

# ACCP Report

Timothy J. Ives, Pharm.D., M.P.H., FCCP, BCPS; Editor  
Michael S. Maddux, Pharm.D., FCCP; Executive Director

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## Boucher, DiPiro, Erstad, Rybak to Receive ACCP Awards

ACCP members Bradley A. Boucher, Pharm.D., FCCP, FCCM; Joseph T. DiPiro, Pharm.D., FCCP; Brian L. Erstad, Pharm.D., FCCP, BCPS; and Michael J. Rybak, Pharm.D., FCCP, BCPS, have been selected by the College's Awards Committee to receive the association's prestigious 2004 Service, Education, Clinical Practice, and Russell R. Miller Awards, respectively. The awards will be presented in Dallas, TX, on Sunday, October 24, during the College's annual awards ceremony.

The ACCP Service Award is given only occasionally to recognize an individual who has made outstanding contributions to the viability and vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or materials goods. Bradley Boucher is Professor of Clinical Pharmacy and Associate Professor of Neurosurgery at the University of Tennessee. His leadership during the College's planned growth and expansion, including the development of ACCP's Washington-based government affairs office; his contributions as a member or chair of numerous College committees and task forces; his service as an ACCP-appointed member of the Pharmacotherapy Council of the Board of Pharmaceutical Specialties; his leadership as Chair of the College's Executive Director Search Committee; his roles as a leading contributor and charter member of the Frontiers Fund Campaign Committee; and his service as ACCP Treasurer and President list but a few of the significant contributions Dr. Boucher has made to ACCP during the past 20 years.

The Education Award recognizes an ACCP member who has made substantial and outstanding contributions to clinical pharmacy education at either the undergraduate or postgraduate level. Joseph DiPiro is *Panoz* Professor of Pharmacy at the University of Georgia College of Pharmacy and Clinical Professor of Surgery at the Medical College of Georgia. He also serves as Assistant Dean in both the College of Pharmacy and the School of Medicine, and Head, Department of Clinical and Administrative Pharmacy. Letters written by colleagues and former students in support

of Dr. DiPiro's nomination describe the qualities of an exceptional educator. One former student wrote, "As a pharmacy student, I was first impressed by Dr. DiPiro's command of the material that he teaches. Second, I was impressed by his unique ability to convey complex information in a format that students can understand, while still challenging the student's intellect." A colleague adds, "Dr. DiPiro is my teacher, mentor, and colleague. Through his dedication to education, he has made a significant impact on my life and the careers of many others." Dr. DiPiro has received numerous national awards, including the 2002 Robert K. Chalmers Distinguished Educator Award from the American Association of Colleges of Pharmacy. He is Editor-in-Chief of the *American Journal of Pharmaceutical Education* and also serves as the editor of several major textbooks, including the well-known *Pharmacotherapy: A Pathophysiologic Approach*, currently in its fifth edition.

The ACCP Clinical Practice Award is given to a College member who has made substantial and outstanding contributions to clinical pharmacy practice. Among the criteria considered in identifying potential candidates are exceptional leadership in the development of innovative clinical pharmacy services and sustained excellence in providing these services. Brian Erstad is Professor (with tenure) and Assistant Department Head in the Department of Pharmacy Practice and Science at the University of Arizona in Tucson, AZ. Dr. Erstad's outstanding accomplishments include establishing high-level clinical pharmacy services for surgery/trauma patients at University Medical Center in Tucson. Having made the surgical intensive care unit the primary focus of his practice, Dr. Erstad has not only maintained direct patient care responsibilities, but also has been involved in the development and implementation of many critical care practice guidelines across the institution. His schedule calls for him to provide after-hours on-call coverage one week out of every month, but his colleagues say that his dedication is such that "he rarely turns his pager off" and, hence, routinely receives calls at any time of the day or night. Dr. Erstad has

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effectively integrated clinical service with this teaching and research activities. He has served as a preceptor for more than 100 2-month rotations for pharmacy practice residents and he has precepted more than 170 clerkship students. Dr. Erstad's publication list is extensive and includes critical care guidelines and algorithms that address stress ulcer prophylaxis, analgesia and sedation, and neuromuscular blockade.

The Russell R. Miller Award is presented in recognition of substantial contributions to the literature of clinical pharmacy, thereby advancing both clinical pharmacy practice and rational pharmacotherapy. Russell R. Miller was founding editor of the College's journal, *Pharmacotherapy*. Michael Rybak is Professor of Pharmacy Practice and Adjunct Professor of Medicine in the Division of Infectious Diseases at Wayne State University. Dr. Rybak has a sustained and impressive publication record in the field of antimicrobial pharmacodynamics. His body of work includes more than 150 manuscripts and numerous book chapters. Dr. Rybak's work has focused on enhancing the understanding of antimicrobial resistance, particularly that exhibited by gram-positive organisms. His development of a unique in vitro model to assess bacterial killing following antimicrobial exposure is widely recognized as a substantial contribution to the field. Dr. Rybak's research articles have appeared in such distinguished journals as *Antimicrobial Agents and Chemotherapy*, *Journal of Infectious Diseases*, *Infection and Immunity*, *Journal of Antimicrobial Chemotherapy*, *American Journal of Medicine*, *Journal of Critical Care Medicine*, and *Pharmacotherapy*. He is a past recipient of the Infectious Diseases Impact Paper of the Year Award from the Society of Infectious Disease Pharmacists. Dr. Rybak has also trained more than 18 postdoctoral fellows over the past 16 years, preparing them to become clinical scientists in infectious diseases.

### IT'S NOT TOO LATE TO REGISTER!

ACCP Annual Meeting  
Dallas, Texas  
October 24 – 27, 2004

Here are a few highlights from this year's meeting:

- Five Curricular Tracks
- 19 ACCP Practice and Research Network (PRN) Focus Sessions
- Scientific Poster Presentations
- Pharmacy Industry Exhibits
- ACCP Recruitment Forum, featuring the *Career Fair* followed by *One-on-One Appointments*

For more information, call ACCP at (816) 531-2177 or visit [www.accp.com](http://www.accp.com).

### Cool Stuff + Great Fun + Important Cause = ACCP Silent Auction

Test your mental and physical skills with some fun and challenging games. Buy some raffle tickets and win great prizes. Play "Pick-a-Brick" and pocket up to \$100 cash. Bid on the many cool items contributed to the Silent Auction by your fellow ACCP members and take home some fantastic—



- **Artwork and Photography:** charcoal and ink Native American prints; underwater and scenic outdoor photography.
- **Books:** an illustrated history of pharmacy; *Pharmacotherapy: A Pathophysiologic Approach*.
- **Clothing and Sports Equipment:** peridot hand knit scarf; Master's golfwear; Cardinals baseball memorabilia; collectors' baseball cards; North Carolina autographed basketball.
- **Education:** ambulatory care minisabbatical; continuing education registration.
- **Electronics:** stereo headphones; underwater photo equipment; satellite radio and subscription.
- **Food and Regional Items:** regional food baskets; imported and domestic wines; Omaha steaks.
- **Home and Luxury Items:** fine jewelry; inlaid marble apothecary jar; pharmacy beer stein; pewter hors d'oeuvre server; handcrafted wooden tray; pottery vase.
- **Travel and Recreation:** Colorado and international timeshares; B&B package; golf outing; restaurant gift certificate; frequent flier miles.

In addition to providing a really good time, the evening's auction, games, and raffles help to support a critical program within the ACCP Research Institute—the **Frontiers Fund**. ACCP members are expanding pharmacy's frontiers through the Frontiers Fund by providing critical support for new clinical and

practice-related research by clinical



pharmacists (<http://www.accp.com/frontiers/>). The Frontiers Fund is successfully creating the opportunity to:

- support *clinical research* that extends beyond those areas funded by existing ACCP grants;
- conduct much needed *health services* research to document the value of clinical pharmacy services; and
- facilitate the development of clinical pharmacy researchers.

