Hatton Kolpek Chosen ACCP President-Elect

Jimmi Hatton Kolpek, Pharm.D., FCCP, FCCM, FNAP, was chosen as ACCP president-elect in the annual elections held last spring. Hatton Kolpek is currently a professor of pharmacy practice and science at the University of Kentucky with a joint appointment in the College of Medicine. She is a faculty associate with the Spinal Cord and Brain Injury Research Center and vice chair for the institutional review board at Kentucky. Her teaching, research, and clinical practice focuses are in neurologic critical care and critical illness recovery. Hatton Kolpek has served on NIH study sections and the editorial board of Neurocritical Care, A Journal of Acute and Emergency Care. Hatton Kolpek was a pharmacy leader of the University of Kentucky’s Neurosurgical Clinical and Translational Research team, where she collaborated with physician-investigators, pharmacologists, pharmacy residents, medical residents, professional research staff, graduate students, visiting scientists, and pharmacy research fellows. Her responsibilities included serving as principal investigator or coinvestigator in more than 50 clinical trials funded by ACCP, NIH, private foundations, and the pharmaceutical industry. She has written over 140 articles, abstracts, and book chapters. Hatton Kolpek is currently the director of the ACCP Research and Scholarship Academy and serves as a faculty mentor in the MeRIT program. In 2018, her team shared a College of Pharmacy Pillars Enhancement Award for local ACCP Clinical Research Challenge student preparation initiatives. She also served as ACCP Research Institute (now ACCP Foundation) treasurer and chair during her tenure on the Board of Trustees. For ACCP’s Critical Care Self-Assessment Program, Hatton Kolpek has served as faculty chair, contributing author, and reviewer.

In other election results, Larisa Cavallari, Pharm.D., FCCP, BCPS, and Tyree Kiser, Pharm.D., FCCP, FCCM, BCPS, were selected as regents. Cavallari is an associate professor and head of the Division of Translational Research, Department of Pharmacotherapy and Translational Research, and director of the Center for Pharmacogenomics and Precision Medicine at the University of Florida. Kiser is an associate professor at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences in Aurora, Colorado. He is also a clinical pharmacy specialist in the medical intensive care unit at the University of Colorado Hospital.

Rob MacLaren, Pharm.D., MPH, FCCP, FCCM, and Kari Olson, Pharm.D., FCCP, BCPS, were each elected to 3-year terms as ACCP Foundation trustees. MacLaren is a professor in the Department of Clinical Pharmacy at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences and a clinical pharmacist in the medical intensive care unit at the University of Colorado Hospital. Olson is a clinical pharmacy specialist in pharmacy outcomes research with Kaiser Permanente National Drug Information Services and a clinical associate professor at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.

Hatton Kolpek will begin her term as president-elect after the 2019 ACCP Annual Meeting in New York, October 26–29, and will assume the presidency the following year. As president, she will serve as chair of the Board of Regents and guide College programs and activities. In an interview with the ACCP Report, she commented:

I am very grateful and humbled by your support in allowing me to join the ACCP leadership team. Serving ACCP as a presidential officer over the next 3 years will provide me an opportunity to give back to an organization and membership responsible for much of my career advancement. Joining the Board of Regents will allow me to become a partner in planning the future of both the College and clinical pharmacy. My goal is to learn from ACCP members throughout this period as we chart a course for sustaining our core
values while at the same time adjusting to changing demands of the health care environment. As an organization, we are known for our commitment to exceptional professional standards for practice, education, and scholarship across the care continuum. Building on that diversity while examining our potential impact on underserved, under-represented populations will be a component of my agenda. Positioning ACCP members to navigate the requirements for future success as clinical pharmacy educators, practitioners, and researchers will require open, effective communication and teamwork. I’m excited to participate in this dialogue and committed to leaving behind a legacy of cooperative decision-making and a foundation for continued growth.

Each incoming member of the Board of Regents and the Board of Trustees will be installed at the 2019 ACCP Annual Meeting for 3-year terms. Other candidates for office in the 2019 elections were Varsha Bhatt-Mehta, Kevin Garey, Richard Parrish II, Bradley Phillips, and Kimberly Tallian.

Members of the 2018 Nominations Committee were James Tisdale (chair), Joseph Guglielmo, Stuart Haines (vice chair), Brian Hemstreet (secretary), William Kehoe, Edith Nutescu, and Kayla Stover.

