

ACCP Report

American College of Clinical Pharmacy

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

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BPS Issues Call for Infectious Diseases and Cardiology Pharmacy Practice Analysis Task Force Members



During its board of directors meeting last month, the Board of Pharmacy Specialties (BPS) approved the conduct of role delineation studies in Infectious Diseases and Cardiology Pharmacy. Conducting a role delineation study is a critical step in evaluating a proposed specialty. The purpose of these role delineation studies is to determine whether Infectious Diseases and Cardiology Pharmacy are based on a specialized knowledge of the pharmaceutical sciences as well as specialized functions routinely performed by practitioners in these proposed specialties.

To begin the role delineation studies in each proposed specialty area, BPS is asking to receive names and resumés of subject matter experts in the areas of Infectious Diseases and Cardiology Pharmacy (10 individuals will be selected to serve on each Practice Analysis Task Force). However, in addition to these task force members, other subject matter experts will be asked to assist BPS by participating in a telephone interview, conducting an e-mail-based external review of documents developed by the relevant task force, or participating in the pilot test of the related survey. Links to the nominations survey are included below. Self-nominations are welcomed from subject matter experts.

To place an infectious diseases nomination, please visit <https://www.surveymonkey.com/s/InfectiousDiseasePharmacy>. **To place a cardiology nomination,** please visit <https://www.surveymonkey.com/s/CardiologyPharmacy>. The due date for both infectious diseases and cardiology pharmacy nominations is May 4, 2012. BPS will announce respective task force appointments on or about May 25, 2012.

BPS will convene a 2-day meeting with the Infectious Diseases Practice Analysis Task Force on July 17–18, 2012, in Washington, DC, to create a preliminary content outline for this proposed specialty. Attendance by appointees to the Infectious Diseases Practice Analysis Task Force at this meeting is required. If members cannot attend this meeting and would like to be involved, they are invited to volunteer for one of the other activities outlined at the infectious diseases survey link above.

BPS will also convene a 2-day meeting with the Cardiology Pharmacy Practice Analysis Task Force on July 23–24, 2012, in Washington, DC, to create a preliminary content outline for this proposed specialty. Attendance by appointees to the Cardiology Pharmacy Practice Analysis Task Force at this meeting is required as well. If members cannot attend this meeting and would like to be involved, please volunteer for one of the other activities outlined at the cardiology survey link above.

ATTENTION STUDENTS Additional Seats Available for “Emerge from the Crowd”



Because of the unexpected level of response, ACCP has added additional seating for students interested in attending “Emerge from the Crowd: How to Become a Standout Residency Candidate,” a unique 2-day live program that will be offered later this month in Reno, Nevada. Registration will remain open until Friday, April 20, or until all remaining seats are taken—whichever occurs first.

This program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation. Students attending this unique new ACCP program will receive 12 hours of interactive instruction over 2 days. The program

will begin on Saturday, April 28, and conclude on Sunday, April 29, at the Peppermill Resort in Reno. Students will learn from experts in the field of clinical pharmacy about the steps they can take now to rise above the competition when applying for a residency during their final academic year. Topics will include the following: developing leadership skills, gaining valuable work and experiential opportunities, professional networking, engaging in scholarly activity, CV writing, and achieving academic success. Attendees will also have the opportunity to meet face to face with current residents and residency program directors to gather their perspectives and advice during a special roundtable session.

All “Emerge from the Crowd” sessions and activities will be held at the AAA-rated Four Diamond [Peppermill Resort](http://www.peppermillresort.com). Take advantage of room rates starting as low as \$159 a night, based on availability, for a spacious designer room that is just steps away from the session rooms. Attendees who stay at the Peppermill Resort will have access to complimentary wireless Internet (everywhere in the resort, including the meeting space). Moreover, the resort fee will be waived, which means complimentary access to the state-of-the-art fitness center and pool as well as complimentary shuttles to and from the Reno/Tahoe International Airport. To obtain more information and to book your ACCP discounted room today, visit www.accp.com/ec.

For more information or to register, visit www.accp.com/ec. Questions? Contact us at (913) 492-3311 or e-mail at accp@accp.com.

Register Now for ACCP Academy Programming in Reno



The ACCP Academy will offer two foundational prerequisite courses on Friday, April 27, in conjunction with ACCP Updates in Therapeutics® 2012 in Reno, Nevada. ACCP members interested in pursuing certificates in the Research and Scholarship certificate program and the Leadership and Management certificate program can take advantage of this opportune time to enroll into the Academy and register for upcoming courses. The Career Advancement certificate program and Teaching and Learning certificate program will also offer required modules and electives for current enrollees. Each Academy will concentrate its programming over a 2-day period to enable Academy participants to minimize both

travel expense and time away from their practice.

Program application forms, curricular schedules, module descriptions, and learning objectives can be reviewed at www.accp.com/academy. An abbreviated schedule for each Academy track is summarized below. To obtain a full programming schedule and to register, consult the ACCP Web site at www.accp.com/acad.

| Academy | Courses | Schedule |
|---------------------------|--|----------|
| Leadership and Management | Leadership Primer (prerequisite) | April 27 |
| | Interpersonal Leadership Development (module 2) | April 28 |
| | Case Studies in Ethical Leadership (elective) | April 28 |
| | Shared Leadership: Nurturing Teams (elective) | April 28 |
| Research and Scholarship | Research Primer (prerequisite) | April 27 |
| | Statistical Issues (module 2) | April 28 |
| | Designing Survey Research (elective) | April 28 |
| | Conducting Survey Research (elective) | April 28 |
| Career Advancement | Extending Your Practice by Mentoring and Precepting (module 1) | April 29 |
| | Continued Professional Development: Becoming a Clinical Consultant and Providing Service Beyond Clinical Practice (elective) | April 29 |
| | Developing a Business Practice Plan (elective) | April 29 |
| | Establishing Interprofessional and Patient-Centered Roles (module 2) | April 30 |
| Teaching and Learning | Planning for Effective Teaching (module 1) | April 29 |
| | Active Learning: What Works & What Doesn't (elective) | April 29 |
| | Experiential Teaching: Transitioning from Books to Bedside Learning (elective) | April 29 |
| | Assessing Student Learning (module 3) | April 30 |

Late registration rates for Updates in Therapeutics® 2012 and ACCP Academy programming will expire April 13, 2012. After this date, on-site registration rates will apply. Registration includes access to all sessions within the ACCP Academy track of your choice, available continuing pharmacy education credit, and program handouts for the ACCP Academy track sessions you attend.

