

## President's Column Unwritten: A Mosaic of Clinical Pharmacist Impact in Preventing Medication Harm



*Denise H. Rhoney, Pharm.D., FCCP, FNCS, MCCM*

When I asked ACCP Practice and Research Network (PRN) leaders to share examples of how their members are advancing my presidential theme of preventable medication harm, I expected to receive individual stories, projects, publications, member examples, or programs that could be highlighted in a future column.

What I received was something more powerful. I received a mosaic.

Across PRNs, leaders shared examples of member-driven work spanning nearly every point where clinical pharmacists help keep patients safe. Adult Medicine

highlighted medication reconciliation, transitions of care, and antithrombotic stewardship. Ambulatory Care described preventing severe hypoglycemia through continuous glucose monitoring and glucagon. Cardiology pointed to work involving heart failure therapy access, atrial fibrillation quality improvement, anticoagulation optimization, and venous thromboembolism treatment. Community-Based and Endocrine and Metabolism described harm-prevention efforts related to buprenorphine access, adverse drug event awareness, and anabolic-androgenic steroid misuse. Critical Care highlighted complex pharmacotherapy education and evidence synthesis. Drug Information connected artificial intelligence, drug information, and health equity. Emergency Medicine emphasized clinical pharmacist presence in high-risk emergency care environments. Nephrology highlighted nephrotoxin stewardship and race-free kidney function estimation for medication-related decision-making. Pediatrics identified safety issues related to creatinine clearance calculations, tramadol use,

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intravenous promethazine therapy, and vitamin A treatment in patients with measles. Pharmaceutical Industry described pharmacovigilance, health economics and outcomes research, medical affairs activities, and postmarketing safety work. Pharmacokinetics/Pharmacodynamics/Pharmacogenomics highlighted genotype-guided prescribing, and Transplant described work connected to race-free eGFR equations, drug dosing, and transplant pharmacy research.

The breadth of these examples matters. It reminds us that preventable medication harm is not confined to one practice setting, one disease state, one PRN, or one type of clinical pharmacist intervention. It is not only an emergency department issue, a critical care issue, an ambulatory care issue, a nephrology issue, or a pediatric issue. It is a shared professional purpose.

And perhaps most importantly, it is already embedded in the work ACCP members are doing every day. As I read these examples, three themes emerged. ACCP members are preventing medication harm by improving the quality of medication decisions, being present in the places where medication risk is highest, and building the evidence, education, and tools that help others practice more safely. These themes are not separate silos; they overlap and reinforce one another. Together, they show how clinical pharmacists prevent harm at the patient level, the practice level, and the health system level.

### Preventing Harm through Safer Medication Decisions

One of the clearest examples comes from the paper, “Adopting Race-Free Estimated Glomerular Filtration Rate for Unifying Medication-Related Decision-Making: An Opinion Paper of the Nephrology Practice and Research Network of the American College of Clinical Pharmacy.” The paper calls for the adoption of race-free, body surface area-adjusted estimated glomerular filtration rate for medication-related decision-making and urges coordinated change across health systems, clinical decision support programs, institutional protocols, pharmacy curricula, and regulations.<sup>1</sup>

This is exactly the kind of upstream work that can prevent medication harm before it reaches the patient. Kidney function estimation influences drug selection, dosing, monitoring, toxicity risk, and therapeutic access. When the tools we use to estimate kidney function vary across practice settings, or when they carry assumptions that may contribute to inequity, medication-related decisions become less consistent and potentially less safe. The Nephrology PRN’s work helps highlight the fact that preventing harm is not only about catching an error at the bedside. It is also about questioning the assumptions embedded in our systems, equations, protocols, and educational models.

What is especially meaningful is that this work produced more than a single publication. It prompted scholarly dialogue in *JACCP*, including multiple commentaries and a reply from the Nephrology PRN authors.<sup>2-6</sup> That exchange matters because it demonstrates what clinical pharmacists do to prevent harm: examine evidence carefully, challenge assumptions respectfully, and work through complex medication-related questions in ways that strengthen practice.

