Support the Student Meeting Fund and Help Student Pharmacists

As many members are aware, the College has been actively promoting increased student participation in various ACCP activities and services, including attendance at our major meetings and symposia. However, the goal of encouraging student meeting attendance has been hampered by one major factor: limited student financial resources. To help alleviate some of the financial burden, the Board of Regents has established the Student Meeting Fund.

The new Student Meeting Fund will provide assistance to students who wish to attend an ACCP meeting, but who need a financial boost. With the debut of the Best Student Poster competition in Monterey this year, a growing number of students have expressed interest in attending ACCP meetings. However, they still face the cost of travel, hotel, and meeting registration. Travel awards from the Student Meeting Fund will help defer a portion of the costs associated with meeting attendance.

ACCP members are encouraged to help support our future clinical pharmacists. There are three ways members can support the fund:

- Stop by the registration desk at the Spring Practice and Research Forum in Monterey.
- Contact ACCP Customer Service at (816) 531-2177 to use a credit or debit card.
- Mail a check, payable to “ACCP Student Meeting Fund,” to: ACCP, 3101 Broadway, Suite 650, Kansas City, MO, 64111.

Your financial support will benefit student pharmacists who might not otherwise be able to attend an ACCP meeting.

Elenbaas to Step Down as Research Institute Director at End of 2006

Robert Elenbaas, Pharm.D., FCCP, who will soon mark 20 years of service as a member of the College’s staff, has announced his plans to step down as Director of the ACCP Research Institute at the end of 2006.

Dr. Elenbaas served as ACCP’s first Executive Director from 1986 to 2003. When he chose to retire from that position at the end of 2003, he was asked to remain with the College on a half-time basis and help place the Research Institute on a path to achieving its vision: to be regarded world-wide as a leading organization that advances research to achieve optimal medication use. A search for Dr. Elenbaas’ successor will begin this summer.

Abstract Submission Deadline for 2006 Annual Meeting is June 15

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts of papers to be considered for presentation at the 2006 Annual Meeting, October 26–29, 2006, in St. Louis, Missouri. Abstracts must be submitted online at http://accp.confex.com/accp/2006am/cfp.cgi and may be submitted in one of the following categories:

Original Research: Abstracts must describe original research in education, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics.

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

Resident and Fellow Research in Progress: Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing.

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

The deadline for student abstracts is Friday, July 7, 2006, midnight, Pacific Time.

All abstracts accepted for presentation in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting. Excluding student submissions, the deadline to submit abstracts is Thursday, June 15, 2006, midnight, Pacific Time. For more information about the Call for Abstracts and the 2006 Annual Meeting, please contact Dawn Cook, ACCP’s Education and Meetings Coordinator, at (816) 531-2177, extension 20, or dcook@accp.com.
**Pharmacotherapy Pearls**

**Manuscript Management Software**

*Stephen E. Cavanaugh, B.A.*  
*Richard T. Scheife, Pharm.D., FCCP*

The current Web page for reviewers, authors, and editors on http://www.pharmacotherapy.org will soon be replaced with a link to our latest online service—a sophisticated online manuscript management system called Manuscript Central by ScholarOne, Inc. This new Web-based software will allow authors to submit new and revised manuscripts using Manuscript Central’s Web site and will also allow smoother, more seamless interactions among the journal staff (including our expanding board of Scientific Editors, which will be the subject of a future editorial), Editorial Board members, authors, and reviewers. Further, this system will significantly enhance our ability to efficiently and dotingly handle the steadily increasing numbers of submitted manuscripts.

Coincident with the introduction of Manuscript Central, we will be instituting a publication charge for manuscripts. As we planned and budgeted for the integration of Manuscript Central onto our system, it became clear that we needed to offset some of the cost of this sophisticated service. To do this as equitably as possible, the *Pharmacotherapy* Board of Directors has elected to institute a $50.00 charge for articles that are accepted for publication. This charge will not be assessed until all revisions are completed and the article is scheduled for publication. In examining other journals’ practices, we found that although some had no charges, many others assessed page charges that typically cost an author hundreds, or even thousands, of dollars to publish an article. Our intent with a flat publication charge is to have authors help the journal shoulder the cost of this new service, which is designed primarily to help authors get their manuscripts published quickly and efficiently, and not as a revenue stream for the journal.

As we examine the maturation and evolution of *Pharmacotherapy*, it is indeed gratifying to see that although we have grown markedly in size and stature, we have also stayed true to our roots: a journal of uncompromising quality that celebrates the art and science of clinical pharmacy while never forgetting that it is the valuable contributions of our authors and reviewers that have allowed us to go higher, faster, and farther.

**Patient Safety News from FDA**

The Food and Drug Administration’s Patient Safety News (PSN) is a monthly video news show for health care professionals that you can access over the Internet. It covers significant new product approvals, recalls, and safety alerts, and offers important tips on protecting patients.

Read monthly articles and watch or download the video program at http://www.fda.gov/psn. Stories in the March 2006 edition included:

- Tamiflu Approved for Flu Prevention in Children Under 12
- FDA Approves First Immune Globulin for Subcutaneous Use
- New Information on Paxil and Congenital Malformations
- Recall of Vitros Confirmatory Test for Hepatitis B
- FDA Approves Use of Tetanus Vaccine in Breastfeeding Women
- New Information on Paxil and Congenital Malformations
- Avandia and Diabetic Macular Edema
- Potentially Hazardous Interaction between Avinza and Alcohol
- Drug Name Confusion: Amicar and Omacor
- New Labeling for Food Allergens

You can subscribe to the FDA-PSNEWS mailing list by clicking on the “Join Our Mailing List” icon on the PSNEWS home page at http://www.fda.gov/psn. You will receive an e-mail at the beginning of each month that gives a headline and summary for each story in that month’s edition, with links to the stories. The mailing list is not used for any other purpose.

