

ACCP Report

American College of Clinical Pharmacy

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

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Registration Now Open for the 2017 ACCP Annual Meeting

Make plans now to connect with colleagues, mentors, and friends at the 2017 ACCP Annual Meeting to be held October 7–10 in Phoenix, “Soul of the American Southwest.” [Registration is now open!](#)

The ACCP Annual Meeting will offer cutting-edge educational programming presented by some of the world’s leading practitioners and researchers, including newly developed specialty recertification sessions that will provide board-certified pharmacy specialty recertification credit, highly specialized Practice and Research Network (PRN) focus sessions, scientific poster and platform presentations, the popular Clinical Pharmacy Challenge student competition, the Professional Placement Forum, unmatched networking opportunities, and much more!

Discover the Best of Phoenix

Phoenix offers a dynamic and electric homegrown art scene, top performance venues, and a series of restaurants that serve plates rich with flavors influenced by culture and tradition. Also, as a meeting attendee, you will enjoy the stately accommodations at the Sheraton Grand Phoenix, a cultural oasis that redefines the concept of an urban hotel. Make your hotel reservation now and take advantage of the specially discounted ACCP room rates.

Complete information about Phoenix, the Sheraton Grand Phoenix, the meeting schedule, and registration is [now available](#). **Register by September 1** to take advantage of the early-bird savings!

Prepare for the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, and Pharmacotherapy Specialty Exams

Do you plan to take the Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, or Pharmacotherapy Specialty Certification Examination this fall, but find it difficult to start reviewing? Do you question your understanding of some key concepts that may be covered on the specialty exam? If so, take the 2017 home study version of the ACCP Ambulatory Care Pharmacy, Critical Care Pharmacy, Pediatric Pharmacy, or Pharmacotherapy preparatory review and recertification course to fully prepare! Instructional materials for all courses are available at the [ACCP Online Store](#).

By purchasing an ACCP preparatory review course, you will enjoy and benefit from:

- access to the 800+ page detailed two-volume workbook covering key content areas;
- access to more than 250 case-based questions and explained answers for effective learning and self-assessment;
- 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 the pharmacy specialty; and
- your 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 \$395 (ACCP member rate). The workbook for each course is also available, starting at the low price of \$160 (ACCP member rate).

To receive continuing pharmacy education credit for any of the home study packages, you must successfully complete and submit the web-based posttest to ACCP by October 31, 2018. Learning objectives, faculty disclosures, target audience, program goals, technical requirements, and samples of each course are available at the [online store](#).

Order these review and recertification courses [online](#), by telephone at (913) 492-3311, or by fax at (913) 492-0088.

Highlights from the CMM Effectiveness and Implementation Grant: A Report from the CMM Study Team



Each quarter, the *ACCP Report* features a column written by the comprehensive medication management (CMM) study team that provides ACCP members with highlights and learnings from the CMM Effectiveness and Implementation Grant study. The previous reports for January, March, June, and September 2016 and March 2017 can be found in [archived ACCP Reports](#).

This column updates the progress made by the CMM study team and concludes with *Research Insights*, which highlights a particular aspect of the team's work with the goal of sharing the key learnings emerging from the team's efforts.

Study Updates

Revisit the study team's aims [here](#).

In the installment for this quarter, the CMM study team focuses on work that is producing tangible tools and resources to assist clinical pharmacists in implementing CMM services. In addition to the progress highlighted in this update, the team's work continues to extend across many different facets of understanding, implementing, and justifying CMM services in primary care settings. Areas of active research not highlighted here include:

- measuring CMM's impact on clinical quality measures, health care costs, and the return on investment that can be realized from CMM (aim 4 of the CMM study);
- applying a defined process of "improvement cycles" to the installation and growth of CMM services;
- detailing CMM's influence on medical provider "well-being" in primary care settings; and
- devising strategies to deploy resources that accelerate CMM's implementation.

In the past quarter, the CMM study team also convened the CMM study's Steering Committee and Payer and Policy Advisory Board, both of which are composed of national leaders and researchers in CMM, primary care, implementation science, and health care policy and payment. The team shared progress and insights from the study and received input on the study's strategic direction and dissemination of its findings. The team is pleased to report that both of these groups continue to be enthusiastic about the study's design and its emerging findings.

