Take Advantage of ACCP’s Comprehensive Approach to Studying for the Pharmacotherapy and Ambulatory Care Pharmacy Specialty Exams

Do you plan to take the Pharmacotherapy or Ambulatory Care Pharmacy Specialty Exam this fall, but find it difficult to start reviewing? Do you question your understanding of some of the key concepts that may be covered on the specialty exam? If so, save time and money by taking advantage of the home study version of the 2014 Ambulatory Care Pharmacy Preparatory Review and Recertification Course or the 2014 Pharmacotherapy Preparatory Review and Recertification Course to fully prepare! Instructional materials for both courses are available today at www.accp.com/bookstore.

Advantages of purchasing an ACCP preparatory review course include:

- Access to the 1000+ page detailed two-volume workbook covering key content areas.
- More than 350 case-based questions and explained answers for effective learning and self-assessment.
- The convenience of studying from your home, office, or anywhere you have Internet access or access to an MP3 player.
- Access to fast-paced, yet comprehensive reviews of the full scope of either the ambulatory care pharmacy or pharmacotherapy specialty.
- The ability to start studying immediately!

Packaged instructional materials include content for the entire course in print and online formats, starting at the low price of $390 (ACCP member rate). Individual non–continuing pharmacy education (CPE) components of the course are also available, starting at the low price of $155 (ACCP member rate).

To receive CPE credit for any of the home study packages, you must successfully complete and submit the Web-based posttest to ACCP by October 31, 2015. Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of each course are available at www.accp.com/bookstore.

Orders for the Ambulatory Care Pharmacy Preparatory Review and Recertification Home Study Course or the Pharmacotherapy Preparatory Review and Recertification Home Study Course may be placed online at www.accp.com/bookstore. Orders may also be placed by telephone at (913) 492-3311 or by fax at (913) 492-0088.

Virtual Poster Symposium Best Poster Competitions Won by Lopez and Golubovic

The winner of the Best Poster Award from the 2014 Virtual Poster Symposium was selected on Wednesday, May 21, 2014, during the 2014 Virtual Poster Symposium. The winner of the Best Student and Resident Poster Award was selected on Tuesday, May 20, 2014. Poster finalists in both categories were required to give a 6- to 8-minute presentation via Skype as well as participate in a 3- to 5-minute question-and-answer session with the judges. In all, 146 abstracts were presented during the Virtual Poster Symposium. Of these, 58 were reports of original research, 34 described innovative clinical pharmacy services, and 54 were resident and student submissions. In addition, several papers were encore presentations of work given in abstract form at other scientific meetings.

Lauren Lopez from Grant Medical Center, Columbus, Ohio, won the Best Poster Award for “Quality and Economic Impact of an Antimicrobial Stewardship Program Intervention on Procalcitonin (PCT) Utilization at a Community Health System in Central Ohio.” Dr. Lopez’s
coauthor on the poster was Sara Jordan, also from Grand Medical Center. Lauren Miller from the University of Arizona, Tucson, Arizona, was the runner-up in this category. Dr. Miller’s coauthors were Brian Erstad and Kurt Weibel, also from the University of Arizona. The other finalists in this category were Elaine DePrang from Medical Center Hospital, Odessa, Texas; Virginia Fleming from the University of Georgia College of Pharmacy, Athens, Georgia; and Lianne Kokoska from Harper University Hospital, Detroit, Michigan.

Bojana Golubovic from the University of Belgrade, Belgrade, Serbia, won the Best Student and Resident Poster Award for “Prediction of Tacrolimus Dose Based on Estimated Clearance Using Population Pharmacokinetic Approach in Adult Kidney Transplant Patients.” Ms. Golubovic’s coauthors were Dragana Radivojevic, Sandra Vezmar Kovacevic, Milica Prostran, and Branislava Mijkovic, also from the University of Belgrade, Belgrade, Serbia. The other finalists in this category were Diogo Mendes from the University of Coimbra, Coimbra, Portugal, and Anthony Shaver from the University of Washington, Seattle, Washington.

Finalists from both the Best Poster and Best Student and Resident Research-in-Progress Poster competitions will present their research during the Scientific Platform 2014 Annual Meeting Call for Abstracts

2014 Annual Meeting Call for Abstracts

Regular Abstracts Due June 16! Late Breakers and Student Abstracts Due July 2

Submit abstracts: accp.confex.com/accp/2014am/cfp.cgi.

