

ACCP Report

American College of Clinical Pharmacy

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

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East Tennessee State University Team Crowned 2013 ACCP Clinical Pharmacy Challenge Champions



Students from the East Tennessee State University Bill Gatton College of Pharmacy captured the title of ACCP Clinical Pharmacy Challenge Champion in an exciting match vs. the students from St. John's University College of Pharmacy and Health Sciences. From an initial field of 100 teams, representing institutions from 42 states across the country, students from these two institutions advanced through four online rounds of competition as well as live quarterfinal and semifinal matches to face each other in Monday's final round.

The Clinical Pharmacy Challenge, now in its fourth year, affords teams of three students to compete in a "quiz-bowl" type competition. Each round of competition is comprised of three segments: trivia-lightning, clinical case, and jeopardy-style items. Items were

authored and reviewed by an expert panel of ACCP members. Quarterfinal and semifinal round matches were held over the weekend and produced many close outcomes. One quarterfinal round match was determined by a difference of only 10 points.

Teams in this year's final round answered items in jeopardy categories consisting of Cardiovascular Disorders, Endocrinology, GI/Liver/Nutrition, Infectious Diseases, and new to the 2013 competition; Potpourri. Teams must employ strategic choices as they navigate the jeopardy grid, selecting the item categories they feel match their own unique strengths. The match was close after the trivia segment of the competition; however, the team from East Tennessee prevailed with a strong performance in the case and jeopardy segments.

Please join ACCP in congratulating the teams from both universities on their outstanding academic achievement. To view a complete listing of teams who participated and progressed through this year's competition, please visit www.accp.com/stunet.



*Championship Team - East Tennessee State University Bill Gatton College of Pharmacy (left to right)
Josh Whaley (Team Leader), Allie Torrence, Brandon Leeson*



*Second Place Team - St. John's University College of Pharmacy and Health Sciences (left to right)
Jennifer S. Miao, James Schurr (Team Leader), Stephen Argiro*

ACCP RI Open House: $\uparrow n \propto \uparrow (1-\beta)$



Join us on Tuesday, October 15, 9:00–10:00 a.m., in the Brazos Room (Albuquerque Convention Center) to learn more from Research Institute (RI) Board members, Focused Investigator Training (FIT) Program faculty and alumni, and members of the Practice-Based Research Network's (PBRN) Community Advisory Panel about the PBRN and FIT Program in an interactive session. RI staff will also be available to listen to your ideas for the FIT Program, the PBRN, or any RI program.

The ACCP PBRN facilitates collaborative research that improves patient outcomes. The PBRN can:

- Connect you with other clinical pharmacists engaged in ongoing clinical research.
- Assist with developing and advancing your own research ideas.
- Provide support for human subjects' training and IRB submissions, and more!

ACCP members at all levels may join the ACCP PBRN at no cost – we can help you register at the Open House or at the RI table in the registration area.

The FIT Program pairs experienced and funded faculty mentors with mentees who have yet to receive significant funding for 5 days of intensive proposal development work. The program curriculum offers:

- Small-group proposal development sessions.
- Tip-rich lectures and discussions.
- One-on-one mentor appointments.
- Protected time for after-hours proposal revisions.

Beginning with “Writing Killer Aims” and working through to “Budget, Project Management, and Next Steps Toward Implementation” by program's end, attendees take the necessary steps to prepare a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

ACCP Formally Establishes Student Chapters

ACCP is pleased to announce that schools and colleges of pharmacy can now submit an application to form an officially recognized ACCP student chapter. Because of the growing interest in clinical pharmacy, the ACCP Board of Regents seeks to expand opportunities for student involvement in the College by formally recognizing student chapters. Students can benefit from ACCP

membership in many ways, including:

- Leadership development experiences (as student liaisons and as members of the National Student Network Advisory Committee);
- Options to explore clinical pharmacy specialties (by taking advantage of complimentary student membership in up to two PRNs);
- Opportunities to expand and showcase their knowledge (through scientific poster presentations and the Clinical Pharmacy Challenge); and
- Career development guidance (through the CV Review Service, the Emerge from the Crowd: How to Become a Standout Residency Candidate sessions, and the career development programming at national meetings).

To date, the following schools and colleges of pharmacy have established ACCP student chapters:

- California Northstate University College of Pharmacy
- Palm Beach Atlantic University Lloyd L. Gregory School of Pharmacy
- Regis University School of Pharmacy
- Roseman University of Health Sciences College of Pharmacy
- St. John's University College of Pharmacy and Health Sciences
- Touro University-California College of Pharmacy
- University of California, San Francisco School of Pharmacy
- University of Cincinnati James L. Winkle College of Pharmacy
- University of Georgia College of Pharmacy
- University of Iowa College of Pharmacy
- University of Missouri-Kansas City School of Pharmacy
- University of Toledo College of Pharmacy and Pharmaceutical Sciences
- University of Utah College of Pharmacy

Creating a student chapter is a great way to help pharmacy students learn about clinical pharmacy and get involved in ACCP. Any ACCP College of Pharmacy Faculty Liaison can establish a formally recognized student chapter by submitting an official chapter application. If the application is approved, the liaison will be invited to serve as the primary faculty adviser for the student chapter. For complete information on establishing a student chapter, and to download a New ACCP Chapter Application, please visit www.accp.com/stunet/studentliaisons.aspx. Questions about student chapters can be addressed to Jon Poynter at jpoynter@accp.com.

Call for Nominations

All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available at www.accp.com/membership/nominations.aspx.

PLEASE NOTE:

Due November 30, 2013 – Nominations for fall 2014 awards (Clinical Practice, Education, Russell Miller, and Elenbaas Service Awards), the 2015 Therapeutic Frontiers Lecture, and 2015 elected offices.

Due February 15, 2014 – Nominations for the 2014 “New” Awards (New Clinical Practitioner, New Educator, and New Investigator), 2014 Parker Medal, and 2014 ACCP Fellows (FCCPs).