### 2019 ACCP Annual Meeting – Visit the “Empire State”

The [2019 ACCP Annual Meeting](https://www.accp.com/meetings/am) is quickly approaching! Register today and join your colleagues at this year’s meeting on October 26–29 in New York City (NYC) at the New York Hilton Midtown. This year’s conference will feature BPS-approved recertification credit opportunities in Pharmacotherapy, Ambulatory Care Pharmacy, Critical Care Pharmacy, Oncology Pharmacy, and Pediatric Pharmacy; PRN focus sessions; student-driven programming, such as the Clinical Pharmacy Challenge and Emerge from the Crowd; ACCP Academy programming; and the usual mix of rich networking opportunities.

Located in the heart of Manhattan and hosting this year’s ACCP Annual Meeting, the New York Hilton Midtown provides stately accommodations where attendees can relax and enjoy signature Hilton services featuring a wide array of amenities, including unique dining experiences and a modern fitness center.

Location is everything in NYC, and the Hilton Midtown places attendees within walking distance of Radio City Music Hall, MoMA, Broadway, and countless restaurants and local shops, as well as Central Park and other iconic destinations.

### Experience New York

As the largest city in the United States, and often described as the cultural and fashion capital of the world, NYC is ever-changing – a diverse and dynamic city offering a vibrant mix of world influences and culture through its cuisine, activities, and shops. NYC is also home to a vibrant visual and performing arts scene, including the Metropolitan Opera House, the New York Philharmonic, the New York City Ballet, and the Public Theater. NYC earned one of its many nicknames – the “Empire State” – for its wealth and resources, and there’s no shortage of ways to explore this gem-filled mecca. Visitors can travel by taxi, subway, bus, Uber, Lyft, bike, or on foot.

In downtown Manhattan, the 9/11 Memorial & Museum provides a humbling experience that most visitors find impressive. Beneath the World Trade Center site is a glass and steel structure called the Oculus. A train station and transportation hub, the Oculus was designed by famed Spanish architect and structural engineer Santiago Calatrava and serves as home to more than 50 retail shops and stores. A walk through the Financial District takes visitors to the ferry to see the Statue of Liberty. Visitors also won’t want to pass up the chance to enjoy a bite to eat at one of the many eateries in Hell’s Kitchen. Whether it’s Ramen at Ippudo Westside, Brazilian at Samba Kitchen, or ice cream at Amorino, the Hell’s Kitchen area provides a wide array of palate pleasers for foodies.

Take in unrivaled views from vantages throughout the city, including the One World Observatory, the Brooklyn Bridge, Old Pier 1 on the waterfront. Relax on the Roosevelt Island tram for beautiful views of the Manhattan skyline and the East River, and enjoy the uniqueness of a cable car ride. Cruise around on one of the many ferries, or venture out for a walk to the many other outdoor activities NYC offers. No matter how you spend your leisure time exploring the Big Apple, you are certain to be in awe.

### Traveling to NYC

Affordable airfares are available. LaGuardia Airport is 30 minutes from ACCP’s host hotel, the Hilton Midtown; and John F. Kennedy International Airport is a 45-minute drive away, as is Newark Liberty International Airport. Attendees can get to the hotel using Uber, Lyft, bus/subway, auto, or taxicab.

Attention Students, Residents, and Fellows: Apply for 2019 Annual Meeting Travel Awards

Have you thought about attending an ACCP meeting, but have limited financial resources available to cover your travel and registration costs? ACCP and its members want to help!

ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate trainees to attend ACCP meetings through travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the 2019 ACCP Annual Meeting in New York, October 26–29.

How to Apply

**Students:** Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for an award. Applicants are asked to submit a completed application, which includes a CV or resume, two letters of reference, and an essay detailing the applicant’s objectives for attending an ACCP meeting. All application materials should be submitted online here. **The application deadline is August 23, 2019.**

**Residents/Fellows:** To qualify, applicants must be current members of ACCP who are enrolled in a residency or fellowship/full-time graduate studies program at the time of the meeting. Applicants must submit a CV, an essay detailing the applicant’s objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All application materials should be submitted online here. **The application deadline is August 23, 2013.**

For more information on ACCP travel awards, contact membership@accp.com.