The CMM study team is also pleased to report that a paper based on the study's design has been included in a special theme issue on implementation science in *Research in Social and Administrative Pharmacy*. The paper, titled "[The Active Implementation Frameworks: A Roadmap for Advancing Implementation of Comprehensive Medication Management in Primary Care](#)," describes the novel application of five "active implementation frameworks" as defined by the National Implementation Research Network to facilitate CMM implementation and improvement in primary care practices.

Research Insights: Developing Resources to Support CMM Implementation for the Study and Beyond

Aims 2 and 3 of the CMM study focus on determining the best practices for CMM design and delivery in primary care as well as determining the structural and system-level elements needed to support CMM. The study team has focused on the three primary CMM components—*philosophy of practice, patient care process, and structural and system-level elements* (i.e., *CMM practice management system*)—that allow the CMM service to be integrated and managed within a primary care practice. Previous work has described these as the components of a patient-centered practice.¹

CMM Philosophy of Practice: The first component of a professional practice, a philosophy of practice, is a set of professional values that guide a practitioner's actions and behaviors and help develop trust in the care delivered. When pharmacists dedicate themselves to CMM, they are committing to core tenets that define the practice's philosophy, which in turn ensures consistency across the discipline of practitioners. Having a clear understanding of what guides the practice helps the practitioner communicate the meaning and rationale for clinical pharmacists to provide CMM more articulately and effectively with patients and the care team.

To explore the concept of philosophy of practice as connected to the work of practitioners providing CMM, the CMM study team developed, piloted, and administered a philosophy of practice exercise to all

pharmacists participating in the study. Data collection is now complete, and analysis is under way. This work will establish the proposed “core tenets” of a philosophy of practice for clinical pharmacists providing CMM. A self-assessment resource that guides clinical pharmacists in linking a philosophy of practice to their CMM service delivery activities is also under way.

CMM Patient Care Process: The second component of a professional practice, the essential functions of the CMM patient care process and the steps necessary to make CMM operational, must be articulated and defined. Moreover, this “common language” must be established to ensure the service is delivered consistently and with fidelity. Having applied a rigorous methodology to develop a CMM common language document for the patient care process, the CMM study team has now finalized the document and is preparing for its release and widespread dissemination beyond the study’s sites (discussed in the September 2016 *ACCP Report*).

Measuring fidelity (the extent to which an intervention is delivered as intended) is a critical element of the CMM study. Fidelity is frequently overlooked in clinical research and often poorly described if carried out, making it difficult for clinicians and researchers to interpret the actual impact of an intervention on study results and to compare findings across studies. Moreover, understanding an intervention’s impact is challenging if the extent to which the intervention was carried out consistently is unknown. This issue was recently highlighted in the 2014 “Final Report: Medication Therapy Management Interventions in Outpatient Settings” by the Agency for Healthcare Research and Quality.² In this systematic review, inconsistent nomenclature and poorly described interventions within the studies reviewed made it difficult for the researchers to draw meaningful conclusions from their review.

Assessing fidelity is key to the CMM study for two reasons. First, the study will use fidelity assessment results to objectively determine the service provided by enrolled practitioners, thus creating a clear link between the intervention and the results of the study’s clinical and economic outcomes evaluation. Second, because no “system” of fidelity assessment tools for CMM currently exists in the literature, the study will contribute to the research and practice communities. To measure fidelity, the study will assess:

- adherence to the CMM patient care process as defined in the CMM common language;
- the contextual factors necessary to effectively carry out CMM (e.g., appropriate training, partnerships with teams); and

- the quality of the care delivery process (e.g., patient engagement in the care process, provider collaboration).

The CMM study team will initially assess fidelity through a CMM self-assessment tool that reflects the CMM common language (see more details in the March 2017 *ACCP Report*) and evaluates pharmacists’ clinical documentation. A rubric developed to assess adherence to the CMM patient care process according to a review of pharmacists’ clinical documentation is currently being piloted and tested for inter-rater reliability. Ultimately, these resources will consist of many elements of a fidelity assessment system produced by this study and made available to the practice community.

