I. Introduction

The Cardiology Practice Research Network (PRN) has a distinguished history within the College, and it has developed a national reputation because of the dedication and contribution of its membership. Established on May 5, 1993, under the leadership of our first chairperson, Dennis Clifton (University of Kentucky), the membership has grown from 88 members to 796 members in 2009. Members of the Cardiology PRN have been significant contributors in all areas of the College's activities, particularly in leadership positions. The mission of the Cardiology PRN is to advance the pharmacotherapy of cardiovascular disorders through the promotion of excellence in education, research, and clinical practice. Within this historical document, we will capture the accomplishments and contributions of the Cardiology PRN during the past 15 years in achieving its primary stated mission.

II. Officers

<table>
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<tr>
<th>Year</th>
<th>Chair</th>
<th>Secretary/Treasurer</th>
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<tbody>
<tr>
<td>1993</td>
<td>Dennis Clifton</td>
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<tr>
<td>1994</td>
<td>Larry Lopez</td>
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<tr>
<td>1995</td>
<td>Henry Bussey</td>
<td>Sarah Spinler</td>
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<tr>
<td>1996</td>
<td>Sarah Spinler</td>
<td>Kathleen Stringer</td>
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<tr>
<td>1997</td>
<td>Barry Bleske</td>
<td>Eric Stanek</td>
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<td>1998</td>
<td>J. Herb Patterson</td>
<td>Dawn Bell</td>
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<td>1999</td>
<td>Mike Bottorff</td>
<td>Allison Miller</td>
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<tr>
<td>2000</td>
<td>Robbie Parker</td>
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<tr>
<td>2001</td>
<td>Allison Miller</td>
<td>Judy Cheng</td>
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<tr>
<td>2002</td>
<td>Mark Munger</td>
<td>Cindy Sanoski</td>
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<tr>
<td>2003</td>
<td>Judy Cheng</td>
<td>Jason Sims</td>
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<tr>
<td>2004</td>
<td>Cindy Sanoski</td>
<td>Ann Wittkowsky</td>
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<tr>
<td>2005</td>
<td>Dawn Bell</td>
<td>Jo Ellen Rodgers</td>
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III. Members Elected/Appointed to Leadership Positions in ACCP

<table>
<thead>
<tr>
<th>ACCP President</th>
<th>Regent</th>
<th>Secretary</th>
<th>Treasurer</th>
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<tr>
<td>1992 – Bob Talbert</td>
<td>1996 – Kathleen Lake</td>
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<tr>
<td>1999 – Kathleen Lake</td>
<td>2003 – Julie Johnson</td>
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<tr>
<td>(president-elect)</td>
<td>2007 – Sarah Spinler</td>
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<tr>
<td></td>
<td>2007 – Kathleen Stringer</td>
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<tr>
<td></td>
<td>2008 – Ann Wittkowsky</td>
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<td></td>
<td>2008 – Robert Parker</td>
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IV. Cardiology PRN Members Who Are Fellows in ACCP