2014 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2014.**

2015 Officers and Regents: President-Elect, Treasurer, Regents, and Research Institute Trustees. Nominees must be Full Members of ACCP and should have (1) achieved excellence in clinical pharmacy practice, research, or education; (2) demonstrated leadership capabilities; and (3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. Please note that any qualifying Full Member may nominate himself or herself for office. **Nomination deadline: November 30, 2013.**

2014 Clinical 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. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual

outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 Education Award: Recognizes an ACCP member who has shown excellence in the classroom and/or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee’s current place of employment. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 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. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2015 Therapeutic Frontiers Lecture: Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual’s

accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

Robert M. Elenbaas 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. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support from a minimum of two ACCP members that describe the individual's accomplishments relative to the award criteria. At least one of the required letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2013.**

2014 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, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter detailing the nominee's qualifications for this award and his or her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, the Parker Medal Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

2014 New Clinical Practitioner Award: This award recognizes a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for

the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

2014 New Educator Award: This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

2014 New Investigator Award: The purpose of this award is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been at the time of nomination members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2014.**

sit for the BPS examination, you may still be interested in assessing your knowledge and skills in the area by taking advantage of one of these advanced specialty programs. Both courses are an excellent review for either pharmacotherapy or ambulatory care practitioners seeking to remain current in all aspects of their practice area. Registration opens in November 2013.

Both courses will take place at the Hyatt Regency O'Hare located in Rosemont from April 11–15, 2014.

Watch the ACCP Web site, www.accp.com, for complete meeting details.

BPS Announces Critical Care and Pediatric Pharmacy Specialty Council Appointments

The Board of Pharmacy Specialties (BPS) recently approved pharmacy specialties in Pediatrics and Critical Care. After a call for nominations, the BPS Board of Directors convened to make appointments to the first councils responsible for these new specialties.

Members of the first **Specialty Council on Critical Care Pharmacy** are:

Joseph Boullata, Pharm.D., RPh, BCNSP, Professor of Pharmacology & Therapeutics, University of Pennsylvania School of Nursing, and Pharmacy Specialist in Nutrition Support, Clinical Nutrition Support Services, Hospital of the University of Pennsylvania, Philadelphia, PA

Sara Brouse, Pharm.D., FCCP, BCPS (AQ Cardiology), Cardiovascular Clinical Coordinator, University of Kentucky Healthcare, and Adjunct Associate Professor, University of Kentucky College of Pharmacy, Lexington, KY

Brian L. Erstad, Pharm.D., FCCP, FCCM, FASHP, BCPS, Professor and Head, Department of Pharmacy Practice & Science, University of Arizona College of Pharmacy, and Clinical Pharmacist for Critical Care, University of Arizona Medical Center, Tucson, AZ

Tyree Heath Kiser, Pharm.D., FCCP, FCCM, BCPS, Associate Professor, Department of Clinical Pharmacy, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, and Critical Care Pharmacy Specialist, University of Colorado Hospital, Aurora, CO

Joseph E. Mazur, Pharm.D., BCPS, Clinical Pharmacy Manager and Critical Care Clinical Specialist (Medical Intensive Care Unit), Medical University of South Carolina, and Clinical Associate Professor, South Carolina College of Pharmacy, Charleston, SC

Charles J. Medico, Pharm.D., BCPS, Clinical Coordinator, Enterprise Pharmacy, Geisinger Medical Center, Danville, PA; and Adjunct Assistant Professor, Department of Pharmacy Practice, Wilkes University Nesbitt School of Pharmacy, Wilkes-Barre, PA

Hal E. Richards, Pharm.D., BCNSP, Clinical Pharmacy Specialist and Director, PGY2 Residency in Critical Care Medicine, St. Joseph's Candler Health System, Savannah, GA; and Clinical Assistant Professor, The University of Georgia College of Pharmacy, Athens, GA

Maria Kazlauskas Stubbs, RPh, BCPS, Critical Care Pharmacist and Director, PGY2 Critical Care Pharmacy Residency Program, VA San Diego Healthcare System, and Assistant Clinical Professor, University of California San Diego, San Diego, CA; and Adjunct Professor, University of the Pacific, Stockton, CA

Robert J. Weber, Pharm.D., M.S., FASHP, FNAP, BCPS, Administrator, Pharmaceutical Services, The Ohio State University Medical Center, and Assistant Dean for Medical Center Affairs and Clinical Associate Professor, Division of Pharmacy Practice and Administration, The Ohio State University College of Pharmacy, Columbus, OH

Members of the first **Specialty Council on Pediatric Pharmacy** are:

Sandra Benavides Caballero, Pharm.D., Associate Professor of Pediatrics, Department of Pharmacy Practice, College of Pharmacy, Nova Southeastern University, and Clinical Pharmacist in Pediatrics, Children's Medical Services, Department of Health, Fort Lauderdale, FL; Clinical Pharmacist Consultant, Pediatric Emergency Standards, Weston, FL; and Clinical Pharmacist in Pediatrics, Joe DiMaggio Children's Hospital, Hollywood, FL

Kimberley W. Benner, Pharm.D., FASHP, FPPAG, BCPS, Professor and Vice Chair, Department of Pharmacy Practice, Samford University McWhorter School of Pharmacy, and Pediatric Clinical Pharmacy Specialist, Children's of Alabama, Birmingham, AL

Katherine Hammond Chessman, Pharm.D., FCCP, BCPS, BCNSP, Professor, Department of Clinical Pharmacy and Outcome Sciences, and Residency Program Director, Pediatric Pharmacy Practice, South Carolina College of Pharmacy, MUSC Campus, and Pediatric Clinical Pharmacy Specialist, Pediatric Surgery/Pediatrics, Department of Pharmacy Services, The Children's Hospital of South Carolina, Charleston, SC

Elizabeth A. Farrington, Pharm.D., FCCP, FCCM, FP-PAG, BCPS, Pharmacist III, Pediatrics, Betty H. Cameron Women's & Children's Hospital, New Hanover Regional Medical Center, Wilmington, NC; Clinical Assistant Professor of Pharmacotherapy, University of North Carolina Eshelman School of Pharmacy, Chapel Hill, NC; and Clinical Professor, Campbell University School of Pharmacy, Buies Creek, NC

