**Schultz, Atyia, and Gamble Receive Best Poster Honors**

Winners of the Best Poster Awards from the 2019 ACCP Annual Meeting in New York, New York, were announced Monday, October 28, 2019, after they delivered platform presentations of their research. In all, more than 800 posters were presented at the Annual Meeting. Papers described original research, innovative clinical pharmacy services and programs, case reports, systematic reviews/meta-analyses, and student, resident, and fellow research-in-progress.

Bob Schultz from the Department of Pharmacy Systems, Outcomes & Policy at the University of Illinois at Chicago in Chicago, Illinois, won the Best Poster Award for his paper titled “Cost-Effectiveness of a Pharmacist-Led Medication Therapy Management Clinic: Hypertension Management.” Schultz's coauthors were Jessica Tilton, Julie Jun, and Tiffany Scott-Horton from the Department of Pharmacy Practice at the University of Illinois at Chicago College; Danny Quach and Daniel Touchette from the Department of Pharmacy Systems, Outcomes & Policy at the University of Illinois at Chicago; and Anna Haltman from the University of Illinois College of Pharmacy.

The other finalists in the Best Poster competition were Theodore Berei from the University of Wisconsin Health in Madison, Wisconsin; Collin M. Clark from the University at Buffalo Jacobs School of Medicine and Biomedical Sciences in Buffalo, New York; and Besu Teshome from the St. Louis College of Pharmacy in St. Louis, Missouri. Berei’s presentation was titled “Implementation of a Thromboelastography (TEG)-Based Blood and Factor Product Algorithm in Cardiac Surgery.” Clark presented “Potentially Inappropriate Medication Prescribing Is Associated with Increased Healthcare Utilization and Costs Among Older Adults in the United States.” Clark’s coauthors were Leslie Aurelio, Steve Feuerstein, Robert Wahler, Christopher Daly, and David M. Jacobs from the Department of Pharmacy Practice at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences in Buffalo, New York; and Amy Shaver from the Department of Epidemiology and Environmental Health at the University at Buffalo School of Public Health and Health Professions in Buffalo, New York.

Sara Atyia, a PGY2 critical care pharmacy resident at the Ohio State Wexner Medical Center, Columbus, Ohio, won the Best Resident and Fellow Poster Award for “Impact of PhORCAS References on Overall Application Score for Postgraduate Year One (PGY1) Pharmacy Residency Candidates.” Atyia’s research was conducted when she was a PGY1 resident at University of Kentucky HealthCare in Lexington, Kentucky. Coauthors were
Frank Paloucek from the University of Illinois at Chicago College of Pharmacy in Chicago, Illinois; Allison R. Butts, Douglas R. Oyler, and Aaron M. Cook from the University of Kentucky HealthCare in Lexington, Kentucky; and Craig A. Martin and Aric D. Schadler from the University of Kentucky College of Pharmacy in Lexington, Kentucky.

The other finalists in the Best Resident and Fellow Poster competition were Manar Kandil, a PGY2 emergency medicine pharmacy resident at the Advocate Christ Medical Center in Oak Lawn, Illinois; and Dana Pierce, Pharm.D., a PGY1 pharmacy resident from the University of Illinois at Chicago College of Pharmacy in Chicago, Illinois. Kandil presented “Pain Control During the IV Opioid Shortage – A Natural Experiment.” Kandil’s research was conducted when she was a PGY1 resident at the Loyola University Medical Center in Maywood, Illinois. Kandil’s coauthors were Stephanie Bennett and Sarah Zavala, also from the Loyola University Medical Center. Pierce presented “Utilization of Direct-Acting Oral Anticoagulation in Solid Organ Transplant Patients: A National Survey of Institutional Practices.” Her coauthors were Alicia Lichvar from the University of Illinois at Chicago College of Pharmacy; Georgina Waldman from the Massachusetts General Hospital in Boston, Massachusetts; David Salerno from the Liver Transplantation, Hepatobiliary & Transplantation Surgery program at NewYork-Presbyterian Hospital in New York, New York; Patrick Klem from the University of Colorado Hospital in Aurora, Colorado; and Jeong Park from the University of Michigan College of Pharmacy in Ann Arbor, Michigan.

Kelly Gamble from the University of Georgia College of Pharmacy in Savannah, Georgia, won the Best Student Poster Award for “Hidden Fluids in Plain Sight: Identifying Intravenous Medication Classes Contributing to Intensive Care Unit Fluid Status.” Gamble’s coauthors on the poster were Susan Smith and Trisha Branan from the University of Georgia College of Pharmacy; Andrea Sikora Newsome from the Augusta University Medical Center in Augusta, Georgia; W. Anthony Hawkins from the Department of Pharmacology and Toxicology at the Medical College of Georgia at Augusta University in Albany, Georgia; and Christopher Bland from the University of Georgia College of Pharmacy.

The other student finalists in the Best Student Poster competition were Jennifer Rodriguez from the University of Florida College of Pharmacy in Gainesville, Florida;
and Anushka Tandon from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences in Aurora, Colorado. Rodriguez presented “Impact of Supplementary Material on Student Perception of Knowledge.” Her coauthors were Stacy Voils and Lindsey Childs-Kean from the University of Florida College of Pharmacy in Gainesville, Florida. Tandon presented “Pharmacist-Led Pilot Targeting High-Risk Older Adults After Emergency Department Discharge in an Academic Medical Center.” Tandon’s coauthors were Danielle Fixen, Sarah Billups, Sunny Linnebur, and Scott Pearson from the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences; Gretchen Oroz and Bennett Parnes from the University of Colorado School of Medicine in Aurora, Colorado; and Alexandra Marcus from the Office of Value-Based Performance at the University of Colorado Anschutz Medical Campus in Aurora, Colorado.

Each winner received a plaque. Serving as judges for the Best Student Poster competition were Kathryn Connor, Julie Murphy, Sarah Spinler, and Adrian Wong. Serving as judges for the Best Resident and Fellow Poster competition were Tracy Hagemann, Drayton Hammond, Gary Milavetz, and Kim Tallian. Serving as judges for the Best Poster competition were Michael Bottorff, Andy Miesner, Pram Kale-Pradhan, and Michael Ujhelyi.

