

## President's Column

### Leading in Uncertain Times: Staying True to Core Values and Mission



*Jo Ellen Rodgers, Pharm.D., FCCP, FHFA, FAHA, BCCP, BCPS*

After last month's winter meeting of the Board of Regents, I reflected on how challenging it is to serve in a leadership role during unsure times. Uncertainty has become a defining characteristic of our current environment because of shifting health care policies, evolving clinical guidelines, global crises, and other rapidly emerging challenges. Effective leadership in uncertain times requires a steadfast commitment to core values, mission-driven decision-making, and an initiative-taking approach to guiding and reassuring members.

#### Remaining Steadfast to Core Values

Above all, during uncertain times, organizations must remain anchored to their core values. The core values that characterize ACCP are:

- Passion for extending the frontiers of clinical pharmacy
- Dedication to excellence in patient care, research, and education
- Commitment to challenge the status quo, state our beliefs, and act on them
- Integrity, honesty, reliability, and accountability
- Commitment to embrace diversity and inclusion
- Courage to lead while remaining responsive to our members

Leaders must resist the temptation to react impulsively to external forces and must instead rely on value-based principles to inform decision-making. By trusting their core values, leaders can provide stability and continuity to ensure that members receive the support and advocacy they have come to expect from their professional organization.

#### Applying an Organizational Statement Development Framework

Last year, a small task force of board members and ACCP staff were charged to draft a framework for decision-making during turbulent times. This framework was approved by the Board of Regents and is used to guide a structured, objective approach to decision-making. First and foremost, this framework prioritizes ACCP's mission. A clear mission serves as a steady force during times of uncertainty. ACCP's mission—to improve human health by extending the frontiers of clinical pharmacy—should drive its decisions and actions. By remaining mission focused, the College can navigate uncertainty with clarity and purpose, ensuring that resources are directed toward initiatives that best serve our members and our patients. In addition to mission, the framework assesses the alignment of potential actions with ACCP policies and other considerations. By carefully assessing these factors, leaders can determine when to act or when restraint is warranted.

For example, when a health care policy change emerges, ACCP leaders employ the framework to evaluate its relevance to clinical pharmacy, its impact on members, and the potential positives or negatives of issuing a public statement. A challenge of this approach is determining whether ACCP can have a significant impact on an issue versus the potential negative impact on members, organizational reputation, financial stability, or strategic priorities by remaining silent and not releasing a statement. Having a systematic approach in place helps ensure that organizational responses are well reasoned, mission driven, and in the best interests of members.

#### Leading Organizations Through Uncertain Times

In a *Harvard Business Review* article, Timothy R. Clark outlines 4 essentials needed during uncertainty: trust, compassion, stability, and hope. As I reflect on these, I'm reassured by having observed the Board of Regents thoughtfully prioritize these elements in its approach:

**Trust:** Transparent and consistent communication fosters trust. Effective leaders consistently seek to ensure that members receive timely updates and honest assessments of ongoing challenges and opportunities.

**Compassion:** Recognizing the emotional and professional strain on members is crucial. Leaders must create a supportive environment that acknowledges concerns and offers reassurance.

**Stability:** Providing clear direction and reinforcing organizational priorities help create stability. The ACCP organizational statement development framework is an example of this.

**Hope:** Inspiring confidence in the future is essential—for example, highlighting growth opportunities that may arise from ongoing health care inefficiencies and related factors that can position clinical pharmacy for advancement.

In a recent *Forbes* article, Jonathan H. Westover emphasizes that successful leadership in the face of uncertainty requires agility, innovation, and emotional intelligence. I witnessed just that around the Board table last month as ACCP board members applied these principles to enhance their effectiveness. Indeed, I am learning A LOT from them!

During uncertain times, it is also natural to experience a degree of paranoia. In *Great by Choice*, Jim Collins and colleague Morten Hansen describe “productive paranoia,” a leadership trait that enables organizations to anticipate challenges and prepare accordingly. A certain level of caution is healthy and necessary, particularly in a field as dynamic as health care. We should continuously assess potential risks, adapt to emerging trends, and develop contingency plans to address uncertainties. This proactive mindset will ensure that ACCP remains resilient and prepared to lead through change.

In his work on positive leadership, Shawn Quinn emphasizes that leaders must cultivate optimism and resilience to drive progress in uncertain times. He notes, “It is through authentic human connection that leads to effective collaboration, learning, and communication, which gives us the confidence to find our way through uncertainty toward successful outcomes.” Fostering an environment that empowers members to innovate and excel despite challenges is key to our success during these uncertain times.

### Concluding Thoughts

Leading in uncertain times requires a commitment to core values, a focus on mission-driven decision-making, and a proactive approach to guiding and reassuring members. By incorporating a mission-driven framework

and prioritizing trust, compassion, stability, and hope, ACCP leaders can navigate complex issues with confidence and strategic clarity. Embracing agility, innovation, and emotional intelligence can further enhance the College’s ability to lead effectively in uncertain times. In doing so, we strive to support our members, advance clinical pharmacy, and remain a trusted voice in health care. I hope you will consider joining an upcoming Town Hall (the next one will be held before the May board meeting) or reach out to [accp@accp.com](mailto:accp@accp.com) to provide feedback and share your thoughts on these uncertain times.