**Washington Report**

*C. Edwin Webb, Pharm.D., M.P.H.*  
*Director, Government and Professional Affairs*

**Prescription Drug Coverage of Medicare Beneficiaries**

[Editor’s Note: The following information is derived from a recently published issue brief of the Kaiser Family Foundation, a leading policy and advocacy organization that focuses on the Medicare program. Access to the issue brief itself, including charts of the data presented, can be found at http://www.kff.org/medicare/7466.cfm]

On February 22, 2006, the U.S. Department of Health and Human Services (HHS) released updated figures showing the total number of Medicare beneficiaries with prescription drug coverage under new Medicare Part D plans and other sources. The debate in the media and the health policy community that has occurred with the rollout of the new Part D benefit and the substantial public and media relations campaign by HHS have presented the classic “glass half-full versus half-empty” picture, demonstrating that there are several ways to describe the effects of the initial months of the program on expanding access of Medicare beneficiaries to prescription medications.

**Overview of Coverage**

Today, an estimated 43 million seniors and younger people with disabilities on Medicare have access to prescription drug coverage under new Medicare Part D prescription drug plans. The Medicare drug benefit is voluntary; beneficiaries who want prescription drug coverage can enroll in Part D plans—either stand-alone prescription drug plans (PDPs) or Medicare Advantage prescription drug (MA-PD) plans. Beneficiaries also have the option to keep drug coverage they already have, as long as it is at least as generous as the standard Medicare drug benefit, such as the coverage provided by employer or union-sponsored plans or through the Veterans Administration. They may also choose to go without coverage, or keep drug coverage that is less generous than the standard Medicare benefit, although they would pay a premium penalty if they wait and enroll in a Part D plan in a future year.

(continued on page 3)
The following discussion, which presents five different approaches for measuring and assessing Part D enrollment and prescription drug coverage, will indicate that:

- 60 percent of all Medicare beneficiaries (25.9 million) have prescription drug coverage from Part D or other creditable sources; 40 percent (17.5 million) do not have an identified source of creditable drug coverage;
- The majority of those with creditable coverage most likely had drug coverage prior to this year through employer plans, Medicaid, or Medicare Advantage plans.
- 15.9 million Medicare beneficiaries are enrolled in Part D plans; another 13.4 million would need to sign up for a Part D plan to reach the HHS projected target of 29.3 million Part D enrollees in 2006.
- 5.4 million of the 22.9 million beneficiaries most likely to consider voluntarily enrolling in a Medicare drug plan (because they were not auto-assigned to a plan and did not have other coverage) have signed up for a Medicare Part D plan this year.
- The questions, and plausible answers, that these data raise include:

1. **What share of the total Medicare population has creditable prescription drug coverage?**
   
   This question looks at the share of beneficiaries with creditable coverage, which is defined as drug coverage that meets or exceeds the actuarial value of the standard Part D benefit. This approach is useful for assessing the extent to which the Medicare Modernization Act of 2003 (MMA) is achieving the goal of reducing the number of beneficiaries without relatively comprehensive prescription drug coverage. This measure takes into account coverage under Part D plans, as well as comparable drug coverage from other sources.

   HHS projected that 39.1 million Medicare beneficiaries (91 percent of the total Medicare population) would have creditable prescription drug coverage by the end of 2006, after the May 15 close of this year’s enrollment period. As of February 13, 2006, 25.9 million Medicare beneficiaries have creditable prescription drug coverage (60 percent of the total Medicare population), according to HHS. The remaining 17.5 million Medicare beneficiaries (40 percent) are without a known source of creditable prescription drug coverage.

   Of the 25.9 million beneficiaries with creditable drug coverage, 15.9 million are in Part D plans and 10 million are in employer plans.

2. **What share of the total Medicare population is enrolled in a Medicare Part D plan?**
   
   A second approach to looking at these numbers is to focus on enrollment in Part D stand-alone prescription drug plans or Medicare Advantage prescription drug plans. Enrollment in Part D plans is important to track because these plans are the primary vehicle for providing the drug benefit to people on Medicare. In addition, Part D plan enrollment is a critical consideration for plan stability, control of average Part D monthly premium costs, and overall program costs.

   As noted above, the most recent figures released by HHS indicate that 15.9 million Medicare beneficiaries (37 percent) are enrolled in Medicare Part D prescription drug plans, as of February 13, 2006. This total includes 6.2 million Medicare beneficiaries with Medicaid (so-called “dual eligibles”), 4.8 million Medicare Advantage enrollees, and another 4.9 million beneficiaries who signed up for one of the new stand-alone drug plans.

   A majority of Part D enrollees most likely had drug coverage in 2005 under Medicaid or Medicare Advantage plans. It is not possible to say how many of the 4.9 million beneficiaries who have enrolled in stand-alone drug plans to date are newly covered and how many had drug coverage from another source (such as a Medigap policy) in 2005. Between January 17 and February 13, 2006, the number of Part D enrollees has increased by 1.6 million beneficiaries.