CMM Practice Management System: The third component of a professional practice is the structures and system-level elements that support the clinical service, allowing it to be delivered consistently, effectively, efficiently, and in a sustainable manner. This is the “practice management system” for CMM, yet little research has been completed previously to define and measure these structures in a practice. However, a multiphase qualitative research strategy is now complete, which has produced a set of themes and strategies for a comprehensive practice management system for CMM. Moreover, these findings now serve as the basis for developing a practice management assessment tool that will assist practitioners in understanding the practice management components of CMM and produce an assessment that helps a practice prioritize specific areas for development or improvement.

The CMM study team is grateful for the contributions by study-site pharmacists to the development of field-tested resources that will provide structure and support to practitioners seeking to implement and expand CMM services. With their assistance, this study team is producing a suite of tools that will help practitioners adopt a clear and identifiable philosophy of practice, use a consistent and validated process of care, and establish the components of a practice management system that allows consistent, effective, and efficient delivery of CMM services in primary care medical practices.

On behalf of the investigators and study team, we hope these highlights are informative. Please feel free to reach out to Mary Roth McClurg at mroth@unc.edu or Todd Sorensen at soren042@umn.edu at any time with questions.

References

1. Cipolle RJ, Strand L, Morley P. *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management*, 3rd ed. New York: McGraw-Hill, 2012.

2. Viswanathan M, Kahwati LC, Golin CE, et al. Medication Therapy Management Interventions in Outpatient Settings. Comparative Effectiveness Review No. 138. (Prepared by the RTI International–University of North Carolina at Chapel Hill Evidence-Based Practice Center under Contract No. 290-2012-00008-I.) AHRQ Publication No. 14(15)-EHC037-EF. Rockville, MD: Agency for Healthcare Research and Quality, November 2014. Available at www.effectivehealthcare.ahrq.gov/reports/final.cfm.

Virtual Poster Symposium Best Poster Competitions Won by Tellor and Cervantes

Winners of the Best Poster Award and the Best Student, Resident, or Fellow Poster Award from the 2017 Virtual Poster Symposium were selected Wednesday, May 17, 2017, during the symposium. Poster finalists for both categories were required to give a 5- to 8-minute Skype presentation as well as participate in a 7- to 10-minute question-and-answer session with the judges. In all, 230 abstracts were presented during the Virtual Poster Symposium.



Katie Tellor from St. Louis College of Pharmacy, St. Louis, Missouri, won the Best Poster Award for “Evaluation of Warfarin Requirements in Hospitalized, Obese Patients Admitted with a Therapeutic INR.” Poster coauthors were Anastasia Armbruster, Steffany Bguygen, Amanda Bultas, Nicholas Greenwald, and Abigail Yancey, also from St. Louis College of Pharmacy. Wan Xuan Selina Lim from KK Women’s and Children’s Hospital, Singapore was the first runner-up in this category. Lim’s coauthors were Xue Na Goh and Mei Yi Loke, also from KK Women’s and Children’s Hospital. The second runner-up in this category was Marketa Marvanova from North Dakota State University School of Pharmacy, Fargo, North Dakota. Ayesha Khan from Chicago State University College of Pharmacy, Chicago, Illinois, was Marvanova’s coauthor.



Alexandra Cervantes from University of North Carolina Eshelman School of Pharmacy, Chapel Hill, North Carolina, won the Best Student, Resident, or Fellow Poster Award for “Utilization of a CYP2C19 Genotype-Guided Antiplatelet Treatment Algorithm over Time in Patients Undergoing Percutaneous Coronary Intervention.” Cervantes’s coauthors were Kasey Hamrick, Craig Lee, Vindhya B. Sriramoju, George A. Stouffer, and Nicholas Varunok, also from University of North Carolina. Tatiana Wright from Bernard J. Dunn School of Pharmacy at Shenandoah University,

Winchester, Virginia, was the first runner-up in this category. Wright’s coauthor was Robert Kidd, also from Bernard J. Dunn School of Pharmacy. The second runner-up in this category was Barkha Jain from Ernest Mario School of Pharmacy, State University of New Jersey, Piscataway, New Jersey. Jain’s coauthor was Luigi Brunetti from the Department of Pharmacy of Robert Wood Johnson University Hospital Somerset, Somerville, New Jersey.