Rita K. Jew, Pharm.D., FASHP, Director of Pharmacy, Department of Pharmaceutical Services, Mission Bay, UCSF Medical Center, San Francisco, CA

Robert J. Kuhn, Pharm.D., FPPAG, Pediatric Clinical Pharmacist, Kentucky Children's Hospital, and Endowed Professor, Department of Pharmacy Practice and Science, College of Pharmacy, University of Kentucky, Lexington, KY

Anne Lesko, Pharm.D., FPPAG, Senior Clinical Director and Residency Program Director, Division of Pharmacy, Cincinnati Children's Hospital Medical Center, and Adjunct Associate Professor, Division of Pharmacy Practice and Administrative Sciences, James L. Winkle College of Pharmacy, University of Cincinnati, Cincinnati, OH

Stephanie J. Phelps, Pharm.D., FCCP, FAPhA, FPPAG, BCPS, Associate Dean, Academic Affairs, and Professor, Clinical Pharmacy and Pediatrics, The University of Tennessee Health Science Center, College of Pharmacy, Memphis, TN

Michael D. Reed, Pharm.D., FCCP, FCP, Director, Rebecca D. Considine Research Institute, Director, Division of Clinical Pharmacology and Toxicology, and Associate Chair, Department of Pediatrics, Children's Hospital Medical Center of Akron, Akron, OH; Professor of Pediatrics, Northeast Ohio Medical University, Rootstown, OH; Adjunct Professor of Pharmacology, Department of Pharmacology, Case Western Reserve University School of Medicine, Cleveland, OH; and Clinical Professor, Department of Pharmacy Practice, Raabe College of Pharmacy, Ohio Northern University, Ada, OH

The Specialty Council for each recognized pharmacy practice specialty has the following responsibilities:

- To recommend to BPS the standards and other requirements for the certification and recertification of pharmacists in the specialty.
- To develop and administer examinations as required for the certification and recertification of pharmacists in the specialty.

- To evaluate the qualifications of individual pharmacists and to submit to BPS the names of the pharmacists recommended for certification or recertification in the specialty.

BPS Chairman, Joseph Saseen, Pharm.D., FCCP, FASHP, FNLA, BCPS, CLS, Professor, Clinical Pharmacy and Family Medicine, and Vice Chair, Department of Clinical Pharmacy at the University of Colorado Anschutz Medical Center, offered the following comment:

The work of the Specialty Councils is absolutely critical to the establishment and maintenance of a high quality pharmacist Board Certification Program. The response to the call for Specialty Council nominations was very strong and BPS is pleased to have an outstanding group of clinicians, educators and administrators to lead the newest BPS specialties.

BPS plans to offer the first examination in each new specialty in the fall of 2015. For more information on BPS activities, visit www.bpsweb.org.

Washington Report

John McGlew
*Associate Director of
Government Affairs*



Affordable Care Act: Implementation amid Government Shutdown

On September 24, 2013, Senator Ted Cruz (R-TX) launched what developed into a 21-hour speech on the floor of the U.S. Senate in an attempt to filibuster consideration of a temporary spending bill that included a provision that would block funding for the Affordable Care Act (ACA). With control of the Senate in the hands of the Democratic Party, the senator from Texas took to the floor to delay a vote that would strip this language from a House-passed measure defunding President Obama's health care law. Although Cruz's effort to prevent the Senate vote was unsuccessful, Congress ultimately failed to reach an agreement on even a short-term spending bill before the close of the fiscal year. As a result, on October 1, the federal government was forced to shut down nonessential services for the first time in 17 years.

In an interesting twist, October 1 also saw the launch of open enrollment for health insurance marketplaces or exchanges – where Americans will go to

buy a health care plan if they don't receive health insurance coverage through Medicaid, Medicare, or their employer. The introduction of this key provision of the ACA went ahead as planned, despite the federal shutdown caused by the congressional battle over funding for the ACA itself. By the end of the day, 2.8 million people had reportedly visited the federal marketplace online, and an additional 81,000 had dialed in to the help center.¹ Unsurprisingly, the launch was not perfectly smooth – visitors to the site encountered error messages that froze their applications. Politics inevitably played a prominent role in how these IT infrastructure issues were interpreted. Democrats claimed the high volume of Web traffic and ensuing glitches represented an endorsement of the new law among Americans who are currently uninsured and eagerly seeking coverage. Republicans argued that the early problems underscored the fact that the service was rolled out prematurely, reminding the public that Republicans had offered to pass a spending bill that would avert a shutdown in exchange for a 1-year delay in ACA implementation.

Senator Cruz's marathon effort to roll back the health care reform process, together with the subsequent government shutdown, symbolizes the animosity that remains more than 3 years after the ACA was signed into law. Since its passage into law, the controversial health care reform package has survived a Supreme Court challenge, a presidential election billed as a referendum on the law itself, and more than 40 votes in the House of Representatives to repeal it.

Amid the vocal (and sometimes hyperbolic) criticism of the law, the process of implementing the ACA has been under way since 2010. The more controversial provisions, including the individual mandate, have dominated the headlines, but the 906-page law includes a wide range of measures aimed at increasing the quality and affordability of health insurance, lowering the uninsured rate, and reducing the costs of health care for individuals and the government. The following is a summary of what the law has achieved to date and what we can expect in the coming years. This is presented as a factual overview and is not intended as a commentary on the law itself.

ACA Implementation Timeline

2010

Comparative Effectiveness Research – Establishes a nonprofit Patient-Centered Outcomes Research Institute to conduct research that compares the clinical effectiveness of medical treatments

Prevention and Public Health Fund – Provides \$5 billion for fiscal years 2010–2014 and \$2 billion for each

subsequent fiscal year to support prevention and public health programs. Programs include efforts to improve the supply of primary care providers; prevent tobacco use, obesity, heart disease, stroke, and cancer; and increase immunizations.

Medicare Beneficiary Drug Rebate – Provides a \$250 rebate to Medicare beneficiaries who reached the Part D coverage gap in 2010. Further subsidies and discounts that ultimately closed the coverage gap (donut hole) began in 2011.