### References

1. American College of Clinical Pharmacy. Organizational Statement Development Framework. 2024. Approved by the Board of Regents.
2. Clark TR. What employees need from leaders in uncertain times. *Harvard Business Review* 2024.
3. Collins J, Hansen MT. *Great by Choice: Uncertainty, Chaos, and Luck—Why Some Thrive Despite Them All*. Harper Business; 2011.
4. Kotter JP. *Leading Change*. Harvard Business Press; 2012.
5. Quinn S. Leading through uncertainty with positive leadership. University of Michigan Ross School of Business; 2024.
6. Westover JH. Leading organizations through uncertain times. *Forbes* 2023.

## ACCP Statement: Assessing the Current Regulatory and Political Environment (Released February 26, 2025)

In recognition of recent Executive Orders that could affect the appropriate delivery of patient care or affect pharmacy practice, education, research, and training, the ACCP Board of Regents discussed changes in the current political and regulatory environment during its meeting last month in Kansas City. In doing so, the board reaffirmed its allegiance to the College’s core values. Hence, no changes have been made in the direction of any current ACCP initiatives, programs, products, or services.

In light of this dynamic environment, we invite members to provide feedback on specific issues of interest or concern via email to [accp@accp.com](mailto:accp@accp.com). You can also visit our [Public Health Information Exchange](#), a new member-driven community that provides a space to share public health data, guidance, and other resources that many clinicians and researchers rely on. Access to the Community Discussion and Library is open to any ACCP member to read and download.

We continue to monitor the current political and regulatory environments. Should there be any

developments that might induce substantive changes in organizational direction, those changes will be promptly communicated to members. Thank you for your support of ACCP's efforts to continue to improve human health by advancing clinical pharmacy practice, research, and education.

## FIT/MeRIT Applications Accepted Through March 31

**ACCP Foundation** ACCP Foundation's 2025 Focused Investigator Training (FIT) and Mentored Research Investigator Training (MeRIT) programs will be held June 2 through 6, 2025, on the campus of the University of Nebraska Medical Center College of Pharmacy in Omaha, Nebraska.

FIT is an intensive, 5-day, highly individualized grant optimization program for experienced pharmacist-investigators looking to maximize their chances of success in the current research funding environment.

MeRIT is a 2-year longitudinal program combining in-person and virtual guidance for developing investigators. Beginning with a 5-day immersive experience, participants will be mentored through research question and methods design, data collection, results presentation, and manuscript preparation.

For more information about the 2025 FIT and MeRIT programs, or to download an application form, visit the Foundation's Investigator Development page at [www.accpfoundation.org/investigator](http://www.accpfoundation.org/investigator).

Applications can be submitted through March 31, 2025, and prior submission of a letter of intent is not required to apply. All inquiries about these programs and completed applications should be emailed to Sheldon Holstad at [sholstad@accp.com](mailto:sholstad@accp.com).

## NASEM Workshop Will Address the Pharmacy Profession's Future



A collaboration from the National Academies of Sciences, Engineering, and Medicine will bring together the Board on Health Care Services with 4 National Academies forums and roundtables to work with pharmacy experts in hosting a hybrid public workshop to address the "Future of Pharmacy," May 29 and 30, 2025. At a time when critical workforce shortages and community pharmacy closures threaten the health of patients, it is important to identify financially sustainable programs that expand pharmacy education

**Call for Abstracts**  
**2025 ACCP Virtual Poster Symposium**  
**May 20 and 21, 2025**  
**Abstract Submissions (except Research-in-Progress) Due: March 24, 2025**

**ACCP**  
American College of Clinical Pharmacy



enrollment and reconsider the function of pharmacists in health systems, including and beyond direct patient care. Speakers at the workshop, which is co-sponsored by ACCP, will explore educational pathways and training strategies to strengthen the pharmacy workforce for advancing the health and well-being of patients and pharmacists alike.

Learn about the workshop on the [event page](#).

### Learn About State-Based Legal and Regulatory Considerations in Billing for Outpatient Clinical Pharmacy Services

Looking to explore billing for outpatient clinical pharmacy services? Start by learning about [State-Based Legal/Regulatory Considerations in Billing](#). This continuing pharmacy education session provides an overview of state-based legal and regulatory considerations when exploring billing strategies within outpatient clinical pharmacy services. Content includes an overview of work done by the Advancing Payment Parity Workgroup and its recent publication, [State of the Union: A Review of State-Based Laws and Regulations Supporting Pharmacist Payment for Clinical Services](#). Structured as an interview with the presenter and lead author, Jonathan Hughes, the session includes multiple examples of successful strategies within various states. The session is also part of ACCP's [Billing and Contracting for Outpatient Clinical Pharmacy Services](#) certificate program.

Browse the array of ACCP's individual and bundled continuing education programs. Available in an on-demand format and presented by leaders in clinical pharmacy, these sessions offer in-depth expertise together with practical implementation tips.