3. **How do current Part D enrollment numbers compare to projections previously released by HHS?**
   
   A third way to look at the numbers released by HHS is to consider how actual enrollment in Part D plans compares to the administration’s earlier projections. HHS projected that 29.3 million Medicare beneficiaries would be enrolled in Medicare Part D plans by the end of 2006. Current enrollment levels of 15.9 million beneficiaries as of February 13, 2006, amount to more than half (54 percent) of the 29.3 million Part D enrollment target for 2006. Another 13.4 million beneficiaries would need to sign up for a Part D prescription drug plan in order to reach the HHS Part D enrollment target of 29.3 million this year—or 4 million additional Part D enrollees in each of the three months between mid-February and May 15.

4. **Among beneficiaries without another source of creditable drug coverage, what fraction voluntarily signed up for a Medicare drug plan?**
   
   A fourth approach analyzes the number of beneficiaries who voluntarily signed up for a Medicare Part D plan among those without another source of creditable prescription drug coverage. This approach considers the enrollment decisions of individuals who are most likely to consider voluntarily enrolling in a Part D plan this year because they lack another source of creditable coverage. This measure is useful for understanding the extent to which beneficiaries opt for drug coverage under a voluntary system.

   This approach focuses on individuals who are most likely to consider voluntarily enrolling in a Medicare drug plan for 2006. It starts with the 43.4 million people on Medicare, and then subtracts from this base the 6.2 million dual eligibles (who did not need to choose a plan because they were auto-assigned), all Medicare Advantage enrollees who were enrolled in a Medicare Advantage plan prior to 2006 (4.3 million), and all retirees with creditable coverage (10.0 million). Retirees were in a position to choose coverage under a Medicare plan but have strong incentives to keep their employer coverage, which is typically more generous than the standard Medicare drug plan. This leaves 22.9 million Medicare beneficiaries most likely to consider voluntarily enrolling in a Medicare drug plan for 2006. Of this total, 5.4 million (24 percent) have signed up for a Part D plan. This includes the 4.9 million who signed up for a stand-alone plan and an additional 0.5 million who enrolled in a Medicare Advantage drug plan as of February 13, 2006.

5. **Among beneficiaries who lacked prescription drug coverage in 2005, how many have signed up for a Medicare drug plan?**
   
   This fifth approach considers whether beneficiaries who previously lacked prescription drug coverage signed up for a
Medicare drug plan in 2006. It assesses how well the Medicare Modernization Act of 2003 achieves the goal of providing coverage to those who were without drug coverage before the new drug benefit went into effect. Unfortunately, the number of Medicare beneficiaries lacking prescription drug coverage in 2005 is not available. According to the most recent national survey of Medicare beneficiaries (the 2002 Medicare Current Beneficiary Survey) an estimated 17.7 million non-institutionalized Medicare beneficiaries were without prescription drug coverage for full or part-year in 2002. Unfortunately, more recent data are not available to determine how many beneficiaries who lacked drug coverage prior to this year are now enrolled in a Medicare drug plan.

A Key Related Issue—Low-Income Subsidy Participation Rates
In addition to Part D enrollment, HHS has released data showing the number of beneficiaries who are eligible for low-income subsidies under the new drug benefit. The Medicare prescription drug benefit includes substantial premium and cost-sharing subsidies for beneficiaries with low incomes (less than about $15,000 for individuals) and modest assets (less than $11,500 for individuals). In general, individuals must apply through the Social Security Administration (SSA) or state Medicaid programs to receive this additional assistance.

The HHS projected that 8.2 million beneficiaries would be eligible for the low-income subsidy, excluding those dually eligible for Medicare and Medicaid. Of that total, HHS estimated that 4.6 million would receive the low-income subsidy in 2006 (MMA Final Rule, 2005).

As of January 27, 2006, SSA had received 4.4 million applications and processed nearly 4.1 million. Of the 4.1 million reviewed applications, SSA found 1.4 million Medicare beneficiaries who were eligible for low income subsidies for the new drug benefit, 2 million who were ineligible, and nearly 700,000 applicants who did not require a decision because they either were already deemed eligible or filed a duplicate application. In an earlier analysis of applicants determined to be ineligible, SSA reported that 57% had excess resources, 32% had excess income, and 11% had excess income and resources.

What It All May Mean
There is significant interest in benchmarks that measure the number of beneficiaries with prescription drug coverage in 2006, either under Part D plans or other sources of creditable coverage. This analysis provides several possible ways to look at Part D enrollment and overall Medicare prescription drug coverage and considers the relative strengths of each approach.

The total number of beneficiaries with creditable prescription drug coverage from any source is probably the strongest indicator of the success of the MMA in reaching the broadest possible population. Currently, 60 percent of all Medicare beneficiaries have creditable drug coverage, while 40 percent do not have an identified source of creditable drug coverage. Between now and May 15, the number of beneficiaries with creditable drug coverage is expected to rise in conjunction with an increase in Part D plan enrollment, but there is clearly a long way to go before virtually all Medicare beneficiaries have prescription drug coverage.

Looking at Part D enrollment by itself is also useful for assessing the success of the new program in providing drug coverage to beneficiaries. Part D plans were created as the primary strategy for providing drug coverage to those who were previously without it. In addition, Part D enrollment is also important to monitor because of its potential impact on Part D premiums in future years. Lower than projected enrollment, if concentrated among beneficiaries with higher than average drug costs, could result in a fairly significant increase in premiums. Lower than expected Part D enrollment could also result in an exodus of some Part D plans from the Medicare program, which would not only minimize the number of choices provided to beneficiaries, but also disrupt coverage for enrollees covered by these plans. Part D enrollment would need to increase by about 4 million beneficiaries per month for each month between mid-February and May 15 to reach HHS’ 29.3 million Part D enrollment target for 2006.