ACCP Publications' On-site Bookstore in Reno Offers a Great Deal

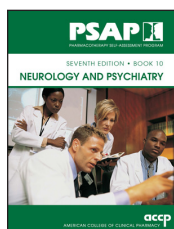
One of the valuable benefits included with attendance at an ACCP meeting is the opportunity to shop at the On-site Bookstore. In Reno, the bookstore will be open Friday through Monday, 7:00 a.m.–6:00 p.m., and Tuesday, 7:00 a.m.–12:30 p.m., and will be conveniently located next to the Registration Desk, just outside the Tuscany Ballroom.

By shopping on-site, you will receive special meeting benefits: every registrant receives our low member pricing as well as free shipping and handling on all orders sent to the continental United States. (There are also significant savings of up to 75% on shipping and handling for orders sent outside the continental United States.)

These savings apply throughout the meeting, whether you place your order at the bookstore (cash, checks, and credit cards are welcome) or order online from your laptop or the nearby Cyber Café. The special savings are automatically applied to your online order if you are a meeting registrant. Online order benefits apply until midnight on Tuesday, May 1.

To make your bookstore experience even more convenient, ACCP has arranged that you can place an advance order before you leave home for Reno if you are registered for the meeting. After April 13, 2012, visit www.accp.com/bookstore, place an order, and you will automatically be given all the meeting benefits previously outlined.

Some titles to look for at the bookstore follow.

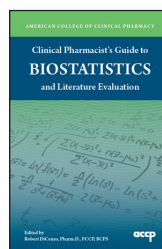


[PSAP Neurology and Psychiatry](#)

The high prevalence of psychiatric and neurologic diseases, and the potential for significant adverse effects from drugs used to treat them, requires clinical pharmacists to maintain competency in these areas. These varied disorders are the focus of the 10th book in the Pharmacotherapy Self-Assessment Program, seventh edition (PSAP-VII). *Neurology and Psychiatry* provides evidence-based information on the management of several important mental health and neurologic issues.

Neurology and Psychiatry (to be released April 16) has three learning modules offering a total of 16.5 continuing pharmacy education credits. The first

module covers unipolar depression, bipolar disorder, and schizophrenia. The second module contains updates on the management of stroke, dementias, and Parkinson disease. The third module covers traumatic brain injury, inflammatory neuropathies, and rating scales in common psychiatric disorders. Each chapter provides an update on the topic and includes an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist.



[Clinical Pharmacist's Guide to Biostatistics and Literature Evaluation](#)

This best-selling ACCP publication is designed to bolster your knowledge and confidence in using biostatistical tools. If you need to interpret the medical literature to optimize patient care, improve health outcomes, or generate hypotheses for research, an understanding of biostatistics is essential to your success. With material drawn from ACCP's renowned Pharmacotherapy Self-Assessment Program (PSAP) and the live pharmacotherapy preparatory course titled Updates in Therapeutics®, Editor Robert DiCenzo, Pharm.D., FCCP, BCPS, has designed this review to support pharmacists' preparation for the Pharmacotherapy and Ambulatory Care Board of Pharmacy Specialties (BPS) examinations.

Contents include material on the basics of biostatistics, choice of the appropriate statistical test, interpretation of the literature (and its application to patient care), interpretation of the results of clinical trials, and pharmacoepidemiology.

Each chapter includes a selected bibliography as well as self-assessment questions designed to test your understanding of the material. Answers to the self-assessment questions are included in the back of the book.



[Nourishing the Soul of Pharmacy](#)

Pharmacists have the ability to promote a patient-centered practice by reflecting on their encounters with patients and sharing the stories of these encounters with one another. ACCP's *Nourishing the Soul of Pharmacy: Stories of Reflection* was developed to bring forth these stories—narratives that lead to complex insights and result in improved, more empathetic patient care.

Pharmacists from all stages of education and all areas of practice responded enthusiastically to our call for reflections, resulting in a book of exceptional essays that show the variety of practice experiences encountered by pharmacists today. Included are essays that will make you think, that you will identify with, that will make you laugh, and that will make you cry.

Nourishing the Soul of Pharmacy is intended for many different audiences: practitioners, educators, and students as well as perhaps patients, caregivers, and health care professionals who seek a better understanding of pharmacists and the roles they perform.

Enhance your experience with ACCP in Reno by visiting the On-site Bookstore for these titles and other valuable additions to your professional library.

Register Now for the 2012 ACCP Virtual Poster Symposium



Registration is now open for the first ACCP Virtual Poster Symposium, scheduled for May 22–24, 2012. To register, go to www.accp.com/myaccount, log-in, and click on “Register for ACCP Virtual Poster Symposium.”

Registration is free to all ACCP members and is available until Monday, May 21.

About 90 posters will be on display during the symposium. All posters will be displayed from 8:00 a.m. on May 22 until 11:00 p.m. (EDT) on May 24 for asynchronous viewing and comment. In addition, three interactive sessions are scheduled: Tuesday, May 22, 7:00 p.m.–9:00 p.m. (EDT); Wednesday, May 23, 7:00 p.m.–9:00 p.m. (EDT); and Thursday, May 24, 7:00 p.m.–9:00 p.m. (EDT). During these three interactive sessions, authors will be available for real-time question-and-answer sessions focused on their virtual posters.

Registration provides each attendee with access to the virtual posters, an opportunity to leave comments for the author, and the ability to contact the poster presenter during the interactive sessions. To contact the presenters during the interactive sessions, the attendee must be logged into a Skype account. To create a free Skype account, go to www.skype.com/intl/en-us/get-skype/.

The technology required for attendees is minimal—a broadband Internet connection, a current browser, and Skype (free software, and required only by interactive session participants). Registration for this symposium is available at www.accp.com/myaccount.

2012 Annual Meeting Call for Abstracts

Submit abstracts online at <http://accp.confex.com/accp/2012am/cfp.cgi>.

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts to be considered for presentation at the 2012 Annual Meeting.

Abstracts may be submitted in one of the following categories:

Original Research: Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

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. Encore submissions are welcome.

Resident and Fellow Research-in-Progress: Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing. The presenting author must be a resident or fellow.

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

Late Breakers: Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore submissions are welcome.

Submission Deadline

All abstracts accepted for presentation (with the exception of Encore presentations) in the Original Research, Clinical Pharmacy Forum, and Late Breaker categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster and platform sessions during the meeting. The deadline to submit abstracts in Original Research, Clinical Pharmacy Forum, and Resident and

Fellow Research-in-Progress categories is Friday, June 15, 2012, midnight (PST). The deadline to submit abstracts in Student Submissions and Late Breakers is Friday, July 6, 2012. Authors will be notified by e-mail of acceptance of their papers by Wednesday, August 1, 2012.

For more information about the Call for Abstracts, contact Emma Webb, ACCP Senior Project Manager – Education, at (913) 492-3311, extension 20, or emmawebb@accp.com.