**University of Colorado Team Crowned 2019 ACCP Clinical Pharmacy Challenge Champions**

The three-member team from the University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy and Pharmaceutical Sciences captured the 2019 ACCP Clinical Pharmacy Challenge title, prevailing over the team from the Butler University College of Pharmacy & Health Sciences. From an initial field of 120 teams, these two teams advanced through four online rounds of competition as well as live quarterfinal and semifinal matches to face each other in the final round held on Monday, October 28, at the 40th Anniversary ACCP Annual Meeting in New York City.

The Clinical Pharmacy Challenge, now in its 10th year, affords teams of three pharmacy students the opportunity to compete in a “quiz bowl”-type competition. Each round of competition has three segments: Trivia/Lightning, Clinical Case, and Jeopardy-style. Items are written and reviewed by an expert panel of ACCP members.

A large and enthusiastic crowd of ACCP Annual Meeting attendees gathered to cheer on both teams in the final round match. Representing Team Colorado were Kyle Coronato (team leader), Armen Fstkhchian, and Mary Reilly. Team Butler was represented by David Kaylor (team leader), Drew Johnson, and Josh Murdock. The two teams faced strong opponents throughout the quarterfinal and semifinal rounds, with close matches. During the final match, both teams demonstrated an impressive knowledge base and had strong moments in the Trivia/Lightning and Clinical Case segments. The final section of the match was the Jeopardy-style round, where teams were presented with 15 items (three items of 100, 200, or 300 points) in each of the following categories: Cardiovascular Disorders, Endocrinology, Hematology/Oncology, Infectious Diseases, and Potpourri. The teams employed strategic choices as they navigated the Jeopardy grid, selecting the item categories they believed would match their own unique strengths. Team Colorado maintained an early lead and emerged victorious at the end of the round.

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

**ACCP Recognizes Founding Members During Annual Meeting in New York**

ACCP celebrated its 40th anniversary at the 2019 Annual Meeting in New York City. Founding members were recognized with a standing ovation on Sunday, October 27, during the ACCP Awards and Recognition Ceremony, and also at the October 25 Fellows Dinner.

ACCP was founded in 1979 by 29 standout leaders who realized the need to champion the advancement and advocacy of clinical pharmacy. These 29 not only served as the founding members, but were also THE members – consisting of the entirety of ACCP’s membership in 1979. From the College’s humble beginnings grew a diverse group consisting of over 17,000 members today, including researchers, educators, practitioners,
administrators, students, residents, and fellows, among many others. ACCP has become one of the most influential pharmacy organizations in the United States, but without its founding members’ unwavering vision, the College would not be the organization that it is today.

The College’s 29 founding members:
- Arthur Burke
- James H. Coleman
- Joel O. Covinsky
- William E. Evans
- Lawrence Fleckenstein
- Thomas S. Foster
- John G. Gambertoglio
- Philip D. Hansten
- Dennis K. Helling
- Leslie Hendeles
- J. Heyward Hull
- William J. Jusko
- Kim L. Kelly
- Thomas M. Ludden
- Donald C. McLeod
- William A. Miller
- Gary M. Oderda
- Ronald E. Polk
- Robert P. Rapp
- John Rodman
- Vasilios A. Skoutakis
- Dorothy L. Smith
- Ronald B. Stewart
- Glen L. Stimmel
- Eppo van der Kleijn
- Peter H. Vlasses
- Charles A. Walton
- Harvey A.K. Whitney Jr.
- Darwin Zaske

End-of-Year Special: Residents, Fellows, and Graduate Students Can Join ACCP for Half Price!

Attention residents, fellows, and graduate students: From now through December 31, first-time resident, fellow, and graduate student members of ACCP can join for half off the regular resident and fellow/graduate student member rate.

ACCP resident, fellow, and graduate student members have access to several important membership benefits, including:
- Deeply discounted rates to register for the 2020 ACCP Spring Forum to be held in St. Louis, Missouri, April 25–26, 2020: Considering specialty certification in Pharmacotherapy or Critical Care Pharmacy? Take advantage of special member rates – register by the early-bird deadline for maximum savings.
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.

DEADLINES:

- **Due November 30, 2019** – Nominations for the fall 2020 awards (Robert M. Elenbaas Service, C. Edwin Webb Professional Advocacy, Russell R. Miller, Clinical Practice, and Education awards), the 2021 Therapeutic Frontiers Lecture, and the 2021 elected offices.
- **Due February 1, 2020** – Nominees’ supporting documents must be uploaded in the nomination portal for the fall 2020 awards (Robert M. Elenbaas Service, C. Edwin Webb Professional Advocacy, Russell R. Miller, Clinical Practice, and Education awards), the 2021 Therapeutic Frontiers Lecture, and the 2021 elected offices.
- **Due February 15, 2020** – Nominations for the 2020 Parker Medal, the 2020 “new” awards (New Investigator, New Clinical Practitioner, and New Educator), and the 2020 ACCP Fellows (FCCPs).
- **Due April 1, 2020** – Nominees’ supporting documents must be uploaded in the nomination portal for the 2020 Parker Medal and the 2020 “new” awards (New Investigator, New Clinical Practitioner, and New Educator).