#### Available sessions include:

- Making the Business Case for CMM Bundle
- CMM Implementation and Measurement Bundle
- Successful Billing and Contracting Strategies in Ambulatory Care
- The 340B Drug Pricing Program: Leveraging to Build Clinical Pharmacy Services
- Broadening Your Scope: Transitioning from Disease-Focused Service to Comprehensive Medication Management
- Telling Your Performance Story Bundle

Click [here](#) to learn more.

### PSAP Chapter Leads to NCI "Innovations Lab"



When Rick Silvia, Pharm.D., MA, FCCP, FAAPP, BCCP, wrote a chapter for the Pharmacotherapy Self-Assessment Program (PSAP) on the treatment of mental health in persons with cancer, he had no idea what it would lead to.

But in January, a few months after "Psychiatric Pharmacotherapy in the Oncology Patient" was published in PSAP 2024 Book 2, *Hematology and Oncology*, Silvia found himself on a multidisciplinary,



# Futures Grants Application

Opens May 15, 2025

Visit [www.accpfoundation.org/futures](http://www.accpfoundation.org/futures) for more details.



forward-thinking panel formed by the National Cancer Institute (NCI).

Apparently someone shared that chapter with folks at the NCI, and they were in the process of building an “Innovations Lab” to look at the intersection of mental health, cancer, and the gut microbiome and how those 3 things might work off each other. After writing this chapter, they apparently thought I might be someone that could be useful in this Innovations Lab.

NCI sent Silvia an invitation to apply, and his application was accepted. He then became one of 34 participants in the Innovations Lab, which was charged with identifying new areas of research.

Participants were asked to imagine giving a presentation at a conference 20 years in the future exploring the relationship between cancer, mental health, and the gut microbiome. “You are the lead presenter at this conference,” Silvia and other attendees were told. “What is the headline? What are the 3 things you’re going to talk about at this conference?”

Outside moderators helped attendees organize and steer the process:

They put us in a virtual room for a week and basically said, “We want you to envision where you think things could or should be in 20 years related to the intersection of these 3 areas.” And they told us not to be limited by what’s available currently. They told us the sky is the limit. Don’t say, “This can’t be done,” because maybe, in the future, it can be done.

With that directive, participants broke into groups and developed their presentations. Silvia’s group developed an idea for an AI-based clinical decision support system.

You could take in all these patient characteristics—the microbiome, their cancer markers and biologic markers, their mental health history, their current meds, their other diagnoses, their labs, everything we know about them, even patient preferences and social determinants of health and other potentially subjective concerns. These would all go into this AI product. And it would essentially produce potential diagnoses and even a potential treatment plan for the end-user clinician to use in treating a patient.

Part of this concept was a wearable device that would feed data back into the AI system and continually update itself. The effect of such a system would be to streamline and personalize care.

Unfortunately, the final presentation to the NCI directors was delayed by the federal gag rule on external communications in late January. The presentations were recorded, however, and the directors viewed them in late February. Ultimately, they will be used to identify avenues for research, perhaps with support from NCI.

Regardless of the outcome, Silvia was grateful for the opportunity to work with a variety of health care providers—including physicians, dentists, and nutritionists—with expertise ranging from benchtop to clinical practice represented in the group. One of the outside moderators was a pharmacist, but Silvia was the only pharmacist on the panel itself.

It was interesting to hear folks from other disciplines. I work with MDs all the time, but they don’t have as much of that research background. Everyone thinks the gut microbiome is the bacteria that live in your gut, but it is so much more than that. It’s the bacteria, the viruses, the fungi, the proteins and nutrients that are there or not there. It’s not just what’s in your stomach, it’s throughout the GI transit.

Understanding the microbiome, then, became a goal of Silvia’s group.

How do you effectively measure the gut microbiome? Most people do fecal samples, but that’s only the last component of the GI tract. The gut microbiome is very different throughout the course. So how do you collect samples without doing biopsies or something? That is certainly nothing I had ever thought of before—how do we measure those different environments?

As the only pharmacist participating, Silvia also brought his unique perspective to the table.

I threw out a couple of ideas about how medications would be affected. For example, drugs need a certain pH to be absorbed. The example I used is *H pylori*, causing GERD (gastroesophageal reflux disease) and ulcers and such. Well, *H pylori* changes the pH of the gut. You change pH, you change drug absorption. If you eliminate *H pylori*, you change pH. So what does that do for gut absorption? And they said, “Oh yeah, that’s a good question.” We know gastric bypass surgeries—and there are many kinds—change absorption of their meds. And we don’t know how (the microbiome does this) because we’re in our infancy of understanding what the gut microbiome is, let alone what it does.

The overall experience was satisfying, if unexpected:

As a psychiatric pharmacist, I never imagined that I would ever be involved in an NCI program. When I tell people that I took part in an NCI program, they say, “Wait a minute, you’re a mental health psychiatric pharmacist. How did you get involved in a National Cancer Institute program?” And I say, “Right place, right time.” Had that PSAP chapter been published 6 months later, I probably wouldn’t have gotten that invitation. It was published at the right time, and the right person recommended me to the organizers of this program.