President's Column

**Lawrence J. Cohen,
Pharm.D., FCCP, BCPP**



The Who

Okay, so my cheap attempt to get your attention made you think about a 1960s rock band, right? Or am I giving away my vintage?

The focus of my column this month pertains to “who” delivers direct patient care (DPC). Let me explain...

ACCP has highlighted in its communications, dating back to 2000, the role of the clinical pharmacist in providing DPC.¹⁻³ For those seeking a consensus definition of “direct patient care,” I refer you to the 2009 Council on Credentialing in Pharmacy resource paper titled, “Scope of Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians,” where DPC is defined in that paper’s glossary⁴:

Direct patient care practice involves the pharmacist’s direct observation of the patient and his/her contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an interprofessional team or through collaborative practice with another healthcare provider.

But “who” are the pharmacists best equipped to provide DPC? Of course, some of my pharmacist and faculty colleagues will disagree with my viewpoint on this question. ACCP has published several documents articulating the College’s perspectives on pharmacist credentialing, and I encourage you to read (or reread) these papers.⁵⁻⁸ The papers envision that in the future, residency training and board certification will become required credentials for all clinical pharmacists who

provide DPC. ACCP believes that these credentials will be necessary to receive patient care “privileges,” as has been the case for physicians and other clinical practitioners for decades.

Simply stated, I don’t believe that a pharmacy license alone is adequate to provide DPC. It is likely that most, if not all, pharmacists are capable of resolving uncomplicated drug therapy problems. However, DPC as defined above involves managing all aspects of drug therapy (including complicated situations in patients who have multiple medical comorbidities). This requires a level of clinical skill and experience beyond that conferred by completing the professional degree requirements and passing the licensure examination. DPC is not the same as patient counseling/coaching, promoting adherence, or even managing targeted diseases. Although completing accredited residency training is not the only way to obtain the requisite clinical experience, it does serve as a documentable and defensible indicator of knowledge and skill. Indeed, accumulating clinical practice experience is another way to become eligible for board certification. And once board certified, a clinical pharmacist who has followed this pathway should be eligible to provide DPC under most privileging systems that I can envision. Other pathways that combine the acquisition of clinical experience and documentation of therapeutic knowledge may also achieve this end. So, I’m not suggesting that there’s only a single pathway toward meeting the prerequisites to provide DPC. However, I do believe that eventually, employers, payers, and patients will articulate the requirements necessary for a health care provider like a pharmacist to be privileged to provide DPC. If they fail to do so, how can they be assured that the pharmacist managing their medication therapy is actually qualified to do so?

Of course, future payment mechanisms for a clinical pharmacist’s provision of DPC remain unknown. Will clinical pharmacists need to be formally recognized

as providers (i.e., will we need to secure “provider status”)? Although this is a frequently discussed issue and many have advocated this recognition for decades, I think the answer today is a firm “maybe.” But if clinical pharmacists are to seek provider status, doesn’t society deserve some assurance that these providers are qualified and competent? Isn’t it reasonable to think that they would be credentialed beyond just a license (e.g., have completed residency training and probably board certification, analogous to physician providers)? From a societal viewpoint, is it logical for us to expect that today’s health care system will pay all pharmacists for their patient care activities? The idea of 250,000+ pharmacists being recognized and paid as providers is untenable from an economic viewpoint. With the United States mired in a massive deficit and increasingly focused on how to reduce health care expenditures, it seems very unlikely that we can afford to pay all pharmacists for “cognitive services.” However, payment for more comprehensive medication management⁹ performed by appropriately credentialed practitioners that improves patient outcomes seems more feasible. Of course, with or without credentials, it remains imperative that we continue to demonstrate the value of clinical pharmacists’ provision of DPC. And it is equally important that we articulate the specific activities that define the clinical pharmacist’s DPC practice—I will address this issue in next month’s column.

What if pharmacists aren’t formally recognized as providers? In alternative payment systems (perhaps as constituted in the patient-centered medical home and/or in practices administered by accountable care organizations), ensuring that clinical pharmacists are recognized as essential, integral members of a group practice or other clinical team will be even more important. In these payment systems, where provider-specific fee-for-service is less common, payment flows to the entire practice. I believe that in these settings, the clinical capabilities and credentials of the clinical pharmacists who provide DPC will be critical. Those practitioners who possess the ability to positively influence patient outcomes will be financially rewarded for their roles.

Regardless of what shape health care reform eventually takes, it’s now readily apparent that health care providers, including pharmacists, will be increasingly accountable for patient outcomes. This means that it will be essential for graduates to obtain additional patient care skills and experience—attributes that postgraduate training is designed to achieve for those

clinical pharmacists who wish to practice in DPC settings. So, “who” delivers DPC is important. He or she must be a qualified, experienced clinical pharmacist—residency trained and board certified (or equivalent) at a minimum. Society deserves and can afford no less.

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Applications for a Leadership Position on the 2012–2013 National Resident Advisory Committee Due June 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 a leadership position on the 2012–2013 National Resident Advisory Committee.

The National Resident Advisory Committee is a standing committee composed of residents, fellows, or graduate students members appointed each year by the ACCP President-Elect. Members serve a 1-year term, and the committee is typically composed of 8–12 members. Appointed leadership positions include:

- Chair (1-year term)
- 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 postgraduate trainee members consistent with the College's vision of clinical pharmacy practice, research, and education.

The committee meets in person at the College's Annual Meeting in October and communicates by conference call and e-mail to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Annual Meeting held during their committee term. To obtain additional information on the application process or to enter your application, please visit <http://www.accp.com/membership/rac.aspx>. The deadline for applications is June 15, 2012.

ACCP StuNet 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 2012–2013 ACCP National StuNet Advisory Committee.

The National StuNet Advisory Committee is an ACCP committee composed of members appointed each year by the ACCP President. Members generally serve a 1-year term, and the committee is typically composed of 8–12 members. The 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 the first year as the Vice Chair and then assumes the Chair position during the second year), and the Secretary (1-year

term). If you are a student interested in serving on the 2012–2013 ACCP National StuNet Advisory Committee, either as a member-at-large or in a leadership role, please visit <http://www.accp.com/stunet/advisoryCommittee.aspx> for more information about the committee and how to apply. The deadline for applications is June 15, 2012.

Washington Report

John McGlew

*Associate Director of
Government Affairs*



Supreme Court to Decide the Fate of Obama's Health Reform Law

During the course of 3 days, from March 26 to 28, the U.S. Supreme Court heard oral arguments on the constitutionality of certain provisions in the Affordable Care Act (ACA)—the controversial health care reform measure passed by a Democratic-controlled Congress and signed into law by President Obama in 2010.