DESCRIPTIONS:

- **2021 Officers and Regents:** President-Elect, Regents, Treasurer, and ACCP Foundation 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, 2019.**

- **2020 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, Foundation Board of Trustees, Pharmacotherapy Publications (PPI) Board of Directors, Credentials: Fellowship Committee, or ACCP staff are ineligible for consideration. **Nomination deadline: February 15, 2020.**

- **2020 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. 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, Foundation Board of Trustees, PPI Board of Directors, Parker Medal Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2020.**

- **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 and beyond the usual devotion of resources, be it time, energy, material goods, or a combination thereof. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for the award and his or her contributions to the College, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2019.**


**C. Edwin Webb Professional Advocacy Award:** Given only when a particularly noteworthy candidate is identified who has made outstanding contributions to the visibility and value of clinical pharmacy in national policy, intraprofessional, and/or interprofessional arenas; has assembled a record of mentoring others who have gone on to assume a health professions and/or health policy leadership role; and is recognized as an ambassador for clinical pharmacy both within and outside the profession. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for this award and his or her contributions to the College, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice/place of employment. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2019.**

**2021 Therapeutic Frontiers Lecture Award:** Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. The recipient of this award is not required to be an ACCP member. Nominations must include a letter of nomination from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for this award and his or her sustained contributions to pharmacotherapy, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2019.**

**2020 Russell R. Miller Award:** Recognizes an ACCP member who has made outstanding contributions to the professional literature of clinical pharmacy, either as a single, landmark contribution or by sustained excellence over time. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for this award and his or her contributions to the professional literature, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2019.**

**2020 New Investigator Award:** This award highlights the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been a Full Member of ACCP at the time of nomination and a member at any level for at least 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 within 6 years since completion of their terminal professional pharmacy training or degree, whichever is most recent. If an individual pursues an additional degree beyond his or her professional pharmacy degree or training (i.e., Ph.D.), this additional degree will not be considered a terminal degree, and the 6-year time interval will extend from completion of the terminal pharmacy training or degree. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for this award and the significance/impact of his or her clinical contributions, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2020.

2020 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 at least 3 years. In addition, nominees must have completed their terminal professional pharmacy training or degree (which ever is most recent) within 6 years from the time of selection by the Board of Regents. Fellows of ACCP (i.e., “FCCPs”) are ineligible. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee’s qualifications for this award and the significance/impact of his or her clinical contributions, the nominee’s curriculum vitae, and a minimum of two letters of recommendation from other ACCP members. At least one of these letters must be from an individual outside the nominee’s current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Trustees, PPI Board of Directors, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2020.
- **Reduced rates on Board Certification preparatory materials for home study**: Prepare for your specialty board examination with electronic or print study materials available at discounted rates.

- **Reduced pricing on any of ACCP’s Self-Assessment Programs**: Looking to maintain your BPS certification? ACCP now offers Self-Assessment Programs in each of the following specialties: Pharmacotherapy, Ambulatory Care Pharmacy, Critical Care Pharmacy, Cardiology, Infectious Diseases, Oncology Pharmacy, and Pediatric Pharmacy.

- **Free 1-year membership in an ACCP Practice and Research Network (PRN)**: Join one of ACCP’s PRNs, and network with specialists in your area of interest.

- **Complimentary subscriptions to *Pharmacotherapy* and *JACCP***: Resident, fellow, and graduate student members receive an electronic subscription to each of these essential references for the clinical pharmacist.

To take advantage of this special offer, join or renew your ACCP membership online. Alternatively, download and complete a specially marked membership application from the ACCP website and mail or fax it back to the ACCP office.

This offer is only valid for first-time residents or fellows/graduate students (including previous student members of ACCP renewing as either a resident or a fellow/graduate student member). Applications must be received by December 31, 2019, to receive the discounted membership rate. Applications must include the preceptor/program director’s name and the anticipated year of residency/fellowship completion.

**Home Study Opportunities: Recertification Sessions from 2019 Annual Meeting**

Want to access ACCP’s live courses from the comfort of your own home and learn at your own pace? Take a look at all the recertification sessions offered at the Annual Meeting, also available for home study.

**Clinical Sessions**

The Clinical Sessions home study package will be available for purchase on December 18, 2019 at www.accp.com/store. Live participants who have already purchased the posttest will also have access to the posttest at www.accp.com/myaccount on the same date. The deadline to submit posttests for these sessions is June 18, 2020.

- **BCOP Clinical Session** – “Anticoagulation Therapy: Considerations in the Setting of Malignancy” is available for up to 2.0 hours of BCOP recertification credit.

- **BCOP Clinical Session** – “Hide and Go Seek: Updates in the Management of Acute, Chronic, and Refractory Immune-Related Adverse Effects of Immune Checkpoint Inhibitors” is available for up to 2.0 hours of BCOP recertification credit.

- **BCACP and BCGP Clinical Session** – “How Low Do You Go? Applying the 2018 American College of Cardiology/American Heart Association (ACC/AHA) Cholesterol Guidelines to Individual Patients” is available for up to 1.0 hour of BCACP and/or BCGP recertification credit.

- **BCACP and BCGP Clinical Session** – “JNC8 versus 2017 ACC/AHA Hypertension Guidelines: Which Should We Follow?” is available for up to 1.5 hours of BCACP and/or BCGP recertification credit.

- **BCACP and BCGP Clinical Session** – “When Life Happens: Managing Diabetes in the Older Adult Across the Continuum of Care” is available for up to 1.5 hours of BCACP and/or BCGP recertification credit.

- **BCACP Clinical Session** – “Don’t Sugar-Coat It: Hot Topics in the Management of Type 1 and Type 2 Diabetes Mellitus” is available for up to 2.0 hours of BCACP recertification credit.

- **BCGP Clinical Session** – “Self-Care Considerations in Older Adults: Integrating Complementary and Alternative Medicine” is available for up to 1.0 hour of BCGP recertification credit.

**Clinical Reasoning Series**

The Clinical Reasoning Series home study package will be available for purchase on November 25, 2019 at www.accp.com/store. Live participants who have already purchased the posttest will also have access to the posttest at www.accp.com/myaccount on the same date. The deadline to submit posttests for these sessions is May 15, 2020.

- **Clinical Reasoning Series in Critical Care Pharmacy** – “Managing Cardiovascular Therapies in the Critically Ill” Parts 1 & 2 is available for up to 6.0 hours of BCCCP recertification credit.

- **Clinical Reasoning Series in Pharmacotherapy** – “It’s All in the Head: Updates in Neuropsychiatric Pharmacotherapy in the Big and Small” Parts 1 & 2 is available for up to 6.0 hours of BCPS and/or BCPPS recertification credit.
ACCP Foundation Congratulates Team “Never Generic, Always Brand”

Another rousing game of trivia was played at the 2019 ACCP Annual Meeting in New York City. The competition took place during the Opening Reception with 13 teams participating. The ACCP Foundation would like to congratulate the first-place team, “Never Generic, Always Brand,” consisting of Nichole Varela, Parminder Kaur, Lauren Quiroga, and Alex Duarte. Coming in at second place, and also raising the most funds, was team “We BOT This,” consisting of Judith Smith, Mark Schaefer, Don Brophy, and Amy Pai. Third place went to team “JACCP Juggernauts,” consisting of Terry Seaton, Nicole Acquisto, Shawn McFarland, and Stuart Haines. The ACCP Foundation would like to send a warm thank-you to everyone who participated in the event and everyone who donated.