Winners from both the Best Poster and the Best Student, Resident, or Fellow Poster competitions have been invited to present their research at the 2017 Annual Meeting, to be held October 7–10, 2017, in Phoenix. Serving as finalist judges for the two competitions were Nicole Acquisto, Russell Attridge, Ed Bednarczyk, James Fleming, Jason Lancaster, Suzanne Nesbit, and Zach Smith. Abstracts for all the 2017 Virtual Poster Symposium posters will be published in *Pharmacotherapy*.

Keck Graduate Institute School of Pharmacy Team Wins 2017 ACCP Clinical Research Challenge



From left to right: Russel Benson, Adrienne Desens, and Keith Suehiro.



Competition in the 2017 ACCP Clinical Research Challenge (CRC) began on February 3 with 82 [teams](#) vying for the championship title. Teams with the top 40 scores in round 1: Journal Club advanced to round 2: Letter of Intent Submission. Teams achieving the top 20 scores in round 2 were invited to compete in round 3: Research Protocol Development. Teams were tasked with developing a research proposal designed to demonstrate the value of clinical pharmacy service(s) in transitions of care.

The proposals were reviewed by the CRC Review Panel, with the top one-third of submissions referred on for evaluation and selection of awards by the CRC Oversight Panel. Please join ACCP in congratulating the finalist teams and the award winners.

ACCP Clinical Research Challenge Finalist Teams:

Cedarville University School of Pharmacy
Keck Graduate Institute College of Pharmacy
Oregon State University College of Pharmacy
Thomas Jefferson University Jefferson
College of Pharmacy
University of California, San Diego Skaggs
School of Pharmacy
University of Texas at Austin College of Pharmacy
University of Washington School of Pharmacy
Western University of Health Sciences
College of Pharmacy

ACCP Clinical Research Challenge Awards:

Championship Team: Keck Graduate Institute School of Pharmacy

Proposal Title: Innovative Hospital Discharge
Antibiotic Stewardship Program for Patients
with Moderate to Severe Community-Acquired
Pneumonia

Student Team Members: Russle Benson, Adrienne
Desens, Keith Suehiro

Faculty Liaison: Christine Cadiz, Pharm.D.

Second Place Team: University of Washington School of Pharmacy

Proposal Title: The Impact of Diuresis Optimization
by TOC Pharmacists in Heart Failure Patients
Following Hospitalization due to Exacerbation

Student Team Members: Jennifer Chou, Anna Liu,
Sara McCrohan

Faculty Liaison: Lingtak-Neander Chan, Pharm.D.,
BCNSP

Third Place Team: Oregon State University College of Pharmacy

Proposal Title: Improving TOC Outcomes for Elderly
Patients Through a Pharmacy Student-Directed
Intervention

Student Team Members: Evan Hoffart, Ian Jungers,
Michael Liebman

Faculty Liaison: Adriane Irwin, Pharm.D.

Fourth Place Team: Thomas Jefferson University Jefferson College of Pharmacy

Proposal Title: Pharmacist-Led and/or Student
Pharmacist-Led Intervention via Telepharmacy
Services in the Discharge TOC Plan for Asthma
Exacerbations in Pediatric Patients

Student Team Members: Nick Hastain, Ileka Ifejika,
Nancy Tang

Faculty Liaison: Cynthia Sanoski, Pharm.D., FCCP,
BCPS

Teams with the top three research proposal submissions have been invited to present their research design during a poster session at the 2017 ACCP Annual Meeting in Phoenix, October 7–10. In addition, each member of said teams will receive a complimentary Annual Meeting registration. Click [here](#) for complete competition information.

ACCP extends a special thanks to the following members who volunteered their time and expertise to developing the competition and reviewing the research proposals.