The cross-PRN engagement around this topic also reminds us that medication safety problems rarely fit neatly into one specialty. Kidney function estimation affects decisions in adult medicine, ambulatory care, critical care, transplantation, and many other areas of practice. When one PRN raises an important question, the impact can ripple across the College.

Other PRNs shared additional examples of safer medication decision-making. The Pharmacokinetics/Pharmacodynamics/Pharmacogenomics PRN highlighted education related to genotype-guided hydralazine dosing, including recommendations intended to improve efficacy in rapid and intermediate NAT2 metabolizers. The Pediatrics PRN identified discussions around creatinine clearance calculations in the electronic health record, tramadol safety, avoidance or restriction of intravenous promethazine, and strategies for optimizing vitamin A administration in patients with confirmed measles. These examples differ in content, but



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the underlying message is the same: clinical pharmacists prevent harm by improving the quality of medication decisions before those decisions reach patients.

### Preventing Harm through Clinical Pharmacist Presence and Care Transitions

Several PRNs also reminded us that preventable medication harm often occurs when care is fragmented, transitions are rushed, or clinical pharmacist expertise is absent from high-risk environments.

The Adult Medicine PRN highlighted the RxCARES program at the University of Illinois-Chicago, a pharmacy student-driven initiative targeting high-risk patients for medication reconciliation and transitions of care. Students complete comprehensive medication histories, assist with admission and discharge reconciliation, identify discrepancies, communicate with the medical team, and conduct follow-up phone calls after discharge. That is harm prevention in one of its most practical forms. Transitions of care are filled with risk: incomplete histories, discontinued therapies, duplicate medications, unclear instructions, access barriers, and delays in follow-up. When pharmacists and pharmacy learners are embedded in these processes, they help close gaps that patients may never know existed but that could have harmed them.

The Ambulatory Care PRN offered another patient-centered example: identifying a patient with diabetes using insulin therapy who was experiencing frequent severe hypoglycemia. By prescribing continuous glucose monitoring and glucagon, clinicians were able to identify and treat future episodes earlier and more effectively. This example is powerful because it translates “medication optimization” into something patients immediately understand: preventing a dangerous low blood sugar event.

The Emergency Medicine PRN, which I have highlighted previously for its work around clinical pharmacist presence in the emergency department and the television show, *The Pitt*, continues to model how our members make invisible safety work visible. Their message is

direct: when clinical pharmacists are absent from high-risk care settings, opportunities to prevent medication harm may be missed. That principle extends far beyond the emergency medicine setting.

Patients may not always see the clinical pharmacist who prevents the unsafe dose, identifies the interaction, questions the anticoagulation plan, adjusts therapy for kidney function, or ensures a high-risk medication is monitored appropriately. But the absence of harm does not mean there’s an absence of impact. In fact, it often means the clinical pharmacist’s work succeeded. That is the paradox of our profession: some of our most important contributions are the crises that never happen.

### Preventing Harm through Evidence, Education, and Shared Tools

PRN leaders also shared examples showing that preventing medication harm is not just accomplished through direct patient care. It also occurs through scholarship, education, evidence synthesis, and shared tools that help pharmacists practice more safely.

The Critical Care PRN described a sustained effort to provide continuing education on increasingly complex pharmacotherapy in critical illness. Their programming has educated nearly 1000 pharmacists over the past two years. That reach is important. In high-acuity environments, harm prevention depends on clinicians who can manage complex regimens, evaluate emerging evidence, and respond to rapidly changing patient conditions. The Critical Care PRN also highlighted a recently published paper in *Pharmacotherapy* titled, “Pharmacotherapeutic Controversies During Temperature Control After Out-of-Hospital Cardiac Arrest: A Semi-Structured Literature Review.”<sup>7</sup> This type of scholarship matters because uncertainty is one of the places where medication harm can emerge. When evidence is complex, evolving, or difficult to apply at the bedside, clinical pharmacists help translate these ambiguities into safer therapeutic decisions.