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2019 ACCP Clinical Pharmacy Challenge: Team Registration Deadline September 3

The team registration deadline for the 10th annual ACCP Clinical Pharmacy Challenge is fast approaching. Plan now to register your team online before the September 3 deadline.

**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.

Preliminary rounds of the 2019 national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the 40th ACCP Annual Meeting in New York, New York, October 26–28, 2019.

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

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Home Study Courses are available now at www.accp.com/store
Each team advancing to the quarterfinal round held at the 2019 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.

Eligibility and Registration
Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. If no ACCP faculty liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility for this year’s competition is September 3, 2019.

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

ACCP Washington Office Commentary
Coverage for Services: Why Provider Status Is Not the Solution

John McGlew
Director of Government Affairs

Historically, the pharmacy profession has sought Medicare provider status as the “holy grail” of health policy advocacy. For as long as ACCP has operated a Washington office, the omission of pharmacists from the list of “eligible providers” under Section 1861 of the Social Security Act (SSA) has been viewed by the wider pharmacy profession as the single greatest barrier to securing payment for services.

Without doubt, recognition of pharmacists as Medicare providers is a key piece of the Medicare coverage puzzle. That’s why, as far back as 2003, ACCP led efforts to “fix” Medicare Part B through the Pharmacist Provider Coalition (PPC) and the Leadership for Medication Management (LMM).

So why, then, in 2013, after a decade of advocacy work focused on provider status, did the ACCP Board of Regents launch its high-profile legislative Medicare Initiative focused on securing coverage for clinical pharmacist services for patients instead of “status” for providers?

Put simply, Medicare payment is not based on the “recognition” of certain health care professions as providers. Medicare payment policy sets out a list of covered tests, items, and services together with the qualifications required for eligibility to render these services. Therefore, ACCP’s advocacy strategy focuses on amending the list of covered services, not the list of covered providers.

Let’s look at examples of other Medicare-eligible providers. Doctors of chiropractic services are listed as Medicare providers, but from a regulatory standpoint, the process that provides their payment is linked specifically to “manual manipulation of the spine if medically necessary to correct a subluxation when provided by a chiropractor or other qualified provider.”

Perhaps more tellingly, doctors of dentistry are clearly listed as Medicare providers under the SSA, yet Medicare payment policy does not cover their services. CMS (the Centers for Medicare and Medicaid Services) specifically states that it does not cover most dental care, dental procedures, or supplies (i.e., cleanings, fillings, tooth extractions, dentures) and that “beneficiaries pay 100% for non-covered services, including most dental care.”

The significance of this to ACCP’s effort cannot be overstated – under federal law, pharmacists’ and dentists’ services are treated identically. In both cases, patients are perfectly entitled to pay out-of-pocket to access the services that pharmacists and dentists provide in accordance with state practice acts, even though dentists currently enjoy “Medicare provider status.”

That’s not to say provider status is irrelevant. Efforts at the state level to formalize pharmacists’ integration into patient care teams often require a legislative amendment to expand the statutory definition of provider. In California, defining pharmacists as providers and establishing the “advanced practice pharmacist” designation was an important step in this process. But even according to the California Pharmacists Association (CPhA), obtaining provider status and additional scope of practice was only the first step for pharmacists to contribute in broader ways to the health care team. Now CPhA’s focus has turned to ensuring that payment systems support pharmacists in these new roles.

And let’s be clear here: if successful, ACCP’s Medicare Initiative will in effect achieve “provider status” for qualified pharmacists. Our message is simple: getting the
medications right is an essential objective for a modernized, cost-effective, and quality-focused Medicare program. Congress should enact legislation to reform Medicare Part B to cover CMM (comprehensive medication management) services provided by qualified clinical pharmacists as members of the patient’s health care team. Our point is that securing coverage for services also requires provider status. But securing provider status does not require payment for services.

So What Is the Road Map?
ACCP invests significant time and resources to help policy-makers in Congress, the executive branch, and key health stakeholder organizations understand why getting the medications right is central to the “health care quadruple aim” of enhancing patient experience, improving population health, reducing costs, and enhancing provider wellness.

Consistent with this strategic outlook, MedPAC – the independent body charged with advising Congress on issues affecting administration of the Medicare program – in its March 2019 report reiterated its focus on finding ways to provide high-quality care for Medicare beneficiaries while giving providers incentives to constrain their cost growth and thus help control program spending.