Based on the generous gifts to the Frontiers Fund by individual College members, the contributions made by several of the Practice and Research Networks from their

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budgets, and the success of last year's Silent Auction, the ACCP Research Institute was able to fund nearly \$143,000 in new health services and clinical research earlier this year:

“Evaluation of a Program to Improve Hypertension Care”

Sean Hennessy, Pharm.D., Ph.D.  
University of Pennsylvania School of Medicine

“Pharmacogenomic Reasons for Poor Lupus Nephritis Outcomes”

Melanie S. Joy, Pharm.D.  
University of North Carolina at Chapel Hill

“Evaluation of Diabetic Nephropathy in Hispanic Americans”

Thomas Charles Dowling, Pharm.D., Ph.D.  
University of Maryland  
also supported by the Amgen Nephrology Research Award

“Improving the Quality of Medication Use in Older Adults”

Mary T. Roth, Pharm.D., M.H.S.  
University of North Carolina at Chapel Hill

The Frontiers Fund's goal in 2004 is to further expand its support of important research that benefits patient care and the practices of all ACCP members to at least \$250,000. With your help, we can meet and exceed this target!

Mark your calendar:

**PRN Reception and Research Institute  
Silent Auction**

**2004 ACCP Annual Meeting**

**Monday, October 25**

**8–10 p.m.**

**Landmark Ballroom CD**

**Hyatt Reunion Hotel**

**Dallas, Texas**

*Stop by the ACCP Research Institute exhibit booth on Monday, October 25, 11 a.m. – 2 p.m., to find out how you can win 20 free Silent Auction raffle tickets.*

**Washington Report**

C. Edwin Webb, Pharm.D., M.P.H.  
Director, Government and  
Professional Affairs



**ACCP Submits Comments to  
CMS on Medication Therapy  
Management**

Editor's Note: The two-month comment period for organizations and individuals to respond to the proposed rule of the Centers for Medicare and Medicaid Services (CMS)

implementing portions of the Medicare Prescription Drug, Modernization, and Improvement Act of 2003 (MMA) closed October 4, 2004. The text of ACCP's letter, focusing primarily on the provisions of the proposed rule concerning medication therapy management programs (MTMPs) is provided below. CMS anticipates receiving more than 500 comment letters from organizations and individuals related to all aspects of the implementation of MMA, with the vast majority focusing on the critical Part D outpatient drug benefit. After review of the comments received, a final rule implementing the benefit will be published in early 2005.

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October 1, 2004

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
P.O. Box 8014  
Baltimore, MD 21244-8014

**Reference File: CMS-4068-P**

Dear Sir/Madam:

The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide comments regarding the implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). In particular, ACCP is providing comments concerning the proposed rule as published in the August 3, 2004, *Federal Register* notice concerning implementation of the outpatient prescription drug benefit (Part D benefit), with particular emphasis on medication therapy management programs (MTMPs), quality assurance issues, and other provisions to improve medication use and enhance the health status and outcomes of Medicare beneficiaries.

ACCP is a national professional and scientific society that represents more than 8,000 clinical pharmacist practitioners, researchers, and educators. Our members have been the profession's leaders for almost three decades in providing professional services, consultation, cutting-edge clinical research, and educational leadership that improve the quality of medication use in the health care settings in which they practice. As a founding organization of the Pharmacist Provider Coalition, ACCP has worked diligently with Congress, the Medicare Payment Advisory Commission, and other key policymakers for more than four years to establish the principle that pharmacists' professional services for assuring the appropriate use of medications should be integrated into the Medicare program, regardless of the source of supply, or payment, for the medications themselves. Effective implementation of the Part D benefit, including the MTMP provisions, will serve as an important initial benchmark toward the goal of making these valuable services available to all Medicare beneficiaries.

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We appreciate your careful consideration of the comments that follow, and look forward to working closely and directly with CMS in the months and years ahead in assuring that the new Part D benefit not only enhances Medicare beneficiary access to needed medications, but that the program's operational and quality standards assure that therapeutic outcomes are indeed optimized because pharmacists' medication therapy management services are a substantial and integral part of the new Part D benefit.

#### **General Comments:**

ACCP is pleased that the proposed rule acknowledges and reinforces in both the preamble and appropriate sections of the proposed rule the important distinctions among the various quality assurance, utilization management, and related requirements for the Part D benefit that are established by MMA. In particular, the recognition that a MTMP involves **"...targeted, direct patient care"** activities is a critical observation that should be emphasized and reinforced in standards that CMS adopts for evaluating the quality and effectiveness of a PDP's benefit design, structure, and delivery with respect to the MTMP component of the benefit. To that end, we encourage CMS to consider incorporating into the final rule language consistent with the consensus definition and program criteria for MTM services developed by eleven national pharmacy organizations, including ACCP, earlier this year (enclosed as Appendix A).

We are pleased that the proposed rule recognizes that **pharmacists "...will be the primary providers..." of MTM services.** By virtue of their professional education and training, pharmacists are uniquely qualified, positioned, and motivated to provide these services to Medicare beneficiaries. Further, the range of direct patient care activities that comprise MTM services are those that are most consistent with the defined scope of practice of pharmacists as articulated in state pharmacy practice acts. Finally, the effectiveness of pharmacists as providers of MTM services has been documented extensively in the professional literature - more so than for any other health care professional. We therefore encourage inclusion in the final rule of language or guidelines that would require that the PDP's plan for provision of MTM services include and utilize only those providers whose professional knowledge, experience, skills, and defined scope of practice qualify them to provide MTM services.

We are also pleased to see the emphasis on beneficiary choice, and maintenance and support of existing beneficiary-provider relationships, in assuring both quality and continuity of care. Many Medicare beneficiaries have long-standing and effective relationships with their pharmacists, which have helped to assure the appropriateness and effectiveness of their medication use prior to the implementation of the Part D benefit. In the final rule, CMS should provide guidance to PDP's in developing the MTMP component of their plans to

assure that these important existing beneficiary-provider relationships are facilitated and encouraged to the maximum extent possible.

#### **Comments on Medication Therapy Management Program (MTMP) Provisions:**

##### **(1) General Rule:**

The stated objective for a MTMP is to "...assure appropriate use of medications in targeted beneficiaries to optimize therapeutic outcomes through improved medication use." Thus, the benefits of an effective MTMP accrue, importantly, not only to the patient but also to the Medicare program by helping to avoid or reduce expenditures for (1) preventable hospitalizations due to medication-related problems, (2) unnecessary physician office visits or other Part B services that may arise due to medication-related problems, or (3) additional expenditures for medications that may not be needed.

MTM services and their beneficial effects have been particularly embraced in health care systems, managed care organizations, and similar entities that are at financial risk for overall health care costs for their clients, or which have other incentives to improve quality and/or manage overall health care costs for patients. Experience in such programs has shown that, in some patients, high quality MTM services result in changes to the medication regimen, including additions to or changes in the medications used, that may actually result in an increase in spending for the medications themselves. These increases are frequently more than offset by the avoidance of expenditures for more expensive services as the quality objectives described above are achieved.

However, under the Part D benefit, "stand-alone" PDPs may have insufficient incentives to implement comprehensive MTM programs because they may focus their efforts only on reducing the cost of medications used by beneficiaries - because they have no financial risk exposure to beneficiaries' consumption of other health care services.

Consequently, ACCP urges CMS to develop guidelines that assure that PDPs develop MTMPs that are structured to achieve the full range of quality outcomes that will benefit both Medicare patients and the Medicare program itself. This will also allow for more effective comparison of the effectiveness of MTMPs established by PDPs and those established by MA-PD programs.