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The Drug Information PRN provides another important example. Its opinion paper on the responsible use of artificial intelligence in health care addresses one of the most important emerging safety issues in contemporary practice.<sup>8</sup> Artificial intelligence will increasingly influence how information is generated, interpreted, and applied in patient care. If used responsibly, it may support safer care. If used without appropriate oversight, it may amplify bias, misinformation, inappropriate recommendations, or unsafe decisions. This is where drug information expertise becomes essential. Preventing future medication harm will require clinical pharmacists to evaluate not only the evidence behind medication therapy, but also the tools and technologies that shape how clinicians and patients understand and apply that evidence.

The Critical Care PRN's landmark trials database, the Drug Information PRN's responsible AI work, and the many PRN educational programs shared by PRN leaders all point to a broader truth: preventing harm requires infrastructure. It requires resources, shared knowledge, professional development, and communities willing to do the slow work of translating evidence into practice. This is what makes ACCP the primary home for so many of today's clinical pharmacists.

### Making the Work Visible

Taken together, the examples shared through our PRNs make one thing clear: ACCP members are already writing the next chapter of medication safety. They are doing it through:

- Safer medication decisions
- Clinical pharmacist presence in high-risk settings
- Transitions-of-care work
- Publications, letters, databases, webinars, and educational programming
- Advocacy, technology, pharmacogenomics, stewardship, and patient-centered care

Our challenge now is to make this work more visible. That visibility matters not because we need recognition for its own sake, but because patients, health systems, policymakers, and other health professionals cannot value what they cannot see. Patients may not know that a clinical pharmacist prevented a medication discrepancy at discharge, identified a safer anticoagulation strategy, recognized hypoglycemia risk, questioned a kidney function estimate, or helped ensure that artificial intelligence tools are used responsibly. But those actions can determine whether patients are harmed or protected.

If preventable medication harm is a defining space where clinical pharmacists lead, then we must continue to name that work clearly. We must communicate it in ways patients understand. We must say not only “we optimize therapy,” but also that **a clinical pharmacist helps keep you safe**. That message is simple. It is also powerful.

### A Call for Your Stories

As I continue in this presidential year, I want to keep making clinical pharmacists' work visible. I encourage ACCP members, PRN committees, and PRN leaders to send me stories, publications, programs, advocacy efforts, patient care models, educational initiatives, or other examples that show how clinical pharmacists are preventing medication harm. The story does not have to be dramatic. In fact, many of the most important stories may be quiet ones: a medication error that was prevented and never reached a patient, an incorrect dosing decision that was corrected, a monitoring plan that prevented toxicity, a discharge process that avoided confusion, or a practice model that made safer care possible.

This “Unwritten” theme is not asking ACCP members to invent a new purpose. It is asking us to reference, connect, and amplify the work already underway.

The examples shared through our PRNs make one thing clear: ACCP members are already writing the next chapter of medication safety. Our task now is to make that work visible, connect it across practice areas, and

## ACCP POSITION STATEMENT

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claim preventable medication harm as a defining space where clinical pharmacists lead.

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## Attend the ACCP Virtual Poster Symposium — It's Free!

Mark your calendar for the ACCP Virtual Poster Symposium, scheduled for May 19-20, 2026. Two interactive sessions will take place from 7:00 p.m. to 9:00 p.m. (Eastern Daylight Time) on May 19 and 20, during which authors will be available for real-time, online question-and-answer sessions alongside their virtual posters. Posters will be available for asynchronous viewing and commenting from May 16 through May 24. An up-to-date web browser is all that is needed to participate in the interactive sessions. Attendance is free and open to all—ACCP members, colleagues, friends, and family.

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To view posters, engage with presenting authors, and attend the Virtual Poster Symposium, visit: [2026 ACCP Virtual Poster Symposium](#).

## ACCP Collaborative Practice Agreement Template: Advancing Team-Based Care

Strengthen collaboration between clinical pharmacists and physicians with the ACCP Collaborative Practice Agreement (CPA) Template. This practical resource is designed to support integrated, team-based care while helping organizations develop agreements that align with applicable state regulations.