All investigators in the fields of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts to be considered for poster presentation at the 2014 Annual Meeting in Austin, Texas. 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. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable. The presenting author must be a resident or fellow.

Student Submissions: Submission criteria are those of an Original Research presentation. Submission of partly completed data is acceptable. 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.

Submission Deadlines

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 sessions at the meeting. The deadline for submitting abstracts in Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Monday, June 16, 2014, 11:59 p.m. (PDT). The deadline for submitting abstracts in Student Submissions and Late Breakers is Wednesday, July 2, 2014, 11:59 p.m. (PDT). Authors will be notified by e-mail of acceptance of their papers by Friday, August 15, 2014.

For more information about the Call for Abstracts, contact the ACCP Research Institute by telephone at (913) 492-3311 or by e-mail at abstracts@accp.com.
Presentations at the 2014 Annual Meeting. The 2014 Annual Meeting will be held October 12–15, 2014, in Austin, Texas. Each winner will receive a plaque at the 2014 ACCP Annual Meeting and a $500 ACCP gift certificate to help offset travel expenses associated with attending the 2014 Annual Meeting. Serving as finalist judges for the two competitions were Carolyn Brackett, Margaret Noyes Essex, Brian Hemstreet, David Hoff, Keith Olsen, and Ralph Raasch. Abstracts for all 2014 Virtual Poster Symposium presenters are available in the June issue of Pharmacotherapy.

The next abstract award competition will be held at ACCP’s 2014 Annual Meeting. The deadline for submitting abstracts for the Annual Meeting is June 16, 2014, in the Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories. The deadline for submitting abstracts for the Student Submissions and Late Breaker categories is July 2, 2014. ACCP is now accepting abstracts at https://accp.confex.com/accp/2014am/cfp.cgi.

Don’t Miss ACCP’s Research Primer at the 2014 AACP Annual Meeting

This July, the ACCP Academy’s Research and Scholarship Certificate Program will offer the prerequisite module, the Research Primer, during the 2014 AACP Annual Meeting in Grapevine, Texas. For educators and practitioners interested in participating in an interactive and applicable research workshop, the Research Primer will serve as a strong foundation for their current and future research activities. This 4-hour pre-session is slated for Saturday, July 26, from 8:00 a.m. to noon. Registration is now available at www.accp.com/meetings/rp14/.

The “Research Primer” is the foundational module of the ACCP Academy’s Research and Scholarship Certificate Program. Presenters will be Julie Banderas, Pharm.D., FCCP, BCPS, assistant dean for graduate studies and allied health at the University of Missouri-Kansas City School of Medicine; Kathy Bungay, Pharm.D., M.S., FCCP, associate professor at Northeastern University School of Pharmacy; and Gary L. Cochran, Pharm.D., S.M., assistant professor of pharmacy practice at the University of Nebraska Medical Center College of Pharmacy. This interactive pre-session will provide expert advice on developing clinical research questions, writing persuasive background and significance sections, choosing and maximizing research designs, and finding an effective mentor.

The “Research Primer” may be taken as a stand-alone primer or as credit toward completing the remainder of the ACCP Research and Scholarship Certificate Program. To learn more about the Research and Scholarship Certificate Program, visit www.accp.com/academy. To obtain more information about the faculty and learning objectives and to register for the “Research Primer” at the 2014 AACP Annual Meeting, visit www.accp.com/meetings/rp14/. Register by Friday, July 11, 2014, to reserve your spot. Preregistration is required.

Registration Now Open for the 2014 ACCP Annual Meeting

Registration is now available at www.accp.com/am for the 2014 ACCP Annual Meeting, October 12–15, in Austin, Texas. The Annual Meeting offers engaging, educational programming on cutting-edge clinical and professional issues; specialty recertification sessions in ambulatory care, pharmacotherapy, and oncology; highly specialized practice and research network (PRN) focus sessions; and unmatched networking opportunities. The meeting schedule of events will also include the increasingly popular semifinal and final rounds of the ACCP Clinical Pharmacy Challenge, which draws talented student teams from the nation’s top pharmacy schools; the highly anticipated scientific paper platform presentations and poster presentations; and the ACCP Business and Town Hall Meeting.

