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VOLUME 3 | ISSUE 2 | 2014

dc-ccp

the lobbyist

DISTRICT OF COLUMBIA
COLLEGE OF
CLINICAL PHARMACY

DC-CCP ADVOCACY DAY LISA PETERS, PHARM.D, BCPS

On March 25, DC-CCP held its first Advocacy Day event on Capitol Hill. Three pharmacists (Tom Sisca, Martin Bishop, and Lisa Peters) and two University of Maryland pharmacy students (Selasie Acquay and Lynda Ndukwu) participated, braving the final snow of the winter to make their way to Washington, D.C.

In the morning we met at the ACCP office with John McGlew and Edwin Webb of the ACCP Government and Professional Affairs department. They briefed us on ACCP's proposal for a Comprehensive Medication Management benefit under Medicare Part B, which would allow clinical pharmacists to bill for medication management provided under a collaborative practice agreement with a physician (see <http://www.accp.com/govt/medicare.aspx>). After that we headed to the Hill to meet with Maryland Representative Chris Van Hollen, ranking member on the Budget Committee, and his health care aide Erika Appel. Rep. Van Hollen and Erika were very interested in our stories about how we have helped patients through providing medication management both in hospital and clinic settings.

After a great lunch at the

Rayburn House Office building cafeteria, we traveled to the other side of the National Mall and visited the the health care aides for Senator Cardin and Senator Mikulski. Senator Cardin's position on the Senate Finance Committee and Senator Mikulski's position as Chair of the Appropriations Committee make them key allies for our legislative efforts. After leaving Senator Cardin's office we ran into him in the hallway, spoke to him for a few minutes and got a picture with him. Our first Advocacy Day was a great success, and we look forward to continuing to build relationships with our legislators and showing them that clinical pharmacy services are critical for providing safe and effective health care.

Please contact Lisa Peters, President-Elect of DC-CCP at lmtreu@gmail.com if you would like to be involved with future advocacy efforts.



PATIENT-CENTERED MEDICAL HOME

YEN DANG, PHARM D

Recent reports show that primary care physicians are faced with inadequate time and support to meet the challenges of patient care, resulting in poorer access to healthcare services.² From 1997 to 2005, the number of U.S. medical school graduates entering family medicine residencies dropped by 50%.² However, the need for primary care remains stronger than ever. Patients with multiple chronic illnesses have approximately 13 different physicians, fill on average 50 different prescriptions a year, and account for 76% of all hospital admissions.² Drug-related morbidity and mortality costs exceed \$200 billion annually in the United States.³ The decreasing number of primary care physicians, coupled with the rising number of uncontrolled chronic conditions led to the development of a "home" in which patients receive comprehensive and integrated care. While the concept was originally developed in 1967 by the American Academy of Pediatrics, the American Academy of Family Physicians called for the establishment of a personal medical home in 2004.³ The patient-centered medical home (PCMH) has been defined as an approach to providing primary care that fosters collaboration and partnerships between clinicians and patients.

The foundation of the PCMH is based on 7 core principles: a personal physician, physician-directed practice, whole-person orientation, coordinated and integrated care, quality and safety, enhanced access, and payment reform.⁴ In the PCMH, each patient has a sustained partnership and relationship with a personal physician. The personal physician leads a healthcare team

Primary care, the backbone of the nation's health care system, is at grave risk for collapse.¹

- American College of Physicians, 2006

which may include nurses, physician assistants, social workers, medical assistants, dietitians, and/or pharmacists who take responsibility for the patient. This concept focuses on whole-person orientation where the healthcare team is responsible for providing acute, chronic, preventive, and palliative services throughout all stages of the patient's life.⁵ This new model must be coordinated and integrated across all elements of the health care system. Quality and

safety through continuous quality improvement programs are developed to obtain feedback to ensure that expectations are met and information technology, such as electronic medical records and e-prescribing, are utilized.⁵ Enhanced access to care by open scheduling, expanded hours, and same-day appointments allow for increased accessibility in the healthcare system.⁵ Finally, the PCMH supports payment reforms that ensure all medical providers are fairly compensated for the service they provide and reimburses the setting for face-to-face visits and for work that falls outside direct face-to-face visits.⁵