Accordingly, ACCP’s advocacy continues to expand – not only targeting Congress to seek a “legislative fix” but also strengthening and expanding the efforts already under way to test innovative approaches for integrating CMM through Medicare alternative payment models and building relationships with physician groups, other provider and specialty organizations, private payers, and other key stakeholders to advance this initiative.

Realistically, in today’s political climate, a single-issue piece of legislation (e.g., focused on “pharmacist provider status”) rarely works its way through the traditional congressional committee process to be signed into law. In practice, carefully crafted, well-defined policy solutions are vetted, tested, and ultimately integrated into broader “omnibus” legislative packages that navigate from Capitol Hill to the White House. Nevertheless, although progress of ACCP’s Medicare Initiative is necessarily slow and incremental, the College remains confident that CMM coverage will successfully be integrated across a variety of health payers and structures.

The external landscape, both politically and from a clinical practice standpoint, looks very different in 2019 from when the College first opened its Washington office in 2000. Consequently, ACCP’s advocacy strategy has evolved significantly beyond the “provider status efforts” of the early 2000s.

Did You Know? ACCP-PAC Midyear Update
By law, ACCP-PAC files quarterly reports with the Federal Election Commission (FEC) declaring its income and expenditures for that period. Similarly, ACCP’s registered lobbyists, to maintain their legal status, must report any political contributions to the Clerk of the Senate, which are then made available as part of the public record.
Because political contributions are recognized as part of a constitutionally protected freedom of speech, the FEC’s goal is to ensure appropriate accountability and transparency related to campaign finance. As part of this process, ACCP-PAC’s financial records are available to the public in compliance with FEC law, and decisions related to candidate contributions are made by the College’s PAC Governing Council, which consists of ACCP members and leaders.
Consistent with ACCP’s core values, ACCP-PAC supports candidates and elected officials who are committed to a care delivery system in which clinical pharmacists, working as fully integrated members of the patient care team, are responsible for significant portions of the medication management work and for helping to achieve clinical goals for patients’ medication use.
Looking ahead to the 2020 presidential elections, thanks to the support of ACCP members, ACCP-PAC has over $60,000 cash on hand to support elected officials and candidates – from both political parties – running for federal office.
All ACCP members are asked to contribute to the ACCP-PAC. CLICK HERE to support your PAC today!

About the Get the Medications Right (GTMRx) Institute
Achieving Medication Optimization Through CMM

The GTMRx Institute is a multi-stakeholder, nonprofit organization designed to catalyze change that improves patient outcomes and lowers health care costs through comprehensive medication management (CMM). The Institute was launched in April 2019 to ensure appropriate and personalized use of medications and other therapies by promoting a scientific, evidence-based, and cost-effective decision-making process as part of the team-based, systematic approach to medication use. The Institute is funded by a 3-year commitment from leading health care organizations. Members include physicians, pharmacists, health IT innovators, drug and diagnostics companies, consumer groups, employers, payers, and health systems.
The Institute sponsors and supports multi-stakeholder activities that encourage practice transformation, create pathways for disseminating evidence and
innovations, and encourage payment and policy reform to accomplish the following:

- Advance acceptance and recognition by providers and payers (including employers) of the importance of creating a systematic, evidence-based approach to medications and their rational use.
- Engage physicians, clinical pharmacists, and other team members who share a complete commitment to medication optimization by providing tools, data, practice standards, and implementation resources to advance practitioners’ ability to ensure safe and effective medication use.
- Educate and inform patients, legislators, Congress, health care regulators, and payers (including national health systems such as the VA) about the importance of medication optimization and its impact on quality and cost of care.

ACCP, a founding member, is represented on the Board of Directors by C. Edwin Webb, Pharm.D., MPH, FCCP. The Institute’s first major deliverable will be a “Blueprint for Change” that outlines specific steps in the practice, payment, and policy environments toward making CMM a core component of patient care. ACCP’s vision is that CMM will be recognized by all stakeholders as essential to achieving medication optimization.

Learn more about GTMRx at gtmr.org.

President’s Column
The Power of Asking Patients “What Matters to You?”