ACCP further urges CMS to provide guidance to PDPs to establish one or more core measures of MTMP effectiveness for targeted beneficiaries that could be evaluated in a longitudinal manner. This would provide information that could facilitate evaluation of MTMPs of the PDPs by CMS,

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<sup>1</sup> Schumock GT, Butler MG, Meek PD, et al. "Evidence of the economic benefit of clinical pharmacy services - 1996-2000." *Pharmacotherapy* 2003 Jan;23(1):113-32.

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Medicare beneficiaries, and health care providers. Examples of measures that could be considered include rates of hospitalization (compared to beneficiaries with similar disease and medication use profiles who are not enrolled in the Part D benefit) and frequency of emergency room or unscheduled physician office visits. Experience gained with these fundamental measures of performance could then guide the development and implementation of further, perhaps more targeted, measures of quality as PDPs, CMS, and providers gain additional experience with the new benefit.

### **(2) Targeted Beneficiaries:**

ACCP understands the rationale in both the legislation and proposed regulations for targeting MTM services to patients with multiple chronic diseases, who are taking multiple medications, and who are likely to incur substantial costs for medications. Both logic and experience suggest that such patients will clearly derive substantial benefit from MTM services.

Nevertheless, since the language links those three criteria together rather than allowing any one of the three criteria to trigger the delivery of MTM services, ACCP encourages CMS to provide guidance to plans that the threshold within each of the three categories be conservative (i.e., low). It is certainly conceivable that a particular patient on only two medications, having only two chronic diseases (thus satisfying the common definition of “multiple”), could benefit substantially from an MTM intervention if either of the diseases is uncontrolled or if the medication-related problems the patient is experiencing can be effectively addressed by the pharmacist’s services. An inappropriately high threshold in these categories could result in patients not receiving a service that could clearly be beneficial to them.

With regard to the specific question of whether or not CMS should allow PDPs to determine the annual drug expenditures that would trigger the delivery of MTM services, ACCP believes that this is a reasonable approach at this initial stage of the implementation of the benefit. Perhaps, given the issue raised earlier regarding PDPs potentially narrow “drug expenditure only” perspective, such programs will consider establishing a relatively low threshold for spending to trigger delivery of at least some MTM services. As with many aspects of this new program, time and experience will likely be needed to determine the best approach to achieve the desired policy objective. The issue should be subject to regular review by CMS, with opportunity for future comments to be provided by interested and concerned parties.

Finally, although not specifically authorized by the statute, ACCP encourages CMS to consider providing guidance to the PDPs and MA-PDs that would allow for referral by a patient’s primary care provider(s) or self-referral by the beneficiary (or caregiver) as additional points of access for MTM services if the provider or beneficiary believes such services will be of particular value. Such referral, of course, would need to avoid

conflicts of financial interest on the part of any provider making such a referral.

### **(3) Use of Experts:**

Both the statute and the proposed rule require the development of the MTMP in cooperation with licensed and practicing pharmacists and physicians. To help assure the development of programs that are of high quality and contemporary in their scope of services, CMS should provide guidance to PDPs and MA-PDs to utilize pharmacists and physicians with both expertise and professional experience in the use and delivery of MTM programs. Practitioners of both professions who have experience working under formal collaborative practice/drug therapy management agreements, as are now authorized in forty states, would be able to provide particularly valuable guidance to plans in the development of the MTMP.

ACCP also recommends that CMS establish its own expert advisory panel on MTM services, consisting of pharmacists and physicians with substantial practice experience in contemporary pharmacotherapy and MTM services. Such a panel could be especially valuable in assisting CMS in both its initial and ongoing assessment of the performance of the PDPs in the design, implementation, and evaluation of MTMPs. ACCP would welcome the opportunity to work with CMS in identifying qualified pharmacist and physician practitioners to serve on such a panel.

### **(4) Coordination with Care Management and Chronic Care Improvement Programs:**

As noted in the proposed rule’s preamble, the mechanisms by which coordination of MTMP activities with the newly established chronic care improvement programs (CCIP) under Part B of Medicare could or should occur are mostly speculative at this point.

Nevertheless, from the perspective of ACCP, an effective program of medication therapy management should always be a primary component of any broader program designed to provide overall coordination and care improvement for chronic diseases, whether or not the beneficiary opts for outpatient prescription drug coverage under Part D. CMS guidance should provide that beneficiaries having Part D coverage who also are receiving services under the CCIP should have MTM services provided under the Part D benefit structure. For such individuals receiving care under both programs, it would be both logical and appropriate to allow a waiver of the requirements for “multiple medications/multiple diseases” that is found in the statute and the proposed regulations.

### **(5) Considerations in Pharmacy Fees:**

ACCP strongly supports the intent of the legislation and the principle outlined in the proposed rule that fees associated with provision of medication therapy management services

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are separate and distinct from dispensing fees, and that the time and resources necessary to implement and deliver MTM services must be taken into account when establishing fees for the services. CMS guidance to PDP and MA-PD plans on this matter must be unequivocal.

These distinctions are critical to assuring that the services are comprehensive and appropriately compensated. Furthermore, such a separation helps to assure the appropriate avoidance of potential conflicts of interest between the prescribing/dispensing processes and the provision of MTM services, which if co-mingled financially could present potential conflicts of interest not unlike the potential conflict of interest that exists for a physician who both prescribes a medication and dispenses/sells that medication to a patient.

CMS should consider requiring PDPs to structure their contracts with pharmacy services providers in a way that would assure that any providers who are seeking to and are capable of providing both medication dispensing services and MTM services to Medicare beneficiaries have an operational and financial structure that appropriately segregates these activities to reduce real or perceived conflicts of interest.

The failure of MMA to specify how fees should be paid (and not incidentally how the delivery of services might be documented) represents an important opportunity for CMS to provide leadership in furthering the goals contained in HIPAA requirements for use of the CPT coding system for electronic claims processing for the services of health professionals, including pharmacists (Federal Register, 8/17/2000, Part III, 45 CFR Parts 16 & 162, p. 50331). This final rule clearly contemplates that pharmacists' professional services would be documented and billed using the CPT coding system as the recognized electronic standard.

ACCP is very concerned with the inclusion of MTM services as a component of the "administrative costs" of the PDP plan, along with drug utilization management and quality assurance measures, and believes that this is inconsistent with the clear differences between MTM services and these other types of activities as articulated throughout the statute and other sections of the proposed rule. Even if CMS does not view MTM services as a distinct "benefit" subject to beneficiary copayment or other cost-sharing provisions of Medicare, it should nevertheless insist on procedures for quality assurance and auditing purposes that conform to agreed-upon standards and, equally importantly, assure that services are indeed being provided. This approach is particularly appropriate given the stated expectations of CMS that the nature, scope, and intensity of MTM services will vary substantially based on the individual needs and clinical status of the beneficiary.

ACCP therefore urges CMS to require the use of a coding and billing infrastructure for MTM services that uses CPT coding architecture consistent with HIPAA standards. Such a requirement would be fully consistent with current activities of a consortium of pharmacy organizations (the Pharmacist

Services Technical Advisory Coalition) that is working with the AMA's CPT Editorial Process to support pharmacists' use of existing and potentially newly developed CPT codes in the delivery of MTM services. Without such an approach, ACCP believes it will be practically impossible for CMS to assure that MTM services are actually being delivered, are achieving the desired objectives of improving therapeutic outcomes, and are being properly compensated by the PDP.