Small Business Tax Credits – Provides tax credits to small employers with no more than 25 employees and average annual wages of less than \$50,000 that provide health insurance for employees

Generic Biologic Drugs – Authorizes the U.S. Food and Drug Administration to approve generic versions of biologic drugs and to grant biologics manufacturers 12 years of exclusive use before generics can be developed

Preexisting Condition Insurance Plan – Establishes a temporary program to provide health coverage to individuals with preexisting medical conditions who have been uninsured for at least 6 months. The plan will be operated by the states or the federal government.

Adult Dependent Coverage to Age 26 – Extends dependent coverage for adult children up to age 26 for all individual and group policies

Consumer Protections in Insurance – Prohibits individual and group health plans from placing lifetime limits on the dollar value of coverage, from rescinding coverage except in cases of fraud, and from denying children coverage on the basis of preexisting medical conditions or from including preexisting condition exclusions for children

Coverage of Preventive Benefits – Requires new health plans to provide, at a minimum, coverage without cost sharing for preventive services, including immunizations; preventive care for infants, children, and adolescents; and additional preventive care and screenings for women

2011

Minimum Medical Loss Ratio for Insurers – Requires health plans to report the proportion of premium dollars spent on clinical services, quality, and other costs and to provide rebates to consumers if the share of the premium spent on clinical services and quality is less than 85% for plans in the large-group market and 80% for plans in the individual and small-group markets

Medicare Payments for Primary Care – Provides a 10% Medicare bonus payment for primary care services;

also, provides a 10% Medicare bonus payment to general surgeons practicing in health professional shortage areas

Medicare Prevention Benefits – Eliminates cost sharing for Medicare-covered preventive services that are recommended (rated A or B) by the U.S. Preventive Services Task Force and waives the Medicare deductible for colorectal cancer screening tests; authorizes Medicare coverage for a personalized prevention plan, including a comprehensive health risk assessment

Center for Medicare and Medicaid Innovation – Creates the Center for Medicare and Medicaid Innovation to test new payment and delivery system models that reduce costs while maintaining or improving quality

Chronic Disease Prevention in Medicaid – Provides 3-year grants to states to develop programs that provide Medicaid enrollees with incentives to participate in comprehensive health lifestyle programs and meet certain health behavior targets

National Quality Strategy – Requires the secretary of the federal Department of Health and Human Services (HHS) to develop and update annually a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health

Medicaid Payments for Hospital-Acquired Infections – Prohibits federal payments to states for Medicaid services related to certain hospital-acquired infections

Medicare Independent Payment Advisory Board – Authorizes an Independent Advisory Board, composed of 15 members nominated by the president and Congress, subject to Senate confirmation, to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds targeted growth rates

2012

Medicare Accountable Care Organizations – Allows providers that are organized as accountable care organizations (ACOs) and that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program

Uniform Coverage Summaries – Requires private individual and group health plans to provide a uniform summary of benefits and coverage to all applicants and enrollees. The intent is to help consumers compare health insurance coverage options before they enroll and understand their coverage once they enroll.

Medicare Independence at Home Demonstration – Creates the Independence at Home Demonstration

program to provide high-need Medicare beneficiaries with primary care services in their home

Fraud and Abuse Prevention – Establishes procedures for the screening, oversight, and reporting of providers and suppliers that participate in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP); requires additional entities to register under Medicare

Annual Fees on Pharmaceutical Industry – Imposes new annual fees on the pharmaceutical manufacturing sector

Medicaid Payment Demonstration Projects – Creates new demonstration projects in Medicaid that will allow up to eight states to make bundled payments for episodes of care that include hospitalizations and that will allow pediatric medical providers organized as ACOs to share in the cost savings

Medicare Value-Based Purchasing – Establishes a hospital value-based purchasing program in Medicare to pay hospitals according to performance on quality measures and requires plans to be developed to implement value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers

Reduced Medicare Payments for Hospital Readmissions – Reduces Medicare payments that would otherwise be made to hospitals to account for excess (preventable) hospital readmissions

2013

State Notification Regarding Exchanges – States indicate to the secretary of the HHS whether they will operate an American Health Benefit Exchange. Seventeen states and D.C. have notified the HHS that they plan to run a state-based exchange, and another seven states have indicated that they will run a partnership exchange.

Medicare Bundled Payment Pilot Program – Establishes a national Medicare pilot program to develop and evaluate the feasibility of making bundled payments for acute, inpatient hospital services; physician services; outpatient hospital services; and post-acute care services for an episode of care

Medicaid Coverage of Preventive Services – Provides a 1 percentage point increase in federal matching payments for preventive services in Medicaid to states that offer Medicaid coverage with no patient cost sharing in the receipt of services recommended by the U.S. Preventive Services Task Force and recommended immunizations

Medicaid Payments for Primary Care – Increases Medicaid payments to 100% of the Medicare payment rate

for 2013 and 2014 for primary care services provided by primary care physicians (financed with 100% federal funding)

Medicare Tax Increase – Increases the Medicare Part A (hospital insurance) tax rate on wages by 0.9% (from 1.45% to 2.35%) on earnings over \$200,000 for individual taxpayers and \$250,000 for married couples filing jointly and imposes a 3.8% assessment on unearned income for higher-income taxpayers

Medicare Device Tax – Imposes an excise tax of 2.3% on the sale of any taxable medical device

Extension of CHIP – Extends authorization and funding for CHIP through 2015 (current authorization is only through 2013)

2014

Expanded Medicaid Coverage – Expands Medicaid to all individuals not eligible for Medicare younger than 65 years (children, pregnant women, parents, and adults without dependent children) with incomes up to 138% of the federal poverty level (FPL) and provides enhanced federal matching payments for those newly eligible

Individual Requirement to Have Insurance (Individual Mandate) – Requires U.S. citizens and legal residents to have qualifying health coverage (there is a phased-in tax penalty for those without coverage, with certain exemptions)

Health Insurance Exchanges – Creates state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) exchanges, administered by a governmental agency or nonprofit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage. Exchanges will have a single form to apply for health programs, including coverage through the exchanges and the Medicaid and CHIP programs. Federally facilitated exchanges will be run by the HHS in states that have not established an exchange or have elected to run a partnership exchange.