2020 Investigator Development Programs Announced

Work shoulder-to-shoulder with a team of experienced mentors guiding you through your first research project or skillfully fine-tuning a major grant submission/resubmission.

The next cohort of MeRIT and FIT investigators will gather June 22–26, 2020, on the campus of the University of Kentucky College of Pharmacy in Lexington, Kentucky. Application information for both programs is available at www.accpfoundation.org/investigator/. Letters of intent to apply are due February 28, and applications are due March 31, 2020.

Mentored Research Investigator Training (MeRIT)

MeRIT is the Foundation’s latest support mechanism for investigator development with a rapidly expanding record of participant success. This 2-year longitudinal program uses a combination of live and virtual teaching/mentoring methods to provide participants with the tools and guidance they need throughout the research experience (i.e., from research question, proposal writing, funding application, and IRB approval to results, presentation, and publication).

MeRIT is designed to help pharmacists develop the abilities necessary to conduct investigator-initiated research, either independently as a principal investigator or as an active coinvestigator within a research team. Ideal candidates are pharmacy practitioners or faculty with limited research experience who are:

- Committed to incorporating research into their professional careers,
- Interested in generating research themes or obtaining preliminary data for larger funding opportunities,
- Aspiring to be active principal or coinvestigators within a research team, and
- Able to commit at least 10% effort to research.

Focused Investigator Training (FIT)

FIT is a 5-day, intensive, hands-on program to help investigators succeed in the current research funding environment. Each experienced investigator-participant will take the necessary steps toward maximizing the competitiveness of a K, R01, or similar investigator-initiated application for submission to the National Institutes of Health (NIH) or other major funding source. Investigators will be challenged to carefully examine research aims and explore individual professional research goals and, by the end of the program, will have taken critical steps toward fine-tuning their applications to meet study section reviewers’ expectations. The program’s experienced and funded faculty mentors deliver a curriculum that offers:

- Small-group proposal development sessions,
- Tip-rich discussions,
- One-on-one mentor/statistician appointments, and
- Protected time for proposal development and revision.

The ideal FIT applicant is a tenure-track or research-focused pharmacist in the final stages of preparing a grant application for submission/resubmission.
Congratulations to the 2019 ACCP-PAC PRN Challenge Winners!

For the fifth consecutive year – this year, in conjunction with the 2019 ACCP Annual Meeting in New York City – ACCP’s political action committee (PAC) led the PAC PRN Challenge to determine which PRNs could generate the greatest PAC support. Throughout the challenge, PRN members who contributed to the PAC online could designate a PRN to receive credit for their contribution. The 2019 challenge recognized two winners:

- Percentage of Members Who Contributed: GI/Liver/Nutrition PRN
- Total Dollars Raised: Ambulatory Care PRN

In recognition of their support, the winning PRNs will be awarded a coveted preferential timeslot for their PRN business meeting at the 2020 ACCP Annual Meeting in Dallas, Texas. ACCP-PAC would like to thank all ACCP members who participated in this year’s challenge.

For the first time, PRNs in New York City were represented by PRN PAC captains to serve as liaisons between the PAC and their PRN. Over time, the College is confident that through its PAC captains, it will build a core of focused PAC leaders to help educate members of the centrality of ACCP-PAC to ACCP’s advocacy efforts and help build its PAC revenues.

Why Does ACCP Have a PAC?

A political action committee (PAC) is a registered, federally regulated “separate segregated fund” organized to raise and spend money to help support candidates for congressional office.

In 2010, the ACCP Board of Regents decided to establish ACCP-PAC to allow the College to actively support the campaigns of members of Congress who share its core values and policy vision, just as ACCP is active in asking for the support of these elected officials in helping advance their shared policy goals. Running for federal office is expensive, and members of Congress rely on contributions from PACs to fund their campaigns. ACCP-PAC is nonpartisan and supports candidates regardless of political party affiliation. ACCP-PAC is member-driven, and its strategic policy decisions – including those related to which candidates receive financial contributions from ACCP-PAC – are made by the PAC Governing Council.

The College is realistic about the continuing dysfunction in Washington, D.C., and the lack of focus at the leadership level on many of the key health policy questions facing the country. However, across congressional and agency offices and at a staff level, ACCP is encouraged by the depth of these agencies’ understanding on complex issues such as team-based care implementation and the energy and creative thinking in moving these issues forward.

PAC contributions allow ACCP members to collectively donate to support members of Congress who understand that medication optimization by “getting the medications right” is central to the success of team-based, patient-centered, quality-driven health care delivery and payment.

To contribute, visit the ACCP-PAC website at www.accpaction.com.

President’s Column
Extending the Frontiers of Practice, Interprofessional Collaborations, and Research

Brian L. Erstad, Pharm.D., FCCP, BCPS

Although ACCP’s mission and vision statements do not use the term *interprofessional*, it is clearly inferred by ACCP’s mission statement, which references partnerships, collaborations, and alliances, and by its organizational vision statement, which refers to practice in patient-centered, team-based settings. Similarly, the updated version of ACCP’s strategic plan unveiled in 2017 refers to collaborations with other health professionals, patients, and interprofessional groups. As the medication experts, clinical pharmacists can assume indispensable responsibilities on the interprofessional health care team. This was reflected in the themes of Presidents Buck, Kolesar, and Nesbit, titled “Interprofessional Collaboration: From Theory to Reality,” “Implementing Interprofessional Precision Medicine,” and “Medication Optimization Across the Care Continuum,” respectively. During my presidential year, I intend to expand on this interprofessional focus with my theme, “Extending the Frontiers of Practice, Interprofessional Collaborations, and Research.”