**Comments on Other Provisions of the Proposed Rule:**

ACCP offers the following perspectives on other aspects of the proposed rule as related to the Part D benefit, on which CMS has invited comment:

1. ACCP believes that the definition of "medication error" (i.e., that used by the National Coordinating Council for Medication Error Reporting and Prevention) found in the proposed rule is an appropriate one for initial use in interpretive guidance in evaluating quality assurance and MTMP efforts of the PDPs and their providers.
2. ACCP encourages CMS to provide guidance to PDPs that would strongly encourage the active involvement of a pharmacy and therapeutics committee, with active pharmacist and physician involvement, to provide consultation and assistance to the PDP for all drug utilization management and quality assurance activities.
3. ACCP supports the view of CMS that the most appropriate proposed definition for "dispensing fee" is that outlined in "Option 1" of the three options found in the proposed rule. This definition would limit the dispensing fee to applying only to those activities associated with the preparation and transfer of the medication from the dispensing pharmacy to the beneficiary. However, even within this narrow definition, ACCP believes it is appropriate for CMS to authorize PDPs to pay different dispensing fees based on the complexity of the process that is needed to appropriately prepare the medication for effective use by the patient. Such activities could include procedures and costs associated with intravenous admixture preparation, resources or tools to assist patients in improving adherence to the medication regimen, and appropriate compounding of non-commercially available dosage forms.

ACCP looks forward to continuing to work with CMS staff as the implementation of the Medicare Part D benefit proceeds. We applaud the work of the CMS staff and stand ready to assist in any way we can to help assure that the new benefit succeeds in its goal of improving Medicare beneficiaries' access to and improved therapeutic outcomes from the medications that they need.

Sincerely,

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

C. Edwin Webb, Pharm.D., M.P.H.  
Director, Government and Professional Affairs

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## PRNs Elect New Officers

The ballots have been tallied and the following new Practice and Research Network (PRN) officers will begin their duties at the ACCP Annual Meeting in Dallas, TX.

**Adult Medicine:** Brian Hodges, Chair; Brian Hemstreet, Chair-Elect; Ann Spencer, Secretary/Treasurer  
**Ambulatory Care:** Ila Harris, Chair; Sunny Linnebur, Chair-Elect; Eric MacLaughlin, Treasurer  
**Cardiology:** Dawn Bell, Chair; Ann Wittkowsky, Chair-Elect; Jo Ellen Rodgers, Secretary  
**Central Nervous System:** Melody Ryan, Chair; Vickie Ellingrod, Chair-Elect  
**Clinical Administration:** Lih-Jen Wang, Chair; Todd Nesbit, Chair-Elect; Susan Miller, Secretary/Treasurer  
**Critical Care:** Curtis Haas, Chair; Eric Wittbrodt, Chair-Elect; Steve Pass, Secretary/Treasurer  
**Drug Information:** Kelly Smith, Chair; Erin Timpe, Chair-Elect; Tonya Martin Criner, Secretary/Treasurer  
**Education and Training:** S. Dee Melynk, Chair; Patricia Orlando, Chair-Elect; Cynthia Sanoski, Secretary/Treasurer  
**Geriatrics:** Rebecca Sleeper, Chair; Marty Eng, Chair-Elect; Myra Belgeri, Secretary/Treasurer  
**GI/Liver/Nutrition:** Geoffrey Wall, Chair; Todd Canada, Chair-Elect; Mark Newnham, Secretary/Treasurer  
**Hematology/Oncology:** Lisa Davis, Chair; Cindy O'Bryant, Chair-Elect; LeAnne Kennedy, Secretary  
**Immunology/Transplantation:** Agnes Lo, Chair; Meredith Aull, Chair-Elect; Gordon Ingle, Secretary/Treasurer  
**Infectious Diseases:** Jeffrey Aeschlimann, Chair; Patrick Clay, Chair-Elect; Amy Pakyz, Secretary/Treasurer  
**Nephrology:** Thomas Dowling, Chair; Amy Barton Pai, Chair-Elect  
**Outcomes and Economics:** Patrick Meek, Chair; Paul Windisch, Chair-Elect; Pam Heaton, Secretary/Treasurer  
**Pain Management:** James Ray, Chair; Kenneth Jackson, Chair-Elect; Valerie Pennington, Secretary/Treasurer  
**Pediatrics:** Mark Haase, Chair; David Knoppert, Chair-Elect  
**Pharmaceutical Industry:** Timothy McNamara, Chair; Margaret Noyes Essex, Chair-Elect; Jill Chappell, Secretary/Treasurer  
**Pharmacokinetics/Pharmacodynamics:** Robert DiCenzo, Chair; Paul Hutson, Chair-Elect; George Davis, Secretary/Treasurer  
**Women's Health:** Laura Borgelt Hansen, Chair; Karen Gunning, Chair-Elect; Patricia Rozek, Treasurer; Shareen El-Ibiary, Public Liaison

A big thanks to these candidates who also ran in the elections: Allison Bernknopf, Steven Boyd, Lee Ann Bradley, Dianne Brundage, Raymond Cha, William Dager, Daryl DePestel, Paul Dobesh, Karen Dominguez, David Foster, Stephanie Garrett, Rebecca Godesky, Darren Grabe, Ronald Hall, John Hanley, Sum Lam, Robert MacLaren, Julie Oki Maurey, Patrick Medina, Tien Ng, Olanrewaju Okusanya, Fred Sego, Stacy Shord, Scott Soefje, Alka Somani, Melissa Somma, William Spruill, Vicki Sternhagen, Liza Takiya, Margaret Thrower, Karen Whalen, Barbara Wiggins, Pat Willimann, Suzanne Wortman, Mary Worthington, and Alan Zillich.

## Pharmacotherapy Pearls Annual Call for Pharmacotherapy Reviewers

Wendy R. Cramer, B.S., FASCP  
Richard T. Scheife, Pharm.D., FCCP

The value of the academic reviewer in all quality bioscience publications cannot be overstated. Only someone who is actively involved in and has a passion for clinical practice or research can accurately assess the scientific rigor and impact of a given manuscript submitted for publication. So, how does one make the leap from an impassioned pharmacy clinician or researcher to that of an academic reviewer?

As luck would have it, we will be conducting a seminar entitled "How to Be a 5-Star Reviewer" at the ACCP Annual Meeting in Dallas. The seminar will be held on Tuesday, October 26, 2004, from 1:15 to 3:15 p.m. (0.2 CEUs will be provided). Please consult the ACCP program for the location. You will learn the answers to age-old questions that should concern every great reviewer: what is the purpose of peer review and what it will never catch; what is the function of reviewers; what are the journal's responsibilities to reviewers; and what are reviewers' responsibilities to the journal? Ample time will be available to answer all of your specific questions.

If you would like to become a reviewer, there are two easy ways to accomplish this. One is to attend our seminar, bring a business card (or equivalent) with your name, mailing address, phone and fax numbers, e-mail address, and your areas of expertise (be as specific as possible). The other is to contact us with this same information ([ppijournal@aol.com](mailto:ppijournal@aol.com)). We welcome reviewers in every area of expertise; however, currently the practice areas of particular need are ambulatory care topics (e.g., anticoagulation, diabetes, lipids), psychiatry, drug information, drug interactions, gastroenterology, neurology, and critical care.

We look forward to seeing you at our seminar!

**ACCP...**  
Where Pharmacy is Going

## Call for Nominations

All nominations should be sent to the indicated committee chair in care of: ACCP, 3101 Broadway, Suite 650, Kansas City, MO 64111. Additional information on award criteria may be obtained from ACCP headquarters.