Bradley G. Phillips, Pharm.D., FCCP, BCPS
Kathleen A. Stringer, Pharm.D., FCCP, BCPS
Kevin O. Rynn, Pharm.D., FCCP, DABAT
Barry E. Bleske, Pharm.D., FCCP
Margaret A. Noyes-Essex, Pharm.D., FCCP, BCPS
Robert M. Elenbaas, Pharm.D., FCCP
Kevin M. Sowinski, Pharm.D., FCCP, BCPS
Henry I. Bussey, Pharm.D., FCCP
C. Michael White, Pharm.D., R.Ph., FCCP
Jean M. Nappi, Pharm.D., FCCP, BCPS
Joseph J. Saseen, Pharm.D., FCCP, BCPS
Robert L. Talbert, Pharm.D., FCCP, BCPS
James E. Tisdale, Pharm.D., FCCP, BCPS
Cynthia A. Sanoski, Pharm.D., FCCP
J. Herbert Patterson, Pharm.D., FCCP
Joseph T. DiPiro, Pharm.D., FCCP
Kathleen D. Lake, Pharm.D., FCCP, BCPS
Douglas F. Covey, Pharm.D., MHA, FCCP
William E. Dager, Pharm.D., FCCP, BCPS
Maureen A. Smythe, Pharm.D., FCCP, BCPS
Karen J. Klamerus, Pharm.D., FCCP
Larry M. Lopez, Pharm.D., FCCP, BCPS
John R. Horn, Pharm.D., FCCP
Larisa H. Cavallari, Pharm.D., FCCP, BCPS
Sarah A. Spinler, Pharm.D., FCCP, BCPS
Jerry L. Bauman, Pharm.D., FCCP, BCPS
The concept of an official PRN newsletter was proposed at the first business meeting on August 9, 1992. The newsletter has since served to provide information regarding papers, upcoming meetings, publications and grants received by members, and editorials. The members who spearheaded the initial effort were Doug Gareats, Sarah Spinler, Thomas Sproat, and Timothy Hoon. Doug, with the help of Barry Bleske, also developed the initial newsletter logo. The first issue of the newsletter was available in October 1993 and was printed three times yearly (October-December, January-March, and April-June). In 2008, the newsletter began to be published electronically once a year, and it continues to inform the membership of PRN-related activities as well as advances in practice/research.
To achieve the PRN’s mission, the membership over the years has supported and approved several initiatives with the intent of providing career development opportunities to individuals. One of these initiatives involved establishing a mini-sabbatical program. Developed in 2002 in concert with the ACCP Research Institute, the program allowed individuals to either learn new clinical skills or approaches to patient care or develop new research skills that would possibly expand the applicant’s research program. Members who have benefited from the program include Jim Tisdale (2004), Kevin Gary (2005), Snehal Batt (2005), and Robert Straka (2006).

An additional initiative is the Heart Failure Traineeship. The program, offered at six sites in the United States, seeks to provide pharmacy practitioners, fellows, and residents the specific knowledge and skills central to the management of therapy for patients with heart failure. For practitioners, the traineeship is intended to provide sufficient knowledge and experience to give them a basis on which to establish a heart failure clinic or disease management program within their own practices. Depending on the specific site, the traineeship is a 2- to 4-week intensive program that includes extensive clinical experience in either the ambulatory care or inpatient setting, a structured didactic component, and exposure to ongoing clinical research.

VII. Programming/Presentations at College Meetings

The Cardiology PRN has a long history of contributing to the overall educational efforts of the College, including PRN focus sessions at ACCP Annual Meetings and a majority of ACCP Spring Meetings since 1997. The PRN has also been very active in the development and delivery of premeeting symposia from 2005 to 2008 with the following program titles.
Collaborations with other PRNs to advance clinical practice and research include the 2008 premeeting symposia listed above as well as the recent 2009 Joint International Congress held with the European Society of Clinical Pharmacy in Orlando, Florida. At the latter meeting, the Cardiology PRN collaborated with the Geriatrics PRN, as well as with the Geriatrics SIG from the European Society, in delivering the symposium titled “Senior Moments: Appropriate Medication Therapy Prescribing and Management for the Elderly.”

The PRN also has a rich history of programming in the networking forums of the Annual and Spring Meetings, which includes providing opportunities for residents and fellows to present ongoing research to the membership since 1997. This program was initiated and guided by Barry Bleske, and many of the residents and fellows who had the opportunity to present their scholarly work to the membership have become recognized leaders within their area of specialty as well as within the profession-at-large.

VIII. Support for the Research Institute Frontiers Fund and Other Collaborative Research

Since its inception, the PRN has donated $15,000 to the Frontiers Fund, and it continues to make such donations a high priority.
Individual PRN members, as well as the membership as a whole, have made significant contributions to both the profession of pharmacy and the practice of cardiovascular pharmacotherapy. In 1997, a committee consisting of Patricia Howard, Dawn Bell, and John Pieper (chair) developed a formal petition to apply for added qualifications in cardiology. In 2001, the Board of Pharmaceutical Specialties officially approved the PRN’s petition. Cardiology is one of the few subspecialties in which the designation “Added Qualifications” can be obtained for individuals who are board certified in pharmacotherapy. This additional recognition, obtained through a peer-review process, readily identifies individuals who have distinguished themselves in the areas of practice, research, and education within cardiovascular pharmacotherapy. The status of this additional qualification is also reflected in the requirement for being a program director of a PGY2 Cardiology Specialty Residency Program.