At the heart of the case was the “individual mandate” that would require most Americans to purchase health insurance coverage or face financial penalties, beginning in 2014. The court also reviewed a statute that keeps courts from hearing tax challenges before they go into effect and examined the constitutionality of the requirement that states expand their Medicaid programs.

How the Case Reached the Supreme Court

In 2009, as Congress debated the process of reforming America's health care delivery system, the issue of the individual mandate received little attention. In fact, the mandate itself is widely acknowledged as a Republican concept¹ and was adopted by the bill's drafters as an alternative to the far more controversial “public option,” which would have established a federally administered health insurance program.

The mandate was also critical to securing the support (and financial concessions) of the insurance and pharmaceutical industry. The mandate—which in effect creates up to 30 million new customers for health insurance providers—made possible key health insurance reforms, including prohibiting denial of coverage for preexisting conditions. Insurers argued that without the mandate, Americans would simply wait until they

became ill before purchasing coverage, which, under the new law, insurers would be required to provide.

However, once the ACA was signed into law, its opponents began to seriously analyze the fundamental definition of the Commerce Clause and the role of the federal government itself.

A series of lawsuits were filed shortly after passage of the ACA, including a Florida-led challenge that quickly signed up 25 state attorneys general as plaintiffs.

In December 2010, at a hearing in the Richmond-based U.S. District Court, Judge Henry Hudson became the first judge to rule the mandate unconstitutional.²

In 2011, two rulings came in favor of the mandate when conservatives such as 6th Circuit Judge Jeffrey Sutton (a former clerk to Justice Antonin Scalia) and D.C. Circuit Judge Laurence Silberman voted to uphold the law.

In effect, these conflicting decisions, combined with an agreement by all parties that the Supreme Court needed to settle the dispute, paved the way to the March 2012 hearing.

Supreme Court Schedule

The challenge to the health reform law was considered one of the most significant cases to reach the Supreme Court in modern history. The court itself had not dedicated so much time to a single subject in more than 50 years.

For 3 days, Supreme Court justices heard arguments on three separate issues, as follows.

Monday, March 26. Is it premature for the Supreme Court to rule on the challenge to the law's insurance requirement?

Before the court could review the constitutionality of the mandate, effective in 2014, requiring virtually all Americans to obtain health insurance or pay a penalty, the court first considered whether this penalty was equivalent to a tax. If so, under another law, known as the Anti-Injunction Act,³ the penalty could not be challenged until it was actually levied on someone.

Under the Anti-Injunction Act, the court would be barred from considering the constitutionality of the mandate until the tax became due—in 2015.

The Obama administration maintained that the penalty did amount to a tax, but for technical legal reasons, it agreed with the plaintiffs that the Anti-Injunction Act did not apply in this case. As a result, the court had to appoint an “amicus curiae” attorney to make the case

that the Anti-Injunction Act barred the court from ruling on the constitutionality of the insurance requirement at this time.

- **Amicus to the Court:** Robert A. Long, allotted 40 minutes
- **Representing the Administration:** Solicitor General Donald B. Verrilli Jr, allotted 30 minutes
- **Representing the Law's Challengers:** Gregory G. Katsas, allotted 20 minutes

Tuesday, March 27. Is the law's insurance requirement constitutional?

The court considered the constitutionality of the law's requirement that virtually all Americans obtain health insurance or pay a penalty beginning in 2014.

The administration argued that Congress had the right to legislate this mandate under both its power to regulate commerce and its power to levy taxes.

Health reform opponents contended that the decision not to do something—namely, not to buy health insurance—was economic inactivity, rather than activity, and therefore not a behavior the federal government could regulate.

The administration argued that the decision not to purchase health insurance had an economic impact, in effect making it a public issue. An individual without coverage, for example, might not have the money to pay for an emergency department visit, sticking hospitals or taxpayers with the bill.

With no penalty for not purchasing health insurance, but the requirement prohibiting insurers from denying coverage still in place, the costs of insurance would skyrocket. Congress could, theoretically, replace the individual mandate with another policy that doesn't violate the activity-inactivity distinction, but such a solution would unlikely be acceptable to congressional Republicans.

- **Representing the Administration:** Solicitor General Donald B. Verrilli Jr, allotted 1 hour
- **Representing the States Challenging the Law:** Paul D. Clement, allotted 30 minutes
- **Representing Other Parties Challenging the Law:** Michael A. Carvin, allotted 30 minutes

Wednesday, March 28. If the insurance requirement is ruled unconstitutional, should the rest of the health care law stand?

The court considered whether the individual insurance mandate was “severable” from the rest of the law.

That is to say, if the mandate was found to be unconstitutional, should any other provisions in the law—or even the entire law—be struck down?

The Department of Justice argued that if the court struck down the mandate, it should also repeal the health reform law's guaranteed issue provision, which requires insurers to accept all customers regardless of their health care status. Their argument went on to say that the mandate was so integral to making insurance work—by getting the healthy people to sign up—that, without it, insurance markets could no longer accept all applicants.

Opponents of the law went even further. They contended that because of how the law was written—without a clause specifying that individual provisions could be severable—the whole law should fall with the mandate.

If the court finds the individual mandate unconstitutional, the question about severability will become a key issue in determining how much of the law falls with it. The court could decide that just the mandate falls, leaving the insurance industry with a pretty big challenge. Or it could rule that the mandated purchase of health insurance is so critical to the health reform law that if it is struck down, it will take other key parts of the ACA with it.

- **Representing the States Challenging the Law:** Paul D. Clement
- **Representing the Administration:** Deputy Solicitor General Edwin S. Kneedler
- **Amicus to the Court:** H. Bartow Farr III

Wednesday, March 28. Is it constitutional for the law to expand Medicaid to cover a greater share of the poor?

The law substantially expands eligibility for the joint state-federal insurance program for the poor. By 2014, Medicaid will cover everyone under 133% of the federal poverty line (about \$14,000 for an individual). Currently, states are only required to cover specific demographics, groups such as low-income, pregnant women, and the blind or disabled.

State participation in Medicaid is voluntary. The administration argued that if states didn't wish to participate in the Medicaid expansion, they could simply pull out of the program.

States contended that pulling out of the program to avoid going along with the expansion would mean forfeiting an enormous amount of federal assistance

to its neediest citizens. At issue is whether this means the expansion amounts to unconstitutionally coercing states to spend more on Medicaid.⁴

Supreme Court watchers widely expect the justices to find this part of the law constitutional. There is worry, though, that if they were to strike down this part of the law, it could set a sweeping new precedent for how state-federal partnership programs function.