Collaborative practice is permitted in all 50 states, but requirements vary considerably. Depending on the state, regulations may address:

- Number and ratio of collaborating providers
- Duration and renewal of agreements
- Referral or prescribing requirements
- Pharmacist education, training, and credentialing
- Specific medications, services, or laboratory ordering authority
- Filing requirements with Boards of Pharmacy or other regulatory bodies

To help navigate this complexity, the ACCP CPA template includes structured section headers and customizable draft language that can be tailored to state law and institutional policy.

## Key Features

- **Alignment with ACCP Policies:** Reflects ACCP's published positions supporting clinical pharmacists as medication-use experts on physician-led health care teams.
- **Education and Training:** Emphasizes the role of residency-trained, board-certified pharmacists who maintain ongoing professional competence.
- **Integrated Care:** Incorporates provisions for communication, coordination, and shared accountability between pharmacists and physicians.
- **Flexibility:** Allows for easy modification to meet regulatory, organizational, and practice-specific needs.

## Access the Template

The CPA template is available to ACCP members and non-members as part of the organization's commitment to advancing clinical pharmacy practice and improving patient care. [Click here](#) to download the template.

## ACCP Billing and Contracting for Outpatient Clinical Pharmacy Services Academy

ACCP's Billing and Contracting for Outpatient Clinical Pharmacy Services Academy equips clinical pharmacists and pharmacy leaders with the knowledge and practical skills needed to identify, implement, and sustain revenue-generating and cost-saving strategies for outpatient clinical pharmacy services.

# 2026 Clinical Pharmacy Challenge

Registration Deadline:  
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This certificate-based program is designed for those seeking to expand fee-for-service billing and value-based contracting opportunities within their unique practice settings. Participants engage in primarily self-paced, on-demand learning developed by national experts, complemented by live consultancy sessions that foster peer learning, case-based discussion, and networking.

Live consultancies enhance the asynchronous modules with real-world application. The most recent session, held in early May, featured eight presenters and interactive case challenges focused on topics such as billing for outpatient behavioral health, opportunities to create sustainable cardiometabolic clinical pharmacy services, and incorporating learners into telehealth visits.

Recognizing that billing and contracting opportunities vary by state, region, and practice model, the Academy emphasizes helping learners navigate this complexity. Participants are guided through identifying strategies that align with their local regulations and institutional goals, then dive deeper through learner-selected elective content tailored to their needs.

### Certificate Requirements

Participants complete:

- 10 hours of required foundational content
- 3 hours of live (virtual) consultancies and case discussions
- 5 hours of learner-selected elective sessions

### Required components include:

- Module 1: Primer
- Module 2: Foundations of Fee-for-Service Billing
- Module 3: Foundations of Value-Based Care
- Live Case Discussions
- On-Demand Electives

### Register Today

Enrollment is open now, and all course materials are available. Learn more and [register here](#).

Have five or more potential participants from your state, health system, or academic institution? Contact Amie Brooks at [abrooks@accp.com](mailto:abrooks@accp.com) to inquire about special group pricing.

### Funding the Future: 2026 ACCP Foundation Futures Grants Applications Open May 15



The 2026 ACCP Foundation Futures Grants program invites student, trainee, and early-career ACCP members to apply for developmental research grants. Award amounts range from \$20,000 to \$80,000, depending on applicant eligibility and budget approval. In total, up to \$100,000 in mentored, developmental research funding will be distributed in 2026. For full program details, visit [www.accpfoundation.org/futures](http://www.accpfoundation.org/futures).

The grant application portal will open May 15, 2026, and all applications must be submitted by September 1, 2026. The Grant Award Committee will base funding decisions on the overall impact and merit of the proposed research, the potential for the applicant to succeed as an investigator, and the experience of the mentor in research and research training.

Before applying, all applicants must complete a brief set of online eligibility questions. Based on their responses, applicants will receive an immediate determination of eligibility for either the student/resident or junior investigator award category and will be directed to the appropriate application form. Applicants may save their responses and return to a partially completed application.

