane Osterhaus, M.S., Ph.D., FCCP, and Gregory Boyer, Ph.D.
- *The Structure of U.S. Health Care Delivery System* by Jack E. Fincham, Ph.D.
- *Measuring Work Outcomes* by Debra Lerner, Ph.D., M.S., and Kathy Bungay, Pharm.D., FCCP
- *Data Sources and Tools for Measuring Humanistic Outcomes* by Michelle M. Chapman, Pharm.D., BCPS
- *Cost-Minimization Analysis* by Emily Cox, Ph.D.

Pharmacoeconomics and Outcomes: Applications for Patient Care, Case Studies

New with the second edition is a companion book of case studies to reinforce learning. The case studies present real-world scenarios that enable users to apply concepts presented in the main textbook. Case studies include:

- *Cost-of-Illness Analysis, Calculation of the Cost of Migraine Within a Managed Care Organization* by Emily Cox, Ph.D.

- *Cost-Benefit Analysis* by Jamie Barner, Ph.D.
- *Cost-Utility Analysis* by Duska M. Franic, Pharm.D., Ph.D.
- *Cost-Effectiveness Analysis* by Jeff Lee, Pharm.D., FCCP; James Spalding, Pharm.D.; Connie McLaughlin- Miley, Pharm.D.; and Mary Lou Chatteron, Pharm.D.
- *Decision Analysis* by Jeffrey J. Ellis, Pharm.D. and James G. Stevenson, Pharm.D.
- *Markov Modeling* by Dan Touchette, Pharm.D., M.A.
- *Sensitivity Analysis* by Edward P. Armstrong, Pharm.D., BCPS, FASHP
- *Measuring Health Status* by Seema Dedhiya, M.S.
- *Formulary Decision Making Incorporating Humanistic Outcomes* by Jon C. Schommer, Ph.D.
- *Evaluating and Justifying Clinical Services* by Melissa G. Butler, Pharm.D., M.P.H., and Glen T. Schumock, Pharm.D., M.B.A., BCPS
- *Policy Implications of a Health Economic Study, Lessons Learned from the Czech Republic* by Neil J. MacKinnon, Ph.D., R.Ph., and Judith L. Glennie, Pharm.D., M.Sc.

TreeAge Pro

Access to TreeAge decision-analysis software is another new feature for this edition that allows the user to analyze decision models presented in the publication. TreeAge Pro has been designed to implement the techniques of decision analysis in an intuitive and easy-to-use manner. It transforms decision analysis from a potentially tedious exercise to an easily applied and highly visual means of:

- organizing the decision-making process,
- analyzing the problem at hand, and
- communicating both the structure of the problem and the basis for a decision or recommendation.

TreeAge Pro makes it much easier to learn and use decision analysis for those with no or only limited experience with this technique. If you are experienced in decision analysis, you will find TreeAge Pro easy to use following only a cursory review of the software commands, although the richness of the program will become more apparent with further use of the software.

Order your Pharmacoeconomics Text and Case Study Book today! Call ACCP at (816) 531-2177 and mention code PE1103. Or visit the ACCP Online Bookstore at www.accp.com/bookstore.php.

2004 International Congress on Clinical Pharmacy

April 28 - 30, 2004; Paris, France
Optimizing Outcomes in Pharmacotherapy
Hosted by ACCP and the European
Society of Clinical Pharmacy

Wednesday, April 28, 2004-Patient Safety

- ❖ Plenary Session 1: Global Monitoring Systems: From Data Collection to Patient Safety
- ❖ Plenary Session 2: From Medication Errors to Patient Safety
- ❖ Workshop 1: Vigilance of Medical Devices
- ❖ Workshop 2: Pharmacovigilance
- ❖ Workshop 3: Systems to Detect and Prevent Medication Errors
- ❖ Workshop 4: Methodological Approaches to Medication Error Systems
- ❖ PRN/SIG Session: Common Controversies in Ambulatory Care: Using Evidence and Guidelines to Optimize Patient Care
- ❖ PRN/SIG Session: Optimizing Antimicrobial Therapy: 2004
- ❖ PRN/SIG Session: Pediatrics and Patient Safety: Focus on Pediatric Medications