Clinical Research Challenge Oversight Panel

- Beth Phillips, Pharm.D., FCCP, BCPS, Chair
- Sandra Benavides, Pharm.D., FCCP
- Lori Dickerson, Pharm.D., FCCP
- Doug Fish, Pharm.D., FCCP, BCPS
- Anne Hume, Pharm.D., FCCP, BCPS
- Asad Patanwala, Pharm.D., FCCP, BCPS

Clinical Research Challenge Review Panel

- Brooke Bautista, Pharm.D., BCPS
- Jeff Bishop, Pharm.D., M.S., BCCP
- Kyle Burghardt, Pharm.D.
- Jennifer Cocohoba, Pharm.D.
- Mike Ernst, Pharm.D., FCCP, BCPS
- Stuart Haines, Pharm.D., FCCP, BCACP, BCPS
- Irene La-Beck, Pharm.D.
- Charles Leonard IV, Pharm.D., MSCE
- Robert MacLaren, Pharm.D., FCCP, FCCM
- Scott Micek, Pharm.D., FCCP, BCPS
- Tien Ng, Pharm.D., FCCP, BCPS
- Tiffany Pon, Pharm.D., BCPS
- Nancy Shapiro, Pharm.D., FCCP, BCPS
- James Tisdale, Pharm.D., FCCP, BCPS
- Joseph Vande Griend, Pharm.D., BCPS

ACCP's Professional Placement Forum



ACCP's Professional Placement Forum, formerly the Residency and Fellowship Forum, will be offered October 8 during the 2017 ACCP Annual Meeting in Phoenix.

The Professional Placement Forum is an increasingly popular event that connects prospective clinical pharmacists seeking PGY1 and PGY2 residencies, fellowships, and new practitioner positions with directors and administrators seeking the right candidates for their institutions or practice sites. This year, the forum will be offered in three 90-minute time slots—residency and fellowship positions will be presented from 8:00 a.m. to 9:30 a.m. and from 10:00 a.m. to 11:30 a.m., and new practitioner positions will be presented from 1:30 p.m. to 3:00 p.m.

The forum's intimate setting and simplified format will allow participants to sit for one-on-one interviews and make valuable connections. Employers will gain easy access to clinical pharmacy's most promising candidates. To participate, employers must [reserve a table](#), identify their on-site representatives, and submit a \$75 non-refundable fee to secure a spot in one of the Professional Placement Forum sessions. Table reservations will be accepted until September 1, 2017.

Applicants are encouraged to get a head start on identifying their next position by taking advantage of this opportunity for facetime with participating employers. Applicants wishing to participate must post their applicant profile online, upload their CV, and register for the 2017 ACCP Annual Meeting. Click [here](#) to start your search early, obtain more information, and register today.

NHGRI Offers Free Genomics Resources Online

The evolution of precision medicine from research to clinical care seems to be accelerating. Indeed, recent events herald this, such as the Obama administration's Precision Medicine Initiative followed by passage of the 21st Century Cures Act. Yet we must further develop and implement interprofessional education and training programs that focus on precision medicine. But where should we start? As Lao Tzu opined centuries ago, "a journey of a thousand miles begins with a single step." Establishing competencies is a good first step in preparing the health care workforce of tomorrow.

The Inter-Society Coordinating Committee for Practitioner Education in Genomics (ISCC) of the National Human Genome Research Institute (NHGRI) has developed a Genetics/Genomics Competency Center (G2C2) website that offers free genetics and genomics resources that can be used in the classroom and clinic. Intended to be interprofessional in focus, competencies have been developed for nurses, genetic counselors, physicians, physician assistants, and pharmacists. Recently, the ISCC enhanced its efforts by engaging professional societies to review and promote the developed competencies, meant to address the growing need for genomics knowledge.

"G2C2 will be continually updated with new resources for health care professionals," said Donna Messersmith, Ph.D., a health policy analyst with NHGRI's Genomic Healthcare Branch, which created the G2C2 website. "Our goal now is to provide easy access to genomic resources produced by professional societies in different fields of expertise."

For more on G2C2 resources, click [here](#), and see additional information on pharmacist competencies in pharmacogenomics [here](#).