For residency training, many individuals within the membership have provided leadership in expanding residency-training opportunities. This effort has been made within residency training in general, as well as in developing PGY2 cardiology programs. Approved goals and objectives for PGY2 cardiology programs were developed in 2007 through the collaboration of PRN leadership and members with ASHP Accreditation Services.

PRN members have also been successful at forming collaborations with other medical and governmental organizations. These include the Agency for Healthcare Research and Quality, American Heart Association (AHA), American College of Cardiology (ACC), American College of Chest Physicians (ACCP), and Centers for Medicare and Medicaid Services. These collaborations have included developing guidelines and joint educational programs, providing service through committee work in these societies, and enhancing the visibility of the pharmacy profession within the medical field. Many PRN members have also been elected fellows of other professional cardiovascular organizations such as the AHA, National Lipid Association, ACC, ACCP, Society of Geriatric Cardiology, and Society of Critical Care Medicine.
Finally, the PRN has been dedicated to the dissemination of knowledge regarding the advancement of cardiovascular pharmacotherapy. Below are some select publications supported by the PRN and developed by its members that address global practice issues with cardiovascular pharmacotherapy.


X. **Member Quotations Regarding the Value of the PRN**

“The ACCP Cardiology PRN has strengthened my career through networking with members toward new and innovative research, education, and practice concepts.”
Mark Munger, University of Utah

“Being involved with the Cardiology PRN has been extremely gratifying and rewarding. The PRN provides an ideal venue to contribute to the profession of clinical pharmacy and research while promoting collaborations and friendships with others specializing in the same field.”
Sheryl L. Chow, Western University

“I joined the PRN back in 1993 when I was a cardiology research fellow with Dr. Sarah Spinler. I owe my whole career to the generous mentorship and the inspiration/opportunity that were provided to me by the numerous senior faculty and experienced practitioners I met over the years through the PRN. I understand that helping and learning from each other is the best way to promote cardiovascular health.”
Judy Cheng, Massachusetts College of Pharmacy and Health Sciences
“I have found being a member of the PRN invaluable; as a new faculty member, it is comforting to know that I have access to all the “thought leaders” in my field if a difficult patient care situation presents itself.”
Andrew Smith, UMKC School of Pharmacy

XI. Future of Clinical Practice and Research Within Cardiovascular Pharmacotherapy

Because heart disease remains the number one cause of death in the United States, as well as a substantial financial burden on our health care system, ensuring that patients with heart disease receive appropriate treatment will be as important as ever. Although procedures such as percutaneous coronary intervention and devices such as automatic implantable cardiac defibrillators have become routine options in treating patients, medications remain a crucial component in the overall care of patients with heart disease. Many medication classes such as statins, β-blockers, angiotensin-converting enzyme inhibitors, and antiplatelet agents have proved relatively safe while reducing morbidity and mortality from heart disease. Pharmacists have routinely proved in the literature that they are crucial in managing the therapy for patients with heart disease through numerous means. (1) Pharmacists optimize medication regimens by influencing therapeutic selection. (2) Pharmacists optimize drug therapy through dose titration and achievement of target doses. (3) Pharmacists optimize drug therapy through the direct management of agents under the supervision of a physician. (4) Pharmacists optimize adherence through patient education. (5) Pharmacists optimize drug therapy on a population level by assisting in the achievement of regulatory requirements (e.g., core measures, national patient safety goals). As additional medications become available for the treatment of cardiovascular disease, and greater focus is placed on appropriate prevention and treatment of cardiovascular conditions by regulatory agencies, pharmacists will continue to play a vital role in optimizing drug therapy through the mechanisms listed above. Finally, as we enter the age of personalized medicine, pharmacists who specialize in cardiovascular pharmacotherapy and
research will have an important role in integrating pharmacogenomic approaches into the care of patients with cardiovascular disease.