**2005 ACCP Fellows:** Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been a full member of ACCP for at least five years; must have been in practice for at least eight years since receipt of their highest pharmacy degree; and must have made a sustained contribution to ACCP through activities such as attendance or presentation at College meetings; service to committees, PRNs, or chapters; or election as an officer. Candidates may be nominated to the Chair of the Credentials Committee by any two Full Members other than the nominee or by any Fellow. Current members of the Board of Regents are ineligible for consideration. **Nomination deadline: December 15, 2004.**

**2006 Officers and Regents:** President-Elect, Regents, Research Institute Trustee. Nominees must be a Full Member of ACCP and should have demonstrated excellence in clinical pharmacy practice, research, or education; demonstrated leadership capabilities; and should have made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Send nominations to Chair, Nominations Committee. **Nomination deadline: November 30, 2004.**

**2005 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy:** Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. Letters of nomination should be sent to the Chair of the Parker Medal Selection Committee. All nominations must be accompanied by the nominee's curriculum vitae, resume, or biographical sketch as available, and at least three letters of support that describes the individual's accomplishments relative to the award criteria, at least one of which is from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: December 15, 2004.**

Letters of nomination for the following ACCP awards should be sent to the Chair of the Awards Committee. All nominations must be accompanied by the nominee's curriculum vitae and a letter of support that describes the individual's accomplishments relative to the award criteria. Additional letters of support also may be included, particularly when the curriculum vitae may not have enough relevant information for a specific award. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2004.**

**2005 Education Award:** Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacy continuing education, or shown leadership in the development of clinical pharmacy education programs.

**2005 Practice Award:** Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services.

**2005 Russell R. Miller Award:** Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single especially noteworthy contribution or sustained contributions over time.

**2006 Young Investigator Award:** This award will be given at the College's 2006 Spring Forum. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been a member of ACCP for more than three years; must be less than six years since completion of their terminal training or degree, whichever is most recent; and must have a research program with a significant publication record having a programmatic theme, or an especially noteworthy single publication. Fellows of ACCP (i.e., "FCCP") are not eligible. The award recipient will present a lecture at the College's 2006 Spring Forum based on his or her work.

**2006 Therapeutic Frontiers Lecture:** Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members.

**Service Award:** Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods.

## Upcoming PRN Business Meetings and Networking Forums

Networking is essential to a successful career. An important function of each of ACCP's Practice and Research Networks (PRNs) is to provide a place for members with similar interests and concerns to connect. The PRN Business Meetings and Networking Forums are ideal settings for networking to take place. At this year's Annual Meeting, the following meetings and activities are planned. Don't pass up these opportunities!

### PRNs Meeting on Monday, October 25:

**Ambulatory Care:** Information about past and future activities of each PRN committee, current ACCP activities related specifically to this PRN, and potential future activities will be discussed. A special networking component is scheduled. Food and refreshments will be provided.

**Central Nervous System:** Speakers will discuss the latest central nervous system trends, and PRN members will present posters on their current research. Food and beverages will be provided.

**Clinical Administration:** Discussion of the most current trends and topics in clinical administration will take place. Food and refreshments will be available, courtesy of Sanofi-Aventis.

**Critical Care:** In addition to the usual business of reviewing the year, welcoming our new PRN officers, developing new charges for our PRN committees, and recruiting committee members, there will be a panel discussion/debate of common controversial areas in critical care practice. Food and refreshments will be available.

**Immunology/Transplantation:** Materials about transplant residency programs will be available. After the business meeting, a debate about the pros and cons of corticosteroid withdrawal and avoidance regimens in solid organ transplant recipients will take place, followed by a roundtable discussion. Food and refreshments will be available.

**Infectious Diseases:** Special activities include presentations by recipients of the Infectious Diseases PRN Minisabbatical Award. Food and beverages will be available courtesy of Cubist.

**Outcomes and Economics:** After the business meeting and networking forum, the winner of the best outcomes and economics poster competition will present his or her research findings. Food and refreshments will be available.

**Pediatrics:** Join a highly interactive PRN forum that will include discussion of members' practice sites and experiences. This should be a stimulating exchange about the important issues facing pediatric pharmacy clinicians. Food and refreshments will be provided.

**Pharmaceutical Industry:** Those interested are invited to join this PRN's networking forum and business meeting. Hors d'oeuvres and beverages will be available.

**Women's Health:** Information about past, current, and future activities of the PRN and PRN committees will be discussed. Interested attendees also are encouraged to participate in a discussion on "Emergency Contraception: Pharmacists' Role in Advocacy". Food and beverages will be available.

### PRNs Meeting on Tuesday, October 26:

**Adult Medicine:** A special highlight of this PRN's business meeting and networking forum will include a "best practices" session. Practitioners will describe their innovative and effective practices and discuss the history, design, and maintenance of their practices and future practice goals. A question and answer session will follow the presentations. Food and beverages will be available.

**Cardiology:** After adjournment of the business meeting, residents, fellows, and new investigators will present their research projects via poster and oral presentation formats. Hors d'oeuvres and refreshments will be available.

**Drug Information:** Join the members of this PRN for its business meeting, including goals for 2005, introduction of new officers, and time for networking. Snacks and beverages will be provided courtesy of Pfizer.

**Education and Training:** This PRN will review and vote on a proposal for a PRN Minisabbatical which was developed by a PRN Task Force. Food and beverages will be available.

**Endocrine Organizational Meeting:** Those interested in forming a PRN focusing on endocrinology should attend this exploratory meeting.

**Geriatrics:** New officers will be installed and past and future PRN activities will be discussed. Join a casual workshop discussion focusing on current trends in senior care, highlighting recent experiences with the new Medicare drug benefit. Food and beverages will be available.

**GI/Liver/Nutrition:** After the business meeting, members will discuss their current research projects followed by an open floor discussion and question and answer session. Food and beverages will be provided courtesy of Tap.

**Hematology/Oncology:** After the business meeting, there will be a discussion of practice and research topics, highlighting innovative ideas and activities within the membership. Hors d'oeuvres and refreshments will be provided.

**Nephrology:** PRN members will discuss their clinical practice and research activities, with emphasis on current approaches to treating hyperparathyroidism and renal osteodystrophy in patients with chronic kidney disease. Food and beverages will be included, courtesy of Amgen.

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**Pain Management:** Discussion will focus on epidural and intraspinal medications. In addition, Jimmi Overton, Pharm.D., Scientific Services Manager from Allergan, will speak on "Botulinum Toxin Pharmacological Update: Use in Painful Conditions." Food and refreshments will also be courtesy of Allergan.

**Pharmacokinetics/Pharmacodynamics:** After the business meeting will be the presentation of the Pharmacokinetics/Pharmacodynamics PRN Fellowship Award in memory of M. Kelli Jordan, Pharm.D. The awardee will present his or her current research. Food and beverages will be provided.

### For More Information on PRNs

**Adult Medicine:** Brian Hodges, (843) 792-7518; [hodgesbm@musc.edu](mailto:hodgesbm@musc.edu)

**Ambulatory Care:** Ila Harris, (651) 223-7324; [iharris@umphysicians.umn.edu](mailto:iharris@umphysicians.umn.edu)

**Cardiology:** Dawn Bell, (304) 345-0413; [dawn.bell@themedco.com](mailto:dawn.bell@themedco.com)

**Central Nervous System:** Melody Ryan, (859) 257-8790; [maryan1@uky.edu](mailto:maryan1@uky.edu)

**Clinical Administration:** Lih-Jen Wang, (706) 571-1396; [lih-jen.wang@crhs.net](mailto:lih-jen.wang@crhs.net)

**Critical Care:** Curtis E. Haas, (585) 275-6283; [haas@buffalo.edu](mailto:haas@buffalo.edu)

**Drug Information:** Kelly Smith, (859) 257-2521; [ksmit1@email.uky.edu](mailto:ksmit1@email.uky.edu)

**Education and Training:** S. Dee Melnyk, (919) 286-0411, ext. 5720; [deerx@email.unc.edu](mailto:deerx@email.unc.edu)

**Endocrine:** L. Kent Porter, (469) 964-6589; [kent.porter@aventis.com](mailto:kent.porter@aventis.com)

**Geriatrics:** Rebecca Sleeper-Irons, (806) 743-4200, ext. 223; [rebecca.sleeper@ttuhsc.edu](mailto:rebecca.sleeper@ttuhsc.edu)