Pharmacists are an essential component of the healthcare team, and there are many roles pharmacists may take in the PCMH. One responsibility of the pharmacist in the PCMH is medication therapy management (MTM) where the pharmacist identifies and resolves medication-related problems. In a MTM session, a personal medication record is created which allows for the development of an action plan.³ These findings are documented and shared with the primary care physician. Collaborative Drug Therapy Man-

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UMES SCHOOL OF PHARMACY UPDATES

SU LEE, PHARM D, MS, BCPS-AQ ID

The University of Maryland Eastern Shore School of Pharmacy (UMES-SOP) Class of 2013 Post Graduation Metrics includes 95% NAPLEX first-time pass rate, 88% on-time graduation rate, and 18% post-graduate education (residency, fellowship).

Congratulations to our 2014 graduates. On May 15, 2014, the UMES-SOP held the Hooding and Awards Ceremony of Class 2014 at the Wicomico Youth and Civic Center and the University Graduation/Commencement was held on May 16, 2014 in the William P. Hytche Athletic Center. Fifty five P3 students achieved the Doctor of Pharmacy Degrees.

Congratulations are in order to Dr. Patrice Ayotunde-Jackson. Her proposal entitled "Synthesis and Evaluation of Novel Enaminones as Potential Agents for Partial Epilepsy" has been selected as a winner (and will

be funded) of the 2013-2014 AACP New Investigator Award (NIA).

On April 16, 2014, the UMES-SOP held its 4th Annual Service Day event, recently named the "Dr. Nicholas R. Blanchard Annual Service Day" in honor of the school's founding Dean. Service Day is a full day event in which approximately 200 faculty, staff, and students of UMES-SOP volunteers at various sites within the community. UMES-SOP is proud to offer our volunteer services to all three of Maryland lower Eastern Shore Counties: Somerset, Worcester, and Wicomico.

On April 19, 2014, the UMES-SOP SP1 and SP2 students volunteered at the 3rd Annual A Day in the Park 5K walk/run for Epilepsy hosted by the United Needs and Abilities, Inc. in Salisbury, MD. Students served as race monitors, distributed water, and made

the start/finish line balloon arch. Vincent Vo (SP1 student) and Dr. Mark Simmons ran and won 1st place in their age groups. United Needs and Abilities (UNA) is a non-profit organization that enriches the lives of people with epilepsy and developmental disabilities.

On April 30, 2014, the UMES-SOP held an installation ceremony and dinner for the newly established Delta Sigma Chapter of the Rho Chi Society. Two faculty members and 27 students from the classes of 2013, 2014, and 2015 were inducted as charter members for the new chapter. After Dr. Dan Zlott (NIH)'s inspiring speech on students' future, the induction ceremony began with the presence of Dr. Susan Meyer, faculty advisor of the Alpha Omicron Chapter at the University of Pittsburgh.



UNIV. OF MARYLAND STUDENT COLLEGE OF CLINICAL PHARMACY

JUELI LI AND FELICIA BARTLETT

Since its official national recognition in January 2014, the University of Maryland Student College of Clinical Pharmacy (SCCP) chapter has spearheaded several successful and innovative student programs.

In February, the student chapter held its inaugural Clinical Pharmacy Symposium for students to learn more about the expanding field of clinical pharmacy and how to keep abreast of updated practice guidelines. The serendipitous release of the new ACC/AHA lipid and JNC 8 hypertension guidelines provided the morning's discussion topics, lead by Dr. Stuart Haines (University of Maryland Baltimore) and Dr. David Roffman (University of Maryland Baltimore), respectively. The latter half of the event allowed Dr. Kathleen Pincus (University of Maryland Baltimore) and Dr. Andrea Gauld (Notre Dame of Maryland University) to present on transitions of care and the patient-centered medical home, introducing students to these emerging fields of pharmacy practice. The event closed with a question and answer session regarding Dr. Pincus' and Dr. Gauld's individual patient-centered medical home practice sites. At the symposium, student participants not only had an opportunity to hear from leading experts, but also had the chance to mingle with

students from five pharmacy schools in the region, including the University of Maryland Eastern Shore, Notre Dame of Maryland University, Rutgers University, Virginia Commonwealth University, and University of Maryland Baltimore. With almost 100 students in attendance, this event was one of the highlights of the year!