Health Insurance Premium and Cost-Sharing Subsidies – Provides refundable and advanceable tax credits and cost-sharing subsidies to eligible individuals. Premium subsidies are available to families with incomes between 133% and 400% of the FPL to purchase insurance through the exchanges, and cost-sharing subsidies are available to those with incomes up to 250% of the poverty level.

Guaranteed Availability of Insurance – Requires guaranteed issue and renewability of health insurance, regardless of health status, and allows rating variation

based only on age (limited to a 3:1 ratio), geographic area, family composition, and tobacco use (limited to a 1.5:1 ratio) in the individual and small-group market and the exchanges

No Annual Limits on Coverage – Prohibits annual limits on the dollar value of coverage

Essential Health Benefits – Creates an essential health benefits package that provides a comprehensive set of services, limiting annual cost sharing to health savings accounts (\$5950/individual and \$11,900/family in 2010). Creates four categories of plans to be offered through the exchanges, which, in the individual and small-group markets, vary according to the proportion of plan benefits each category covers

Basic Health Program – Permits states the option to create a basic health program for uninsured individuals with incomes between 133% and 200% of the FPL who would otherwise be eligible to receive premium subsidies in the exchange

Wellness Programs in Insurance – Permits employers to offer employees rewards of up to 30%, potentially increasing to 50%, on the cost of coverage for participating in a wellness program and meeting certain health-related standards; establishes 10-state pilot programs to permit participating states to apply similar rewards for those participating in wellness programs in the individual market

Fees on Health Insurance Sector – Imposes new fees on the health insurance sector

2015

Employer Requirements (delayed from 2014) – Assess a fee of \$2000 per full-time employee, excluding the first 30 employees, on employers with more than 50 employees that do not offer coverage and that have at least one full-time employee who receives a premium tax credit. Employers with more than 50 employees that offer coverage but that have at least one full-time employee receiving a premium tax credit will pay the lesser of \$3000 for each employee receiving a premium credit or \$2000 for each full-time employee, excluding the first 30 employees.

For additional information on the ACA:

Healthcare.gov (a federal government Web site managed by the Centers for Medicare & Medicaid Services): <https://www.healthcare.gov/timeline-of-the-health-care-law/>

The Commonwealth Fund (a private foundation working toward a high-performance health system):

www.commonwealthfund.org/Health-Reform/Health-Reform-Resource.aspx

Deloitte Center for Health Solutions (the health services research arm of Deloitte LLP): www.deloitte.com/view/en_US/us/Insights/centers/center-for-health-solutions/index.htm

Kaiser Family Foundation (a nonprofit, private operating foundation focusing on the major health care issues facing the United States): kff.org/health-reform/

Medicare Initiative Advocacy

Elected officials need to hear about the need to establish a comprehensive medication management (CMM) benefit under Medicare Part B from clinical pharmacists delivering direct patient care services in their states and districts.

Contacting your elected officials is simple. We have prepared a letter to Congress describing our Medicare initiative that you can review and edit. You can send this letter in just a few easy clicks, but for maximum impact, we encourage you to personalize the letter by sharing some additional information about your clinical practice and the patients you care for.

Simply [click here](#) to visit our Legislative Action Center, and follow the instructions to send your message to your representative and senators.

Two important resources related to our Medicare initiative are now available online. Take the time to familiarize yourself with these documents to guide your communications with Congress related to the initiative and help ensure we deliver a consistent message around how CMM helps “get the medications right” and why Congress should enact legislation to achieve this.

[Click here to access the Medicare Initiative Congressional Issue Brief.](#)

[Click here to access the Medicare Initiative Data Document](#)

For more information on our advocacy effort in general, visit our [Medicare Coverage Initiative](#) Web page for up-to-date resources and details about how you can get more involved, or contact ACCP’s Associate Director, Government Affairs at jmcglew@accp.com or (202) 621-1820.

Thank you for participating in this important advocacy effort!



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

ACCP-PAC is the only political action

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

Only ACCP members are eligible to contribute to the PAC and allow us to make these vital political contributions. With more than 14,000 ACCP members ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership.

Support ACCP-PAC

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

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

John K. McGlew
Associate Director, Government Affairs
American College of Clinical Pharmacy
1455 Pennsylvania Avenue NW, Suite 400
Washington, DC 20004-1017
(202) 621-1820
jmcglew@accp.com

¹*Washington Post* article: Obamacare Site Goes Live, with Some Glitches. Available [here](#). Accessed October 2, 2013.

From the Desk of the ACCP PBRN Network Director: An Update on Research Within the PBRN

*Daniel Touchette, Pharm.D., M.A., FCCP
Director, ACCP PBRN*



This has been a busy year for the ACCP Practice-Based Research Network (PBRN). Since the last ACCP Annual Meeting, the PBRN has published the results of our first study, developed and initiated several new studies, participated as a significant partner in an NIH R01 grant application, and obtained our first externally funded research grant.

The primary results of the “Medication

Error Detection, Amelioration, and Prevention (MEDAP) Study” were published in the March 2013 issue of *Pharmacotherapy*. A second manuscript based on the results of the MEDAP Study that details the costs associated with managing medication errors has been accepted for publication in *Pharmacotherapy*.

The PBRN has undertaken its first externally funded study, led by Sarah Billups (Kaiser Permanente Colorado). This study evaluates a structured research training program for pharmacy residents with an aim to enhance participants’ competence, confidence, and interest in practice-based research, with an ultimate goal of improving the publication rates of pharmacy residency projects. The study is under way, with assessments and analysis scheduled for completion in 2014.

We have also completed contracting on another exciting externally funded study assessing clinician beliefs and attitudes toward antipsychotic prescribing. We will be recruiting for this study in late 2013 or early 2014.

We have been working with investigators from five academic institutions responding to an NIH-sponsored RFP led by Karen Farris (University of Michigan) and William Doucette (University of Iowa). If funded, this study will assess the impact of using a structured approach to identify poor medication adherence and pharmacist care on patient outcomes.