In particular, I want to increase ACCP’s outreach to health professions organizations and associations that are interested in fostering interprofessional collaborations, partnerships, or alliances. This aspect of my theme most applies to the third priority of ACCP’s strategic plan, positioning clinical pharmacists for success. This priority states that “ACCP will position clinical pharmacists by (1) developing and contributing to evidence-based guidelines that influence practice and
(2) communicating and disseminating the value of clinical pharmacists in achieving medication optimization.” I envision a future in which every clinical practice guideline with substantive recommendations on medications is developed with a clinical pharmacist’s involvement.

Similar to many of my clinical pharmacist colleagues, I have used recommendations from clinical practice guidelines in my practice and embraced the term evidence-based without hesitation. However, as discussed in videos of interviews with past and current leaders in the evidence-based movement, the concept generated much controversy in the field of medicine even before introduction of the phrase “evidence-based medicine” in a 1992 paper by Gordon Guyatt. This controversy is exemplified by a sarcastic publication purporting to perform a systematic review of randomized controlled trials to determine whether parachutes were effective in preventing major trauma. Some critics have gone even further in their criticism of evidence-based clinical practice guidelines. Regardless of such criticism, I think it highly unlikely that the number of evidence-based clinical practice guidelines will wane in the near future. Therefore, I welcome ACCP’s focus on this priority. For ACCP members who are not experienced in developing clinical practice guidelines, this will require education and training that includes evidence assessment. Prestigious nongovernmental organizations such as the National Academy of Medicine (NAM) recommend a critical appraisal of evidence during the development of clinical practice guidelines. NAM has published eight standards pertaining to the development of clinical practice guidelines, two of which explicitly refer to use of evidence. NAM standard 3 refers to training in the appraisal of evidence for patient and consumer representatives on guideline development committees, and standard 5 refers to establishing evidence foundations and rating strength of recommendations. Although NAM has not recommended any particular system for evidence evaluation, the Grading of Recommendations, Assessment, Development, and Evaluation (or GRADE) working group has developed an approach to grading the quality of evidence and strength of recommendations often used by professional health care organizations involved in guideline development. As with evidence-based medicine and clinical practice guidelines, the GRADE approach has its critics, and limitations of GRADE methods have been published. Nevertheless, widespread use of the GRADE methods makes it important that clinical pharmacists understand the basic tenets of the system and that ACCP members involved in guideline development have more extensive training in using these methods. Similarly, the movement to systematically spread and improve the use of guidelines in routine practice will require the training of some ACCP members in the emerging field of implementation science. I am confident that ACCP’s organizational leadership and member involvement will only enhance the quality of future clinical practice guidelines and their appropriate implementation.

I was ACCP’s committee liaison to the 2017–2018 Public and Professional Relations Committee, which was charged with “providing recommendations to the Board of Regents on methods to increase the number of ACCP members actively engaged in the work of national guideline panels, consensus conferences, and similar expert interprofessional task groups.” Both individual members and PRNs were consulted to determine the extent of current member involvement and suggestions for increasing future member involvement. In its deliverables relative to the charge, the committee
quantified the extent of ACCP member involvement in national guidelines and panels and listed known or perceived prerequisites for such involvement. The 2017–2018 Public and Professional Relations Committee report provides the background information needed to extend ACCP’s current outreach activities to groups that currently do not have clinical pharmacist involvement, but should. Moreover, we must be selective in our engagement, given that interorganizational collaborations require resources, particularly in the form of staff time. Recommendations from the 2017–2018 Public and Professional Relations Committee in conjunction with ACCP staff input will help guide the decision-making process.

One of my committee charges related to clinical practice guidelines addresses an issue raised in ACCP’s recent member surveys. Trainees and new practitioners often cite recommendations from clinical practice guidelines in the clinical setting without a full understanding of the important issues related to guideline development. Such issues include potential methodologic limitations related to the transparency of the guideline development process, determinations of the quality of evidence, and analysis of the strength of recommendations. Therefore, one of my committee charges relates to instruction in the critical evaluation of clinical practice guidelines.

Other committee charges for the upcoming year reflect priorities in the College’s strategic plan raised by recent past presidents of ACCP, but in need of ongoing attention. Such priorities include disseminating and implementing comprehensive medication management, supporting and extending clinical pharmacists’ involvement in precision medicine practice/research, and using health care–related technologies to advance patient care. Of note, in keeping with ACCP’s priority to develop clinical pharmacists, I have involved at least one student and one resident in each of this year’s committees or task forces on which students and trainees were eligible to participate.

In closing, I wish to thank all the candidates who agreed to be balloted for ACCP elected office this year. Your volunteerism is commendable and attests to your strong commitment to the College. I also want to express my thanks to the ACCP staff members – they keep our organization running on a day-to-day basis and are truly the “invisible ingredient” behind the College’s success.

References:


Pharmacotherapy Update

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

The Annual Meeting of the American College of Clinical Pharmacy is an ideal time to review the progress of Pharmacotherapy, one of the two official journals of ACCP. The event includes an annual report by each editor-in-chief during the business meeting. For interested readers and ACCP members who were unable to attend the 2019 Annual Meeting, this column summarizes this year’s presentation and provides additional updates on Pharmacotherapy.

One of the chief metrics of how Pharmacotherapy is viewed in the world’s biomedical literature is the journal’s impact factor (IF), a numerical value reflecting the number of citations in other articles to publications in the journal. The Clarivate Analytics’ database used to calculate IF includes over 8000 biomedical journals. For 2 consecutive years, Pharmacotherapy has exceeded an IF of 3.0. For 2018, the current year of reporting, the value was 3.045. This value places the journal in 97th place among 267 journals in the category of pharmacology and pharmacy. In achieving this level of impact, the journal has benefited from increased worldwide marketing by its publisher, a continued increase in the number of high-quality submissions, and the contributions of a renowned editorial board and knowledgeable reviewers.