For questions, please contact:

**Shelly Enders, Pharm.D.**

**ACCP Foundation**

**Email:** [senders@accp.com](mailto:senders@accp.com)

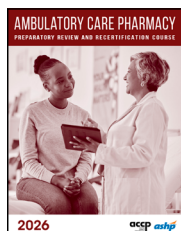
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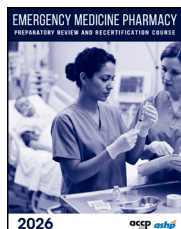
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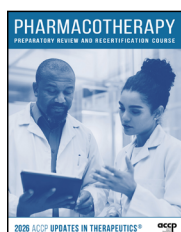
## 2026 Ambulatory Care Pharmacy, Emergency Medicine Pharmacy, and Pharmacotherapy Preparatory Review and Recertification Course Release Dates



The [2026 ACCP/ASHP Ambulatory Care Pharmacy Preparatory Review and Recertification Course](#) is now available for those preparing to sit for the Board of Pharmacy Specialties (BPS) Ambulatory Care Pharmacy specialty examination or those seeking to earn up to 23.75 hours of BCACP recertification credit.



The [2026 ACCP/ASHP Emergency Medicine Pharmacy Preparatory Review and Recertification Course](#) will be released for home study credit on May 27, 2026, for those preparing to sit for the BPS Emergency Medicine Pharmacy specialty examination or those seeking to earn up to 26.5 hours of BCEMP recertification credit.



The [2026 Updates in Therapeutics®: Pharmacotherapy Preparatory Review and Recertification Course](#) will release on May 28, 2026, for those preparing to sit for the BPS Pharmacotherapy specialty examination or those seeking to earn up to 26.25 hours of BCPS recertification credit.

*ACCP collaborates with ASHP on Ambulatory Care Pharmacy and Emergency Medicine Pharmacy activities.*

## PCC Features Clinical Pharmacist in New Video on Team-Based Care and Meaningful Caregiver Engagement

In [this video](#) from the Primary Care Collaborative (PCC) and ACCP, Sheri Conner and ACCP member Rebecca Heath, Pharm.D., MSCR explore how a team-based approach to care has empowered Ms Conner as she

provides care to her mother, who has dementia. The video highlights how the ongoing relationship between the care team, patient and caregiver has led to a better care experience.

ACCP would like to thank Dr Heath for her valuable contributions and for sharing her experience of meaningful engagement with patients and caregivers.

## ACCP Applied Mental Health Pharmacotherapy Certificate Program

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This interactive, practice-based program equips nonpsychiatric specialty clinical pharmacists to deliver team-based care for patients with mental health and substance use disorders, especially in nonpsychiatric settings.

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- Flexible online learning: self-paced modules + 3 live sessions
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## ACCP National Student Network Advisory Committee Applications Due June 15

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

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**PCC Features Clinical Pharmacist in New Video on Team-Based Care and Meaningful Caregiver Engagement**



The National Student Network Advisory Committee is composed of student members appointed each year by the ACCP president. Members generally serve a 1-year term, and the committee is typically composed of 8 to 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). Please [click here](#) for more information about the committee or to apply. The deadline for applications is June 15.

## ACCP National Resident Advisory Committee Applications Due July 15

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

The National Resident Advisory Committee is a standing committee composed of residents, fellows, or graduate students appointed each year by the ACCP president-elect. Members serve a 1-year term, and the committee is typically composed of 8 to 12 members. Appointed leadership positions include the chair (1-year term) and vice chair (1-year term).

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

The committee will meet in person at the 2026 ACCP Annual Meeting in October and will communicate through conference calls and email to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Global Conference in 2027. [Click here](#) for additional information on the application process or to enter your application. The deadline for applications is July 15.

## ACCP Member Spotlight: Christina Madison



Christina M. Madison, Pharm.D., FCCP, AAHIVP, is a residency-trained clinical pharmacist and public health communications strategist based in Las Vegas, Nevada. She is the Founder and CEO of The Public Health Pharmacist, PLLC, a public health consulting firm established in 2019 that focuses on

translating evidence into culturally responsive health communication, media strategy, and community-centered public health education.