Because the Medicare prescription drug benefit is voluntary, looking at Part D plan enrollment among those without another source of drug coverage is useful for assessing whether the “opt in” approach that was adopted for the new drug benefit works well for reaching the Medicare population. To get prescription drug coverage, beneficiaries are generally required to “opt in” by choosing to enroll in a Medicare drug plan.

In contrast, under Medicare Part B, individuals who receive Social Security and who are entitled to Medicare Part A are automatically covered under Part B, unless they “opt out” and choose not to enroll. This approach shows that just one in four (24 percent) of the 22.9 million beneficiaries most likely to consider voluntarily enrolling in a Part D drug plan have done so—as of February 13, 2006. A key question looking forward is how many more beneficiaries will “opt in” to obtain drug coverage by the May 15 enrollment deadline.

Finally, providing subsidies to low-income beneficiaries was a top priority during the debate leading up to passage of the Medicare drug benefit; however, the numbers released by HHS indicate that fewer than 20 percent of the estimated 8 million eligible low-income beneficiaries have been determined by SSA to be eligible for this assistance. The subsidies are critical for making the drug benefit affordable to beneficiaries with modest incomes and assets. The lower-than-projected participation rates have important implications for overall costs and for the success of the program in providing needed assistance to low-income beneficiaries who will most likely face financial barriers to obtaining needed medications.

ACCP 2006–2007 Products and Services Catalog now Available
ACCP’s newest Products and Services Catalog features 21 new book titles and introduces the ACCP Bookstore’s newest section, Leadership and Administration, which was added in response to ACCP member requests for books in this interest area.

This year’s 40-page catalog is substantially expanded, presenting the full range of ACCP publications, plus key member services and benefits. The ACCP 2006–2007 Products and Services Catalog has rolled off the presses in time for the (continued on page 5)
2006 Spring Practice and Research Forum in Monterey, Calif. The catalog offers almost 100 titles in the areas of therapeutics, research and outcomes assessment, teaching and learning, practice development, and leadership and administration.

The catalog includes the following new titles added to the bookstore:

**On therapeutics:**
- Bacterial Pathogenesis: A Molecular Approach, 2nd Edition
- Drug-Induced Diseases: Prevention, Detection, and Management
- Pharmacogenomics Handbook
- The Washington Manual Infectious Diseases Subspecialty Consult

**On teaching and learning:**
- The Courage to Teach: Exploring the Inner Landscape of a Teacher’s Life
- Educating for Professionalism: Creating a Culture of Humanism in Medical Education
- Effective Grading: A Tool for Learning and Assessment
- Into the Classroom: Developing the Scholarship of Teaching and Learning
- The Joy of Teaching: A Practical Guide for New College Instructors
- Mastering the Techniques of Teaching, 2nd Edition
- McKeachie’s Teaching Tips: Strategies, Research, and Theory for College and University Teachers, 12th Edition
- Promoting Civility in Pharmacy Education
- Scholarship Reconsidered: Priorities of the Professoriate
- The Teaching Portfolio: A Practical Guide to Improved Performance and Promotion/Tenure Decisions, 3rd Edition
- The Wisdom of Practice: Essays on Teaching, Learning, and Learning to Teach

**On leadership and administration:**
- A Force for Change: How Leadership Differs From Management
- Lessons of Experience: How Successful Executives Develop on the Job
- On Becoming a Leader
- On Leadership

To receive the new ACCP 2006–2007 Products and Services Catalog by mail, order online at [http://www.accp.com/catalog06.php](http://www.accp.com/catalog06.php) or call ACCP customer service at (816) 531-2177. You may also download a pdf file of the catalog online.

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**AMA President Addresses Health Care Issues During Lecture at University of Mississippi School of Pharmacy**

The president of the American Medical Association said March 10 that national health care is wet clay that must be molded to benefit the public. “Costs are skyrocketing, public health is suffering and proven solutions seem out of the grasp of most of us,” said J. Edward Hill, during a lecture at the University of Mississippi’s Gertrude C. Ford Center for the Performing Arts.

The 30th annual Charles W. Hartman Memorial Lecture was sponsored by the UM School of Pharmacy, and Hill addressed the topic of “The U.S. Health Care Dilemma: Is a New System on the Horizon?” Dr. Hill encouraged pharmacy students and practitioners to practice healthy lifestyles in order to serve as role models for patients. He encouraged all health professionals to adopt public health as their “second specialty.” He spoke about the importance of increasing enrollments in health professions schools and of committing more resources to schools to support larger enrollments.

Dr. Hill described his own opportunity early in his career to work with a pharmacist. He spoke of the value of that relationship in improving the lives of his patients. He described the “ability to be a team player” as a characteristic critical to the success of young health professionals. He emphasized that our patients expect health professionals to talk with each other, and that we need to do a better job of that. He encouraged pharmacy practitioners to step up to deliver medication therapy management services to “save lives by keeping patients on good regimens without harmful interaction.” If pharmacists serve in these roles, he predicted that quality and safety of health care will soar, while costs are reduced. He challenged students to be active leaders on the health care team, and he charged health care professionals to become activists to advocate for their patients and for their professions.

“As health care leaders during this difficult time, we have no choice but to sit down at the potter’s stool, put our foot to the pedal of the potter’s wheel and start spinning a revolution in health care,” he said.

Barbara Wells, immediate ACCP Past President and Dean of the UM School of Pharmacy, said it was an honor for the school to host Hill, who has worked tirelessly to enhance the quality of health care, not only in Mississippi but also across the country. “He is a servant leader who is a champion for enhanced access to quality health care for all Americans and health care education for all of our children,” she said. “His comments are particularly relevant at this time in our history when so many are without insurance coverage, and the health care system is in dire need of change to meet the needs of the poor and growing elderly population. His challenge is for all health professionals to become leaders and activists on behalf of our patients and our professions.”