Of the hundreds of reviewers who are asked each year to evaluate the suitability of submitted manuscripts for publication, many are critically important in their advice to the journal’s scientific editors for making editorial decisions for publication. Each year, some of these individuals are honored as “Outstanding Reviewers” for their significant contributions to the journal’s mission. At the 2019 ACCP Annual Meeting, four individuals were identified: Betsy Blake, Pharm.D. (University of South Carolina College of Pharmacy); Kimberly Claeyis, Pharm.D. (University of Maryland School of Pharmacy); Nimish Patel, Pharm.D., Ph.D. (UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences); and Kevin Sowinski, Pharm.D. (Purdue University, College of Pharmacy).
The role of reviewers is increasingly important as the journal continues to receive a record number of submissions. Over the past few years, Pharmacotherapy has received an increasing number of new manuscripts each month. The number of submissions originating from outside the United States and from non-pharmacist authors continues to rise. The journal publishes about 150 manuscripts each year, spread over monthly issues, with 716 manuscripts received in 2018. This editorial process requires a rejection rate of around 84%. Authors submitting to Pharmacotherapy receive a rapid editorial decision. The average time for a decision transmitted to the author of a manuscript was 11 days in 2018, and the time for decision for a peer-reviewed manuscript was 23 days. These turnaround times are highly valued by authors when deciding where to submit their work for publication and are also highly competitive.

Although IF is an important metric of a journal’s status within its field, Pharmacotherapy’s editors are increasingly aware that the use and potential value of articles published in the journal, regardless of the number of yearly citations, are characteristics that reflect the journal’s importance in influencing optimal drug therapy for countless patients. Metrics that reflect these values of Pharmacotherapy include the number of article downloads and the journal’s mentions on social media. Indeed, the number of article downloads this year is expected to exceed 400,000, and the number of Twitter and Facebook followers continues to increase. Related to its presence on the Internet, Pharmacotherapy is committed to promoting its authors with podcast interviews. Monthly publication of an author interview conducted by one of the scientific editors has become a standard procedure. These can be found at anchor.fm/accp-jrnls, or by subscribing to the ACCP JRNLS podcast from your favorite platform. Overall, the principal indicators suggest that Pharmacotherapy provides important knowledge for the world’s drug therapy decision-makers.

Pharmacotherapy relies heavily on the proficiency of its editorial board and is pleased to add Qing Ma, Pharm.D., Ph.D. (University at Buffalo) to its existing panel of experts.

In 2019, Pharmacotherapy moved to an online-only publication status. The reception of this transition has been unremarkable. Pharmacotherapy continues to be an important conveyor of knowledge in human pharmacology and drug therapy to researchers and end users. Both of ACCP’s two official journals, Pharmacotherapy and Journal of the American College of Clinical Pharmacy (JACCP), advance pharmacotherapy and promote the progress of the clinical pharmacy profession. This has been a good year.

Washington Report
Advocacy Evolution: From Pharmacist Provider Coalition (PPC) to Primary Care Collaborative (PCC)

John McGlew
Director of Government Affairs

As a founding member of the Pharmacist Provider Coalition (PPC), ACCP learned quickly that advocacy – like patient care – requires a team-based, interprofessional strategy.

Back in 2003, PPC unified a coalition of pharmacy organizations (AMCP, AACP, ACCP, APPhA, ASCP, ASHP, and CPNP) to lobby for the introduction of legislation to recognize pharmacists as providers under Part B of the Medicare program. Introduced by Senator Tim Johnson (D-SD) in the 108th Congress, the legislation known as S. 1270: Medication Therapy Management (MTM) Act was referred to the Senate Finance Committee, where it collected cosponsors; however, the bill languished in committee and eventually died when that Congress adjourned sine die.

Of importance, however, this advocacy work in the early 2000s – though built around a naive focus on “provider status” rather than on coverage for services through benefit redesign – laid the groundwork for the inclusion of Part D MTM in the Medicare Modernization Act, which was signed into law in 2003.

Part D MTM, though fundamentally flawed in structure, was an important precedent for Medicare coverage for pharmacists’ clinical services. But the political decision to design the drug benefit under a structure of private sector stand-alone prescription drug plans also confirmed an important health policy reality – that Congress was unwilling to expand the traditional fee-for-service approach to Medicare spending.

All subsequent congressional actions related to Medicare since 2003, including those under the Affordable Care Act (ACA) and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), have been positioned to transition Medicare payment toward team-based, bundled payments that prioritize primary care. Accordingly, all of ACCP’s advocacy efforts since the launch of its Medicare Initiative have strictly been aligned with this movement toward value-based care.

Primary Care Collaborative (PCC)

ACCP’s recognition over a decade ago that, to be successful in securing coverage for services, pharmacy must look beyond the profession and seek the support and endorsement of other members of the health
A care team led the College to its long-standing relationship with what was then known as the Patient-Centered Primary Care Collaborative (PCPCC), now simply the Primary Care Collaborative (PCC).

In 2010–2012, led by ACCP’s C. Edwin Webb, Pharm.D., the PCPCC Medication Management Task Force developed the groundbreaking comprehensive medication management (CMM) resource guide, Integrating Comprehensive Medication Management to Optimize Patient Outcomes, which has proven to be the cornerstone of the effort to define a consistent and replicable process of care around CMM.

PCC, considered by many the foundation of the patient-centered medical home (PCMH) movement, includes key stakeholders such as the American College of Physicians (ACP), the American Academy of Nurse Practitioners (AANP), Geisinger Health Plan, and Blue Cross Blue Shield Association, all of which, through their endorsement of the CMM resource guide, are known in Washington as CMM advocates.

Today, ACCP is proud to remain a key part of this innovative organization. Last year, the College facilitated a highly successful PCPCC webinar, Optimizing Value and Patient Outcomes Through Comprehensive Medication Management. ACCP also provides important financial support for PCC and, for several years, has sponsored a table at the prestigious Barbara Starfield Award dinner held at the Capital Hilton in downtown Washington, D.C., which recognizes excellence in advancing the medical home and person-focused care. Here are ACCP’s Washington, D.C., staff pictured at the event:

Looking Forward
Moreover, earlier in 2019, the ACCP Board of Regents boldly decided to further invest in this collaborative approach to advocacy with the launch of the Get the Medications Right (GTMRx) Institute. GTMRx brings together some of the PCC thought leaders — including Paul Grundy, M.D., MPH, FACOEM, FACPm (formerly IBM’s chief medical officer) — in a multidimensional effort that engages key stakeholders to advocate to Congress, the Centers for Medicare & Medicaid Services (CMS), and other payers on the need for tools, data, practice standards, and implementation resources to advance medication optimization through team-based practice.