Suzanne Amato Nesbit, Pharm.D., FCCP, BCPS, CPE

When engaged in a patient encounter, we often ask, “What brings you here to see us today?” or “What is the matter with you?” The question is meant to determine what symptom or condition is affecting the patient the most and should thus be addressed. However, such questions do not consider patients holistically or determine how their symptoms fit into the broader context of their lives. By changing the question slightly, we can engage patients in conversations that will forge a partnership between them and us. In their 2012 article “Shared Decision Making – The Pinnacle of Patient-Centered Care,” Drs. Barry and Edgeman-Levitan pose a new question, “What matters to you?” This question invites patients to describe and share much more than just their symptoms and a summary of their current conditions. It also offers patients the opportunity to be active participants in their own health care and to participate in shared decision-making. In essence, this question is the foundation for delivering patient-centered care.

The IOM report Crossing the Quality Chasm defines patient-centered care as “care that is respectful of and responsive to individual patient preferences, needs, and values.” Patient-centered care ensures that patients’ values help guide clinical decisions. Patients and clinicians need to work together to achieve outcomes. Active patient engagement is key. If we don’t ask what matters to patients, how will we know? The paternalistic view of medicine would say that we already know what patients will say and that we as health care professionals already know what is needed to treat a given problem. However, this viewpoint may discount the patient’s experience with an illness. Moreover, shared decision-making with patients and caregivers, if it occurs at all, does not occur until there is a divergent path in treatment options or often at the end of life. Most medical decisions regarding diagnosis and treatment include more than one option, but patients may not be included in these decisions.

Shared decision-making can facilitate optimal, collaborative health care determinations by patients and their clinicians. Patients and caregivers can be provided with complete information related to the risks and benefits of proposed diagnostic and treatment modalities.
In turn, patients can express their personal concerns, care priorities, and preferences. The decision reached becomes a shared responsibility of the entire care team, including the patient.

For shared decision-making to be effective in the patient-centered model, patients often require education and tools to help them fully understand the information needed to make an informed judgment. Clinical pharmacists, as members of the patient care team, have an obligation to educate patients about their medications, the pharmacotherapeutic benefits and risks involved, and the intended outcomes of treatment. In the ASHP Foundation's 2019 pharmacy forecast, 35% of respondents believed it likely that at least one-fourth of those rendering prescribing decisions would consider patient preference over expert consensus or evidence-based guidelines. Patients who are empowered by being involved in selecting their medications are much more likely to be adherent. Opportunities exist to develop enhanced collaborations with patients and families—i.e., shared decision-making—that achieve the best medication outcomes. Clinical pharmacists must employ the necessary skills to effectively implement care processes that promote shared decision-making and meaningful partnerships with their patients. We must move away from paternalistic approaches primarily intended to instruct patients to follow professional advice or “rules” and instead develop plans that incorporate patients’ personal values, preferences, and circumstances.

Perceived barriers to changing the rhetoric to “what matters to you?” include clinician concerns that such discussions will take too much time in already brief patient encounters and that the issues most important to patients will not be directly related to their health care, per se. However, research indicates that engaging patients in issues that matter to them may actually save time and yield information essential to clinical care. Patients often just want to have some control over what’s happening to them. As clinicians, we must better understand patients’ perceptions of their illnesses.

Why is this important to ACCP members? Because our ability to improve patient outcomes by optimizing medications is hindered if we don’t ask a patient “what matters to you?” Our perceptions of nonadherence may change drastically if we fully understand patients’ preferences for how to receive information, take medications, and address other stressors influencing their health care experience. Opportunity exists for us to provide more useful information that helps create a care plan that patients will both understand and adhere to. Incorporating the question “what matters to you?” into our routine interactions with patients can help us connect and partner with them. A partnership between the patient, the caregiver, and the patient care team is thereby forged. This partnership can also significantly influence our own satisfaction as clinicians.

As ACCP begins its next cycle of strategic planning, we are curious about how a professional organization like ours might better engage patients. How do you involve patients in shared decision-making? How are patients engaged in your own practice and/or your organizations/institutions? How can ACCP involve patients in its own organizational planning? Please let us know your thoughts by contacting us at accp@accp.com.