The Hartman Lecture was established at UM in 1973 to honor the late Charles W. Hartman, who was dean of the pharmacy school from 1961 until his death in 1970. During his tenure, he organized the University’s Research Institute of Pharmaceutical Sciences and the Bureau of Pharmaceutical Services.
Cover the Uninsured Week to be Held May 1–7

ACCP will again serve as a national supporting organization for Cover the Uninsured Week, a nationwide effort to urge U.S. leaders to make health coverage for Americans their top priority. Now in its fourth year, the project is the largest, nonpartisan mobilization in history on the issue of the uninsured. Cover the Uninsured Week will be held May 1–7, 2006, with events anticipated in all 50 states and the District of Columbia. Representatives from diverse communities will come to Washington, D.C., to relay the plight of the nearly 46 million Americans who lack health coverage, as well as to discuss ideas being tested in various states and communities to try to cover some of the millions without coverage.

“We are concerned about this urgent issue,” says Risa Lavizzo-Mourey, M.D., M.B.A., president and CEO of the Robert Wood Johnson Foundation. “With no comprehensive national solutions on the immediate horizon, all Americans—regardless of their insurance status—need to get involved and make their opinion count. Most Americans, whether insured or uninsured, are concerned about the rising costs of health care, empathize with the millions among us who have no coverage, and recognize that they too could one day find themselves without health insurance. We all need to add our voices to share our concern about this urgent issue.”

Organizers of Cover the Uninsured Week encourage people from all walks of life to talk with their friends and neighbors and get involved. An interactive Web site helps people express their concern by instantly sending an email to their member of Congress.

Forums held in Washington, D.C., and around the nation will feature high-profile business leaders talking about how rising health care costs are affecting their business and their ability to provide health insurance for employees, and the need for national solutions.

The campaign will also work to ensure that people who are uninsured get enrolled if they are eligible for public coverage programs. Hundreds of Cover the Uninsured Week enrollment events will be held at hospitals, medical centers, malls, community centers, and in places of worship nationwide. Volunteers will help enroll uninsured adults and children in public programs that provide low-cost or free coverage to those who are eligible. In addition, information about local resources will be distributed.

According to the most recent figures available from the U.S. Census Bureau, nearly 46 million Americans, including more than 8 million children, have no health coverage. The Institute of Medicine estimates that nearly 50 people die each day because they are uninsured and cannot get the medical care they need.

Cover the Uninsured Week 2006 builds on a tremendous record of activity. In 2005 alone, more than 2,200 events were held during the week, supported by nearly 200 national organizations and more than 2,500 local organizations located in all 50 states and D.C. More than 150 elected officials, representing both political parties, marked the week with speeches on Capitol Hill, letters to the editor, proclamations, community forums, and more.


For more information, log on to http://www.CoverTheUninsuredWeek.org.

Call for Proposals

Investigator Development Research Awards
Research Institute of the American College of Clinical Pharmacy

Investigator Development Research Awards support the research efforts of ACCP members who qualify as new investigators (i.e., 10 or fewer years since completion of their formal training or first academic appointment). The various awards provide a grant of $20,000. The purpose of these awards is to provide funding for research projects that will contribute to the development of the principal investigator’s research career; promote the safe, effective, and cost-effective use of medications; and advance the practice of clinical pharmacy. APPLICATION DEADLINE: June 1, 2006

ACCP Pharmacotherapy Research Award
Amgen Hematology/Oncology Research Award
Amgen Nephrology Research Award
AstraZeneca Cardiovascular Research Award
AstraZeneca Health Outcomes Research Award
Sanofi-Aventis Central Nervous System Research Award
Sanofi-Aventis Health Services Research Award
Sanofi-Aventis Thrombosis Research Award
TAP Pharmaceutical Products Gastrointestinal Research Award
Watson Laboratories Anemia Research Award

For complete application information and packet contact: American College of Clinical Pharmacy Research Institute 3101 Broadway, Suite 650 Kansas City, Missouri 64111 (816) 531-2177 E-mail: cenglund@accp.com

Download application materials at http://www.accp.com/frontiers/research.php#indev

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APPLICATION DEADLINE EXTENDED: For members of the Cardiology, Hematology/Oncology, or Pain & Palliative Care PRNs, here is a tremendous opportunity available only to you. Take advantage of your PRN’s minisabbatical program to

(continued on page 7)
develop a unique experience tailored specifically to your needs and interests. Learn firsthand from an expert of your own choosing new practice or research skills that will help you develop additional clinical services or expand your research capabilities.

The extended application deadline is June 1. For more information and to download application materials, visit:

Cardiology PRN Minisabbatical—
http://www.accp.com/frontiers/ricardmini.php
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http://www.accp.com/frontiers/rihemooncomini.php
Pain PRN Minisabbatical—
http://www.accp.com/frontiers/ripainmini.php

Awards, Promotions, Grants, etc.