Getting the medications right through CMM has been ACCP’s top advocacy priority for more than a decade. For the first time, through its leadership in GTMRx, ACCP now welcomes colleague pharmacy organizations ASHP and AACP as partners in this advocacy initiative. However, like in clinical practice, the GTMRx approach to advocacy places the patient — not the pharmacist — first, as part of a multi-stakeholder vision to optimize outcomes and reduce costs through medication optimization.

In Case You Missed It: ACCP Submits Response to CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment
In response to a request by CMS for information to develop an action plan to prevent opioid addiction and improve access to medication-assisted treatment, ACCP submitted a statement highlighting its belief that opioid addiction is a chronic condition and that payers — including CMS — should cover patient-centered, team-based pain management accordingly.

To help advance patient-centered care models that transition Medicare payment policy for providers toward value of care and away from volume of services, ACCP urged CMS to include practices and programs that optimize the use of medications, such as comprehensive medication management (CMM), for patients with chronic conditions, including chronic pain and opioid use disorder (OUD). Click here to read the comments in full.

2019 Clinical Reasoning Series Home Study Editions Coming Soon

The Clinical Reasoning Series explores cutting-edge, contemporary therapeutic topics and demonstrates scientifically sound clinical reasoning and decision-making. The series uses learning activities designed to advance the participant’s skills and abilities in critically evaluating the scientific evidence and effectively incorporating
significant findings into daily practice that lead to effective and safe patient care. With programs in Critical Care Pharmacy, Ambulatory Care Pharmacy, and Pediatric Pharmacy, the Clinical Reasoning Series is one component of the professional development program developed by ACCP and approved by the Board of Pharmacy Specialties (BPS) for recertification credit.

Two all-new Clinical Reasoning Series programs presented live at the 2019 ACCP Annual Meeting in New York City will be available as home study offerings on November 25, 2019:

Cardiovascular Therapies in the Critically Ill is approved by BPS for up to 6.0 hours of recertification credit for Board Certified Critical Care Pharmacists (BCCCPs). Topics covered include acute heart failure and related support strategies, atrial fibrillation, thrombosis management, coagulopathies, hemorrhagic emergencies, and anticoagulation reversal. Each activity discusses treatment strategies and application of skills to knowledge in developing management plans. To earn recertification credit, BCCCPs must successfully complete the posttest by May 15, 2020.

It’s All in the Head: Updates in Neuropsychiatric Pharmacotherapy in the Big and Small is approved by BPS for up to 6.0 hours of dual recertification credit for Board-Certified Pharmacotherapy Specialists (BCPSs) and/or Board Certified Pediatric Pharmacy Specialists (BCPPSs). Topics covered include the management of patients affected by substance abuse, particularly opioids and alcohol. Each activity discusses treatment strategies in adults and provides guidance on the management of pediatric, adolescent, and peripartum patients. To earn recertification credit, BCPSs and/or BCPPSs must successfully complete the posttest by May 15, 2020.

The 2019 Clinical Reasoning Series for Pediatric Pharmacists will be available for sale beginning Monday, December 2, 2019. The series will also be available for up to 6.0 hours of BCPPS recertification credit. This year, the format features recorded webinar lectures as well as interactive cases. The series includes two modules: “Nontuberculous Mycobacteria” and “Prolonged and Continuous Infusion β-Lactams.” To earn recertification credit, BCPPSs must successfully complete the posttest by June 2, 2020.

For more information and to order any of the above programs, visit the ACCP Bookstore.

ACCP Congratulates the 2019 Academy Graduates!

The annual ACCP Academy graduation ceremony was held Tuesday, October 29, during the 2019 ACCP Annual Meeting in New York City. The commencement speaker was ACCP Past President Judith Jacobi, with ACCP President Suzanne A. Nesbit officiating.

Congratulations to the following 34 individuals who completed an ACCP Academy this year:

### Leadership and Management

Leadership and Management Academy Graduates: (left to right): Philip K. King, Anastasia M. Rivkin, Molly G. Minze, Eliza A. Dy-Boarman, Gabriella A. Douglass, and Robert Smith (director); (not pictured) Mark A. Della Paolera, Marcie Hume, Evelyn Kwong, Elaine Law, Laura E. Milner, Christopher Oswald, Samantha Ray, Kirsten L. Stone, and Richard Ward.

### Research and Scholarship

Research and Scholarship Academy graduates (left to right): Jimmi Hatton-Kolpeck (director), Kurt Wolfgang, Tessa L. Rife, Elizabeth Rozycki, Elizabeth Cook, Lamis R. Karaoui, Jessica Wooster, Alex Ebied, David M. Peters, Keatan Smetana; (not pictured) Theodore Berei, Eric M. Coons.
Are you interested in honing your skills within your workplace? Would you like to acquire new skills in the realms of leadership, research, and teaching? Sign up today for the ACCP Academy. Please visit www.accp.com/academy/index.aspx for more details or contact the staff liaison, Jessie Culley, at jculley@accp.com.

ACCP Member Spotlight: Katie Rascon

Kaitlin (Katie) Rascon is a fourth-year pharmacy student at the University of Houston College of Pharmacy (UHCOP) and is expected to graduate in May 2020. Before this, she received her B.S. degree in environmental health with a minor in biochemistry from Baylor University in Waco, Texas.

Rascon has been actively involved in her local ACCP student chapter since her first professional year, holding a variety of leadership positions, including president-elect and president. With its great team, her local AACP chapter won the National Student Chapter of the Year Award 2 years in a row. She feels that the student chapter has provided her with a platform for learning beyond the classroom and has been influential in her investigation of career paths and development as a leader.

Rascon was recently appointed to serve as a student representative on the ACCP Task Force on Transitions of Care. She is excited by the diversity of the role and the challenges of the projects she will be tasked with. She looks forward to being part of a collective voice to collaborate and advocate better patient care while advancing the future of pharmacy through the tenets of ACCP.