References

Questioning Editorial Decisions

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

Preparing and submitting a manuscript to a scientific journal usually requires a substantial commitment of time, effort, and resources. The outcome of this process can be satisfying or disappointing. Most authors’ rejections far outnumber their immediate acceptances. An unsolicited manuscript is rarely accepted without the need for revisions. When a rejection is the editorial decision, authors may question the fairness or objectivity of the editor or peer review process. One response to a rejection is to contact the editor and request further detail or to challenge the decision. There are circumstances that merit this action and times when it is appropriate.

When considering whether to correspond with the editorial office about a rejection, authors should first carefully re-read the peer review comments and the decision letter. Authors should attempt to understand the editor’s decision in order to develop an effective rebuttal. A common reason for rejection is based on
poor study design, lack of appropriate methodology, or inappropriate analysis and communication of the results. If this is not the case, an author can begin to consider contacting the editorial office.

Submitting authors should recognize that in making editorial decisions, journal editors evaluate not only the soundness of a study’s research methodology but also the potential impact of the results on the relevant scientific field. A scientific study may have been reported using the appropriate methodology with carefully analyzed results and conclusions supported by the data but still be rejected. A rejection can result when the research is viewed as having minor significance and/or confirms what has already been published and established as current knowledge. When a journal has recently published similar research results or reviews in the same topic area, editors may be reluctant to publish results that duplicate prior knowledge, regardless of the reviewer’s recommendations. Competition for space is high, even in the current era of electronic publishing. When a manuscript submission is rejected as a minor contribution to the literature, this is not a time to protest but to submit the manuscript to another journal.

The time to challenge an editorial decision is when a biased or faulty review is suspected. Correspondence to the editor should provide any evidence for an accusation of referee bias. It is not helpful to guess at the identity of reviewers. If particular reviewers should be avoided by an editor, the time to express this concern would have been in the cover letter that accompanied the original submission. For a challenge to an editorial decision to have a desirable outcome, authors should state their case for bias factually. If a reviewer’s calculations were erroneous or critical data in the manuscript were overlooked, these omissions should be presented in detail as evidence of a faulty review.

When disagreeing with an editorial decision, authors should contact the editor as soon as possible. Editorial workloads are high. Challenges to editorial decisions are likely to receive secondary consideration compared to the attention given to new submissions, so any rebuttal should be prompt.

The author should recognize that editors rarely reverse a decision but that they will consider extenuating circumstances. If an author can challenge a decision with evidence indicating a reviewer had a bias against the author(s) or the decision was based on a faulty review, the author’s argument for ignoring a reviewer’s comments or recommendation may successfully reverse the editor’s decision to reject the manuscript. Pharmacotherapy’s editors are sensitive to these aspects of the editorial process and strive to provide authors with unbiased and fair editorial decisions.

Clinical Pharmacy Practice in the Community Setting – First Themed Issue of JACCP

Jerry L. Bauman, Pharm.D., FCCP
Editor-in-Chief, JACCP

In December 2016, the Chicago Tribune published an initial article1 (followed by a series) of an investigative report showing that pharmacists in community pharmacies (chains and independents) throughout the Chicago area missed most (52%) serious drug interactions when confronted with (fake) prescriptions. Although I was not incredibly surprised, I was incredibly disappointed. The facts brought out by this article caused quite a stir, prompting legislators to become involved, a statewide task force to be formed (on which I am currently serving), and me to develop an interest in clinical pharmacy

Interprofessional Education: Tips for Success

Dr. Kristi Kelley
July 23, 2019 2:00 PM CST

www.accp.com/meetings/wtl4_19/
services in the community setting. Surprising to me, I found very little in the literature regarding drug safety and medication errors in community pharmacies and the role of the pharmacist, clinical or otherwise. However, I did come to the realization that the practice model currently in place in most of these settings requires a complete re-boot. My interest in drug safety and medication errors in community pharmacies and the pharmacist’s role also led indirectly to choosing the focus of the first themed issue for JACCP, scheduled for August 2019.

Melissa McGivney from the University of Pittsburgh College of Pharmacy was chosen as the guest editor of this issue because of her expertise in this area and her enthusiasm and optimism that change will occur. Apparently, I am not the only one interested in this topic: we received more than 100 inquiries about potential papers, and ultimately, 38 papers (including two editorials) were considered. Clinical pharmacy services in community pharmacies must overcome some barriers that are not present in the hospital setting, and as such, change in this area will require pioneers with resilience and persistence, not unlike during the early days of the clinical pharmacy movement that emerged mainly in hospital settings. Almost all of the papers we received came from clinical faculty in academic institutions, and, in thinking about it, it is logical that these pioneers would arise from colleges of pharmacy. Most colleges in the past decade have invested in clinical pharmacy faculty who are asked to develop practice in a community pharmacy – where most graduates end up. Of importance, colleges have partnered with community pharmacies to develop residency training programs that create a pipeline of young thought leaders and “change agents” going forward. Where once community pharmacy residencies were novel and uncommon, most colleges of pharmacy now more than likely have several.