Thursday, April 29, 2004-Clinical Guidelines

- ❖ Plenary Session 3: Optimizing Patient Care Through Clinical Practice Guidelines
- ❖ Plenary Session 4: Using Clinical Practice Guidelines to Improve Patient Care: Global Models of Success
- ❖ Workshop 1: Implementing Sedation and Analgesia Guidelines for Critically Ill Adults
- ❖ Workshop 2: Clinical Practice Guidelines: Tools to Promote Best Practice in Anticoagulation
- ❖ Workshop 3: Clinical Practice Guidelines in an Oncology Network
- ❖ Workshop 4: Teaching and Practice: the Development and Application of Pharmaceutical Care Assessment Tools Based on Clinical Guidelines
- ❖ Workshop 5: Thromboembolic Diseases
- ❖ Workshop 6: *To be announced*
- ❖ Workshop 7: Evaluation and Use of Clinical Practice Guidelines in the Elderly to Optimize Geriatric Pharmacotherapy
- ❖ Workshop 8: Collaboration Between Industry and Health Systems in Ensuring the Optimal Economic and Humanistic Outcomes in Patient Care

- ❖ PRN/SIG Session: Population Pharmacokinetics in Clinical Practice
- ❖ PRN/SIG Session: New Therapies: Evidence-Based Medicine and Innovative Care for Women
- ❖ PRN/SIG Session: Evolution and Emerging Standards of Care in the Treatment of Sepsis

Friday, April 30, 2004-Pharmacy Workforce

- ❖ Plenary Session 5: Meeting the Challenge: the How do we Develop Pharmacy Workforce Needed to Optimize Pharmacotherapy Outcomes?
- ❖ Plenary Session 6: Pharmacists Have Never Been so Competent: the Pro and Cons

Call for Abstracts

Pharmacists are invited to submit abstracts for adjudication by the scientific committee of the symposium. All the accepted submissions will be presented in poster format. Selected submissions considered to have especially broad appeal may be assigned for poster discussion forum, oral communication, or poster presentation.

ESCP will only accept abstracts submitted electronically at:
<http://www.escp.nl>

Starting date for abstract submission: July 1, 2003.
Deadline: January 8, 2004



The American College of Clinical Pharmacy is approved by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. The International Congress on Clinical Pharmacy will provide up to 15.0 contact hours of continuing pharmacy education credit.

New Members

Julie S. Altman
Brent A. Anderegg
Robert J. Anders
Sara Anderson
S. Carolyn Bae
Erin M. Barnett
Ryan N. Bookout
Nicole Brandt
Stefan F. Brettfeld
Janet R. Bush
Jody Carswell
Elizabeth Chiu
Se H. Choi
Rhonda D. Cobb
John Coviello
Lorrie A. Davis
Jena C. Dawson
Mike Dorsch
Gina B. Ellis
Monica A. Fay
Jonathan D. Ference
Nadia Ferguson
Eric Flaming
Effie Gillespie
Rebecca A. Godesky
Mercedes L. Gonzalez
Jaclyn M. Graham
Emily B. Hammond
James S. Heal
Stan Heimberger
Mark E. Hopson
Jean Huh
Patricia Jenkins
Alison M. Jennett
Samuel G. Johnson
Jeong-Eun Kim
Asya Kogan
Andy Kurtzweil
Don Lamprecht
Derek Larbie
Kimberly E. Levasseur
Lisa Levin
Lisa S. Longo

Kathy Louie
Maged Makar
George E. Milevich
Andrew B. Morris
Khanh C. Nguyen
Tam Phuong Nguyen
Zaven R. Norigian
Crystal Obering
Erin A. Oswald
Heather M. Owens
Kristi Passarelli
Simona Peker
Margaret Peoples Marsh
Samuel T. Piraino
Cindy Powers
Shannon A. Rizzo
Stephanie M. Roberts
Anthony R. Scalisi
Trinna Schlosser
Yana Shamiss
Debbie Shaw
Christopher Sikes
Gregory A. Smallwood
Meansup Song
Zachary Stacy
Jim Stephens
Joanna L. Stollings
William D. Strader
Ann E. Stueve
Rima Tannous
Jeremy J. Taylor
Colleen M. Terriff
Dia-Jeanette Thomas
Darrell Thompson
Gina Thompson
Kelly Tomo
Kathy L. Vu
Shan Wang
Robert Weinstein
Robert J. Whren
Kristopher Young
Joy E. Zarlenga
Christine Zone