Extensive Premeeting Symposia

ACCP will also offer six premeeting symposia on Saturday, October 11, the day before the Annual Meeting officially gets under way. The premeeting symposia are designed to provide a highly interactive, hands-on experience in a small classroom setting, led by a group of highly qualified faculty. Registrants may choose to attend any of the following premeeting symposia:
ACCP Academy Programming:

- Leadership Primer, I
- Research Primer
- Teaching and Learning Primer

BPS-Approved Educational Activities for Specialty Recertification:

- From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy—Oral Anticoagulants: Critical Appraisal of the Evidence and Implications for Patient Care
- From Theory to Bedside: Clinical Reasoning Series—Health Care–Associated Infections

Student Programming:

- Emerge from the Crowd: How to Become a Standout Residency Candidate

Premeeting symposia developed by the ACCP Academy are required components of the respective certificate programs; however, interested attendees needn’t be enrolled in the ACCP Academy to participate in these activities. A separate registration is required for all of the premeeting symposia.

Experience the Best Austin Has to Offer

Austin is the ideal meeting destination as well as the perfect place to bring your family or gather with friends as you experience the city’s unique ambiance, explore its exciting historic and cultural attractions, and take advantage of its vibrant music scene. Attendees will enjoy the premier meeting facilities at the LEED Gold certified Austin Convention Center, conveniently located adjacent to the prestigious Hilton Austin, ACCP’s headquarters hotel. The Hilton Austin’s newly remodeled guest rooms offer comfort, elegance, and spectacular views of the city’s vivacious shopping, dining, and entertainment scene. Within walking distance of the Hilton Austin are the famous 6th Street Entertainment District, Rainey Street, Historic District, Warehouse District, and much more! This is a meeting you won’t want to miss.

To view the complete schedule of educational activities, register for the 2014 ACCP Annual Meeting, and make hotel reservations, visit www.accp.com/am. Register early for maximum savings—the early registration deadline is September 5, 2014.

ACCP’s Residency and Fellowship Forum Connects Preceptors/Program Directors with Promising Candidates

ACCP’s Residency and Fellowship Forum connects preceptors and program directors with prospective candidates seeking 2015–2016 residency and fellowship positions. This year, the Residency and Fellowship Forum will be held on Monday, October 13, from 8:00 a.m. to 10:00 a.m., during the 2014 ACCP Annual Meeting in Austin, Texas.

The Residency and Fellowship Forum provides preceptors and program directors with easy access to some of clinical pharmacy’s most promising candidates. Set in an informal and even-paced atmosphere, the forum is designed to provide programs with an early opportunity to sit with candidates for one-on-one interviews and make valuable connections with top candidates. ACCP’s online database of applicants will give those in registered programs the ability to view candidate profiles, download CVs, and contact potential applicants before attending the 2014 Annual Meeting. Preceptors and program directors interested in participating must register to attend the 2014 ACCP Annual Meeting, post at least one of their available positions online, and submit a $75 non-refundable fee. Programs can reserve a table at the forum by submitting their available positions by August 30, 2014. However, earlier submission is recommended to reserve a spot before all of the tables are filled.

Applicants are encouraged to get a head start on identifying their next position by taking advantage of this opportunity to have face time with the preceptors and directors of the programs in which they are interested. Registered applicants will receive access to online program listings before the meeting, which will include all the available fellowships and PGY1 and PGY2 residency positions. Applicants interested in participating must post their applicant profile online, upload a CV (optional), and register for the 2014 ACCP Annual Meeting.

To start your search early, obtain more information, and register, visit the ACCP Residency and Fellowship Forum page today.

Washington Report

John McGlew
Director of Government Affairs

ACCP Medicare Initiative Update

Update from Capitol Hill

According to the current congressional calendar, the House of Representatives will be in session for less
The Need for Robust Medication Management

Evolving Payment Models:

The Part D Experience:

Collaborative Practice Agreements:

Outlook for ACCP’s Medicare Initiative

With time running out for major legislative activity in 2014, it would be unrealistic to expect any significant movement on our Medicare Initiative before 2015. As the 113th Congress winds down, congressional staff are already looking ahead to next year and the new Congress. For the remainder of this year, ACCP will continue to work with elected officials on both sides of the aisle to secure additional support for our initiative and position it for consideration as part of the larger Medicare payment reform discussion.