To overcome the present barriers and push the boundaries of clinical practice in community settings, corporate, publicly traded pharmacy entities and payers will need convincing. Among other things, methodologically sound research that demonstrates new practice and payment models leading to improved health outcomes and is cost-effective is needed. By far, most of the inquiries we received and the papers we reviewed were for the journal’s section on “Clinical Pharmacy Research Reports,” but only seven were ultimately accepted for the issue. Many of the papers submitted or suggested were pilot studies, small demonstration projects, or projects with only preliminary data. Although it is good and necessary that these projects are beginning, more impactful research is needed. That’s where ACCP member leadership can play a major role – we need research. Many of the studies in the pilot phase seemed novel and promising; I asked the authors to consider submitting their work to JACCP, once completed. JACCP is devoted to all things clinical pharmacy practice, and clinical pharmacy is clinical pharmacy wherever it is practiced.

References

ACCP Academy Fall Programming: Register Now!

Are you interested in honing your skills to advance your career? Are you seeking opportunities to enhance your ability to more effectively pursue leadership, research, or teaching? If so, plan to attend any of the ACCP Academy sessions during the 2019 ACCP Annual Meeting in New York, October 26–29. To review the Academy’s Annual Meeting programming schedule, please click here. Visit the ACCP website to enroll in any of the ACCP Academy certificate programs or to register for the 2019 ACCP Annual Meeting. The early meeting registration deadline is Monday, September 30.
The ACCP Foundation Fundraiser Trivia Challenge Is Returning!

The ACCP Foundation is excited to kick off its annual campaign with the Fundraiser Trivia Challenge. The Trivia Challenge will culminate with a rousing game of pharmacy trivia at the 2019 ACCP Annual Meeting in New York, October 26–29. Teams of four will compete in a rapid-fire battle of wits that includes trivia questions on a variety of subjects, including a round of clinical pharmacy history items to commemorate ACCP’s 40th anniversary. The competition will last for 90 minutes or four rounds, whichever comes first. The fourth round, if needed, will be a potpourri of questions on pop culture and geography. Anyone attending the 2019 ACCP Annual Meeting is welcome to participate. Prizes will be awarded to the first-, second-, and third-place winners.

However, trivia is only part of this competition – each team that wishes to enter the trivia competition will also be tasked with raising at least $1000 (that’s only $250 per team member!) to be donated to the Frontiers Fund. Bonuses/cheats will be available on-site to teams that raise more than the $1000 entry fee, giving them a leg-up at the outset of the competition. The ACCP Foundation provides a packet to help entrants get started with their fundraising efforts and has established an online donation page where friends and colleagues can support their favorite team. The team that raises the most money for the Frontiers Fund will also receive a prize.

Think you have what it takes? Of course you do! Team registration will open Monday, July 29, 2019. Questions? Contact Jessie Culley at jculley@accp.com.

Member Recruiters

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

Abdullah Abdu
Sam Abid
Joelle Ayoub
Erin Barreto
Stephanie Bird
Christopher Bland
Miranda Boraas
Paul Boylan
Jim Fattal
Shanel Fisher
Alexander Flannery
Lanae Fox
Jolie Gallagher
Carlina Grindeland
Alice Hemenway
Julie Hines

Abdullah Abdu
Sam Abid
Joelle Ayoub
Erin Barreto
Stephanie Bird
Christopher Bland
Miranda Boraas
Paul Boylan
Jim Fattal
Shanel Fisher
Alexander Flannery
Lanae Fox
Jolie Gallagher
Carlina Grindeland
Alice Hemenway
Julie Hines

Maryanne Kim
Zachary Klick
Colleen Linsenmayer
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Abby Singleton
Douglas Slain
Anushka Tandon
Letitia Warunek
Alexandra Watson
Monica Zachariah