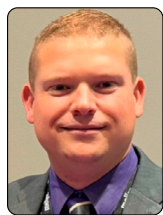
## Spring Virtual Town Hall Scheduled for April 23

All ACCP members are invited to attend the College’s spring Town Hall on April 23, 2025, at 2:00 p.m. (CDT). ACCP President Jo Ellen Rodgers will host this virtual session, which will provide an opportunity for members to voice questions and comments regarding the College and its activities. Members are encouraged to [submit topics](#) in advance for discussion during the Town Hall.

To attend the live Town Hall, members must [pre-register in Zoom](#). Once pre-registered, a link to join the session will come to the registered email address directly from Zoom.

We hope you will consider joining us on April 23.

## ACCP Member Spotlight: Joseph Fava



Joseph Fava, Pharm.D., BCACP, is a clinical assistant professor in the Department of Pharmacy Practice at Wayne State University (WSU) Eugene Applebaum College of Pharmacy and Health Sciences (EACPHS). Fava earned his Pharm.D. degree from WSU EACPHS in 2011. After graduation, he served as a pharmacy manager from 2011 to 2013 for Walgreens, the company where his career in pharmacy began as a pharmacy technician in 2005. Fava completed a PGY1 residency in pharmacotherapy at Corewell Health – Dearborn Hospital in 2014 and a PGY2 residency in ambulatory care pharmacy at the John D. Dingell Detroit Veterans Affairs Medical Center in 2015.

Fava has pursued extensive professional training, earning certificates in pharmacy-based immunizations (2011), medication therapy management (MTM; 2015), and cardiovascular disease risk management (2016) through the American Pharmacists Association (APhA). He now serves as a faculty trainer for the immunization,

point-of-care testing, and MTM programs. In addition, he has undergone formal leadership training through Walgreens Pharmacy (2012) as well as the Michigan Pharmacists Association (MPA) Health Professional Leadership Academy (2017). Finally, his experience also includes consultancies with accountable care organizations in formulary management and analysis of pharmacy benefit management services.

In his current role, his teaching responsibilities include coordinating early introductory pharmacy practice experiences for second-year pharmacy students and delivering instruction in pharmacotherapeutics on topics such as immunizations, dermatologic conditions, diabetes, medication therapy management, and pharmacy ethics and professional responsibilities. He also manages the WSU Pharm.D. co-curriculum and serves as vice chair of the Committee for Academic and Professional Progress. He actively participates in professional organizations, serving on committees for APhA, MPA, and the Pharmacy Quality Alliance. He is currently chair of the ACCP Community-Based Practice and Research Network (PRN). At his practice site, Meijer Inc Pharmacy, he is a preceptor and director of the Meijer/Wayne State University PGY1 community-based residency program.

Fava’s current research focuses on developing, implementing, and evaluating innovative community pharmacy-based primary care health services for people who live in suburban and urban areas and populations that are medically underserved. His overarching goal is to equip the next generation of community pharmacists with the clinical skills, advocacy expertise, and innovative mindset necessary to advance the profession and improve patient outcomes.

Fava’s life goal is to improve how populations that are medically underserved navigate and access health care. He is passionate about addressing systemic barriers that disproportionately affect patients with lower income and health literacy. Fava aims to contribute to reform efforts that create equitable, patient-centered health care systems, reducing unnecessary emergency care use and ensuring that evidence-based treatments reach those who need them most.

Fava joined ACCP as a pharmacy student, then spent time involved with other professional organizations before rejoining ACCP in 2021. He credits his ACCP membership with expanding his perspective on community pharmacy practice and inspiring him to push boundaries. Through ACCP, he has connected with practitioners who lead in advancing community pharmacy practice using political advocacy, novel reimbursement care models, and groundbreaking outcomes-based research. The professional relationships gained from being an



ACCP member have encouraged him to challenge traditional norms and drive change within the profession. He views his role in ACCP as that of a disruptor, working to demonstrate the clinical value of community pharmacy to key health care stakeholders. Fava strives to use his leadership platform through the Community-Based PRN to foster systemic change in health care delivery, ensuring pharmacists are fully recognized and adequately reimbursed for their contributions to patient care to elicit real change in health care delivery.

Fava emphasizes the importance of bold, concise advocacy efforts in today's fast-paced world. He believes pharmacists need to align their messages with policy-makers' visions for health care reform while demonstrating the profession's tangible value. By adopting an entrepreneurial mindset and delivering measurable outcomes, Fava argues that pharmacists can enhance their credibility and drive meaningful change in health care delivery.

### Support ACCP's Mission with a Gift from Your IRA to the ACCP Foundation: 3 Ways to Give That Provide Important Tax Advantages

A traditional IRA is an appealing way to save for retirement: make a pre-tax contribution and enjoy income tax savings by reducing your taxable income. But eventually, the tax bill comes due—first when you take your annual retirement distributions and again when you leave your assets to heirs. If you want to avoid the tax bite while supporting ACCP's mission, consider [making a gift directly from your IRA](#) to the [ACCP Foundation, Ltd.](#) This can reduce a retiree's marginal income tax rate, help lower Medicare premiums, and decrease the amount of Social Security that is subject to tax.