- **Representing the States Challenging the Law:** Paul D. Clement, allotted 30 minutes
- **Representing the Administration:** Solicitor General Donald B. Verrilli Jr, allotted 30 minutes

What Can We Expect Next?

With the justices not expected to deliver their ruling until late June, there is little the Obama administration or the health reform law's opponents can do but wait. Unlike other Washington institutions, the Supreme Court is renowned for secrecy and confidentiality—leaks are almost unheard of, and the media or other powerful stakeholders are denied access to inside information that is taken for granted in discussions with Congress or the White House.

Predictably, both sides are publicly claiming to be confident the court will rule in their favor. In a Rose Garden news conference, President Obama declared, "Ultimately, I am confident the Supreme Court will not take what would be an unprecedented, extraordinary step of overturning a law that was passed by a strong majority of a democratically elected Congress."⁵

Senate Majority Leader Mitch McConnell (R-KY) commented after sitting in on the arguments, "It was noteworthy that the four more liberal members of the court were mainly peppering the plaintiffs and the other five were mainly peppering the government, leading us to hope that this awful law will be overturned."⁶

Indeed, many observers agreed with Senator McConnell's assessment of how the hearings had developed. Paul Clement, lead attorney for the 26 states challenging the law, was widely praised for his "masterful performance."⁷

Veteran Supreme Court watchers from [SOTUSblog](#) declared that Clement "gave the best argument I've ever heard. No real hard questions from the right. Mandate is in trouble."⁸

The Obama administration was forced to defend what most agreed was a shaky performance by Solicitor General Verrilli. The Washington Post noted:

At times, Verrilli seemed shaken by the intensity of the questions. When Chief Justice John G. Roberts Jr. decided Wednesday that more time was needed to consider the constitutionality of expanding Medicaid, he told Verrilli that he would receive an extra 15 minutes. "Lucky me," Verrilli replied, evoking laughter in the crowded courtroom.⁹

Senate Judiciary Chairman Patrick Leahy (D-VT) went so far as to explain that Verrilli's awkward performance was because of allergies, on a day when Washington's cherry blossoms were in full bloom.⁶

A Look at Possible Outcomes

The Individual Mandate Is Found Unconstitutional, and Insurance Reforms Are Struck

Under this scenario, insurance companies would still be able to deny coverage on the basis of preexisting conditions and charge more to older and sicker patients.

Ironically, this could emerge as a political win for the Obama administration during the course of the 2012 election campaign. The president would no longer be burdened with defending the unpopular provisions in the ACA and the perception of federal intrusion into personal issues. However, he could blame Republicans for overturning the popular guaranteed issue provisions and accuse his opponents of restoring power to insurance companies.

The Mandate Is Found Unconstitutional, but Insurance Reforms Remain Intact

This scenario could pose serious political problems for the Obama administration.

Requiring insurance companies to provide costly benefits without creating a broader insurance pool through the mandate would likely cause insurance premium hikes. Therefore, Obama would be held accountable for making health insurance coverage even less affordable and less accessible.

Insurance companies also stand to lose under this scenario. Without a massive expansion of the insurance pool resulting from the individual mandate, the requirement to cover all lives, regardless of health status, would render the insurers' business models unworkable.

In addition, as Justice Ruth Bader Ginsburg noted, the constitutionality questions are raised by the market-driven nature of the mandate. A government-run, single-payer program doesn't pose that problem.¹⁰

The Entire Health Reform Law Is Struck Down

This ruling would repeal the unpopular pieces of the law, but the popular ones would be swept aside, too.

The Obama administration could argue that Republicans denied college students the opportunity to stay on their parents' insurance plan through age 26 and re-created the Medicare prescription donut hole.

However, the repeal of Obama's signature legislative accomplishment and the issue he staked his entire presidential term on could have serious consequences for his viability as a candidate and his ability to govern effectively.

The Entire Law Stands

This would be the best-case scenario for the Obama administration just months before the nation goes to the polls.

However, even with the endorsement of the Supreme Court, Americans would likely remain skeptical of the law, and Republicans would use the Supreme Court ruling affirming the law to stir up their base, arguing that if the court won't strike the law, voters need to elect a Republican president and Congress that will.

Conclusion

With health care accounting for 17% of our entire GDP and the cost of entitlement programs such as Medicare and Medicaid threatening to overwhelm state and federal budgets, most Americans agree that our system is in need of reform.

Even those responsible for developing the law were satisfied with the reform package that emerged from a complex process of negotiation between Congress, the White House, and a wide range of stakeholder groups.

Critics on the left have claimed the law is too weak—lacking a public coverage option, it simply expands the already bloated private health insurance market.

Some on the right have voiced concern about an unprecedented federal overreach into the lives of individual Americans.

Most agree that without the mandate requiring most Americans to purchase health insurance, the ACA as currently written is unworkable. If the Supreme Court strikes down the mandate—an outcome many observers speculate is likely, given the makeup of the court itself and the tone of the questioning during the 3 days—Congress will once again have to grapple with how to fix our flawed system.

If the individual mandate compromise is struck down, Congress is left with two possible directions. The first would involve sweeping reform that would replace the private, employer-based system with a single-payer system resembling the Medicare program. The second would focus on an effort to expand coverage and rein in costs through individual tax incentives, defined contribution Medicare vouchers, Medicaid block grants to states, and increased consumer ownership of their health care dollars.

Neither of these options seems likely to pass this notoriously divided and partisan Congress.

2012–13 ACCP-ASHP-VCU Congressional Healthcare Policy Fellow Program

Derrick Griffing, Pharm.D., MPH, of Cicero, Illinois, has been named the 2012–13 ACCP-ASHP-VCU Congressional Healthcare Policy Fellow. The fellow program, which is now in its sixth year, provides pharmacists with unique insights into health care policy analysis and development, under the auspices of the Virginia Commonwealth University (VCU) School of Pharmacy, the American College of Clinical Pharmacy (ACCP), and the American Society of Health-System Pharmacists (ASHP).

Dr. Griffing earned a Pharm.D. degree from Midwestern University School of Pharmacy in 2010 and a master's degree in public health with a concentration in health systems and policy from Johns Hopkins University, Bloomberg School of Public Health, in 2011. He currently practices as an oncology pharmacist at The Johns Hopkins Hospital in Baltimore.

Dr. Griffing will begin his fellowship on September 1. After a structured orientation to Congress from VCU faculty and the Brookings Institute, Griffing will spend 1 month with the ASHP government affairs and policy team and 1 month with the ACCP government and professional affairs staff. In November, he will begin working as a policy fellow on a congressional committee or with the personal staff of a U.S. senator or representative.