Rascon first became interested in pharmacy during her former career as a clinical laboratory scientist. In this role, she often interacted with pharmacists, became intrigued by the scope of their practice, and inquired about volunteering and shadowing opportunities. During one shadowing experience, she heard a patient tell the pharmacist how the pharmacist’s clinical interventions and genuine concern had saved the patient’s life. From that moment on, she knew that being a pharmacist would allow her the utmost ability to provide patient care and advocacy.

Rascon’s current interests include pursuing a residency in infectious diseases or oncology. Within each of these fields, there is tremendous opportunity to act as a patient advocate and empower patients to be proactive with their own health care needs. Some of her primary goals as a student, which she plans to continue pursuing as a clinician, have been promoting patient health and actively seeking or creating opportunities that enhance patient well-being.

While president of the ACCP student chapter, Rascon created a naloxone and opioid epidemic outreach initiative on the UHCOP campus. Student pharmacists provided educational presentations to empower the public. They educated the community about opioid addiction and misuse, addressed the stigma it creates, and provided effective strategies to recognize and react to an
overdose. With this information, patients and the community can proactively promote and maintain their health to ideally aid in overdose prevention while championing appropriate medication use. Over 1 year, this initiative reached more than 1500 Houstonians.

One of Rascon’s lifelong goals is to remain an agent of change and continue to help transform communities. One day, she hopes to develop and promote socially progressive older adult living centers that incorporate innovative ideas to combat loneliness, including the provision of physical and mental stimulation. She wants to invest in holistic older adult care in which residents have interaction and freedom of choice while receiving high-quality, person-centered care from an interdisciplinary group of compassionate and devoted health care practitioners. Outside school, Rascon enjoys DIY remodeling projects and scuba diving.

**About the Primary Care Collaborative (PCC)**

The Primary Care Collaborative (formerly the Patient-Centered Primary Care Collaborative, or PCPCC) is a not-for-profit multi-stakeholder organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home (PCMH). Founded in 2006, PCC brings together physician and nursing groups, patient and consumer organizations, health plans, employers, industry, quality organizations, health systems, and others to forge a consensus about policy solutions that further primary care. ACCP is an executive member of PCC.

In 2010–2012, ACCP led the PCPCC Medication Management Task Force in developing the comprehensive medication management (CMM) resource guide titled *Integrating Comprehensive Medication Management to Optimize Patient Outcomes*. This guide outlines the rationale for including CMM services in integrated patient-centered care. The guide also delineates the key steps in promoting best practices and achieving meaningful quality improvements for patients while reducing the costs associated with poor-quality outcomes.

In 2018, PCC partnered with ACCP to coordinate and deliver a webinar discussing how CMM can optimize value and patient outcomes. Developed with the input of ACCP members and staff, the program highlighted how CMM contributes to achieving the “Quadruple Aim” (better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care). The webinar was designed for a variety of audiences, including physicians, administrators, and payers.

Recently, PCC announced its name and acronym change from PCPCC at its annual meeting on November 4–5, 2019, at the Capital Hilton in Washington, D.C. This rebranding also included a new logo and tagline: “Convening – Collaborating – Transforming.” As an executive member, ACCP continues to support PCC in advancing team-based primary care.

**2020 ACCP Clinical Research Challenge Registration Opens November 18, 2019. Local Competition Exam Available**

**Clinical Research Challenge**

Critically evaluating and applying the primary literature is an essential skill for clinical pharmacists. Research and scholarship contribute to improved health outcomes for patients and advances in the profession of clinical pharmacy. This innovative and unique competition offers teams of three pharmacy students the opportunity to participate in an online journal club and the chance to submit a clinical research proposal. Plan now to participate in 2020. Team Registration Deadline: February 5, 2020. Register Now.

**Eligibility**

Participation in the ACCP Clinical Research Challenge is voluntary, and no entry fee is required. The competition is only open to pharmacy students pursuing their first professional pharmacy degree from an accredited institution, or one that has been granted candidate status, who are in the first 2 years of their first professional pharmacy degree program (P1 and P2 students for 4-year programs; P1 and P2 students for 3-year accelerated programs; and the first 2 professional years of 0-6 or 0-7 year programs). Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, or more than one interested team are encouraged to conduct a local competition. ACCP provides a written examination that institutions may use as a basis for their local competition, if they wish. This examination is now available and may be requested by the ACCP faculty liaison or registering faculty member by e-mail. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

**2020 Format**

All eligible teams will have the opportunity to compete in round 1: Online Journal Club. Teams achieving the top 40 scores after round 1 will advance to round 2: Letter of Intent (LOI) Submission. In the event of a tie, the top 40 scores will be determined by the time required to complete the online journal club exam.
Teams advancing to round 2 will be provided information regarding the research environment, which will include a specified budget and timeline in which the proposed research must be completed. Eligible teams will have 2½ weeks to develop and submit an LOI online following the criteria outlined here.

Teams achieving the top 20 scores after the LOI round will advance to round 3: Research Protocol Design and be invited to submit a complete research proposal. Teams will be notified regarding their status to participate in round 3 by e-mail by March 25, 2020. Proposals are due April 17, 2020, by midnight (CST). For more information on round 3, click here.

Registration
Students are not required to be ACCP members to participate. Team registration should be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. The deadline to complete 2020 team registration and confirm eligibility is February 5, 2020. For additional competition information, including the schedule, FAQs, and sample questions, click here.

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

- Bianca Aprilliano
- Eustacia Bean
- Ashley Bogus
- Eve Carciofi
- Zachary Carroll
- Yixin Chen
- Suhryoung Chun
- Madeline Droney
- William Eggleston
- Roseann Gammal
- Jennifer Gauss
- Megan Hastings
- Mojdeh Heavner
- Paulynna Ho
- Janice Lau
- Tiffany Lin
- Sara Lout
- Sarah McBane
- Michael Miller
- Aniwaa Owusu Obeng
- Paula Pabustan
- Janelle Poyant
- Lindsey Ratliff
- Krystal Scinto
- Judith Smith
- Katherine Smith
- Brianna Stafford
- Michael Wynd

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