Research-in-Progress Abstracts Due July 15, 2017

All students, and residents and fellows currently in training programs, are invited to submit a research-in-progress abstract for presentation at the 2017 ACCP Annual Meeting in Phoenix, October 7–10, 2017.

To access detailed instructions and complete the online abstract submission, click [here](#). For all other questions, contact Shelly Enders, Pharm.D., at senders@accp.com.

Pharmacotherapy's Role in Improving Public Understanding of Science

Inside the Journal

C. Lindsay DeVane, *Pharm.D., FCCP, BCPP*
Editor-in-Chief,
Pharmacotherapy

ACCP members share core professional values, including the recognition that drugs are essential elements for preventing disease and maintaining health. Proper drug use requires oversight by professionals dedicated to promoting and ensuring optimal pharmacotherapy. *Pharmacotherapy* specialists require regular exposure to new data and reviews of new findings in the context of existing data to stay current with the fast pace of scientific advances. *Pharmacotherapy* helps disseminate these data and reviews through published research

reports and therapeutic reviews. This function in turn informs the membership and the larger body of readers of advances in human pharmacology and drug therapy.

The editors take a global view of *Pharmacotherapy*'s influence and are increasingly conscious of the public as part of the journal's readership. Many of *Pharmacotherapy*'s articles are easily retrieved by anyone with Internet access. Indeed, the advent of the Internet has allowed *Pharmacotherapy* to reach an unprecedented readership in its 37-year history. The public has thus become part of the readership. For individual authors, electronic access to the journal means a greater impact of their work because an increased readership correlates with increased citations. For ACCP, this translates to increased awareness of its missions and activities.

In performing its function of providing ACCP members with new knowledge in pharmacotherapy, the editorial staff is keenly aware of its responsibility to publish unbiased content with scientific integrity. Authors are required to acknowledge any potential conflicts of interest—a widely accepted standard procedure in biomedical publishing. The peer review process is also essential in ensuring the validity of research results.

Academic and professional journals must improve the public's understanding of science and instill public trust in scientific results. For example, although scientists rarely debate the reality of human-induced climate change, many segments of the public continue to be skeptical of climate change and what has caused it.

Better communication, not additional scientific information, will lead to a more scientifically informed public. When the *Pharmacotherapy* readership easily understands the authors' discoveries, the public is more likely to appreciate them as well. This process is supported by the journal's policy of developmental editing for most accepted articles, which ensures a consistent style and readability across all published content in each issue.

Many topics covered in *Pharmacotherapy* can be complex. For example, public understanding of the issues surrounding the rising costs of pharmaceuticals may be lacking. This topic was explored with an editorial and a series of reports in a special issue of *Pharmacotherapy* devoted to this topic in January 2017. This special issue will likely be viewed by many individuals in the lay public and the press and by policy-makers. For this reason, editorials often accompany new findings of importance when the editors find it useful to place new data in a larger context for the journal's global readership.

Everyone involved in *Pharmacotherapy* has a responsibility to communicate to the public. This includes authors, editors, the publication staff, and the ACCP membership. Improving public understanding of science will contribute to ACCP's mission to improve human health.

Washington Report

John McGlew
Director of Government Affairs

Senate Continues to Advance Medicare Chronic Care Reform Effort



The Senate Finance Committee, which has jurisdiction over the Medicare program, continues to advance legislation that will reform how care is delivered to chronically ill Medicare beneficiaries.

In May 2015, Senate Finance Committee Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) announced the formation of a bipartisan working group to begin exploring solutions that will improve outcomes for patients requiring chronic care. Led by Sens. Johnny Isakson (R-GA) and Mark Warner (D-VA), the working group received comments from over 500 interested stakeholders, who provided ideas on ways the Medicare program can better deliver health care to beneficiaries with multiple chronic illness.

In April 2017, building on the efforts of the working group and stakeholder input, Hatch introduced [S. 870, Creating High-Quality Results and Outcomes Necessary to Improve Chronic \(CHRONIC\) Care Act of 2017](#). This legislation includes provisions aimed at:

- extending the “Independence at Home Demonstration” model of care;
- expanding access to home dialysis therapy;
- advancing team-based care by providing continued access to Medicare Advantage special needs plans for vulnerable populations;
- expanding the use of health information technology by adapting benefits to meet the needs of chronically ill Medicare Advantage enrollees;
- providing accountable care organizations (ACOs) the ability to expand the use of telehealth; and
- providing flexibility for beneficiaries to participate in ACOs and eliminating barriers to care coordination under ACOs.