#### 1. Make Your Gift Today

If you're 70½ or older, you can make a qualified charitable distribution (QCD) (up to \$108,000 in 2025) to the ACCP Foundation. Benefits include:

- Watching your contributions make a difference right now through ACCP Foundation grants and programs
- Avoiding income taxes on the full amount of the gift

If you turned 73 in 2024, you must take your first required minimum distribution (RMD) by no later than April 1, 2025, and a second RMD by December 31, 2025. A QCD to the ACCP Foundation can satisfy all or part of your RMD obligations.

#### 2. Magnify Your Impact After Your Lifetime

You can name the ACCP Foundation as a beneficiary of

your retirement account. This is a long-term option for extending even a modest level of support from your IRA beyond your lifetime—and it costs you nothing today.

#### Here's how:

1. Contact your IRA administrator for a change-of-beneficiary form or simply download a form from your provider's website.
2. Name the ACCP Foundation, Ltd, and the gift percentage on the form.
3. Let us know about your plans so we can thank you.

#### 3. Create a Gift That Pays You

If you are 70½ or older, you can use your IRA to create a gift fund that will provide you with a fixed, reliable income for life by making a one-time election of up to \$54,000 (without being taxed on the distribution). Because this option comes with special rules, we'll be happy to discuss whether this gift is right for you.

Gifts from your IRA add to your cumulative gift to the Foundation and contribute to your [Legacy Society](#) eligibility. Whether you choose to support the mission of ACCP and its members today or after your lifetime, your gift matters. Please visit our [Gift Planning Resources](#) and contact Keri Sims at (913) 359-0874 or [ksims@accp.com](mailto:ksims@accp.com) to discuss your options.

The information contained herein was accurate at the time of printing. The information above is not intended as legal or tax advice. For such advice, please consult an attorney or tax adviser. References to tax rates include federal taxes only and are subject to change. State law may further affect your individual results.

### 2025 ACCP Clinical Pharmacy Challenge: Team Registration Deadline September 1



ACCP's novel pharmacy student team competition returns for its 16th season. The 2025 ACCP Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to 4 online rounds, with the top 8 teams advancing to the live quarterfinal competition at the ACCP Annual Meeting in Minneapolis, Minnesota, October 18 to 21, 2025. Team registration is now available [online](#). **Plan now to participate this fall.**

#### Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition in which teams of 3 students compete against teams from other schools and colleges of pharmacy in a "quiz bowl"—type format. Only 1 team per institution can enter the competition. Institutions with

branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). ACCP provides a local competition examination that institutions may use in selecting their team. Faculty members interested in using the examination can send an email request to Michelle Kucera, Pharm.D., BCPS, at [mkucera@accp.com](mailto:mkucera@accp.com).

Preliminary rounds of the 2025 national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Minneapolis.

Each round will consist of questions offered in the 3 distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the 2025 ACCP Annual Meeting will receive 3 complimentary student full-meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a

commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP [faculty liaison](#). If no ACCP faculty liaison has been identified, any faculty member from the institution can initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team is permitted to compete in the Clinical Pharmacy Challenge. **The deadline to complete team registration and confirm eligibility for the 2025 competition is September 1, 2025.**

For more information on the ACCP Clinical Pharmacy Challenge, including the competition schedule, sample items, and FAQ section, please [click here](#).

## 2025 ACCP Clinical Research Challenge— Round 2: Letter of Intent Submission Underway



ACCP is pleased to announce that competition is underway in the 2025 Clinical Research Challenge (CRC). Research and scholarship contribute to improved health outcomes for patients and advances in the profession of clinical pharmacy. Critically evaluating and applying primary literature is an essential skill for students pursuing a career in clinical pharmacy.

# ACCP COMMENTARY

Impact of artificial intelligence  
on future clinical pharmacy  
research and scholarship





This innovative and unique competition offers teams of 3 students (those in the first 2 professional years of their degree program) the opportunity to compete and advance through 3 rounds of competition. The 2025 competition began February 10, with 79 teams participating in Round 1: The Online Journal Club. Round 1 was based on the following literature:

Lähtennvu M, Paljärvi T, Tanskanen A, Taipale H, Tiihonen J. Real-world effectiveness of pharmacological treatments for bipolar disorder: register-based national cohort study. *Br J Psychiatry*. 2023;223:456-464. <https://doi.org/10.1192/bjp.2023.75>

Supplemental material is available at <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/realworld-effectiveness-of-pharmacological-treatments-for-bipolar-disorder-registerbased-national-cohort-study/9039A0BC-C1E3B573B5498869D3975D5B#supplementary-materials>.

Teams achieving the top 40 scores advanced to Round 2: Letter of Intent (LOI) Submission. They were given a clinically focused research question with 2½ weeks to develop and submit a letter of intent following the criteria outlined [here](#). The LOI submissions were due March 3, 2025, and are currently under evaluation by the CRC Review and Oversight panels. Teams advancing to round 3 will be announced March 24. To view a list of teams participating in each round of the competition, click [here](#).

Please join ACCP in recognizing and thanking the members of the CRC Review and Oversight panels for their contributions and service to the College in advancing this important program for the College's student members.