The annual Clinical & Research Roundtable was held successfully in early April. This year, we invited 14 clinical pharmacists and residents representing various specialty practices to speak with our student members about their practice sites, career paths, and research interests. With students from all three years in attendance, interests and questions ranged from residency experience to current practice experience. As a first year pharmacy student, Ha Phan stated that the roundtable "was a wonderful opportunity to interact with faculty from other pharmacy schools as well as our own and learn about the variety of areas that

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HOWARD UNIVERSITY STUDENT COLLEGE OF CLINICAL PHARMACY

The Howard University student chapter of the American College of Clinical Pharmacy, formally known as the Howard University College of Clinical Pharmacy, was founded by 23 charter members on September 5, 2013. At the start of the spring semester, the chapter was formally recognized by ACCP. Being able to add ACCP to our roster of professional societies at Howard is exciting and holds great prospects for the future.

Currently, the college chapter is preparing for the 2014-2015 academic year, but first I would like to share with you a quick review of our activities in the previous year. So far, the student chapter has been concerned mostly with appealing to the student body; we have held membership drives and general body meetings that have centered on

introducing the newly minted chapter and what ACCP membership can provide to a student pharmacist.

Our most significant event so far occurred on April 23, 2014. Our chapter held its first guest speaker event with Mr. John McGlew, ACCP's Director of Government Affairs. Mr. McGlew gave an excellent presentation that covered many aspects of ACCP, starting from the organization's core values, membership structure, special programs, and all the way up to the College's legislative goals. It was a wonderfully informative presentation and we would certainly love to have Mr. McGlew visit us again in the Fall.

Overall, our goals for the next year include further expanding student membership, and

becoming involved in school wide community outreach, such as health fairs. We also intend on holding workshops for the student body to help improve their clinical skills in preparation for rotations and the workforce post-graduation.

Formally, as president of the student chapter at Howard University, I'd like to appeal to members of ACCP that are interested in mentoring current pharmacy students or sharing their experience as clinical pharmacists. We could certainly use your guidance as we move the chapter forward and encourage more students to consider residency and a career in clinical pharmacy as possibilities for their future.

PATIENT-CENTERED MEDICAL HOME

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agement (CDTM) is an agreement with a licensed physician which allows a pharmacist to optimize medication therapy through dosing adjustments, ordering laboratory results, and providing patient education.³ Additionally, pharmacists may practice preventative care by administering immunizations and assist in the completion medication reconciliation for those in transitions of care.³ Finally, pharmacists may play a role in the accreditation of the practice as a PCMH.³

There are various organizations involved in the recognition process of the PCMH development, but the primary accrediting body is the National Committee for Quality Assurance (NCQA).⁶ There are 3 NCQA recognition levels, with the third level being the highest form of achievement achievable.⁶ The Mountain Area Health Education Family Health Center

(MAHEC) in North Carolina is a recognized Level III PCMH by NCQA. Their PCMH team includes primary care physicians, pharmacists, nurses, nutritionists, care managers, Spanish translators, and behavioral medicine specialists.⁷ There is substantial pharmacist involvement at MAHEC as pharmacists participate in the management of pharmacotherapy, anticoagulation, and osteoporosis, as well as offer assistance in vaccination administration.⁷ The integration of pharmacist services into the medical home at MAHEC is a prime example of an integrated multidisciplinary workforce.

Many barriers hinder the implementation of a successful PCMH. Lack of understanding of the benefit of including a pharmacist in the medical home team and competition with other non-physician healthcare providers for a role in the medical home are current challenges in the

profession.⁸ Payment for services is difficult to enforce as payment currently focuses on rewarding volume rather than value and pharmacists are not identified as health care providers under the Social Security Act.⁸ Finally, the adoption of health information technology has progressed slowly.⁸ These barriers must be overcome to ensure the growth and sustainability of the new healthcare model.