What About Improving Medication Use?

ACCP believes that the goals of the Senate Finance Committee working group are perfectly aligned with the College's efforts to advance a quality-focused, patient-centered, team-based approach to health care delivery that helps ensure the safety of medication use by patients and that achieves medication-related outcomes aligned with patients' overall care plans and goals of therapy through the provision of comprehensive medication management (CMM).

Over the past 2 years, ACCP staff in Washington have [worked closely with leaders](#) on the Senate Finance Committee working group to educate them on the importance of "getting the medications right" as part of this chronic care reform process and have [urged the committee](#) to include coverage for CMM in the legislation. Despite these efforts—and despite the acknowledgment by the Centers for Medicare & Medicaid Services that medications are the fundamental treatment intervention in each of the eight most prevalent chronic conditions affecting Medicare patients—S. 870 almost entirely ignored the medication use component. The legislation only included a proposal for a very limited Government Accountability Office study on improving medication synchronization.

Next Steps

More encouragingly, at a recent Senate Finance Committee hearing to [mark up](#) the legislation, Sen. Pat Roberts (R-KS) highlighted the importance of expanding access to medication management services within the Medicare program and acknowledged that medications are the most prevalent means by which chronic disease is prevented and controlled. During the hearing, Roberts, together with Sen. Tom Carper (D-DE), introduced an amendment requiring the Secretary of Health and Human Services (HHS) to establish a process, beginning in plan year 2020, by which a Medicare Part D plan sponsor can submit a request to HHS for claims data under Medicare Parts A and B.

In its [comments to the committee](#), ACCP thanked these senators for acknowledging the limitations of the current Part D medication therapy management (MTM) program and for recognizing that meaningful medication management services cannot be delivered solely on the basis of Part D claims data. ACCP's comments also highlighted that Part D MTM programs are, by law, administrative in purpose and scope and that Part D plan administrators—not patients or clinicians—determine who can access an MTM program. ACCP's comments urged Congress to cover CMM services provided by qualified clinical pharmacists as members of the patient's health care team among its broader payment reform efforts.

ACCP staff in Washington are due to meet with the offices of Roberts and Carper to continue urging them to consider opportunities to integrate and provide coverage for CMM across all settings of care that serve Medicare beneficiaries.

We recognize the ongoing challenges we face in helping Congress fully understand how clinical pharmacists, practicing collaboratively with physicians and other members of the patient's health care team, can bring enhanced quality and safety, improved clinical outcomes, and better managed health care costs to the Medicare program and its beneficiaries.

However, we are encouraged that, despite the often politically fractured debate over health policy reform, the Senate Finance Committee remains focused on working in a bipartisan manner to improve care for chronically ill beneficiaries. We are confident that "getting the medications right" through providing CMM is central to achieving this goal.

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

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Develop Your Leadership Skills in the ACCP Academy Leadership and Management Certificate Program



AMERICAN COLLEGE OF CLINICAL PHARMACY

ACADEMY

The ACCP Academy Leadership and Management Certificate Program (LMCP) is aimed at

developing leadership and management abilities. The curriculum is designed for those who are currently in leadership or management positions or who aspire to pursue leadership positions in the future. This educational program provides official ACCP recognition to leaders and managers who complete program requirements. Pharmacy directors, deans, department heads, and program directors are encouraged to integrate the LMCP with their own professional development efforts for management staff, faculty, and others who will benefit from enhanced leadership and management skills.

The first half of the program's core and elective programming will be offered during the 2017 ACCP Annual Meeting, October 7–10, in Phoenix.

[Click here](#) for detailed information about the LMCP and to enroll.

[Click here](#) to register for the 2017 ACCP Annual Meeting.