The following individuals recently advanced from Associate to Full Members:

David Bearden
Kim L. Edmonds Rogers
Todd M. Edwards
Catherine E. Fronc
George R. Haynes
Gina McKnight-Smith
Melinda Neuhauser
Wan-Chih Tom
Seena Zierler-Brown

New Member Recruiters

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

Henry S. Freedy
Cory G. Garvin
Jane M. Gervasio
Sheila Lynn Kasten
Sara L. Lanfear



University of Colorado Health Sciences Center

**Assistant/Associate Professor
Clinical Pharmaceutical Sciences
Department of Clinical Pharmacy
School of Pharmacy, University of Colorado Health Sciences Center (UCHSC)
Denver, Colorado**

The Department of Clinical Pharmacy invites applications for a tenure-track faculty position in the clinical pharmaceutical sciences.

The mission of the Department of Clinical Pharmacy is to advance the science, teaching, and practice of human pharmacology and therapeutics in order to improve the use of medications in patients. Candidates who share our faculty's commitment to innovative teaching programs, exceptional research, and leadership are encouraged to apply.

Major areas of interest for this position are biostatistics, clinical pharmacology and therapeutics, drug metabolism, molecular biology/pharmacology and pharmacometrics, with an emphasis on translational research. The successful applicant will be expected to initiate and maintain an externally funded, independent research program that will advance pharmacotherapy. In addition, he or she will be encouraged to establish collaborative research relationships both within the department and with other UCHSC faculty. The selected individual will participate in the education of students in the professional pharmacy curriculum and in postgraduate programs in the department and school.

Applicants must have rigorous scientific training. Preference will be given to those who have a Pharm.D. degree, residency, and a two-year research fellowship (or equivalent experience); a Ph.D. degree in a relevant field; or an M.D. degree. Preference will also be given to individuals with experience in academic settings. Applications will be reviewed as they are received and the position will remain open until a successful candidate is identified. Interested candidates should submit a letter of interest that includes a statement of research accomplishments and future plans, a curriculum vitae, and contact information for three individuals who can provide letters of recommendation to:

**Courtney V. Fletcher, Pharm.D.
Professor and Chairman
Department of Clinical Pharmacy
University of Colorado Health Sciences Center
Box C-238
4200 East Ninth Avenue
Denver, CO 80262
Phone: 303-315-5229
Fax: 303-315-4630
E-mail: courtney.fletcher@uchsc.edu**

The University of Colorado Health Sciences Center is committed to diversity and equality in education and employment.



Aventis Pharmaceuticals

Scientific Specialists/Managers - Cardiovascular, Diabetes, Medical

We currently have multiple openings nationally for Scientific Specialists/Managers to join our U.S. Medical Education Field teams in Cardiovascular, Diabetes, and Medical.

The primary role of these positions is to respond to customer questions and needs regarding research and clinical data relating to Aventis products and relevant other scientific findings for the designated areas. You will cultivate and maintain relationships with key medical leaders to ensure the understanding of scientific information for Aventis products. You will develop, implement, coordinate, and communicate innovative Professional Education strategies and programs, including providing scientific presentations on both clinical and pharmacoeconomic data on products, disease states, and therapeutic areas. These programs will be well balanced and meet the regulatory standards of Aventis, the FDA, and the Office of the Inspector General.

The successful candidate will have a Doctoral degree in Biomedical Sciences (M.D., Pharm.D., Ph.D.) with at least two years in an equivalent position or relevant clinical experience (including residency, fellowship, or postdoctoral). Proven effective skills in presenting and discussing scientific data with different health care professionals and willingness to undertake overnight business travel up to 30% of time is required. Prior experience in the designated therapeutic area is preferred.

Aventis is a research-based company dedicated to extending and enhancing human life. Multidisciplinary research teams with access to cutting-edge instrumentation and global resources provide the driving force for drug discovery. Aventis offers excellent compensation and benefits reflecting our prominent position within the industry.