### Madison's Public Health Reach

A defining feature of Madison's work is public-facing education at scale to advance health literacy. Through more than 200+ on-air television appearances, including Good Morning America (GMA3: What You Need to Know), she translates medical evidence into clear, practical guidance that supports informed decision-making and counters mis and disinformation. Madison also contributed to *WIRED's* "Pharmacology Support," answering widely searched medication questions with an evidence-first approach.

Most recently, Madison has expanded her communications work through collaborations that support evidence-based public education and small business empowerment, including work aligned with The Evidence Collective (a network of trusted health communicators) and Verizon Small Business programming through its "Ask the Expert(s)" learning series.

### Why Pharmacy

Madison chose clinical pharmacy because she wanted a career where science directly changes outcomes. Where the "why" behind a decision matters as much as the decision itself. Early on in her professional journey, Madison was drawn to public health because as she notes, "it's where prevention, trust, and long-term relationships live." That path naturally led her to communicable diseases management and sexual health: HIV care, STI management, and immunizations are fields where evidence evolves quickly, stigma can be a barrier to care, and pharmacists can make an immediate difference by improving access and optimizing therapy.

### Advocacy & Advice

Madison is a strong proponent of advocacy in pharmacy. She shares that the most important form of advocacy is protecting and expanding evidence-based pharmacist care models that improve access to quality health care and improve health care outcomes. That includes advocating for appropriate scope, sustainable reimbursement, and policy that allows pharmacists to practice at the top of their license. Madison offers advice to pharmacists who are interested in having a greater role in advocacy:

1. Start local and specific: know your state practice act, identify one barrier patients face, and tie your advocacy to a concrete outcome (access, cost, safety, adherence).

2. Pair data with a story: embrace the power of storytelling by engaging with policymakers to remember people, not just numbers in a spreadsheet—but bring both.
3. Build coalitions: partner with physicians, nurses, public health leaders, and community organizations so the message isn't "pharmacists want more," but "patients need this."
4. Be consistent: advocacy is a repetition game. Show up, follow up, and keep receipts (evidence, outcomes, testimonials).

### Impact and Inspiration!

Madison's impact spans policy, practice, and public understanding. She works to inform legislative conversations, help organizations embed equity into operations, and ensure that communities receive clear, respectful, and actionable health information. Madison shares that her goal is to ensure that evidence-based care is not only available, but also understandable and trustworthy for the people who need it most.

### ACCP Members Invited to Participate in the 2026 NCICLE Patient Safety and Health Care Quality Resource Challenge

As a member of the National Collaborative for Improving the Clinical Learning Environment (NCICLE), ACCP has been invited to participate in gathering resources that our members use in their practice sites to ensure patient safety and improve health care quality within clinical learning environments (CLE), including patient care areas within hospitals, clinics, and community-based practice sites. NCICLE is asking each of its 43 health care professional organizations and their members to review the pathways and properties in the Patient Safety and Health Care Quality sections of the [NCICLE Pathways to Excellence](#) document and submit tools and resources from their practice sites to be shared among the organizations.

The annual NCICLE Resources Challenge is an effort to gather review articles, studies, podcasts, tool kits, and other resources to facilitate sharing best practices more widely. Submissions need to be linked to one or

more of the Patient Safety or Health Care Quality pathways found on pages 9 and 12 of the [NCICLE Pathways to Excellence](#) document. Resources may focus on a single patient care unit, department, or institution and may involve a single profession or all the health care professions that make up a patient care team. Examples of resources in this area include interprofessional orientation or training for students and residents on patient safety and quality improvement, developing policies and simulations for disclosure after an error so that learners, faculty, and staff communicate in an appropriate manner to the patient and others on the team, and developing more standardized metrics to measure quality in the CLE. Projects focused on maintaining a culture of safety are particularly important to submit. Resources do not need to have been published in the medical literature but must be publicly available. The tools and resources submitted during the Challenge will be shared at the Fall 2026 NCICLE meeting and placed in a resource compendium on the [NCICLE website](#). A link for the [NCICLE Pathways to Excellence](#) document and all the previous compendia can also be found on the [Professional Resources](#) section of the ACCP webpage.