About the ACCP/ASHP/VCU Pharmacy Policy Fellow Program

The fellow program was launched in 2006 under the leadership of Gary R. Matzke, Pharm.D. (VCU School of Pharmacy), Ed Webb, Pharm.D., MPH (ACCP), and Brian Meyer (ASHP). The program was developed to provide active learning in multiple policy environments.

The initial month of the program consists of an orientation curriculum put on by faculty of the VCU and the government affairs staff of ACCP and ASHP. Fellows then spend 1 year on Capitol Hill as part of the

staff of a congressional committee or the personal staff of a U.S. senator or representative.

The program provides a unique health care policy learning experience that allows the fellow to make practical contributions to the effective use of scientific and pharmaceutical knowledge in government decision-making.

The fellow is also expected to undertake a wide array of responsibilities in the congressional office he or she serves, including researching and writing briefs on health care issues, assisting with policy decisions, drafting memoranda, and planning, organizing, and contributing to the management objectives of the office.

Applications for 2013–14 Pharmacy Healthcare Policy Fellow Program

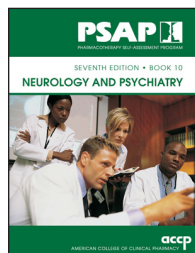
Interested candidates should visit the Pharmacy Healthcare Policy Fellow program's [website](#) for more information and instructions on submitting an application.

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

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Neurology and Psychiatry Is the Latest PSAP-VII Release

The high prevalence of psychiatric and neurologic diseases, and the potential for significant adverse effects from drugs used to treat them, requires clinical pharmacists to maintain competency in these areas. These varied disorders are the focus of the 10th book in the Pharmacotherapy Self-Assessment Program, seventh edition (PSAP-VII). *Neurology and Psychiatry* provides evidence-based information on the management of several important mental health and neurologic issues.

Neurology and Psychiatry will be released April 16 and has three learning modules offering a total of 16.5 continuing pharmacy education credits. The first module covers unipolar depression, bipolar disorder, and schizophrenia. The second module contains updates on the management of stroke, dementias, and Parkinson disease. The third module covers traumatic brain injury, inflammatory neuropathies, and rating scales in common psychiatric disorders. Each chapter provides an update on the topic and includes an extensive annotated bibliography that identifies key research articles, clinical practice guidelines, texts, and Web sites relevant to today's practicing clinical pharmacist.

Neurology and Psychiatry is designed to assist pharmacists who want to:

- Learn about newly marketed antidepressants and updated treatment guidelines for major depressive disorder.
- Understand the expanding role of atypical antipsychotics in bipolar disorder and be able to evaluate therapy in challenging treatment situations.
- Expand their knowledge about differences in atypical antipsychotic agents' mechanisms of action, adverse effects, and roles in schizophrenia management.
- Receive updates on the new expanded therapeutic

time window for reperfusion therapy in acute ischemic stroke and prevention of further events in patients with cerebrovascular disease.

- Manage neuropsychiatric issues in patients with Alzheimer disease and other forms of dementias.
- Design patient-specific pharmacotherapy for motor and nonmotor symptoms in Parkinson disease.
- Develop a treatment plan for supportive care and prevention/management of complications of traumatic brain injury while appropriately addressing intracranial pressure and cerebral perfusion pressure.
- Recommend appropriate therapies and monitoring parameters in patients with Guillain-Barré syndrome or chronic inflammatory demyelinating polyradiculoneuropathy.
- Understand the strengths and weaknesses of various rating scales used depression, anxiety, mania, and psychosis in research and patient care applications.

All PSAP-VII books are available in both print and online formats and as either single books or the full series (11 books). Other books in the series are *Cardiology*; *Critical and Urgent Care*; *Women's and Men's Health*; *Pediatrics*; *Chronic Illnesses*; *Oncology*; *Geriatrics*; *Science and Practice of Pharmacotherapy*; *Infectious Diseases*; and *Gastroenterology/Nutrition*.

Each PSAP-VII book offers the most up-to-date and comprehensive information available on recent drug therapy advances and will expand your knowledge in the therapeutic area covered. For specific information on the release date, continuing pharmacy education credits, and program numbers for each book, or to place your online order, visit www.accp.com/book-store/psap7.aspx. Books are priced as follows; shipping and handling charges apply to print books only.

| | Member Price | Nonmember Price |
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| Single Books | | |
| Print | \$75.00 | \$100.00 |
| Online | \$65.00 | \$90.00 |
| Print and online | \$105.00 | \$130.00 |
| Full Series (11 books) | | |
| Print | \$435.00 | \$635.00 |
| Online | \$385.00 | \$570.00 |
| Print and online | \$635.00 | \$820.00 |



ACCP is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The Board of Pharmacy Specialties (BPS) has approved PSAP-VII for use in Board Certified Pharmacotherapy Specialist (BCPS) recertification.



2012 ACCP Clinical Pharmacy Challenge Registration Is Now Open

ACCP's national pharmacy student team competition returns in 2012. Now in its third year, the Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2012 ACCP Annual Meeting in Hollywood, Florida.

Team registration is now available online. Please note that all team registrations must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their [ACCP College of Pharmacy Faculty Liaison](#). All team registrations must be completed by the September 4, 2012, deadline. Click [here](#) to register.

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a "quiz bowl" format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a www.accp.com/stunet/compete. ACCP will provide a written examination that institutions may use as a basis for their local competition, if they so desire. This examination is available by e-mail request, and it may be requested by the ACCP Faculty Liaison or registering faculty member. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Hollywood, Florida, October 20–22, 2012. [Competition Schedule](#).

Each round will consist of questions offered in the three 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 ACCP Annual Meeting will receive three complimentary student full meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition to the above, 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 may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 4, 2012.

Click [here](#) for more information or contact Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.



Support ACCP's Research Mission by Donating to the Frontiers Fund

Created in 2003, the Frontiers Fund is the mechanism by which the ACCP Research Institute, a 501(c)(3) non-profit organization, is able to meet its strategic goals. Donors show their support of the research agenda for ACCP by contributing to the Frontiers Fund.

Donations to the Frontiers Fund are helping the ACCP Research Institute develop clinical pharmacists as researchers through the Focused Investigator Training (FIT) Program. Developed specifically for clinical pharmacists, this grantsmanship program increases the competitiveness of its graduates for NIH funding. The FIT Program has graduated 55 investigators to date, and graduates have been awarded more than \$3 million in new grant support.

The Frontiers Fund also supports research projects that generate scientific findings through the ACCP Practice-Based Research Network (PBRN). The ACCP PBRN's inaugural MEDAP (Medication Error Detection, Amelioration, and Prevention) Study documented more than 900 medication error-related clinical pharmacist interventions. The results from this study are being developed into three manuscripts for dissemination.