To view the full job description and requirements and to submit your resume, please visit the US Aventis Recruitment Center at our Web site: www.aventis-us.com

Please submit your resume to the appropriate Job Code # listed below:

Therapeutic Area	Job Code #	Territory
Cardiovascular	COM6971	Washington/Oregon
Cardiovascular	COM6970	Colorado/New Mexico
Cardiovascular	COM6972	Michigan
Cardiovascular	COM6973	Louisiana/S. Miss
Diabetes	COM6956	Eastern Missouri/Indiana
Diabetes	COM6957	Iowa/Wisconsin
Diabetes	COM7030	Georgia
Resp/Anti-Infectives	COM6968	Louisiana/S. Miss
Resp/Anti-Infectives	COM6969	Eastern Upstate NY, CT & VT

Clinical Faculty
College of Pharmacy
The University of Oklahoma

The Department of Pharmacy: Clinical and Administrative Sciences invites applications from individuals interested in challenging positions implementing clinical practice, didactic and practicum teaching, and scholarship at the following sites:

OUHSC-Tulsa, Schusterman Center:

Adult General Medicine - Assistant/Associate Professor, located at an affiliated hospital, Hillcrest Medical Center

Ambulatory Care - Assistant/Associate Professor, located at the Tulsa Veterans Affairs Outpatient Clinic (3 positions available)

Critical Care - Assistant/Associate Professor, located at an affiliated hospital, Hillcrest Medical Center

Ambulatory Care - Assistant/Associate Professor, located in the clinics of the Department of Medicine, The Schusterman Center

OUHSC- Oklahoma City:

Pediatrics - Assistant/Associate Professor, located at an affiliated hospital, The Childrens Hospital of Oklahoma in the OU Medical Center

Adult General Medicine - Assistant/Associate Professor, located at an affiliated hospital, Norman Regional Hospital

Ambulatory Care - Assistant/Associate Professor, located in the Family Medicine Center on the OUHSC campus

Either Campus:

Psychiatry - Assistant/ Associate Professor, located on either campus to provide ambulatory/inpatient psychiatry services in conjunction with the respective Departments of Psychiatry

All applicants should possess a doctor of pharmacy degree from an ACPE accredited program with appropriate specialty residency or fellowship training and be eligible for receipt of a valid Oklahoma pharmacy license. Salary will be commensurate with qualifications and experience. Review of applications will begin when received and continue until these positions are filled. Appointments will be either temporary-renewable, consecutive term, or tenure-track based on credentials. Some positions are immediately available, others will be available July 1, 2004.

The Tulsa campus features the Schusterman Center with representation from all colleges. Practice sites are at affiliated institutions within five miles of the Schusterman campus. The Oklahoma City campus is located one mile east of downtown and consists of four hospitals, a research institute, biomedical sciences park, and seven health sciences colleges, including pharmacy, medicine, nursing, dentistry, allied health, public health, and graduate college.

Applicants should send a letter of application with curriculum vitae and the names and addresses (plus e-mail addresses) of three references to:

Michael E. Burton, Pharm.D.
Professor and Chair
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Sciences Center
P. O. Box 26901
Oklahoma City, Oklahoma 73190-5040
(405) 271-6878, ext. 47259
E-mail: *michael-burton@ouhsc.edu*

The University of Oklahoma is an equal opportunity institution.

University of Rhode Island

Assistant/Associate Professor of Pharmacy Tenure Track Position

The University of Rhode Island College of Pharmacy has available a calendar year, tenure-track faculty position at the level of Assistant or Associate Professor.

The primary duties and responsibilities of this position include the development of an exemplary program of clinical and/or laboratory based research in the faculty member's area of expertise, the establishment of a clinical practice to support experiential education, and the provision of didactic instruction in required and elective courses.

A Pharm.D. degree followed by the completion of a fellowship, specialty residency with a significant research component, or equivalent in experience is required. Preference will be given to those individuals with expertise in the areas of infectious diseases, hematology/oncology, or pediatrics. Preference will be given to individuals with a record of scholarship through extramural funding or peer-reviewed research publications. Prior teaching experience is also preferred. Appointment at the Associate level will be commensurate with scholarly achievement. The selected candidate must be licensed, or eligible for licensure, in the state of Rhode Island.

The salary is competitive and the benefits are outstanding. The appointment will begin no later than July 1, 2004. The University of Rhode Island is an AA/EEO employer and is committed to increasing the diversity of its faculty, staff, and students. People from underrepresented groups are encouraged to apply.