We continue to hear from others interested in collaborating on research projects. If you have an idea for a study, please consider contacting the PBRN. The Research Institute will be highlighting these and other PBRN research activities at an Open House session on Tuesday, October 15, from 9:00 a.m. to 10:00 a.m. in the Brazos Room of the Albuquerque Convention Center.

Travel Awards Given for 2013 ACCP Annual Meeting

One of the best ways for students and postgraduate trainees to experience organized clinical pharmacy in action is to participate in an ACCP national meeting. This fall, through the generous support of individual members and the PRNs, 29 students and postgraduate trainees will have the opportunity to do just that at the Annual Meeting in Albuquerque. Please join us in congratulating the following recipients of the ACCP Annual Meeting Travel Awards:

Justin Arnall	Christina Dorman
Patrick Cogan	Wendy Gabriel
Whitney Davis	Roseann Gammal
Urvi Desai	Rena Gosser
Michelle Ding	Amy Higginson

Mohamed Jalloh
Hayley Kateon
Yardlee Kauffman
Marley Linder
Andrew Lucas
Bernice Man
Negin Moon
Elizabeth Moore
Jeremy Moretz
Lydia Newsom

Vivian Nguyen
Sarah Payne
Kalynn Rohde
Cory Schlobohm
Allison Schroeder
Angela Skaff
Kyle Strnad
Nguyen Truong
Kimberly Zitko

Travel awards encourage student and postgraduate trainee attendance at ACCP meetings and promote future involvement in the College. Information about the next cycle of travel awards will be available on the ACCP Web site in June 2014. To qualify for a travel award, applicants must be (1) current resident, fellow, or postgraduate trainee members of ACCP or (2) current student members pursuing their first professional degree who have completed at least 1 academic year of their professional pharmacy program. Applicants are required to submit an essay, a CV, and a letter (or letters) of recommendation from faculty members and/or preceptors.

ACCP would like to recognize the following individuals for their generous contributions to support the travel awards program. In addition, the PRNs listed below either contributed to ACCP’s Travel Award Fund or provided their own travel awards:

Shawn Anderson	Richard Parrish II
David Black	Chrystian Pereira
Kelly Bobo	Shannon Rankin
Teresa Breslin	Cynthia Sanoski
Laura Celmins	Elizabeth Sebranek Evans
Brooke Clark	Sharon See
Laura Hart	Angela Shogbon
Vanthida Huang	Eric Tichy
Pamala Jacobson	Kathleen Tornatore
Samuel Johnson	Jennifer Trofe-Clark
Abir Kanaan	Barbara Wells
Travis King	Suzanne Wortman
Julie Kissack	Elizabeth Young
John Murphy	

PRNs

Adult Medicine	Emergency Medicine
Ambulatory Care	Geriatrics
Cardiology	GI/Liver/Nutrition
Central Nervous System	Hematology/Oncology/
Critical Care	Immunology/
Drug Information	Transplantation
Education and Training	Infectious Diseases

Nephrology
Pain and Palliative Care
Pediatrics
Pharmacokinetics/

Pharmacodynamics/
Pharmacogenomics
Women's Health

Donations to the Travel Award Fund helped support this fall's awards and will continue to fund awards supporting student and postgraduate trainee attendance at upcoming ACCP national meetings. All donations collected by the Student Travel Award Fund and the Resident/Fellow Travel Award Fund are applied directly toward attendee meeting support; no funds are used for administrative or overhead expenses. If you would like to make a tax-deductible contribution to help support future awards, please contact Jon Poynter, Senior Membership Project Manager, at jpoynter@accp.com.

ACCP Volunteer Recognition

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization.

Ambulatory Care PRN

- Stefanie C. Nigro, Pharm.D., BCACP, BC-ADM, Assistant Clinical Professor at MCPHS University, Boston, MA
- Mary H. Parker, Pharm.D., BCPS (AQ Cardiology), Clinical Pharmacist Specialist at the Durham VA Medical Center, Durham, NC

Endocrine and Metabolism PRN

- Amy Calabrese Donihi, Pharm.D., BCPS, Associate Professor at the University of Pittsburgh School of Pharmacy and Clinical Pharmacist at the University of Pittsburgh Medical Center, Pittsburgh, PA
- Nathan Painter, Pharm.D., CDE, Associate Clinical Professor at UC-San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences, La Jolla, CA
- Michelle Rager, Pharm.D., BCPS, CDE, Assistant Professor of Pharmacy Practice at Shenandoah University Bernard J. Dunn School of Pharmacy, Winchester, VA

Pediatrics PRN

- Varsha Bhatt-Mehta, Pharm.D., M.S., FCCP, Clinical Professor, University of Michigan College of Pharmacy and Clinical Pharmacist, Neonatal ICU, University of Michigan Health System, Ann Arbor, MI
- Marcia L. Buck, Pharm.D., FCCP, FPPAG, Clinical

Pharmacy Coordinator at University of Virginia Children's Hospital; Associate Professor of Pediatrics at the University of Virginia School of Medicine; and Clinical Associate Professor at the University of Virginia School of Nursing, Charlottesville, VA