To date, our proposal has consistently been well received by House and Senate offices from both political parties. Moreover, according to feedback obtained from our conversations with congressional staff, several areas related to our proposal have been highlighted as particular strengths:

- The Need for Robust Medication Management Services: The challenge of managing complex, chronically ill Medicare beneficiaries to clinical goals and the financial and the societal costs associated with the failure to meet these goals are widely understood on Capitol Hill. Policy leaders have identified integrated, team-based patient care and payment models that reward value and outcomes, rather than volume, as the solution to this growing health care crisis. As part of this conversation, the need for coverage of robust medication management services is recognized, and qualified clinical pharmacists are considered the health care providers ideally positioned to deliver this service.

- The Part D Experience: Part D medication therapy management (MTM), even though it receives some political backing, is recognized as a limited and structurally flawed benefit that is administrative rather than clinical in nature. The inclusion of an MTM benefit within Part D established an important precedent by adding a patient care service component to accompany prescription drug coverage. However, there is growing acceptance—as highlighted recently by comments submitted to the Centers for Medicare & Medicaid Services by MedPAC (the Medicare Payment Advisory Commission)—that Part D MTM, as it is currently structured, cannot achieve the full potential of robust medication management care. Furthermore, the fact that 30% of Medicare seniors are not enrolled in Part D and lack access to any medication management service is recognized as a significant gap in Medicare coverage.

- Collaborative Practice Agreements: Congressional staff have stated that an essential provision is the requirement that patient care be delivered under formal collaborative practice agreements. This structure ensures that care is truly team based and that the effort is aimed at securing payment for pharmacists as part of integrated health care teams, rather than pharmacists directly billing for services provided in a siloed, fee-for-service structure. In addition, the collaborative practice approach provides support for our position that organized medicine is, in general, comfortable with the model of care we are trying to advance.

- Evolving Payment Models: Congressional staff have been encouraged by our efforts to align our proposal with the evolving, team-based, integrated delivery models that Medicare hopes to adopt. That our proposal is consistent with the model of care endorsed by the PCPCC (Patient-Centered Primary Care Collaborative) provides additional credibility to support this position. Although there

Outlook for ACCP’s Medicare Initiative

With time running out for major legislative activi-

than 40 days between now and the November elec-
tion. Lawmakers have already acknowledged the unlike-
lihood of any major legislative initiatives advancing dur-
ing what is left of the 113th Congress.

Looking ahead to November, decades of partisan re-
districting mean that of the 435 House seats being con-
tested, only 14 are considered truly competitive (rated
“toss-up” by the Cook Political Report), and an astonish-
ing 356 seats are considered either solidly Republican
or solidly Democratic. Because House Republicans hold
a 33-seat majority (234 seats to the Democrats’ 201
seats), Democratic challengers would need to win all 14
of these “toss-up” races and a further 20 seats from races
considered “leaning toward” or “likely” to result in a
Republican win in order to gain control of the House
while retaining control of all the seats they cur-
rently hold. In short, when the 114th Congress is sworn in,
the Republican Party is widely expected to control the
House.

On the Senate side, where the Democrats hold
a serviceable 55-45 seat majority (including two
Independents who caucus with the Democrats), the out-
look is less clear. Democrats must defend 21 of the
36 Senate seats being contested, compared with 14 rac-
es for seats currently held by Republicans. In addition,
six of the races for the Democratic-held seats are con-
sidered “toss-ups” compared with just two races for the
Republican-held seats.

Overall, the Democrats face an uphill battle to re-
tain control of the Senate, despite holding a five-seat
cushion. However, much can change between now and
November, and both parties publicly profess confidence
in their ability to win.

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is a natural reluctance in Congress to expand Medicare under the current, flawed, fee-for-service system, staff recognize that until Medicare payment policy shifts entirely to a bundled or capitated payment model, coverage under the existing Part B structure will be necessary to ensure coverage for and delivery of comprehensive medication management (CMM) services.

- **Partnership with CPNP (College of Psychiatric and Neurologic Pharmacists):** Mental and behavioral health issues are currently considered a priority on Capitol Hill, admittedly in the absence of a meaningful bipartisan consensus on what a legislative package addressing these issues should include. However, several congressional offices have noted the additional challenges that patients with mental or behavior conditions face in appropriately managing medication therapies and the particular importance of making a Part B CMM benefit available to this patient population.