Marie Chisholm, Pharm.D., FCCP, Associate Professor of Pharmacy at the University of Georgia College of Pharmacy, has been awarded the APhA Daniel B. Smith Practice Excellence Award. Beth Devine, Pharm.D., MBA, BCPS, Research Assistant Professor at the University of Washington School of Pharmacy, has received a $550,000 from AHRQ to study the impact of electronic prescribing in the ambulatory clinic setting. Dick Gourley, Pharm.D., Dean and Professor at the University of Tennessee College of Pharmacy, has been elected as a Fellow of the American Pharmaceutical Association. Milap Nahata, Pharm.D., FCCP, Professor of Pharmacy Practice at the Ohio State University College of Pharmacy, was recently appointed Editor-in-Chief of The Annals of Pharmacotherapy. John Pieper, Pharm.D., FCCP, BCPS, Dean and Professor at the University of New Mexico College of Pharmacy, has been awarded the APhA Academy of Student Pharmacists Outstanding Dean Award. Magaly Rodriguez de Bittner, Pharm.D., BCPS, Associate Dean for Academic Affairs at the University of Maryland School of Pharmacy, recently received the APhA Academy of Pharmacy Practice and Management Distinguished Achievement Award in Clinical/Pharmacotherapeutic Practice.

New Members

Misty Abrams
Rina Ackerman
Adetola Ademolu
Peter Agbo
Janice Akashi
Beth Allen
Nazanin Asadollahi
Nicholas Bellman
Dana Boyers
Laurel Brown
Jennifer Byrd
Joanne Caluori
Michael Capka
Carmen Cheng
Stephanie Cone
Sayra Crespo
Maria Currier
Maria DeRisi
Bryan Dotson
Hugh Easley
Scott Edwards
Ramizia El-Annan
James Etare
Sandra Fadous
Karen Ferguson
Jesse Fishman
Melissa Fitch
Leann Fontenot
Heather Frank
Conchetta Fulton
Jeremy Gerber
Muoi Gi
Donna Ginsberg
Eleanor Gomez-Fein
Kelly Goodson
Sally Huston
Mark Irvine
Paula Jacobs
Kelley Johnson
Shelly Kandel
Clifford Keltner
Molly Kent
Joseph Kustelski
Frances Lee
Edward Leung
Melissa Looney
Reid Malone
Mark Mazzie
John Merchant
Todd Miano
Ryan Moenster
Jacyln Neceskas
Alfred Ngaw
Hong Nguyen
Jacqueline Parpal
Krina Patel
Janet Pelzel
E. Dwayne Pounds
Philip Prech
Raquel Rhone
Laurel Riemann
Amy Riley
Sheetal Sheth
Lee Skrupky
Diane Souliard
Mark Stephens
Chris Taylor
Christina Taylor
Erin Thomas
Mark Wong

The following individuals recently advanced from Associate to Full Member

Norberto Alberto
Kwame Asare
Trent Beach
Brookie Best
Ryan Bickel
Emiko Bolton
Mariann Churchwell
Jason Crompton
Osmel Delgado
Daryl DePestel
Jennifer Donovan
Debra Drayer
Jeff Fisher
Jason Glowczewski
Jeffrey Gross
Mylinh Ho
Shirley Hogan
Eun Jeon
Jennifer Kiser
Philip Kohls
Stan Louie
Renee Rose
Laura Sanders
Lisa Schatz
Katie Suda
Ami Teague

New Member Recruiters

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

Jamie Cronin
Jodi Etare
James Garnick
Dina Hunsinger-Norris
James Kalus
Ashkan Khabazian
Cindy O’Bryant
William O’Hara
Michael Rybak
Stacy Schmittling
Reba Williams

Watch the ACCP Web site for more details on the 2006 Annual Meeting, which will be held in St. Louis, Missouri.
Full-Time Pharmacists

Oncology Service Line – Board Certification in Oncology Preferred
Adult Medicine Service Line
Pediatric Service Line

Our clinical/distributive pharmacists work rotations of four weeks (8:00 a.m.–4:30 p.m.) in a primary service line; one week (2:30 p.m.–11:00 p.m.) in our core pharmacy; every fourth weekend; one holiday a year (rotating); and night shift vacation coverage (rotating). Staff receive an evening shift pay differential. Our pharmacists serve as preceptors for pharmacy practice residents and pharmacy students from the University of North Carolina at Chapel Hill. PDAs are used for clinical intervention documentation/drug information resources. Weekly clinical meetings include opportunities to receive North Carolina CE credit.

Description of organization: Mission Hospitals, an 800-bed tertiary care center for western North Carolina, has a progressive pharmacy staff of more than 40 pharmacists, including 8 board certified pharmacotherapy specialists who work in patient care teams to provide a variety of clinical services. The hospital is affiliated with the Mountain Area Health Education Center, serves as a primary teaching site for UNC School of Pharmacy (>70 student months/year), and supports family practice and obstetrics medical residency programs (46 residents). ASHP-accredited residencies are offered in pharmacy practice and primary care. Located in beautiful Asheville, NC near the Blue Ridge Parkway, Smoky Mountains National Park, and the Biltmore Estate. The city is plentiful in arts, music, and culture. To apply, please contact:

Kelli Kirkpatrick, Pharm.D.
Clinical Manager
Telephone: (828) 213-4213
E-mail: cphklo@msj.org
Dean
Sullivan University College of Pharmacy

Sullivan University, the largest private university in Kentucky, is pleased to announce the launch of its new college of pharmacy. The board of directors, along with the university’s administration, faculty, and staff, enthusiastically endorse this exciting new addition. Sullivan University is a student-centered institution committed to active learning and preparing students for employment in high-need career fields. The new college of pharmacy’s doctor of pharmacy program will be an outstanding extension of this unique teaching and practice institution.

We are seeking a visionary leader for the position of founding dean who will serve as the college of pharmacy’s chief administrative and academic officer. This is a unique opportunity for a dynamic, energetic individual with an entrepreneurial spirit who would relish the challenge of developing all aspects of a superior doctor of pharmacy program.