- Allison M. Chung, Pharm.D., BCPS, AE-C, Associate Professor, Auburn University Harrison School of Pharmacy and the Department of Pediatrics, University of South Alabama School of Medicine, Mobile, AL
- Lea S. Eiland, Pharm.D., FASHP, BCPS, Clinical Professor and Associate Department Head of Pharmacy Practice at Auburn University Harrison School of Pharmacy, and Clinical Associate Professor of Pediatrics at the University of Alabama at Birmingham School of Medicine, Huntsville Regional Medical Campus, Huntsville, AL
- Elizabeth A. Farrington, Pharm.D., FCCP, FCCM, FPPAG, BCPS, Pediatrics Pharmacist, Betty H. Cameron Women's & Children's Hospital, New Hanover Regional Medical Center, Wilmington, NC
- Tracy M. Hagemann, Pharm.D., FCCP, FPPAG, Professor, University of Oklahoma College of Pharmacy, and Director of Clinical Affairs, Oklahoma University Medical Center, Oklahoma City, OK
- David S. Hoff, Pharm.D., FCCP, Clinical Leader, Children's Hospitals and Clinics of Minnesota, Minneapolis, MN
- Peter N. Johnson, Pharm.D., BCPS, Associate Professor, Department of Pharmacy: Clinical and Administrative Sciences at the University of Oklahoma College of Pharmacy, and Adjunct Associate Professor, Department of Pediatrics at the University of Oklahoma College of Medicine, Oklahoma City, OK
- Joseph M. LaRochelle, Pharm.D., Clinical Associate Professor, Xavier University of Louisiana College of Pharmacy, and Clinical Assistant Professor of Pediatrics, Louisiana State University Health Sciences Center School of Medicine, New Orleans, LA
- Richard H. Parrish II, BSPHarm, Ph.D., BCPS, Clinical Practice Leader – Pediatric Pharmacy for Alberta Health Services Regional Pharmacy Service, Edmonton, Alberta, Canada
- Rebecca S. Pettit, Pharm.D., MBA, BCPS, Clinical Pharmacist, Riley Hospital for Children, Indiana University Health, Indianapolis, IN
- Hanna Phan, Pharm.D., BCPS, Assistant Professor, Colleges of Pharmacy and Medicine, University of Arizona, Tucson, AZ
- Amy L. Potts, Pharm.D., BCPS, Assistant Director of Pharmacy, Monroe Carell Jr Children's Hospital at Vanderbilt, Nashville, TN

- Chasity M. Shelton, Pharm.D., BCPS, BCNSP, Assistant Professor at the University of Tennessee Health Science Center, Le Bonheur Children's Hospital, Memphis, TN
- Katherine P. Smith, Pharm.D., BCPS, Associate Professor of Pharmacy Practice, Roseman University of Health Sciences College of Pharmacy, South Jordan, UT

Ohio College of Clinical Pharmacy

- Andrea Pallotta, Pharm.D., BCPS, Clinical Specialist – Infectious Diseases and HIV Pharmacist at the Cleveland Clinic Foundation, Cleveland, OH
- Mate Soric, Pharm.D., BCPS, Assistant Professor of Pharmacy Practice at Northeast Ohio Medical University, Rootstown, OH

Visit www.accp.com/membership/vrp.aspx to view the current listing of volunteers recognized and their specific contributions to the College.

2013 ACCP Clinical Pharmacy Challenge: Recognizing the Item-Author and Item-Review Committees

Please join ACCP in recognizing the service of the following members of the 2013 ACCP Clinical Pharmacy Challenge Item-Author and Item-Review committees. We thank these members for sharing their expertise in developing the items used in the 2013 national pharmacy student team competition.

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Need a gift idea for a colleague or student? Or just know someone who would benefit from ACCP products or services? Now there's an easy way to share professional pharmacy resources: the ACCP Gift Code.

Available through the ACCP [Online Bookstore](#), these no-fee Gift Codes can be purchased singly or in groups and in any denomination. Immediately upon purchase, a receipt with each 16-digit Gift Code will be sent to your e-mail address. From there, the ACCP Gift Code is easy to share by sending it in an e-mail, greeting card, or letter.

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Don't wait – the holiday season is just around the corner. Give the gift of ACCP's professional pharmacy resources with an ACCP Gift Code.

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Liweza Yalda
Anne Yates
Katie Yates
Abel Yehdego
Zenash Yirga
Bruce Young
Jennifer Yuan
Jiazhi Zheng
Selma Zjakic

The following individuals recently advanced from Associate to Full Member:

Larry Arias
Lindsay Brust
Katherine Carey
Lisa Cohen
Rachel Feierabend
Brooke Fidler
Satoru Ito
William King
Kathryn Krohn
Jennifer Lukaszewicz
Erin Oh
Till Olickal
Michelle Peahota
Kamakshi Rao
Marcy Rapp
Amber Sawyer
Maria Sisneros
Lindsey Wasco
William Wilkie
Nicole Wulf
Mikiko Yamada

New Member Recruiters

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

Shameem Aadam
Joseph Aloï
Syed Arafath
Rebecca Attridge
Umima Baig
Lindsey Baugh
Sandra Benavides
Cynthia Brasher
Caitlin Brown
Lingtak-Neander Chan
Kathryn Connor
Celine Corman
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The Department of Pharmacy Practice at the Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy is seeking to recruit nontenured faculty within the Ambulatory Care Division on our Abilene and Dallas/Fort Worth, Texas, campuses. Successful candidates will practice in an innovative ambulatory care clinical service and assist in its development and management. The faculty member's primary teaching responsibilities will include the development and delivery of didactic, laboratory, problem-based, and experiential teaching within the Pharm.D. curriculum. The TTUHSC School of Pharmacy maintains an excellent curriculum committed to ambulatory care clinical pharmacy.

The TTUHSC School of Pharmacy has campuses located in Amarillo, Abilene, Dallas/Fort Worth, and Lubbock,

Texas. Boasting one of the largest groups of ambulatory care clinical faculty in the nation, the Ambulatory Care Division located on each campus consists of members who are recognized at the local, state, and national level. The diversity of the Ambulatory Care Division allows new faculty mentorship and opportunities for teaching and scholarly collaboration within and between the different practice divisions. The TTUHSC School of Pharmacy provides new faculty with programs designed to help them transition into academia.

The ideal candidate will have completed the Pharm.D. degree and a residency in Ambulatory Care or will have equivalent practice and teaching experience. Licensure, or eligibility to be licensed, in Texas is required. Professional level will be based on qualifications.

For information, contact:

Brian K. Irons

Division Head

E-mail: Brian.Irons@ttuhsc.edu

Telephone: (806) 743-4200, ext. 225

Applicants may submit an application online for the Abilene position at <https://jobs.texastech.edu/postings/47907> or for the Dallas/Fort Worth position at <https://jobs.texastech.edu/postings/48912>. A cover letter, a CV, and electronic letters of reference are required as attachments to the application.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Pharmacy

Professorship in Clinical/Translational Research

The Department of Pharmacy Practice, Dallas, Texas, invites applications and nominations for a new, full-time, tenure-track position in Clinical/Translational Research. Recent priorities identified by the Texas Tech University Health Sciences Center include the furthering of clinical practice scholarship, particularly clinical/translational science. This focus on clinical/translational science includes growth in the graduate and postgraduate educational programs. The successful candidate will be a critical part of this emphasis, in addition to being engaged in diverse teaching and research opportunities.