Ultimately, the goal of the PCMH is to improve patient access to primary care, allowing for a reduction in hospital admissions and medical errors. Additionally, this model should provide better patient satisfaction with healthcare services and lower the costs associated with poor quality care. Hopefully, this new foundation of primary care will improve health outcomes in the future.

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UNIV. OF MARYLAND STUDENT COLLEGE OF CLINICAL PHARMACY

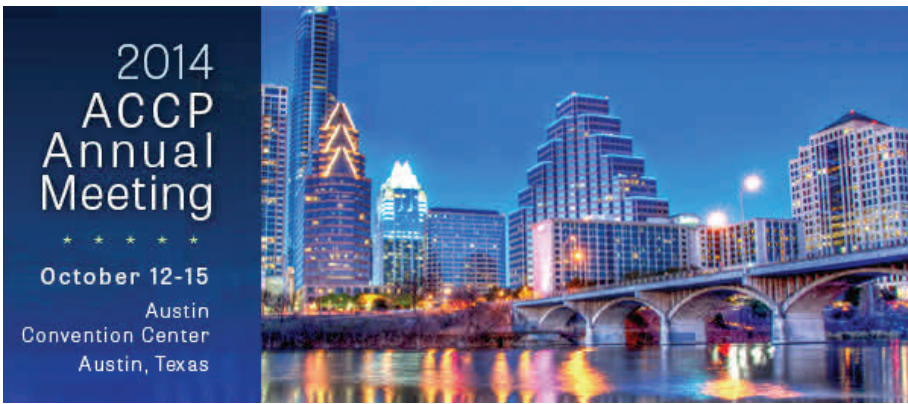
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one could specialize in. It was also great to talk to people who are very enthusiastic about their careers –this was very refreshing!” With this year a success, we hope to continue providing this opportunity as a signature SCCP event.

Recently, we held our local ACCP Clinical Pharmacy Challenge. In the past, we have always had a great turn out with participation, but with the official recognition of

our chapter, we were able to recruit even more teams this year. Each class year in the school was represented, including a team of first year participants! The teams worked diligently in collaboration on the challenging clinical questions and really enjoyed the overall experience. Current third year participant Alex Park stated that the competition, “definitely tested a great deal of our clinical knowledge. It was really challenging to answer all the questions in

such a short amount of time, but it was lots of fun! I wish I could participate again next year!” The top team from our local competition will represent the University of Maryland Baltimore and move onto the next round of the national competition for a chance to win a cash prize and national recognition. Good luck to our teams!



ALL YOU NEED TO KNOW ABOUT DC-CCP

DC-CCP is a non-profit professional association and an independent chapter of the American College of Clinical Pharmacy (ACCP) dedicated to improvements in pharmacotherapy practice, education, and research in the Washington DC Capital Region, including the District of Columbia, State of Maryland, and Commonwealth of Virginia. Membership will be open to any licensed or registered health care professional or health care professional student in the Capital Region. Membership in the American College of Clinical Pharmacy is not required to become a member of our organization.

Purpose and Goals of DC-CCP

- A. To promote the rational use of drugs in society
- B. To advance the principles and practice of clinical pharmacy
- C. To promote the full-time, advanced practice of clinical pharmacy
- D. To provide an advanced level of continuing education programs in the area of clinical pharmacy and therapeutics
- E. To provide a forum for the expression of opinion on pharmacy practice, education, and research from the perspective of clinical pharmacists
- F. To support, promote, and advance the goals and objectives of ACCP as outlined in its constitution and by-laws
- G. To provide a local recruiting base for ACCP

UPCOMING EVENTS

2014 ACCP Annual Meeting
October 12-15, 2014
Austin Convention Center in Austin, TX

DC-CCP Fall Forum
November 1, 2014
Universities at Shady Grove in Rockville (simulcast to Univ. of Maryland Baltimore campus)

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