Candidates must possess a Pharm.D. or Ph.D. in a pharmaceutical-related discipline and be licensed or eligible for licensure in Kentucky. Responsibilities include developing a progressive Pharm.D. curriculum, recruiting and retaining a top-notch leadership team and high quality faculty, creating an environment conducive to effective teaching and active learning, building alliances with clinical sites throughout the community, and assuring programmatic development in accord with ACPE accreditation standards. Long-term requirements include uniting and inspiring faculty and students toward achievement of the mission, goals, and objectives of the program, as well as representing the institution locally, regionally, and nationally.

The position requires a forward-thinking individual with a track record of successful academic administrative experience. Demonstrated leadership capabilities and a record of successful teaching, scholarship, and service are necessary. Additional attributes include effective interpersonal, administrative, and budgetary management skills, an understanding of critical issues in health policy, pharmacy education and practice, and the ability to garner support from internal and external constituencies. A strong commitment to active student learning is a must.

Sullivan University is nestled in the heart of Louisville, Kentucky, the 16th largest city in the United States. The area of almost a million people enjoys a progressive business climate, a highly diversified economy, and a dynamic cultural flavor due to its dedication to local artists, exhibits, worldwide entertainment events, and attractions. In recent years, the city has become one of the world’s leading medical treatment and research centers. Louisville is the perfect community in which to study, work, and live.

The charter class of the Doctor of Pharmacy program is scheduled for admission in January 2008. The position of Dean is an immediate opening with applications currently being accepted. Interested individuals should submit, by mail or e-mail, a letter of interest, curriculum vitae, a statement of educational philosophy, and a list of three references to:

Pharmacy School Dean Search Committee
c/o Sullivan University
Attn: T.F. Davison
Sr. Vice President
3101 Bardstown Road
Louisville KY 40205
E-mail: pharmd@sullivan.edu

Sullivan University is an Equal Opportunity Employer.
Clinical Pharmacy Specialists
Primary Care

Kaiser Permanente

Kaiser Permanente is one of the nation’s largest privately sponsored health care delivery systems. The mid-Atlantic states region, providing integrated health care to members in Northern Virginia, Maryland, and the District of Columbia, has exciting opportunities for several clinical pharmacy specialists in primary care due to growth and expansion of the program. The successful candidates will participate in region-wide programs to optimize drug therapy outcomes in this progressive managed care setting. This outpatient, clinic-based practice includes drug utilization and population management activities along with opportunities to precept students and residents.

The pharmacy department in the mid-Atlantic states region of Kaiser Permanente employs greater than 600 individuals, including more than 50 clinical pharmacy specialists and clinical pharmacists in practice areas such as primary care, anticoagulation, cardiac risk reduction, nephrology, cardiology, drug education, the pharmacy call center, and transitional care settings.

Qualified applicants must possess a doctor of pharmacy degree and specialty residency training. Eligibility for pharmacy licensure in MD, VA, or the District of Columbia is necessary. Board certification in pharmacotherapy (BCPS) is preferred and will be required within three years of employment. Candidates completing residencies in 2006 are also encouraged to apply.

Kaiser Permanente offers an excellent salary and benefits package. Support for continuing education, board certification, and professional memberships is included. Qualified applicants should send a letter of interest, curriculum vitae, and the names of three individuals who may be contacted for references to:

Susan Downard, RPh
Director of Pharmacy, Interim
Kaiser Permanente Mid-Atlantic States Region
2101 East Jefferson Street
Rockville MD 20852
Telephone: (301) 816-6835
E-mail: Susan.L.Downard@kp.org

We are proud to be an equal opportunity/affirmative action employer.

http://kaiserpermanentejobs.org
Clinical Pharmacy Services Manager

Kaiser Permanente

Kaiser Permanente is one of the nation’s largest privately sponsored health care delivery systems. The mid-Atlantic states region, providing integrated health care to members in Northern Virginia, Maryland, and the District of Columbia, has an exciting opportunity for a clinical pharmacy services manager. The successful candidate will oversee the planning and implementation of region-wide programs to optimize drug therapy outcomes in this progressive managed care setting. This individual will supervise the clinical pharmacy staff and services in this growing program while partnering with the physician group regarding formulary and drug use management initiatives. This position reports to the Director of Pharmacy.

The pharmacy department in the mid-Atlantic states region of Kaiser Permanente employs greater than 600 individuals, including more than 50 clinical pharmacy specialists and clinical pharmacists in clinical practice areas such as primary care, anticoagulation, cardiac risk reduction, nephrology, cardiology, drug education, the pharmacy call center, and transitional care settings.

Qualified applicants must possess a doctor of pharmacy degree and specialty residency training. Eligibility for pharmacy licensure in MD, VA, or the District of Columbia is necessary. A minimum of 3–5 years clinical pharmacy practice experience along with supervisory experience, is preferred. Board certification in pharmacotherapy (BCPS) is preferred and will be required within three years of employment.