**GI/Liver/Nutrition:** Geoffrey Wall, (515) 241-4297; [geoff.wall@drake.edu](mailto:geoff.wall@drake.edu)

**Hematology/Oncology:** Lisa Davis, (215) 596-8831; [l.davis@usip.edu](mailto:l.davis@usip.edu)

**Immunology/Transplantation:** Agnes Lo, (901) 448-3743; [alo@utm.edu](mailto:alo@utm.edu)

**Infectious Diseases:** Jeffrey Aeschlimann, (860) 679-1488; [aeschlimann@uchc.edu](mailto:aeschlimann@uchc.edu)

**Nephrology:** Thomas Dowling, (410) 706-0884; [tdowling@rx.umaryland.edu](mailto:tdowling@rx.umaryland.edu)

**Outcomes and Economics:** Patrick Meek, (617) 636-5934; [meekp@acp.edu](mailto:meekp@acp.edu)

**Pain Management:** James Ray, (814) 877-2525; [james.ray@hamot.org](mailto:james.ray@hamot.org)

**Pediatrics:** Mark Haase, (806) 468-8415; [mhaase@cortex.ama.ttuhs.edu](mailto:mhaase@cortex.ama.ttuhs.edu)

**Pharmaceutical Industry:** Timothy McNamara, (818) 597-4863; [trmcnam@aol.com](mailto:trmcnam@aol.com)

**Pharmacokinetics/Pharmacodynamics:** Robert DiCenzo, (585) 273-2885; [robert.dicenzo@urmc.rochester.edu](mailto:robert.dicenzo@urmc.rochester.edu)

**Women's Health:** Laura Borgelt Hansen, (303) 315-3868; [laura.hansen@uchsc.edu](mailto:laura.hansen@uchsc.edu)

## Geriatrics/Special Populations is Focus of New Book in PSAP-V Series

With the increasing age of the population, it is becoming more and more critical for practicing pharmacists to have expertise in the care of geriatric patients and the issues facing them. *Geriatrics/Special Populations*, the newest book in ACCP's *Pharmacotherapy Self-Assessment Program*, offers the most up-to-date information in the pharmacotherapy of common geriatrics conditions and those affecting special populations. Through a series of three modules, the book covers a wide range of topics involving geriatric patients, including pharmacokinetics in the elderly, urinary incontinence and bowel disorders, chronic disease management, pressure ulcers, health and public policy, and falls prevention. Recognizing the importance of providing quality pharmaceutical care to other special populations in addition to the geriatric population, topics on women's health, men's health, palliative care, and cultural competence are included. This book is designed to help pharmacists:

- Evaluate the drug regimen of an elderly patient for potential drug-related problems associated with drug pharmacodynamics and pharmacokinetics.
- Justify appropriate non-pharmacological and pharmacological therapies for functional bowel disorders in the elderly.
- Develop strategies for selecting and evaluating pharmacotherapy for chronic diseases in the elderly.
- Design a patient-specific approach for the use of wound care products (cleansing, debridement, and dressings) with regard to wound characteristics. Compose a plan using available resources for an elderly patient to gain access to his or her prescriptions.
- Develop an appropriate plan to prevent falls in elderly patients.
- Design the best contraceptive management plan for a patient after assessing the contraindications, benefits, risks, and therapeutic uses of various contraceptive options and how they relate to patient-specific factors.
- Construct appropriate treatment plans for patients with disorders of the prostate, androgen deficiency, and erectile dysfunction.
- Determine viable alternatives and resources to implement cultural competency within the workplace.
- Design a therapeutic plan with attention to economic, practical, and patient-specific factors for the most common physical and psychiatric symptoms occurring in the palliative care setting.

The Geriatrics/Special Populations book will be released October 15 and is the fourth book in the 11-book PSAP series. The book is available in both print and online formats. Continuing pharmacy education credit is available for successful completion of the self-assessment examinations provided with each module. The three modules combined offer a total of 21 hours of continuing pharmacy education credit. For more information, visit [www.psap.org](http://www.psap.org).

Other recently released books in the PSAP-V series include Cardiology (January 2004), Health Care Stakeholders (April 2004),

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and Psychiatry (July 2004). Future releases will include the Science and Practice of Pharmacotherapy, Infectious Diseases, Gastroenterology, Nutrition, Chronic Illnesses, Pediatrics, Oncology, Critical Care, and Transplantation. Each of the seven remaining books in the series will be released quarterly through July 2006.

PSAP is dedicated to offering the most up-to-date and comprehensive information available on recent drug therapy advances. Each book will further your knowledge in the therapeutic area it covers. PSAP is priced as follows. Shipping charges will apply.

PSAP-V Single Books	Member Price	Nonmember Price
Hardcopy	\$55.00	\$75.00
Online	\$45.00	\$65.00
Hardcopy & Online	\$80.00	\$100.00

#### PSAP-V Series

Hardcopy	\$335.00	\$495.00
Online	\$295.00	\$445.00
Hardcopy & Online	\$485.00	\$645.00

For specific information pertaining to release dates of future books, projected continuing education credits, and Accreditation Council for Pharmacy Education (ACPE) program numbers for each book, visit [www.psap.org](http://www.psap.org) where you can quickly and conveniently place your order through the online bookstore. Use code **BRO1004** when ordering PSAP-V.



PSAP-V has been approved by the Board of Pharmaceutical Specialties (BPS) for use in the Board Certified Pharmacotherapy Specialist (BCPS) recertification. ACCP is accredited by the ACPE as a provider of continuing pharmacy education.

### Call for Abstracts

**2005 Spring Practice and Research Forum/Updates  
in Therapeutics:  
The Pharmacotherapy Preparatory Course**

Abstracts can now be submitted online at <http://accp.confex.com/accp/2005sp/cfp.html>.

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the 2005 Spring Practice and Research Forum, April 10-13, 2005, in Myrtle Beach, SC.

All papers accepted for poster presentation, with the exception of Student, Resident, Fellow Research in Progress, will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during a moderated poster session.

**Submission Deadline:** November 30, 2004, Midnight, Pacific Time. For more information about the Call for Abstracts and 2005 Spring Practice and Research Forum, please visit [www.accp.com](http://www.accp.com) or call ACCP at (816) 531-2177.

## Chapter Announces Winner of Student Seminar Competition

University of Mississippi sixth-year student Lauren N. Carter won the "Fourth Annual Bruce Parks Student Seminar Competition" sponsored by the Mississippi College of Clinical Pharmacy (MCCP). Her presentation, "Bad To The Bone: Malignant Hypercalcemia" was judged to have been the best of a series of five presentations given on September 23, 2004. She was awarded a plaque and a scholarship to attend the ACCP Annual Meeting in Dallas, TX.

In her application letter, Ms. Carter stated that her career goal was to become a clinical pharmacist in a retail setting. She went on to state that professional organizations "will be instrumental in helping me to achieve my goals because these organizations are the ones that help initiate legislation to allow pharmacists to be more clinically minded in the retail setting. Professional organizations also serve as support teams, and can help me to network to find more pharmacists who are willing to help me achieve my goals".

The Student Seminar Competition is open to senior Doctor of Pharmacy students attending the University of Mississippi School of Pharmacy. It was named in honor of Dr. Bruce Parks, a long-time member of ACCP and MCCP. Dr. Parks had a tradition of sponsoring several pharmacy students each year who wished to attend the ACCP meeting.