The submission portal is now open at [Submit Your Resource](#). NCICLE welcomes all submissions; no resource is too big or too small. The only requirement is that the resource is publicly available. Contributions of all kinds help build a richer resource for the broader clinical learning environment community. The deadline to submit is September 30, 2026. Please send any questions about NCICLE or the Patient Safety and Health Care Quality Resource Challenge to [info@accp.com](mailto:info@accp.com).

### ACCP Announces Next iForumRx Editor-in-Chief

#### *Balli Will Succeed Haines in Chief Editorial Role*

iForumRx, an online resource for pharmacists in community-based and ambulatory care settings, is pleased to announce Michelle L. Balli, Pharm.D., BCACP, as its incoming editor-in-chief (EIC). Balli will work closely with current EIC Stuart T. Haines, Pharm.D., FCCP, over

Journal of the American College of Clinical Pharmacy - Themed issue

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the next few months and will officially assume the EIC role Jan. 1, 2027.



Haines launched iForumRx in 2010 as a community of practice designed to inform pharmacy specialists, residents, and students about high-quality, practice-changing evidence. iForumRx uses brief commentaries, podcasts, panel discussions, and polls to convey information about recently published literature and landmark studies.



Balli earned her Pharm.D. degree from The University of Toledo College of Pharmacy and Pharmaceutical Sciences. She completed PGY1 residency training with the Flower Hospital Family Medicine Residency program and PGY2 training in ambulatory care with Butler University Health Education Center. Currently, she serves as an associate professor with the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy and as a clinical pharmacy practitioner at the Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. Balli has been an iForumRx editorial board member since 2019 and is excited to continue what Haines began.

iForumRx is a wonderful online community for practitioners, residents, and students to engage and stay up to date on current treatment guidelines and literature. I am both humbled and honored by the opportunity to serve as EIC, and I look forward to following in Dr. Haines's footsteps with the continued production of high-quality content for this community.

Haines is professor of pharmacy practice and director, Division of Pharmacy Professional Development at the University of Mississippi School of Pharmacy, and serves as EIC of JACCP. He and the nine-member iForumRx editorial board oversaw the transition of iForumRx to ACCP as a member benefit earlier this year. As Haines prepares to step away from the role he created 16 years ago, he describes Balli as an excellent fit for the EIC role.

I'm so delighted that Dr. Balli has agreed to assume the role of editor-in-chief. Michelle has made numerous contributions to iForumRx over the years, and, as someone who works with patients with complex medication needs every day, she truly understands how to use evidence to inform her practice. Michelle will bring energy and creativity to this role!

iForumRx encourages participation by authoring and reviewing submissions and by commenting on articles.

## UPCOMING EVENTS & DEADLINES:

[2026 ACCP Virtual Poster Symposium](#)  
May 19 & 20, 2026

[2026-2028 National Academy of Medicine Fellowship in Pharmacy Nominations Due](#)  
June 1, 2026

[National Student Network Advisory Committee Applications Due](#)  
June 15, 2026

[ACCP Annual Meeting Abstract Submissions Due \(except Research-in-Progress & Encore\)](#)  
June 15, 2026

[ACCP National Resident Advisory Committee Applications Due](#)  
July 15, 2026

[ACCP Annual Meeting Abstract Research-in-Progress & Encore Submissions Due](#)  
August 15, 2026

[ACCP Foundation Futures Grants Application Deadline](#)  
September 1, 2026

[ACCP Annual Meeting PRN Abstract Submissions Due](#)  
September 1, 2026

[ACCP Clinical Pharmacy Challenge Team Registration Due](#)  
September 8, 2026

[2026 ACCP Annual Meeting](#)  
October 17-20, 2026  
Hyatt Regency Salt Lake City  
Salt Palace Convention Center  
Salt Lake City, Utah

[ACCP PGY2 Residency and Fellowship Showcase](#)  
October 28, 2026  
Virtual

[SNPhA x ACCP Residency Showcase](#)  
November 10 & 12, 2026  
Virtual

ACCP members have access to [iForumRx](#) as part of their membership; nonmembers may [subscribe](#) for \$25 per year.