The faculty candidate will join a group of clinical scholars with diverse interests and core affiliations:

- Pediatric Pharmacology Research & Development Core
- Experimental Therapeutics Core
- North Texas Clinical Pharmacology Cancer Core
- Pharmacy Outcomes and Pharmacoepidemiology Core

Preference will be given to applicants holding a Ph.D. in a related pharmaceutical science discipline and possessing demonstrable experience in clinical/translational research. The candidate should also have strong leadership skills and demonstrate the ability to integrate into a multidisciplinary research environment. The successful candidate will be appointed to an academic rank appropriate to his or her level of experience.

To receive full consideration, applicants are asked to electronically submit a CV, a letter of intent, and the names and contact information of three references to <http://jobs.texastech.edu/postings/57663>.

For more information, please contact:

Richard Leff, Pharm.D., FCCP

Professor & Sr. Associate Dean for Clinical/Translational Research
Department of Pharmacy Practice
5920 Forest Park Road, Suite 400
Dallas, TX 75235-6418
E-mail: richard.leff@ttuhsc.edu
Telephone: (214) 654-9404

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TTUHSCSOP seeks cultural diversity by actively recruiting and retaining a wide blend of employees.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Pharmacy

Practice Management Faculty

The Department of Pharmacy Practice is seeking to recruit nontenure track faculty within the Pharmacy Practice Management Division based at our Amarillo or Abilene, Texas, campus. The faculty member's primary responsibilities will include developmental and teaching activities in the Pharm.D. program, research, and school service.

The growing Texas Tech University Health Sciences Center (TTUHSC) School of Pharmacy spreads across four campuses located in Amarillo, Abilene, Dallas/Fort Worth, and Lubbock, Texas. New faculty will have many opportunities for scholarly collaboration with division members practicing in correctional health care, two operating pharmacies, and the poison control center.

Additional collaborative opportunities exist throughout other divisions in the department. The TTUHSC School of Pharmacy provides new faculty members a mentoring program designed to help them transition into the academic environment.

The ideal candidate will have a Ph.D., DBM, or Pharm.D./MBA or a combination of these degrees with an emphasis in pharmacy administration, management/business, public health, health services administration, or related fields. Additional preference will be given to candidates licensed, or eligible for licensure, to practice pharmacy in Texas. Professional level will be determined on the basis of experience and qualifications.

For further information, contact:

Joel Epps, MBA

Search Committee Chair

E-mail: joel.epps@ttuhsc.edu

Telephone: (806) 356-4000, ext. 226

All interested applicants should complete an application submitted online at <https://jobs.texastech.edu/postings/47907>. In addition, a cover letter, a CV, and three letters of reference must be attached to the completed application.

Equal Employment Opportunity/Affirmative Action Employer.

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**Pharmacy Practice Faculty
College of Pharmacy
King Saud bin Abdulaziz University for Health Sciences
Riyadh, Saudi Arabia**

The King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is located in Riyadh and houses six colleges: Medicine, Pharmacy, Dentistry, Public Health and Health Informatics, Applied Medical Sciences, and Nursing. Two satellite KSAU-HS campuses are located in the cities of Jeddah and Al Ahsa. The close affiliation of KSAU-HS with the Joint Commission International-accredited National Guard Health Affairs (NGHA) 1200-bed hospital, the most advanced medical complex in the region, has enabled KSAU-HS to enhance its curricula and academic programs and has given the university and its students full access to clinical teaching sites that are staffed with highly competent health professionals.

Open Faculty Positions – Department of Pharmacy Practice: The KSAU-HS College of Pharmacy, established in 2011, is seeking applicants from multiple clinical specialties for non-tenure-track faculty positions in the Department of Pharmacy Practice at the assistant, associate, or professor level. Responsibilities include developing, coordinating, and delivering didactic education; precepting students and residents; developing and maintaining innovative clinical practice sites at the affiliated, state-of-the-art National Guard Hospital; and conducting scholarly activities, including collaborative research and publication.

The KSAU-HS College of Pharmacy provides an innovative curriculum design in a unique collaborative partnership with the University of Tennessee College of Pharmacy and the consultative support of major U.S. schools of pharmacy. The KSAU-HS College of Pharmacy faculty is composed of clinicians of diverse nationalities who have been educated and trained in the United States.

The affiliated pharmaceutical care department at the NGHA hospital, where pharmacy faculty practice, has a long-term consultative agreement with the American College of Clinical Pharmacy, which assists in advancing pharmaceutical education, training, and clinical practice. Application for residency program accreditation has been submitted to the American Society of Health-System Pharmacists.

Qualified candidates must possess a Pharm.D. degree from an Accreditation Council for Pharmacy Education (ACPE)-accredited institution, together with a PGY1 and PGY2 residency, fellowship, or equivalent clinical experience. Board certification is preferred.

KSAU-HS offers an excellent salary and benefits package commensurate with education and experience. Salary and other benefits include tax-free earnings, free furnished housing, educational allowance of up to three eligible dependents enrolled in grades 1–12, 60 days of annual vacation leave, three holiday periods totaling 21 days, an annual roundtrip airline ticket for faculty members and eligible dependents to and from their home country/point of origin, an annual paid professional leave, free medical care and emergency dental care, and free access to campus exercise facilities. Other services provided include Internet access, landline telephone, cable TV, social club access, and bus transportation to/from the campus and shopping malls/business districts.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Abdulkareem Albekairy, Pharm.D.

Associate Dean, Academic & Student Affairs
College of Pharmacy, KSAU-HS
E-mail: bekairy@ngha.med.sa

OR

Nabil Khalidi, Pharm.D.

Chairman, Pharmacy Practice
Associate Professor, Pharmacy Practice
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Associate Professor Emeritus
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