Also presenting were students Nicholas Barham, Emily Boggan, Todd Dear, and Anna Edwards. Members of MCCP judged the competition.

## Awards, Promotions, Grants, etc.

**Judy Beizer**, Pharm.D., Clinical Professor at St. John's University College of Pharmacy and Allied Health Professions, has been elected to serve a two-year term on the Board of Directors of the American Society of Consultant Pharmacists....**John Bosso**, Pharm.D., FCCP, BCPS, recently received the Merck Pharmacist Achievement Award in recognition of his accomplishments this year as ACCP President and as the new Chair of the Department of Pharmacy and Clinical Sciences at the Medical University of South Carolina....**R. Keith Campbell**, R.Ph., M.B.A., has been appointed as the J. Roberts and Marcia Fosberg Distinguished Professor of Pharmacy at the Washington State University College of Pharmacy....**Melanie Joy**, Pharm.D., recently was promoted to the rank of Associate Professor at the University of North Carolina at Chapel Hill, School of Medicine. She also has received NIH funding for a grant entitled "Pharmacokinetics and Genomics in Glomerular Disease"....**Anne Y.F. Lin**, Pharm.D., has been appointed Dean of Midwestern University's College of Pharmacy in Glendale, AZ.

## New Members

Nassif Abi-Samra  
Chad Barnett  
David W. Barnett  
Jennifer Bean  
Sareen Bedrossian  
Tamoka Bellard  
Snehal H. Bhatt  
Jeffrey Biermann  
Kimberly A. Boaz  
Brandon Bookstaver  
Ashley Bradberry  
Amy H. Brian  
James W. Byron  
Laurelle Cascio  
Rachel Chambers  
Leslie Cole  
Tovonnia Collins  
Abbie A. Crisp  
Denise Cuellar  
Tiffany Czilli  
Lauren Decloe  
Deepali Dixit  
Sherleen Drawdy  
Paulina Dziamka  
Neil Ernst  
Marissa Escobar  
Scott Evans  
Maria C. Ferrer  
Trisha L. Ford  
Guneet Gandhi  
Casey D. Garman  
Katherine Gaston  
Jennifer Gauweiler  
Nisanne S. Ghonem  
Maria Edisa L. Gozun  
Meri L. Grotzinger  
Christine Hansen  
Anne Herwig  
Anh Hoang  
Laura J. Holper  
Mark Holtzman  
Lenka Hrebickova  
Lury Interrial-Amaya  
Jomy M. Joseph  
Jason Kerr  
Michele Kidd  
Luba Kielbasa  
Bernard Lee  
Tina Lin  
Bradford Loo  
Carol Manierski  
Kathryn R. Matthias  
Franchesska Melonson  
Jeanna A. Miller  
Cory A. Murray  
John Musil  
Casey Nelson  
Elena Ogren

Abayomi B. Ogundele  
Debra Orley  
Stephan Ortiz  
Sharon Kim Park  
Mona Patel  
Roland A. Patry  
Jill Ploszay  
Louise Pong  
Lisa A. Potts  
Lea C. Price  
Monica Robinson  
Faith S. Rothermel  
Kathy L. Rowland  
Michelle M. Rushano  
Christina Russo  
Sophie Sanfacon  
Lori L. Schirmer  
Kari Schmaltz  
Shiv Seth  
Whitney Shaffer  
A. Michelle Silva  
Lara Smith  
Tyler Smith-Stratz  
Mary E. Soto  
Kimberly Stanisky  
Eric C. Sturm  
William S. Swindling  
Darren Totty  
Andy Traynor  
Brian T. Tsuji  
Kimi Ueda  
Lucinda Van Anglen  
Sonia Vibhakar  
Krista L. Voytilla  
An N. Vu  
Anita L. Wallace  
Lynn K. Whitt  
Jennifer Whittington  
Christine Whong  
Kristine Willett  
Charlene R. Williams  
Gerald Wilson  
Hala Yazbeck  
Jing Zhao

## The following individuals recently advanced from Associate to Full Member:

Shawn M. Furniss  
Vivien E. James  
Billy Kim  
Christopher J. Klink  
Kim H. Lew  
Claire F. Merinar  
Kristina E. Ward  
Liza Yuen Wong

## New Member Recruiters

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

Chris Amaya  
Edward M. Bednarczyk  
C.A. Bond  
Rachel Bongiorno  
Bradley A. Boucher  
Nancy Carthan  
David S. Chun  
Karen P. Daniel  
Joseph T. DiPiro  
Peter A. Dumo  
Scott Evans  
S. Diane Goodwin  
Jeffrey H. King  
Rohit A. Moghe  
Sandra N. Nowak  
Sheel M. Patel

**Clinical Assistant/Associate Professor  
Department of Pharmacy Practice  
College of Pharmacy  
Oregon State University**

The Oregon State University College of Pharmacy seeks an individual to assist in developing community pharmacy practice in Oregon.

**Clinical Assistant or Associate Professor of Pharmacy Practice (Position 010-201A):** Serve as resource to community practitioners for initiation/evaluation of innovative pharmacy practice models; assist in implementation/assessment of community pharmacy residencies; provide coordination/instruction in therapeutics/pharmacy practice courses; conduct scholarly activities; provide service to the college, university, and profession. Position is a 12-month, clinical track appointment at the rank of assistant or associate professor. Reappointment at discretion of the chair. Successful applicant must be eligible for licensure in Oregon, have a Pharm.D. degree or equivalent experience, have completed a community pharmacy residency or have significant community care experience, and be able to serve as a resource to community practitioners. Evidence of establishing/justifying a practice is preferred.

Individuals who share a vision for community care education that builds on strong fundamentals to address future patient care needs in Oregon are encouraged to apply. For a full position description and how to apply, see <http://oregonstate.edu/jobs/> and enter Position 010-201A.

For full consideration, apply by October 31, 2004. Send a letter of interest, curriculum vitae, and three letters of reference that address ability to perform this position to:

**Theresa Bianco, Pharm.D.  
Chair, Search Committee  
OSU College of Pharmacy  
Portland Campus at OHSU, GH 212  
3181 SW Sam Jackson Park Road  
Portland OR 97239-3098  
Telephone: (503) 494-1595  
E-mail: [biancot@ohsu.edu](mailto:biancot@ohsu.edu)**

For more information, see <http://pharmacy.oregonstate.edu> and <http://oshu.edu>.

OSU is an AA/EOE.

**The University of Missouri- Kansas City  
School of Pharmacy  
Division of Pharmacy Practice**

The University of Missouri-Kansas City (UMKC) School of Pharmacy is seeking two highly creative and motivated individuals for the following positions:

**Nontenure-Track Faculty Position in Ambulatory Care**

This position is based at the Kansas City Free Clinic (KCFC). The KCFC is an urban-based clinic serving an adult, primarily medically indigent and minority, population. The ambulatory care facility provides free health care services for commonly occurring self-limiting acute illnesses and stable chronic conditions, including preventive health/health maintenance. The nearly 50 full-time staff and 400 volunteer health care personnel provide more than 25,000 patient encounters annually, offering a breadth of opportunities for a motivated clinical pharmacist. Clinics include general medicine, dermatology, women's health, and mental health. Dispensary and clinical pharmacy services serve to support the general medicine services offered at the clinic. UMKC faculty have been contributing to the KCFC mission since 1997. The faculty member is expected to contribute to the educational, scholarship, and service missions of the school and university. The faculty member also will teach in a progressive curriculum, and will establish and maintain an active program of scholarship. Academic, community, and/or professional service are important to success in this position.