**Medicare Initiative Advocacy**

During the summer, and particularly during the August congressional recess, members of Congress will spend less time in Washington and more time at home in their states or districts by conducting tours of businesses, meeting with constituent groups, and interacting with local officials.

ACCP members should take advantage of opportunities during the summer months to engage with their members of Congress and help generate support for our Medicare Initiative to establish a CMM benefit under Part B of the Medicare program. With that in mind, here are four things you can do to help this effort:

1. **Invite your lawmakers to tour your practice setting.**
   - Hosting a visit of your elected officials to your practice is perhaps the single most important thing you can do to help lawmakers understand what team-based, patient-centered care delivery reform and the future of the Medicare program. Clinical pharmacists should take advantage of this opportunity to discuss ACCP’s Medicare Initiative.

2. **Schedule meetings with your members of Congress or their staff.**
   - As the ongoing debate over Medicare physician payment reform shows, health care remains a priority on Capitol Hill. The August recess presents an ideal opportunity to schedule meetings with your elected officials to discuss your practice, your patients, and the importance of establishing a Medicare CMM benefit. Click here to enter your zip code and obtain contact information for your elected officials.

3. **Find and attend a town hall meeting.**
   - To find out when and where these are being held, check your members’ Web sites, Facebook and Twitter accounts, or local newspapers, or call their offices directly. Some town hall meetings are held online or via conference calls. These town hall meetings provide an excellent forum in which to address the issue of health care delivery reform and the future of the Medicare program. Clinical pharmacists should take advantage of this opportunity to discuss ACCP’s Medicare Initiative.

4. **Send a letter to your lawmakers.**
   - We have prepared a letter to Congress describing our Medicare Initiative that you can review and edit. You can send this letter in just a few easy clicks, but for maximum impact, we encourage you to personalize the letter by sharing some additional information about your clinical practice and the patients you care for.
   - Simply click here to visit our Legislative Action Center and follow the instructions to send your message to your representative and senators.

**Your Contribution to ACCP-PAC Can Help Advance Our Medicare Coverage Initiative**

The political reality is that a legislative initiative cannot move forward purely on the strength of its own merits—grassroots advocacy and financial contributions are key to showing support for our initiative from districts and states well beyond the Beltway.

The single biggest obstacle we face in advancing our Medicare Initiative pertains to the cost of establishing a new CMM benefit under Medicare Part B. Although there is a general consensus that establishing a Medicare CMM benefit would generate significant savings elsewhere in the Medicare program by averting hospitalizations, emergency department visits, and other costly encounters, the “score” or price tag Congress attaches to such a bill would include only the cost of delivering the CMM service.
Applications are now being accepted for the 2015 Community Advisory Panel (CAP) of the ACCP Practice-Based Research Network (PBRN). The CAP functions as an expert review panel for proposals received by the ACCP PBRN to determine the feasibility and practicality of proposed research projects. This standing committee to the ACCP PBRN, composed of a balance of generalists and specialists in a mixture of practice settings (e.g., outpatient clinics and inpatient services), represents the breadth and scope of the PBRN membership. The CAP consists of up to 10 members, each of whom may serve 3-year terms. All members of the panel belong to the ACCP PBRN and are unpaid volunteers. This year’s newly selected members will begin their terms at the 2014 ACCP Annual Meeting held in Austin, Texas, October 12–15, 2014.

To find out more about the CAP or to complete an online application by June 30, 2014, please visit www.accpri.org/cap/application.aspx.

From the Desk of the ACCP PBRN Community Advisory Panel Vice Chair:
A Day in the Life of a CAP Member: What to Know if You Are Considering Getting Involved

Margie Snyder, Pharm.D., MPH
Vice Chair, ACCP PBRN Community Advisory Panel

This month, the ACCP PBRN announced a call for applications from its members to serve on the PBRN's Community Advisory Panel (CAP). You may be wondering what exactly a CAP member’s role entails. Below is a summary of what serving on the CAP is all about.