Furthermore, the ACCP Board of Regents has approved the use of Frontiers Fund donations to support two more ACCP PBRN studies in 2012. The first study

will evaluate the impact of drug shortage at the patient care level. The PBRN's Oncology Drug Shortage Study is actively recruiting participants to investigate the effects of a recent cytarabine shortage on the care of patients with acute myeloid leukemia (AML), particularly minority patients with AML, relative to a non-shortage period. The second study will be a multiphase investigation of the specific contributions of clinical pharmacists to improved patient outcomes, a topic that consistently ranks as the top priority with the ACCP membership. The initial phases of this study will involve a large number of members and are set to begin in spring 2012.

Finally, donations to the Frontiers Fund are helping the ACCP Research Institute facilitate research by clinical pharmacists through the use of a secure, on-line data collection tool. The Research Electronic Data Capture (REDCap) application allows the development and execution of online research surveys and databases. Clinical pharmacist members who wish to collaborate with the ACCP PBRN will benefit from this vigorous research tool.

Please give generously to the Frontiers Fund and help support the ACCP research agenda.

Pharmacotherapy Pearls

Pharmacotherapy Top 10 DOI List

Stephen E. Cavanaugh, B.A.



In 2011, *Pharmacotherapy* was hosted on two different Web sites: the Atypon Link site we established in 2004 and, beginning in March, an Atypon Premium site at www.pharmacotherapyjournal.org. On January 1, 2012, yet another *Pharmacotherapy* site was launched, this time as part of the Wiley Online Library, as production of the journal moved from in-house to Wiley-Blackwell. What remained stable are the DOIs (digital object identifiers) associated with each published article. Each article's DOI will remain the same as the articles that are migrated to the new Web site.

The top 10 *Pharmacotherapy* article DOIs that were resolved after Web searches from January through December 2011 are as follows:

| Authors | Title | Volume (No.) | Article Type | Downloads (No.) | DOI |
|---|---|--------------|--------------|-----------------|-----------------------------|
| Schiano TD | Treatment Options for Hepatic Encephalopathy | 30 (5 pt 2) | SUPPL | 157 | 10.1592/phco.30.pt2.16S |
| Heintz BH, Halilovic J, Christensen CL | Vancomycin-Resistant Enterococcal Urinary Tract Infections | 30 (11) | TR | 156 | 10.1592/phco.30.11.1136 |
| Garwood CL, Van Schepen KA, McDonough RP, Sullivan AL | Increased Thyroid-Stimulating Hormone Levels Associated with Concomitant Administration of Levothyroxine and Raloxifene | 26 (6) | TR | 129 | 10.1592/phco.26.6.881 |
| Brackett CC, Singh H, Block JH | Likelihood and Mechanisms of Cross-Allergenicity Between Sulfonamide Antibiotics and Other Drugs Containing a Sulfonamide Functional Group | 24 (7) | TR | 117 | 10.1592/phco.24.9.856.36106 |
| Romanelli F, Smith KM, Thornton AC, Pomeroy C | Poppers: Epidemiology and Clinical Management of Inhaled Nitrite Abuse | 24 (1) | TR | 62 | 10.1592/phco.24.1.69.34801 |
| Boucher BA | Achieving Hemostasis in the Surgical Field | 29 (7 pt 2) | SUPPL | 53 | 10.1592/phco.29.pt2.2S |
| Heintz BH, Matzke GR, Dager WE | Antimicrobial Dosing Concepts and Recommendations for Critically Ill Adult Patients Receiving Continuous Renal Replacement Therapy or Intermittent Hemodialysis | 29 (5) | TR | 51 | 10.1592/phco.29.5.562 |
| Yost RJ, Cappelletty DM | The Retrospective Cohort of Extended-Infusion Piperacillin-Tazobactam (RECEIPT) Study: A Multicenter Study | 31 (8) | ORA | 48 | 10.1592/phco.31.8.767 |
| McConeghy KW, Mikolich DJ, LaPlante KL | Agents for the Decolonization of Methicillin-Resistant <i>Staphylococcus aureus</i> | 29 (3) | TR | 47 | 10.1592/phco.29.3.263 |
| Bostwick JR, Guthrie SK, Ellingrod VL | Antipsychotic-Induced Hyperprolactinemia | 29 (1) | TR | 47 | 10.1592/phco.29.1.64 |

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Tiffany Murray
Jaclyn Myers
Ryan Myers
Lorifel Nabong
Ellen Nastase
David Nelson
Holly Newman
Rick Ngo
Binhminh Nguyen
Catherine Nguyen
Diana Nguyen
Kathy Nguyen
Kimberly Nguyen
Natalie Nguyen
Yen Mary Nguyen
Amanda Norman
Bissy Obi
Ronald Obrique
Kingsley Ohikuare
Dania Olson-Gokovski
Jennifer Osborn
Bruce Osler
Kelly Overton
Julie Owens
Lauren Padget
Julie Pardy
Lauren Parker
Bharat Patel
Ektaa Patel
Jaymin Patel
Kinjal Patel
Nirav Patel
Roshni Patel
Amy Paul

Larry Pechony
Lauren Pedesclaux
Debora Pereira
Katherine Perez
Kristin Pesto
Christine Pham
Eric Pham
Hieu Pham
Kim Ann Pham
Long Pham
Thoa Pham
Andrea Pierce
Everett Pierce
Megan Pinion
Ameen Pirasteh
Sundari Poegoeh
Abbey Powers
Jacqueline Pratt
Jaci Price
Nandini Puranprashad
Calie Putnam
Erin Quinn
Melissa Quinn
Rachel Ralph
Anthony Rampersaud
Shweta Rana
Ashlee Randklev
Jeremy Ray
Diala Rbetz
John Redden
Ryan Reddick
Julia Reffert
Trenton Reynolds
Amy Riedel
Sarah Rindfuss
Brooke Ringgenberg
Jenny Rivera
Kathryn Roper
Frankie Rose
Melanie Rose
Magali Roskam
Angela Rosselli
Deanna Rossi
Svetlana Rouzanova
Lynn Russell
Rikki Rychel
Janelle Rychlick
Maksida Sabackic
Mar Kevin Sacayanan