### 2025 CRC Oversight Panel

Sandra Benavides, Pharm.D., FCCP  
Doug Fish, Pharm.D., FCCP, BCPS-AQ ID  
Anne Hume, Pharm.D., FCCP, BCPS  
Irene La-Beck, Pharm.D.  
Beth Phillips, Pharm.D., FCCP, BCPS  
Tiffany Pon, Pharm.D., BCPS

### Journal Club Review Panel

Allison Bernknopf, Pharm.D., BCPS  
Timothy Gladwell, Pharm.D., BCACP, BCCP, BCPS

### CRC Review Panel

Jacob Brown, Pharm.D.  
Brooke Buffat, Pharm.D., BCPS  
Kyle Burghardt, Pharm.D.  
Daniel Crona, Pharm.D., PhD

Robert DiDomenico, Pharm.D., FCCP  
Abigail Elmes, Pharm.D., MHPE, BCPS  
James Hoehns, Pharm.D., FCCP, BCPS  
Kelly C. Lee, Pharm.D., FCCP, BCPP  
Abbie Leino, Pharm.D., BCPS  
Gregory Malat, Pharm.D., BCPS  
Tien Ng, Pharm.D., FCCP, BCPS  
Philip Rodgers, Pharm.D., FCCP, BCPS  
James Stevenson, Pharm.D.  
Rebecca Stone, Pharm.D., FCCP, BCACP, BCPS  
Chad VanDenBerg, Pharm.D., BCPP

For complete information on the Clinical Research Challenge, visit <http://www.accp.com/stunet/crc/eligibility.aspx>.

## 2025 ACCP Annual Meeting Call for Abstracts

### Minneapolis, Minnesota, October 18-21

#### Important Dates:

##### ■ Submission Deadlines

- June 15, 2025: Submission deadline for Original Research, Systematic Reviews/Meta-Analyses, Scoping Reviews, Case Reports, Clinical Pharmacy Forum, and Advances in International Clinical Pharmacy Practice, Education, or Training abstracts
- August 15, 2025: Submission deadline for Research-in-Progress abstracts (Students, Residents and Fellows, only)

##### ■ Notification of Acceptance

- August 15, 2025: Authors of Original Research, Systematic Reviews/Meta-Analyses, Scoping Reviews, Case Reports, Clinical Pharmacy Forum, and Advances in International Clinical Pharmacy Practice, Education, or Training abstracts will be notified of acceptance or declination no later than this date.
- September 1, 2025: Authors of Research-in-Progress (Students, Residents and Fellows, only) abstracts will be notified of acceptance or declination no later than this date.

To review the complete submission instructions, guidelines, and review criteria, or to submit an abstract, visit <https://www.accp.com/abstracts/index.aspx?mc=25AM>.

All abstracts accepted and presented by the designated presenting author, except for "Encore," "Research-in-Progress," and PRN-contributed presentations, will have full-text abstracts published online in *JACCP*, an

official journal of ACCP. Only the abstract title, authors, and original citation will be published for “Encore” presentations. All accepted abstracts will be published full text in the ACCP meeting app.

#### ABSTRACT CATEGORIES:

**Advances in International Clinical Pharmacy Practice, Education, or Training:** Abstracts must describe the delivery, justification, documentation, and significance of clinical pharmacy practice, education, or training outside the United States. Abstracts may be descriptive and need not contain an evaluative component.

**Case Reports:** Abstracts of case reports must update and expand therapeutic insights and possibilities or generate research hypotheses. Although narrative in nature, these abstracts must stress the “evidence” for the authors’ conclusions by describing the process followed to understand the findings and possible mechanisms involved in the patient’s case, how the patient was evaluated and treated, and a specific description of the outcome. Encore submissions are also welcome.

**Clinical Pharmacy Forum:** Abstracts must describe the delivery, justification, documentation, adaptability, and impact/significance of innovative clinical pharmacy services. Abstracts that address comprehensive medication management (CMM) implementation (see [www.accp.com/cmm](http://www.accp.com/cmm)), address components of the ACCP Standards of Practice for Clinical Pharmacists, and/or describe efforts to develop, advance, or position clinical pharmacists to optimize patient care are encouraged.

Abstracts may be descriptive and need not contain an evaluative component.

**Original Research:** Abstracts must summarize quantitative or qualitative findings from completed research. Basic, clinical, translational, dissemination/implementation, or educational research are examples of acceptable research. Topics should be relevant to a clinical pharmacy audience and may include research in drug metabolism, education/pedagogy, health services, medication safety, patient/population outcomes, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, pharmacogenomics, pharmacology, or pharmacotherapy. Abstracts reporting in vitro or animal research are invited. Encore submissions are also welcome.

**Scoping Reviews:** Abstracts must describe a scoping review adhering to the guidelines established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Submissions should highlight the objectives, findings, and implications of the review, emphasizing its contribution to knowledge and identifying gaps for further research. (Note: Scoping reviews are distinct from traditional literature reviews in their broader focus and exploratory nature.)

**Systematic Reviews/Meta-Analyses:** Abstracts must describe a systematic review adhering to the guidelines and definitions established by PRISMA and include the 12 items published in the PRISMA for Abstracts checklist. Encore submissions are also welcome. (Note: Systematic Reviews are not the same as literature reviews.)