- **What We Do.** As CAP members, we serve the PBRN in several key ways. First, we participate in the ACCP Annual Meeting and activities hosted by the Research Institute. Specifically, we speak with members about the PBRN and help them sign up to be part of this network, if they desire. Second, we attend various PRN meetings and serve on subcommittees that discuss the proposals. Third, we review and provide feedback on the proposals. Fourth, we attend the ACCP Annual Meeting and meet with members to discuss the PBRN and its goals.

For more information on any of ACCP’s advocacy efforts, please contact:

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In what is clearly a difficult budgetary environment, the challenge of gaining support for an initiative that will result in upfront costs (despite the significant long-term savings) to the Medicare program is significant. However, ACCP believes that there is a growing willingness in Congress to take a more global view of the present Medicare payment policy and seriously examine opportunities to contain Medicare program costs by improving the overall quality of care delivered to America’s seniors.

Nevertheless, elected officials are aware that support for our initiative may result in political attacks from well-funded “Super PACs” that advocate for across-the-board cuts in government spending. The fact that keeping patients out of the hospital by “getting the medications right” will ultimately save money may be lost amid rhetoric attacking our friends in Congress for adding a new benefit to the financially troubled Medicare program. Quite simply, we must be able to demonstrate to our political champions that we will back them in their bids for reelection in the face of any criticism they encounter in their support for our initiative. A well-funded political action committee (PAC) will give ACCP the resources it needs to support its friends on Capitol Hill.

ACCP-PAC is the only PAC dedicated to electing members of Congress who are committed to advancing our Medicare Initiative. Contributions from ACCP-PAC to members of Congress will raise our profile on Capitol Hill, improve our standing among key lawmakers, and provide unique opportunities to discuss our initiative with potential congressional champions. Our PAC will also help ensure that elected officials who support our initiative remain in office to advance the goals of the proposal in the future.

Only ACCP members are eligible to contribute to the PAC and allow us to make these vital political contributions. With its more than 14,000 ACCP members, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership. If each ACCP member were to contribute just $25, ACCP-PAC would raise $350,000. All ACCP members should consider donating at least $25 to ACCP-PAC. CLICK HERE to support your PAC today.

For more information on any of ACCP’s advocacy efforts, please contact:
meetings to update our colleagues on Research Institute activities and answer any questions, particularly about the PBRN. Throughout the year, we participate in monthly conference calls to work toward completing our annual committee charge. This year, we evaluated mechanisms, including electronic platforms, that would further connect clinicians and researchers who share common research interests. As CAP members, we also play a role in ensuring the success of studies conducted within the PBRN. Specifically, we are asked to review study materials (e.g., study protocols, related grant and IRB submissions, data collection tools), provide comments regarding the practicality of data collection tools, and offer suggestions to minimize the time commitment of PBRN members participating as study site investigators.

- **Time Commitment.** Participating on the CAP can fit into a busy schedule. Representing the PBRN at the ACCP Annual Meeting is the largest time commitment. We also meet monthly for up to 1 hour through conference calls, and preparing for these calls by assisting with activities related to the CAP committee charge may take another 1–2 hours per month. As part of our role in reviewing studies, we recently completed an assessment of a new PBRN study, which required around 30–60 minutes and included the review of an IRB protocol, a grant application, and various survey tools.

- **Benefits of Involvement.** Participating on the CAP can be very rewarding. It is an opportunity to contribute to ACCP and the clinical pharmacy profession as a whole. It also provides an opportunity to network with like-minded colleagues and meet new colleagues at the ACCP Annual Meeting. Furthermore, CAP participation provides an avenue for outreach to other ACCP members regarding the various research opportunities available to them. Finally, by participating in the review of PBRN studies before they are launched, a CAP member can contribute to the conduct of high-quality research.

If you are not already a member of the ACCP PBRN and are interested in becoming more involved with either the CAP or practice-based research, an excellent way to begin is by registering online with the PBRN: [www.accpri.org/pbrn/registration.aspx](http://www.accpri.org/pbrn/registration.aspx). Members of ACCP involved in providing clinical pharmacy services or conducting clinical research are encouraged to join the PBRN, and membership is free to all ACCP members.

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### Call for Publishing Proposals

If you’ve ever thought to yourself, “Someone should write a book on that topic,” you just might have the next idea for an ACCP publication. The American College of Clinical Pharmacy always welcomes the submission of publication proposals that are consistent with its mission to provide leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in practice and research. Whether you have a rough draft of a chapter or a brainstorming thought or two, we’d love to hear from you.