Colleen Sacco
Nazaneen Sadeghi
Rose Salzberg
Anthony Sanchez
Nichole Saqueton
Matthew Sasaki
Shellina Scheiner
Brandon Schowengerdt
Jenni Seddelmeyer
Marjorie Sen
Nilima Shah
Vaishali Shah
Nora Sharaya
Annie Shelton
Bibek Shrestha
Stephanie Shu
Naimah Shuayb
Lanny Sieman
Ghazi Sinada
Brandon Sipe
Lanette Sipple
Zephanye Sistrunk
Amelia Smith
Marisa Smith
Tonya Smith
Kristle Snapp
Misti Spann
Steve Stackhouse
Lindsay Stang
Jana Sterling
Matthew Stevens
Chanelle Stidham
Rebecca Stillo
Kyle Strnad
Jenna Strobl
Sara Strout
James Sturgeon
Jenny Suen
Carolyn Sullen
Elizabeth Sullivan
Scott Sumida
Brooke Sumner
Derek Szesny
Kaylene Szeto
Aivee Tabangcora
Soniya Tambe
Maria Tangonan
Ryan Templeton
Courtney Terry

Namrata Thakkar
Jessica Thoma
Justin Thomas
Assel Thoresen
Katherine Tiatco
Crystal Tiller
Jeff Tillman
Apoorva Tiparti
Allison Todd
Amanda Tolento
Danica Torres
Marleen Tran
Jessica Traster
Amanda Trieu
Quang Truong
Emily Turley
Lauren Turner
Liana Tyson-Haynes
Natalie Valadez
Juyenvy Van
Tiffany VanDervort
Mitchell Vitale
Ngan Vo
Joy Vongspanich
Anthony Vu
Lucie Vu
Sonam Wadhvani
Brian Wall
Matthew Wallace
Joy Yue Wang
Justine Wang
Cedona Watts
Amy Webb
Lindsey Welch
Emily Wells
Alexandra Whiddon
Taylor White
Rachel Whited
Katharine Whitney
Alexis Whitten
Lindsey Whitworth
Kathy Whren
Kate Wilcoxon
Emileigh Wilhite
Laura Williams
Hyrum Wilson
Michole Witmyer
David Wittmer
Michael Wolcott

Carina Wolf
Amanda Wong
Mark Wong
Pamela Wong
Tiffany Wong
Jia Xiang Woo
Jarett Worden
Kiyomi Yamaguchi
Lily Yan
Roy Yarbrough
Kyeong Yoo
Ashley Young
Bismah Zahid
Michelle Zayas
Helen Zhang
Mirna Zhou

The following individuals recently advanced from Associate to Full Member:

Kathryn Beavers
Susan Bex
Verna Brock
Jennifer Evans
Nicole Even
Heather Gross
Adam Hergenbahn
Alexis Horace
Ling Kao
Deborah Laird
Gary Latta
Cheri Lemons
Donna Peterson
Amgad Ragab
Edgar Rios
Tim Robinson
Alexandra Santamaria
Lisa Wagoner

New Member Recruiters

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

Abdulaziz Alhossan
Hamoud Almutairi

Juanetta Asare-wassow
P. Brandon Bookstaver
Elias Chahine
Brian Chatterton
Rebecca Cofsky
Crystal Deas
Jennifer Goldman-Levine
Jeffrey Hansen
Jeremy Johnson
Ling Kao
Katie Kiser
Christopher Laman
Eunice Lee
Diem-Kieu Ngo
Dawn Pettus
Mary Regan
Shaleen Singh
Lisa Sliter
Danielle Smidt
Katherine Smith
Maria Stubbs
Patrick Tabon
Robyn Teply
Michael Thomas
Alana Whittaker
Barbara Zarowitz

Professional Placement Advertisements



**Assistant Professor (Nontenure-Track)
HIV/HCV Specialty Practice
Department of Pharmacy: Clinical and Administrative Sciences
College of Pharmacy
The University of Oklahoma Health Sciences Center
Oklahoma City, OK**

The University of Oklahoma College of Pharmacy invites applicants for a nontenure appointment in the area of HIV pharmacotherapy on the Oklahoma City campus. Applicants will develop a research program and scholarship in the area of HIV or HIV/HCV pharmacotherapy. The successful candidate is expected to develop and provide didactic, laboratory, and experiential training and education to Pharm.D. and graduate students and to pharmacy practice and specialty residents. Responsibilities include supporting the mission and goals of the College of Pharmacy through classroom learning opportunities and professional, community, and university service. OUHSC is a comprehensive academic health science center with seven professional colleges, affiliated hospitals, clinics, and research institutes near the Oklahoma City campus.

Candidates must possess a Pharm.D. degree from an ACPE-accredited program and have completed phar-

macy practice (PGY1) and specialty (PGY2) residencies, or possess equivalent postgraduate experience with significant exposure to HIV/HCV-focused services. Candidates must be eligible to obtain unrestricted Oklahoma pharmacist and preceptor licenses. Preferred qualifications include board certification in pharmacotherapy; experience in developing and expanding outpatient services; and experience in classroom teaching, small group discussions, and precepting Pharm.D. students. Candidates must pass a criminal background check. Salary and academic appointment will be commensurate with experience. Applications will be received until the position is filled.

Interested applicants should submit by mail a letter of interest, a complete curriculum vitae, a description of research and clinical interests, a list of grant applications/approvals/awards, and the names of three references (identify relationships, address, phone/fax/e-mail) to:

Michael E. Burton, Pharm.D.

Professor and Chair

Department of Pharmacy: Clin. & Admin. Sciences

University of Oklahoma College of Pharmacy

1110 N. Stonewall Ave.

Oklahoma City, OK 73126-0901

Telephone: (405) 271-6878

Fax: (405) 271-6430

E-mail: michael-burton@ouhsc.edu

The University of Oklahoma is an Equal Opportunity institution.



Tenure-track Faculty Positions in Clinical/Translational Science

The University of Michigan College of Pharmacy (<http://pharmacy.umich.edu/pharmacy/home>) seeks to hire up to two tenure-track assistant/associate professors in Clinical/Translational Science to join the Department of Clinical, Social and Administrative Sciences. Applicants should hold the Pharm.D. and/or Ph.D. degree with a developing or established research program. Candidates interested in engaging in transdisciplinary collaborations are particularly encouraged to apply. The successful applicants are expected to lead research programs supported by external funding and to participate in teaching in the professional and graduate pharmacy programs. Faculty rank will be based on candidate experience.

The University of Michigan College of Pharmacy seeks candidates who will provide inspiration and leadership in research and contribute actively to teaching. The university is especially interested in candidates who can contribute to the diversity and excellence of the academic community through their research, teaching, and/or service activities.

Applicants should submit by e-mail a letter of interest, a curriculum vitae, and the names and contact information of three references to:

Kathleen A. Stringer, Pharm.D.

Associate Professor

Chair, CSAS Search Committee

E-mail: wcclement@umich.edu

Review of applications will begin as they are received.

The University of Michigan is an Affirmative Action/Equal Opportunity employer committed to increasing faculty diversity and welcomes applications from women and underrepresented ethnic, racial, and cultural groups and from people with disabilities.