## Washington Report

### ACCP Government and Professional Affairs Update: Executive Branch Communications Strategy

John McGlew  
Director of Government Affairs



ACCP is an evidence-based organization that prioritizes the generation of innovative science and dissemination of new knowledge to advance pharmacotherapy and patient care. Since President Trump was sworn-in as the 49th President of the United States on January 20, 2025, ACCP has remained fully committed to our strategic, evidence-driven approach to advocacy, while remaining vigilant and responsive to regulatory developments that directly affect our members and their ability to take care of patients.

Over the course of the Trump Administration to date, ACCP has met personally with leaders at Health and Human Services (HHS) to establish an ongoing “open-door” dialogue. This approach has helped us in our targeted engagement with the [Advisory Committee on Immunization Practices \(ACIP\)](#) and the [Task Force on Safer Childhood Vaccines](#). Last year, ACCP also submitted communications to the [Centers for Medicare & Medicaid Services \(CMS\)](#) and the [Food and Drug Administration \(FDA\)](#).

Most recently, ACCP [submitted a statement](#) in response to the Centers for Disease Control and Prevention (CDC) March 18, 2026, meeting of the Advisory Committee on Immunization Practices (ACIP) reiterating our long-standing position that CDC should utilize the expertise of qualified clinical pharmacists to strengthen the scientific integrity, operational insight, and patient-centered focus of the nation’s immunization policy.

#### Capitol Hill Strategy

Both independently and as part of multi-organizational coalitions, ACCP has been active on Capitol Hill targeting some leading offices in the Senate Finance Committee and House Ways and Means Committee.

ACCP is currently working with the [GOP Doctors Caucus](#), an informal congressional body of Republican members of Congress with medical and health care provider backgrounds dedicated to patient-centered health care policy. The caucus often provides meaningful guidance to congressional Republican leadership.

#### ACCP-PAC Supports Our Advocacy Communications

ACCP-PAC is the only federal political action committee dedicated specifically to advancing the practice of clinical pharmacists and the care of their patients. We are non-partisan. We support candidates who align with ACCP’s mission to advance the profession and improve human health, and who have demonstrated leadership on issues important to ACCP members, such as protecting Medicare funding for pharmacy residencies. [Click here](#) to learn more about ACCP-PAC.

ACCP-PAC is the only means by which ACCP can provide financial support to help candidates for Congress who understand and support our issues and share our vision of a team-based, patient-centered, quality-driven approach to health care delivery.

ACCP-PAC is a non-partisan, member-driven initiative and all decisions regarding financial contributions to candidates are made by the [PAC Governing Council](#) based upon certain established criteria:

- Position on key health care committees in Congress
- Proven support for pharmacy and health care-related issues
- Previous health care experience

The key health care-related committees in the House of Representatives are the Ways & Means, and Energy & Commerce committees; and the Finance & Health, Education, Labor & Pensions (H.E.L.P.) committees in the Senate.

ACCP members who contribute to the PAC may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, not all requests may be accommodated. The ACCP-PAC Governing Council must approve all candidate contributions.

For more information, visit the ACCP-PAC website at [www.accpaction.org](http://www.accpaction.org) or contact John McGlew ([jmcglew@accp.com](mailto:jmcglew@accp.com)).

#### Member Recruiters

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

Katherine Vogel Anderson	Edith Nutescu
Shahbaz Anwar	Nicole Octaviano
Brynn Brown	Clinton Peter
Ariel Dixon	Sally Pham
Shannon Finks	Ann Philbrick
Heather Howell	Lalita Prasad-Reddy
Nour Kadouh	Devada Singh
Katelyn Marcoux	Angela Villasenor
Tyler Maxwell	Justin Woods
Emily McGovern	

# ACCP Career Center



**The place** for clinical  
pharmacy careers.



## Featured Positions

**Title:** Clinical Pharmacist (Full-time/Locum)  
**Employer:** Bermuda Hospitals Board  
**Location:** Paget, Bermuda

[Learn More](#)