Journal of the American College of Clinical Pharmacy - Themed Issue

**CLINICAL PHARMACY PRACTICE, EDUCATION, AND ADVOCACY IN THE MANAGEMENT OF DIABETES**

**Guest Editors**  
Jennifer N. Clements, Pharm.D., FCCP  
Christie A. Schumacher, Pharm.D., FCCP

### Residents and Fellows Research-in-Progress:

Submission guidelines are the same as for an Original Research abstract except that the research effort must be ongoing at the time of abstract submission. The presenting author must be in a postgraduate training program (PGY1 or PGY2 residency, PhD/master's graduate degree program, or fellowship training program).

**Students Research-in-Progress:** Submission guidelines are the same as for an Original Research abstract except that the research effort must be ongoing at the time of abstract submission. The presenting author must be a first professional degree (Pharm.D. or BSP Pharm) student.

**Encore Presentations:** Submission and evaluation criteria are the same as for the Original Research, Systematic Review/Meta-Analysis, and Case Report categories, except that the same abstract was presented elsewhere or published in abstract form only before this meeting. Abstracts submitted for Encore Presentations must not be modified from the previously presented/published version. This includes the title, authors, and abstract body. The presenting author may change but must be an author on the original abstract.

### Important Dates:

#### ■ Submission Deadline

- June 15, 2025: Submission deadline for Original Research, Systematic Reviews/Meta-Analyses, Scoping Reviews, Case Reports, Clinical Pharmacy Forum, and Advances in International Clinical Pharmacy Practice, Education, or Training abstracts

- August 15, 2025: Submission deadline for Research in Progress abstracts (Students and Residents and Fellows)
- **Notification of Acceptance**
  - August 15, 2025: Authors of all abstract categories, EXCEPT Research-in-Progress, will be notified of acceptance or declination no later than this date.
  - September 1, 2025: Authors of Research-in-Progress abstracts will be notified of acceptance or declination no later than this date.

To review the complete submission instructions, guidelines, and review criteria, or to submit an abstract, visit <https://www.accp.com/abstracts/2025abstracts/>.

### PRNs Invited to Present a Poster at the Annual Meeting

ACCP PRNs are invited to submit abstracts for posters to be presented at the 2025 ACCP Annual Meeting in Minneapolis, Minnesota, October 18-21. Abstracts with a maximum of 300 words are welcome. They can be descriptive in nature and do not necessarily need to contain an evaluative component. The PRN Contributed Posters category offers an opportunity to present various PRN member development events, grants, scholarships or awards, position paper development efforts, or other PRN activities of interest to other PRNs or ACCP members in general.

Abstracts will not be peer reviewed. One submission per PRN is allowed, and the deadline for abstract submission is September 1, 2025. [Click here](#) to submit an abstract.

ACCP Presents:  
**Emerge from the Crowd**  
How to Become a Standout  
Residency Candidate

**Bring Emerge to  
Your Campus!**

accp  
American  
College of  
Clinical Pharmacy

The graphic features a central dark grey box with white text. To the right, there are five circular icons representing diverse individuals. The ACCP logo is in the bottom right corner.



## Washington Report

### ACCP Statement to House Committee on Energy and Commerce: Non-optimized Medication Use Is a \$528 Billion Problem

John McGlew

Director of Government Affairs



On February 25, 2025, the US House of Representatives voted to advance [H. Con. Res. 14](#), a budget resolution that sets spending and revenue targets for the federal budget through which Congress can begin to appropriate federal funds. Of note, the budget resolution instructs legislative committees to identify \$880 billion cuts in several areas of domestic spending. In response, ACCP submitted a letter to the House Committee on Energy and Commerce identifying \$528 billion annually in potential savings through optimizing patients' medication use.

ACCP's letter to Energy and Commerce Committee Chair Brett Guthrie (R-KY) cited evidence that non-optimized medication use accounts for \$528 billion in wasteful spending every year—equivalent to 16% of total health care expenditures<sup>1</sup>—and urged Congress to integrate Medicare coverage for comprehensive clinical pharmacy services as part of the effort to fulfill the obligations of the Energy and Commerce Committee under the House Budget resolution. [Click here](#) to read ACCP's letter to Representative Guthrie.

#### Capitol Hill Strategy—GOP Doctors Caucus

Both independently and as part of multi-organizational coalitions, ACCP has been active on Capitol Hill, holding meetings with some of the leading offices serving on the legislative committees with jurisdiction over Medicare:

- Senate Committee on Finance
- House Committee on Energy and Commerce
- House Committee on Ways and Means

In particular, ACCP has been having productive conversations with members of the [GOP Doctors Caucus](#)—composed of medical providers in Congress who work to develop patient-centered, patient-driven health care reforms focused on quality, access, affordability, portability, and choice. Targeting these offices provides ACCP with a forum to respond to questions over the “[scope creep](#)” advocacy campaign of the American Medical Association (AMA). By highlighting the [Standards of Practice for Clinical Pharmacists](#) and the collaborative process of care that clinical pharmacists perform on behalf of patients, ACCP's team in Washington, D.C., believes there is an opportunity to enhance the

## UPCOMING EVENTS & DEADLINES:

[ACCP Virtual Poster Symposium - All abstract categories \(except Research-in-Progress\) Due](#)  
March 24, 2025