Applications will be reviewed beginning January 12, 2004 and the process will continue until the position is filled. If interested, please submit a letter of application, curriculum vitae, and three letters of reference to:

Marilyn M. Barbour, Pharm.D.
Professor of Pharmacy and
Chair, Search Committee
Box G (Req # 010550)
University of Rhode Island
Kingston, Rhode Island 02881
Phone: (401) 874-2734
E-mail: *MbarbourRI@aol.com*

Director of Clinical Pharmacy

University of Arkansas for Medical Sciences

The University of Arkansas for Medical Sciences, Area Health Education Center of Fort Smith, Arkansas, has an opening for Director of Clinical Pharmacy. The ideal pharmacist will have expertise in drug therapy of conditions commonly encountered in family and internal medicine. Responsibilities include: teaching of medical residents and medical students, direct involvement in Phase III-IV studies, providing direct patient care as part of an office-based interdisciplinary team, and rounding with the medical team.

The clinical pharmacist will be appointed to the College of Pharmacy faculty and participate in experiential teaching of Pharm.D. students. Pharm.D. with residency preferred.

UAMS/AHEC offers a competitive salary and benefits package.

Interested individuals send CV to:

L.C. Price, M.D.
AHEC Director
612 South 12th Street
Fort Smith, AR 72901

University of Rhode Island

Clinical Assistant Professor of Pharmacy Nontenure-Track Positions (2)

The University of Rhode Island College of Pharmacy has available two calendar year, nontenure-track Clinical Faculty positions at the level of Clinical Assistant Professor.

The primary responsibilities of these positions are to develop and maintain advanced pharmacy practice experiences, to provide didactic instruction to Doctor of Pharmacy students and clinical service appropriate to the specialty area, and to engage in collaborative scholarship.

A Pharm.D. degree in addition to an accredited residency in pharmacy practice or equivalent experience is required. Preference will be given to individuals who have completed a specialized residency or who have advanced training/experience in pharmacotherapy, hematology/oncology, infectious diseases, pediatrics, or drug information. Prior teaching experience is also preferred. Must be licensed, or eligible for licensure, in the state of Rhode Island.

The salary is competitive and the benefits are outstanding. Initial appointments are for two years, beginning July 1, 2004, with continuation expected. The University of Rhode Island is an AA/EEO employer and is committed to increasing the diversity of its faculty, staff, and students. People from underrepresented groups are encouraged to apply.

Applications will be reviewed beginning January 12, 2004, and the process will continue until the positions are filled. If interested, please submit a letter of application, curriculum vitae, and three letters of reference to:

Marilyn M. Barbour, Pharm.D.
Professor of Pharmacy and
Chair, Search Committee
Box G (Req # 010522)
University of Rhode Island
Kingston, Rhode Island 02881
Phone: (401) 874-2734
E-mail: *MbarbourRI@aol.com*

**Clinical Faculty
College of Pharmacy
The University of Oklahoma**

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**Michael E. Burton, Pharm.D.
Professor and Chair
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Sciences Center
P. O. Box 26901
Oklahoma City, Oklahoma 73190-5040
(405) 271-6878, ext. 47259
E-mail: michael-burton@ouhsc.edu**

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Faculty Position-Infectious Diseases

**Department of Clinical Sciences and Administration
College of Pharmacy
University of Houston**

The University of Houston College of Pharmacy invites qualified applicants to apply for a full-time, nontenure faculty position (clinical rank) in the Department of Clinical Sciences and Administration. The area of emphasis is Infectious Diseases.

The successful candidate will join an active clinical program at the University of Houston and St. Luke's Episcopal Hospital. The position requires the development of a successful teaching, service, and scholarship program.

The candidates should possess a Pharm.D. degree and have completed postdoctoral residency or fellowship training. Candidates with at least two years experience preferred. Applicants must be eligible for Texas licensure. Salary and rank will be commensurate with qualifications and experience.

Applicant screening will begin immediately and will continue until the position is filled. Interested individuals should forward a letter of intent; complete curriculum vitae; and the names of three references with regular and e-mail addresses, telephone, and fax numbers to:

**Randall Prince, Pharm.D.
University of Houston
College of Pharmacy
1441 Moursund Street
Houston, TX 77030
Telephone: (713) 795-8389
Fax: (713) 795-8383
E-mail: RPrince@uh.edu**

The University of Houston is an Affirmative Action/Equal Opportunity Employer. Minorities, women, veterans, and persons with disabilities are encouraged to apply.