ACCP Clinical Pharmacy Challenge



Team Registration Deadline: August 24, 2017

ACCP's novel pharmacy student team competition will begin before Labor Day because of the earlier dates of the 2017 Annual Meeting. The first round of competition is Monday, August 28, 2017. 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 2017 ACCP Annual Meeting in Phoenix. Team registration is now available [online](#). **Plan now to participate this fall.**

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition in which teams of three students 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.

Because of the timing of this year's registration deadline and online rounds, be sure to allow adequate time to hold your local institution competition in advance of the team registration deadline, August 24, 2017.

Preliminary rounds of the national competition will be conducted virtually in August and September. The quarterfinal, semifinal, and final rounds will be held live October 7–9 at the ACCP Annual Meeting in Phoenix, October 7–10, 2017.

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, 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 \$1,500 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 need not be ACCP members 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.

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

Submit Your ACCP Student Chapter Annual Report and Award Applications

As we approach the end of the school year, please be sure to submit your Annual Report of Student Chapter Activities to ACCP no later than Friday, June 30. Submission of this report is a requirement for chapters wishing to maintain ACCP recognition and gives chapters a chance to provide updated information on chapter officers, chapter members, and faculty and student liaison positions for the upcoming academic year. Chapters will also be asked to provide an update on student chapter activities, including membership drives, professional development projects, and participation in ACCP student competitions. [Click here](#) to access the Annual Report.

ACCP offers two awards in recognition of the outstanding contributions of student chapters and their members: the Outstanding Student Chapter Award and the Outstanding Student Chapter Member Award. See the [ACCP Student Chapter Guide](#) for complete information about these awards.

Outstanding Student Chapter Award

Chapters wishing to be considered for this award must provide an essay detailing the chapter's activities and achievements over the past academic calendar year using the evaluation criteria listed on the application. [Click here](#) to access the Outstanding Student Chapter Award Application.

Outstanding Student Chapter Member Award

Each chapter is responsible for selecting its own winner and submitting his or her name to ACCP for recognition. ACCP has created an evaluation rubric for chapters to use in the selection process. [Click here](#) to access the evaluation rubric. Please list the winner's name on page 3 of the Annual Report.

Completed forms for the Outstanding Student Chapter and Outstanding Student Chapter Member awards should be submitted to membership@accp.com **no later than Friday, June 30.**

For questions about the Annual Report of Student Chapter Activities or the ACCP student chapter awards, please contact Matt Merrigan at mmerrigan@accp.com.

ACCP-PAC Contributions Support Bipartisan Health Care Leaders in Congress



To advance its Medicare Initiative, ACCP is working with true health care leaders from both parties who are willing to collaborate with colleagues across the aisle to enact health care legislation focused on team-based, patient-centered care that measures and rewards quality and outcomes.

ACCP-PAC recently contributed \$2,000 to the reelection campaign of Rep. Gus Bilirakis (R-FL). Bilirakis sits

on the powerful Energy and Commerce Committee with jurisdiction over issues related to Medicare policy and serves on the Subcommittee on Health on the Committee on Veterans Affairs. Bilirakis is widely praised for his commitment to prioritizing policy over politics and advancing meaningful legislation. He is a strong supporter of efforts to modernize Medicare payment structures that advance a quality-focused, patient-centered, team-based approach to health care delivery.

Given the current partisan environment on Capitol Hill, ACCP must continue to support moderate bipartisan legislators to ensure they remain in Washington and continue to advance policies that meaningfully address the health care issues our nation currently faces.

Only ACCP members are eligible to contribute to the PAC, allowing the College to make these vital political contributions. With its almost 18,000 members, ACCP is positioned to become one of the most prominent pharmacy PACs in Washington. To do this, however, we need the widespread support of our membership.

If each ACCP member contributed just \$25, ACCP-PAC would raise over \$350,000. All ACCP members should consider donating at least \$25 to ACCP-PAC. [CLICK HERE](#) to support your PAC today!

Registration Now Open
#ACCPAM17

2017 ACCP Annual Meeting
October 7–10, 2017
Phoenix Convention Center/Sheraton Grand Phoenix
Phoenix, Arizona

accp
American College of Clinical Pharmacy