Initially, the publishing process may seem intimidating and complicated, but at ACCP, every step is carefully thought out and supervised, so you’ll never have to sacrifice your vocation for a publication. Dave Shaw, publications project manager, is dedicated to making the development and production of high-quality books as straightforward as possible; medical editor Kimma Sheldon brings a wealth of knowledge and care to every publication; and graphic designer Mary Ann Kuchta creates beautiful covers and layouts. You’ll have the support you need from your first draft until the publication date and beyond.

If you’d like to submit a proposal, please visit our Web site at [https://www.accp.com/docs/bookstore/proposal.pdf](https://www.accp.com/docs/bookstore/proposal.pdf). If you’d like guidance on your proposal, or would just like to discuss an idea for a book, please e-mail Dave Shaw at dshaw@accp.com. The American College of Clinical Pharmacy is proud of its commitment to publishing high-quality books for the scientific community. We’d like you to join us in this mission.

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### ACCP Board of Regents Approves HIV PRN

ACCP welcomes its newest Practice and Research Network (PRN), the HIV PRN, which received approval by the ACCP Board of Regents on April 10, 2014. The new PRN will give members an opportunity to collaborate on and discuss the management of HIV patients through transitions of care in both inpatient and ambulatory care settings. The PRN will help clinical pharmacists optimize care for HIV-infected patients by providing a forum in which to share evidence-based recommendations and professional experiences, according to founding chair Melissa Badowski, Pharm.D., an assistant professor at the University of Illinois at Chicago.

“I am excited that ACCP has provided clinical pharmacists with an interest in HIV the opportunity to create
New PRN Forming for Perioperative Care

More than 800 ACCP members have an expressed interest in surgery-related clinical pharmacy practice and research. For those interested in the care of, or clinical research with, surgical patients, the formation of a Perioperative Care PRN is under consideration. Creating a PRN that focuses on all aspects of surgical care would provide perioperative care members with the benefits

Student Teams Prepare for 2014 ACCP Clinical Pharmacy Challenge

Now in its fifth year, the ACCP 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 2014 ACCP Annual Meeting in Austin, Texas, this October. Plan now to participate this fall; team registration is available online. Click here to view the teams already registered.

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”-type 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 local competition. ACCP provides a local competition exam that institutions may use in selecting their team. Faculty members interested in using the exam may send an e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com. To date, more than 50 institutions have requested the local examination.

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 Austin, Texas, October 11–13, 2014. Each round will consist of questions offered in the three distinct segments shown below. Item content used in each segment is 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, 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 for completing team registration and confirming eligibility is September 2, 2014.

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

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June 2014
enjoyed by members of other PRNs, including increased networking and leadership opportunities, access to high-quality educational programming, and opportunities to expand the focus of one's practice and research. Potential activities of this proposed PRN include developing published resources for practitioners and trainees, highlighting and awarding excellence in practice and research, and promoting awareness of opportunities in this specialty area.

A formation steering committee of 12 members has been identified to guide the development and programming related to the establishment of this new PRN. The Perioperative Care PRN will focus on pharmacotherapeutic issues and problems in the pre-, inter-, and postoperative phases of recovery for patients of all ages.

To submit an application for a new PRN, at least 50 current ACCP members are required to indicate their interest in joining. A brief member survey is now open through July 28, 2014, at https://www.surveymonkey.com/s/ZJ8FBHQ.

Interested members will be updated on the status of the application through LinkedIn at http://www.linkedin.com/groups?gid=6700968&goback=%2Egmr_6700968. For more information, please contact Richard Parrish (Richard.Parrish@AlbertaHealthServices.ca).