Kaiser Permanente offers an excellent salary and benefits package. Support for continuing education, board certification, and professional memberships is included. Qualified applicants should send a letter of interest, curriculum vitae, and the names of three individuals who may be contacted for references to:

Susan Downard, RPh
Director of Pharmacy, Interim
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2101 East Jefferson Street
Rockville MD 20852
Telephone: (301) 816-6835
Email: Susan.L.Downard@kp.org

We are proud to be an equal opportunity/affirmative action employer.

http://kaiserpermanentejobs.org
The UMKC School of Pharmacy announces a nontenure-track faculty position available immediately for the Director of Experiential Education. The successful candidate will provide leadership and vision for the Office of Experiential Education. Administrative responsibilities include oversight of all aspects of the Doctor of Pharmacy experiential program, including evaluation of existing preceptors and sites, development of new sites to support the expanding class size, supervision of support personnel including the scheduling coordinator, and management of extramural contracts and affiliation agreements related to experiential learning. Academic responsibilities include student advising related to experiential assignments, participation in the teaching and service missions of the school and university, and expansion of the existing preceptor training program. The successful candidate will also develop and implement a program that incorporates the relevant curriculum competencies into the experiential program and tracks the achievement of these competencies by individual students. The Director will collaborate with the Community Pharmacy Practice Coordinator, the Assistant Dean responsible for the Satellite Pharm.D. program in Columbia, Missouri, and the Director of Assessment for the successful achievement of many of these activities.

University of Missouri - Kansas City School of Pharmacy. The school of pharmacy offers an entry-level doctor of pharmacy degree, along with a bachelor of science degree in pharmaceutical sciences and graduate programs in pharmaceutical sciences and pharmacology. The 2006 entering class size is 118 on both the Kansas City and Columbia campuses. The Division of Pharmacy Practice currently has 25 tenure-track and nontenure-track faculty in the clinical and administrative sciences. By 2010, the division will be home to 40 faculty members. Faculty growth is in response to the enrollment management initiative of the university, which will result in a final class size of 123 students. A new health sciences building in Kansas City will open in summer 2007 and serve as the base for all pharmacy programs. Further information can be accessed at [http://pharmacy.umkc.edu](http://pharmacy.umkc.edu).

Candidates must have a pharmacy degree and be eligible for and obtain Missouri licensure. Sustained participation in experiential education is also required. A doctor of pharmacy degree is preferred. Excellent interpersonal, communication, and time management skills are also keys to success in this position. Academic rank and salary are commensurate with experience. UMKC is an AA/EEO Institution. To apply, contact:

Patricia A. Marken, Pharm.D., FCCP, BCPP  
Professor and Chair of Pharmacy Practice  
Chair Search Committee  
Telephone: (816) 235-2195  
E-mail: markenp@umkc.edu
Research Pharmacist
Mayo Clinic
Rochester, Minnesota

Mayo Clinic in Rochester, MN, has an excellent opportunity to join a unique research pharmacy team. Responsibilities include collaboration with investigators regarding study development and implementation; pharmacy execution of approved research studies, including oversight of investigational agent preparation and distribution; participation in activities to improve the research medication use process; participation in research projects and the generation of new knowledge relevant to pharmacy practice; and teaching activities, including the opportunity for an appointment to the Mayo Clinic College of Medicine.

Mayo Clinic is widely recognized for its progressive and comprehensive research practice that includes both inpatient and outpatient NIH funded research centers, and a dedicated inpatient research pharmacy satellite.

Preferred applicants will hold a Pharm.D. degree and have completed a pharmacy residency or have obtained a minimum of two years pharmacy practice experience. Previous clinical research experience preferred.

Please apply at http://www.mayoclinic.org/jobs-rst, referencing job posting #7996. For more information, please contact:

Mayo Clinic
Barbara Treichel – Human Resources
200 First Street SW
Rochester MN 55905
Telephone: 800-562-7984
E-mail: treichel.barbara@mayo.edu

Clinical Pharmacy Specialist
Mayo Clinic
Rochester, Minnesota

Mayo Clinic in Rochester, MN, has an excellent opportunity for a clinical pharmacy specialist. This is a stimulating opportunity to provide pharmacy leadership and become a member of a multidisciplinary nutrition support service team. Responsibilities include active participation on the nutrition support service team that consists of physicians, nurses, and dieticians assigned to nutrition care. In addition, the position includes opportunities to coordinate pharmacy issues associated with nutrition, including formulary decision-making; drug-nutrition related policy and procedures; pharmacy clinical leadership relating to nutrition practices; participation in research projects and the generation of new knowledge relevant to pharmacy practice; and teaching activities including the opportunity for an appointment to the Mayo Clinic College of Medicine. Our residency program includes nine residents and many students, resulting in extensive educational opportunities.

Preferred applicants will hold a Pharm.D. degree, and have completed a pharmacy residency with specialty training in nutrition or have equivalent experience in providing progressive pharmacy nutritional support services.

Please apply at http://www.mayoclinic.org/jobs-rst, referencing job posting #8722. For more information, please contact:

Mayo Clinic
Barbara Treichel – Human Resources
200 First Street SW
Rochester MN 55905
Telephone: (800) 562-7984
E-mail: treichel.barbara@mayo.edu
Mayo Clinic in Rochester, MN, has an excellent opportunity for a hematology/oncology pharmacist. Opportunities are available in both inpatient and outpatient practice settings. Responsibilities include drug therapy monitoring, rounding with multidisciplinary teams, medication order review and entry, teaching activities, and other activities depending upon practice area. Mayo Clinic is a National Cancer Institute designated comprehensive cancer center providing comprehensive patient care in an integrated team environment.

Preferred applicants will hold a Pharm.D. degree and have completed a pharmacy residency or have obtained a minimum of two years pharmacy practice experience. Preferred applicants will have previous hematology/oncology experience or formal hematology/oncology training.

Please apply at http://www.mayoclinic.org/jobs-rst, referencing job posting #193. For more information, please contact:

Mayo Clinic
Barbara Treichel – Human Resources
200 First Street SW
Rochester, MN 55905
Telephone: (800) 562-7984
E-mail: treichel.barbara@mayo.edu