[FIT/MeRIT Full Applications Due](#)  
March 31, 2025

[ACCP Virtual Poster Symposium - Student, Resident or Fellow Research-in-Progress Due](#)  
April 22, 2025

[ACCP Spring Virtual Town Hall](#)  
*Pre-Registration Required*  
April 23, 2025

2025 Futures Grants Online Application Opens  
May 15, 2025

[2025 ACCP Virtual Poster Symposium](#)  
May 20 & 21, 2025

[ACCP Annual Meeting Abstract Submissions Due \(except Research-in-Progress\)](#)  
June 15, 2025

[ACCP National Resident Advisory Committee Applications Due](#)  
July 15, 2025

[National Student Network Advisory Committee Applications Due](#)  
July 15, 2025

[ACCP Annual Meeting Abstract Research-in-Progress Submissions Due](#)  
August 15, 2025

[ACCP Annual Meeting PRN Abstract Submission Due](#)  
September 1, 2025

[ACCP Clinical Pharmacy Challenge Team Registration Due](#)  
September 1, 2025

2025 ACCP Annual Meeting  
*October 18–21, 2025*  
*Hyatt Regency Minneapolis*

College's collaborative advocacy work with medical societies, including the AMA.

### ACCP Letter to HHS Secretary Robert F. Kennedy Jr

In keeping with typical Washington protocol, ACCP submitted a letter of introduction, welcoming Robert F. Kennedy Jr as secretary of the Department of Health and Human Services. [Click here](#) to read ACCP's letter to Secretary Kennedy.

### Reference

1. Watanabe JH, McInnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018;52(9):829-837. <https://doi.org/10.1177/1060028018765159>

### 2025 ACCP National Resident Advisory Committee Applications Due July 15

Are you a resident or fellow who is interested in becoming more involved in ACCP? The American College of Clinical Pharmacy encourages postgraduate trainees who want to enhance their leadership skills, network with colleagues across the country, and interact with clinical pharmacy leaders to apply for appointment to the ACCP National Resident Advisory Committee.

This standing committee is composed of resident, fellow, and graduate student members appointed each year by the ACCP president-elect. Members serve a 1-year term, and the committee typically has 8 to 12 members. Appointed leadership positions include the chair (1-year term) and vice chair (1-year term).

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for resident members consistent with the College's vision of clinical pharmacy practice, research, and education.

The committee will meet in person at the 2025 ACCP Annual Meeting in October and communicates via conference calls and email to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Annual Meeting. [Click here](#)

for additional information on the application process or to enter your application. The deadline for applications is July 15.

### 2025 ACCP National Student Network Advisory Committee Applications Due June 15

Attention student pharmacists: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills, expand opportunities for student pharmacists within ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the ACCP National Student Network Advisory Committee.

This committee is composed of student members appointed each year by the ACCP president. Members usually serve a 1-year term, and the committee typically has 8 to 12 members. Leadership of the committee is also appointed by the ACCP president.

Leadership positions include the chair (1-year term), the vice chair (2-year term; serves first year as the vice chair and then assumes the chair position during the second year), and the secretary (1-year term). Please [click here](#) for more information about the committee or to apply. The deadline for applications is June 15.

### Member Recruiters

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

Ethan Austin	Folasade Lawal
Madeline Belk	Kirsten Loch
Jessica Carter	Scott McDougall
Julia Fadul	Jessica Nesheim
Crystal Hodge	Kelsey Norman
Ellen Jones	Sarah Peppard
Michelle Kako	Ryan VanSice
Kimberly Kosloski	J. Maria Whitmore
Tarpenning	



## ACCP COMMENTARY

Forecasting the impact of artificial intelligence on clinical pharmacy practice



# ACCP Career Center



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## Featured Positions

Title: Clinical Pharmacist - Oncology  
Employer: Saint Francis Health System  
Location: Cape Girardeau, Missouri

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Title: Pharmacist 2, Clinical Specialist - Solid Organ  
Transplant  
Employer: University of Rochester  
Location: Rochester, New York

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Title: Pharmacist, Clinical Staff II - Emergency Medicine  
Employer: Carilion Clinic - Roanoke Memorial Hospital  
Location: Roanoke, Virginia

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Title: Pharmacist, Clinical Staff II - Pediatrics  
Employer: Carilion Clinic - Roanoke Memorial Hospital  
Location: Roanoke, Virginia

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Title: Clinical Pharmacy Specialist  
Employer: Deborah Heart and Lung Center  
Location: Browns Mills, New Jersey

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Title: Assistant/Associate Professor of Pharmacy Practice  
Employer: Ferris State University  
Location: Big Rapids, Michigan

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Title: Director of Pharmacy  
Employer: Tandem Health SC  
Location: Sumter, South Carolina

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## Featured Positions

Title: MTM Pharmacist - Comprehensive Cancer and  
Infusion Centers - Minneapolis, MN (0.50 FTE)  
Employer: Hennepin Healthcare Systems  
Location: Minneapolis, Minnesota

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Title: Clinical Pharmacy Specialist, Transitions of Care  
Employer: Orlando Health, Orlando Regional Medical  
Center  
Location: Orlando, Florida

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