ACCP Symposium to Be Held in Conjunction with the GCC Pharmaceutical Congress in Dubai

As health care in the Gulf Cooperation Council (GCC) countries moves toward a more patient-centric model, clinical pharmacists are playing an increasingly important role in providing quality care to patients. The GCC Pharmaceutical Congress, to be held under the patronage of the Ministry of Health on September 14–17 in Dubai, United Arab Emirates (UAE), aims to advance the quality of patient care services in the Gulf. Key benefits of attending the GCC Pharmaceutical Congress are as follows:

- Gain insights on the new technologies and innovations in pharmacy practice
- Learn about innovations in implementing clinical pharmacy services in hospitals and ambulatory care settings
- Review current issues and advances in medication safety
- Examine the pharmacist's role and shared accountability in patient education and improved patient outcomes
- Optimize patient outcomes through the safe, efficient, and cost-effective use of medications
- Identify strategies for improving medication prescribing in hospitals
- Prevent medication-related problems in risky patient populations
- Drive the advancement of technical, human, and leadership competencies of pharmacists and pharmacy staff in complex and rapidly changing organizations
- Develop highly effective medication management strategies
- Create new models of pharmacy practice that leverage the expertise and unique abilities of pharmacists

Consistent with its mission to advance human health by extending the frontiers of clinical pharmacy, the American College of Clinical Pharmacy (ACCP) is serving as a strategic partner of the GCC Pharmaceutical Congress. ACCP will also be offering a 1-day symposium in conjunction with the congress. The symposium on Clinical Pharmacy Services and Their Impact on Patient Outcomes: Focus on Diabetes Mellitus will be held September 17, 2014, and will include the following:

- Clinical Pharmacy Services and the Role of the Clinical Pharmacist
- Pharmacologic Management Armamentarium for Diabetes Mellitus: A Critical Review
- Prevention and Mitigation of Adverse Outcomes Associated with Antidiabetes Agents
- Evidence-Based Recommendations: Individualization of Therapy
- Practice Management: Pharmacist Services and Impact on Patient Outcomes


New Members

Mohammed Abdalla        Tiffany Bach
Maria Agunsoye          William Bailey
Miguel Alaguero Calero  Maha Bakhsh
Samantha Al-Faruque     Carolyn Balshi
Jacqueline Argamany     Sarah Barlow
Paul Avenoso            Sarah Brant
The following individuals recently advanced from Associate to Full Member:

- Jennifer Bailey
- Kailie Chu
- David Cline
- Michelle Costante
- Elisabeth Donahey
- Gina Gonzales
- Anne Herwig
- Chelsea Hunter
- Stephen King
- Luke Mendez-Vigo
- Jocelyn Mohs
- Amy Pennington
- Shelia Ramji
- Andrew Ticcioni
- Margaret Wallace
- Victoria Wallace

New Member Recruiters

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

- Jarrod Brubaker
- Holly Byrnes
- Elias Chahine
- Pam Darrow
- Jean Dib
- Kyle Glasgow
- Thaddaus Hellwig
- Kristen Hesch
- Jason Hindman
- Nadya Jammal
- Michael Jann
- William Taylor
- Eric Tichy
- Jennifer Miao
- John Papadopoulos
- Sajni Patel
- Michelle Rager
- Scott Taylor
- William Taylor
- Eric Tichy

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Medication Safety Pharmacist

Position Description. The Ohio State University Comprehensive Cancer Center – James Cancer Hospital is recruiting a highly motivated clinical specialist pharmacist. In conjunction with the Department of Pharmacy leadership, this individual is responsible for coordinating medication safety activities. These activities include analysis of event reports, system and process evaluation, formulation of recommendations and safety initiatives, project management, coordination of intervention strategies, and facilitation of process and system changes to improve the medication use process. This position reports dually to the Administrator of Oncology Pharmacy and Infusion Services and the Associate Executive Director of Quality.

Qualifications. Pharm.D. or B.S. degree from an accredited pharmacy school and eligibility for licensure in the state of Ohio are required. Specialty residency training in hematology/oncology or medication safety, or equivalent experience, is preferred.

Description of Institution/Organization. The Ohio State University Comprehensive Cancer Center – James Cancer Hospital is a 228-bed adult cancer clinical care facility, including a 24-bed hematologic transplant unit. The institution is a member of the National Comprehensive Cancer Network and the Alliance of Dedicated Cancer Centers and serves as a National Cancer Institute-designated hospital. The center includes five outpatient chemotherapy infusion clinics and dispenses more than 40,000 doses of chemotherapy annually. In anticipation of a 20% increase in admissions within the next 10 years, the hospital will be opening a $1.4 billion cancer tower in December 2014.

For more information, please contact:

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Telephone: (614) 293-6862
E-mail: Julie.Kennerly@osumc.edu