**Nontenure-Track Academic Clinical Coordinator Faculty Position**

This position is based at Research Medical Center (RMC), a tertiary care institution in Kansas City with an average daily census of 275-300 patients. RMC recently has implemented significant technology innovations, leading to expanded opportunities in clinical practice for the department. The faculty member will collaborate with the Director of Pharmacy to develop and implement a clinical plan for the department. The desired outcome of the clinical plan is to enhance the practice of staff clinical pharmacists, develop innovative clinical teaching experiences for pharmacy students, and document drug cost-savings achieved through interventions made by pharmacists and students. The faculty member will support a longitudinal clerkship experience for fifth-year students. The faculty member also will be responsible for didactic teaching and professional, university, and/or community service as part of his or her school responsibilities.

UMKC is a comprehensive research university exemplifying the values of education first, innovation, accountability, diversity, and collaboration. More about UMKC is available at [www.umkc.edu/thevision](http://www.umkc.edu/thevision). The School of Pharmacy offers an entry-level Doctor of Pharmacy degree with an average entering class size of 80. The Division of Pharmacy Practice is composed of 22 vibrant and energetic faculty representing a broad array of disciplines. The school also has a state-of-the-art 3900-square-foot Drug Information Center. Further information can be accessed at [www.umkc.edu/Pharmacy](http://www.umkc.edu/Pharmacy).

A Doctor of Pharmacy degree with postdoctoral training or equivalent experience in the discipline and a Missouri license are required for all positions. Academic rank/salary will be commensurate with experience. Both positions are available at the Clinical Assistant/Associate level. UMKC is an AA/EEO Institution. Contact:

**Patricia A. Marken, Pharm.D., FCCP, BCPP**  
**Chair and Professor of Pharmacy Practice**  
**Chair, Search Committee**  
**Telephone: (816) 235-2195**  
**E-mail: [markenP@umkc.edu](mailto:markenP@umkc.edu)**



**Tenure-Track Position in Pharmacy Practice  
(Primary and Ambulatory Care)  
College of Pharmacy and Nutrition  
University of Saskatchewan**

The Division of Pharmacy, College of Pharmacy and Nutrition, invites applications for a full-time tenure-track position in pharmacy practice, with a focus in primary and ambulatory care. It is anticipated that this position will be filled at the Assistant Professor level. Applicants must possess a Ph.D. or a postgraduate Pharm.D., or equivalent degree and must be eligible for licensure to practice as a pharmacist in Saskatchewan.

The successful applicant will be expected to play a lead role in developing the college's primary and ambulatory care research theme, which could include collaborative initiatives with Aboriginal communities, team-based practice, and primary care service delivery. Major responsibilities will be high-quality undergraduate instruction in the areas of pharmacotherapeutics, research methods/evidence-based practice, and drug information; supervision of students in structured practice experiences; teaching and supervision of graduate students; development of an active clinical practice and research program, including securing Tri-Council and other research funding; and contributing to college administration, public service, and service to professional bodies.

The College of Pharmacy and Nutrition offers undergraduate programs in each of pharmacy and nutrition/dietetics and M.Sc. and Ph.D. graduate programs in pharmaceutical sciences, pharmacy practice, and nutrition. The University of Saskatchewan has the widest array of health science programs in Canada. The scope of these programs and the strong affiliations with hospitals and health care facilities across the province provide an excellent environment for collaboration in teaching, clinical practice and research.

The position is available July 1, 2005. Applications will be accepted until November 15, 2004, or until the position is filled. Interested applicants should submit a curriculum vitae; a statement of teaching, clinical practice, and research interests and experience; and the names of three referees to:

**Dr. Yvonne Shevchuk  
Head, Division of Pharmacy  
College of Pharmacy and Nutrition  
University of Saskatchewan  
110 Science Place  
Saskatoon SK S7N 5C9  
E-mail: [shevchuk@duke.usask.ca](mailto:shevchuk@duke.usask.ca)**

The University of Saskatchewan is committed to Employment Equity. Members of designated groups (women, Aboriginal people, people with disabilities, and visible minorities) are encouraged to self-identify on their applications.

**Faculty Positions (2)-Internal Medicine Specialties  
Department of Clinical Sciences and Administration  
College of Pharmacy  
University of Houston**

The University of Houston College of Pharmacy invites qualified applicants to apply for open positions at the rank of assistant or associate professor in the Department of Clinical Sciences and Administration. The area of practice and research emphasis must be in an internal medicine specialty.

The successful candidates will join an active clinical and research program at the University of Houston. The positions require the development of a successful teaching, research, and service program.

The candidates should possess a Pharm.D. and/or Ph.D. degree, and have completed postdoctoral residency or fellowship training. Applicants must be eligible for Texas licensure. Salary and rank will be commensurate with qualifications and experience.

Applicant screening will begin immediately and will continue until the position is filled. Interested individuals should forward a letter of intent; complete curriculum vitae; and the names of three references with regular and e-mail addresses, and telephone and fax numbers to:

**Kevin Garey, Pharm.D.  
University of Houston  
College of Pharmacy  
1441 Moursund Street  
Houston TX 77030  
Telephone: (713) 795-8386  
Fax: (713) 795-8383  
E-mail: KGarey@mail.uh.edu**

*The University of Houston is an Affirmative Action/Equal Opportunity employer.  
Minorities, women, veterans, and persons with disabilities are encouraged to apply.*



# West Virginia University

## SCHOOL OF PHARMACY

Chair  
Department of Clinical Pharmacy  
School of Pharmacy  
West Virginia University

The West Virginia University School of Pharmacy invites applications and nominations for the position of Chair, Department of Clinical Pharmacy. The Department, consisting of 18 full-time faculty members at the Morgantown, Charleston, and Eastern Division campuses, plus adjunct faculty, is committed to maintaining or achieving national prominence in student education, practitioner skills development, research and scholarly activity, and pharmaceutical care provision. The Chair of Clinical Pharmacy is expected to provide vision, mentorship, and leadership to the department and its faculty, and outreach to the school's constituency.

Candidates for this 12-month, full-time, tenure-track or tenured position at the Associate or Full Professor level must have a Pharm.D. or Ph.D. degree and be eligible for pharmacy licensure in West Virginia. The successful candidate will have an excellent track record of accomplishments in project implementation and accountability. The candidate will have excellent interpersonal communication skills and a strong record of excellence in teaching and scholarship. National recognition in the profession of pharmacy is essential. Previous administrative experience is preferred.

Morgantown ([www.mgnchamber.org](http://www.mgnchamber.org)) is a university community that offers a rich intellectual, recreational, and cultural living environment that is within easy driving distance to Pittsburgh, PA, and Washington, D.C. A virtual tour of the West Virginia University campus is available at [www.wvu.edu](http://www.wvu.edu). The School of Pharmacy ([www.hsc.wvu.edu/sop](http://www.hsc.wvu.edu/sop)) is situated within a large, state-assisted health sciences center which includes a 350-bed teaching hospital, a psychiatric hospital, a rehabilitation hospital, and a regional cancer center. The facilities currently are expanding to include a neurosciences institute, pulmonary and cardiac care centers, and a new health sciences library/learning center.

Applications will be reviewed starting October 1, 2004, and the search will remain open until the position is filled. Interested persons should submit a letter of application, curriculum vita, and names and addresses of three professional references to:

**Teri Dunsworth, Pharm.D.**  
**Chair, Search Committee**  
**School of Pharmacy**  
**1124 HSN Box 9520**  
**West Virginia University**  
**Morgantown WV 26506-9520**  
**Telephone: (304) 293-1457**  
**Fax: (304) 293-7672**  
**E-mail: [tdunsworth@hsc.wvu.edu](mailto:tdunsworth@hsc.wvu.edu)**

*West Virginia University is an Equal Opportunity/Affirmative Action Employer  
Women and Minorities are Encouraged to Apply.*