

An independent chapter of the American College of Clinical Pharmacy, the DC-CCP is dedicated to improvements in pharmacotherapy practice, education, and research in the District of Columbia, Maryland, and Virginia.

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Welcome to *The Lobbyist*

Christopher R Ensor, PharmD, BCPS-CV

Welcome to the first issue of the District of Columbia College of Clinical Pharmacy's quarterly newsletter! This publication will serve as a forum for the college to communicate broadly with the membership of the DC-CCP on topics of interest and importance to the college including, but not limited to: DC-CCP activities and meetings, current topics of clinical therapeutics, advocacy, student activities and mentorship, and faculty and schools of pharmacy activities.

Call for Newsletter Submissions

Any member of the DC-CCP may submit brief reports of less-than 1000 words on any of the topics listed above for publication in *The Lobbyist*. All authors need not be members. Each submission will undergo peer-review by the Communications and Publications committee prior to publication in *The Lobbyist*. Please forward submissions to the college's email address: DC.Coll.Clin.Pharm@gmail.com.

About the DC-CCP

The DC-CCP is a non-profit professional association and an independent chapter of the American College of Clinical Pharmacy 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 is 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.

If you are a licensed health professional or health professional student in DC, Maryland, or Virginia, please become a member by selecting "Join Us" tab on the chapter website (<http://www.dc-ccp.echapters.com>) and filling out an application form.

If you have questions or are interested in becoming a member and would like more information, please feel free to send us an email.

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The views expressed by contributing authors do not necessarily reflect those of the DC-CCP or the affiliated institutions of the DC-CCP unless otherwise stated.

Overview of the American College of Clinical Pharmacy

Eun Young Lee, PharmD Candidate
Hee-Jung Pyun, PharmD Candidate
University of Maryland
School of Pharmacy

The American College of Clinical Pharmacy (ACCP) is a professional society that was founded in 1979. It consists of members who are passionate and dedicated to the practice of clinical pharmacy and patient care. Our clinical pharmacists strive to achieve therapeutic goals and patient outcomes by utilizing their profound knowledge of medications and pharmacotherapy. They are also involved in extensive research to continuously build upon existing knowledge and to further the quality of patient care.

Currently, ACCP has nearly 10,000 members (practitioners, educators, students, residents, fellows, and more), providing support to clinical pharmacists through leadership, education, and promoting clinical practice in pharmacy through advocacy.

Major Benefits of Membership

Practice and Research Networks (PRN)

Allows for electronic communication and sharing of knowledge and new information with networks that represent many therapeutic areas:

Provides contact information of PRN officers in various clinical practices such as infectious disease, ambulatory care, critical care, and pediatrics.

Provides updates on current events and news in various clinical specialty areas.

Provides information or news on residency, fellowship, and other postgraduate training programs for students or members interested in further education.

Access newsletters with various articles written for PRN

National Meetings

Provides opportunities for networking with colleagues and updating and sharing new knowledge and clinical skills to enhance clinical practice

Preparation for Board Certifications and Re-certifications

Offers live sessions and discounted prices on electronic or print materials to help prepare for board certifications or re-certifications

ACCP Academy

Consists of 4 major development programs to enhance abilities:

Career Advancement

Leadership and Management

Research and Scholarship

Teaching and Learning

Research Institute

Promotes professional development in research and activities to advance the profession of clinical pharmacy

Offers programs to help secure extramural funding for research

How students can get involved!

Students can get involved and gain leadership experience through ACCP by participating in the StuNet Advisory Committee or serve as a student liaison on their campus. Students may also participate in annual competitions hosted by ACCP where 1 team of 3 students from each school competes against other schools on various clinical pharmacy content. Also, there are many resources students can utilize for their future development as well as networking opportunities in various fields of clinical practice.

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**ACCP 2012
Annual Meeting
October 21-24
Hollywood, Florida**

The **Annual Meeting** is designed for health professionals involved with clinical pharmacy—students, residents, fellows, and experienced practitioners and educators. The educational programming developed for the Annual Meeting provides attendees with new, high-quality information that will be both challenging and applicable in their practice. This meeting includes ACCP's town hall and business meeting, pharmacy industry forum exhibits, ACCP's career fair—the Residency and Fellowship Forum, scientific paper platform presentations, and more.

CALL FOR ABSTRACTS!

<https://accp.confex.com/accp/2012am/cfp.cgi>

Abstract deadline: **June 15, 2012, 11:59 pm PST**

ACCP Overview continued...

Highlights of ACCP events and meetings in 2012

1. ACCP Clinical Pharmacy Challenge: Registration Opened April 2nd
2. ACCP Updates in Therapeutics 2012 in Reno, NV: April 27th - May 1st
3. ACCP's Academy 2012 in Reno, NV: April 27th - May 1st
4. Emerge from the Crowd: How to Become a Standout Residency Candidate: April 28th and 29th in Reno, NV
5. 2012 Oncology Pharmacy Preparatory Review Course: May 17th - 19th in Denver, CO
6. Team Registration Deadline for Clinical Pharmacy Challenge: September 4th
7. 2012 ACCP Annual Meeting in Hollywood, FL: October 21st - 24th

Please look at the ACCP website (<http://www.accp.com>) for additional information!

ACCP Clinical Pharmacy Challenge

Karolyn Hou, PharmD Candidate
Jin Ki Lee, PharmD Candidate
University of Maryland School of Pharmacy

This October, ACCP will host its 3rd annual Clinical Pharmacy Challenge at the ACCP Annual Meeting in Hollywood, Florida. In teams of 3, students from across the country will represent their own campus and compete against other colleges of pharmacy in a clinical skills showdown.

All pharmacy students seeking their first pharmacy degree while enrolled in an ACPE-accredited institution may compete. Students do not have to be members of ACCP and there is no entry fee. Because only a single team is allowed to represent their school, it is up to each institution to select their representatives. If an institution has more than the maximum 3 students seeking to compete, a local competition may be held. The institution may choose to utilize a written examination provided for by ACCP. This examination is available for use by schools for local competitions after April 2, 2012. Use of this examination is not mandatory. Local competitions are the sole responsibility of their respective institutions.

Questions for each round of the competition will be presented in a quiz-bowl format with 3 different segments: trivia/lightning, clinical case, and jeopardy-style. Question content will be aimed towards information covered during the P3 and P4 years. An expert panel comprised of clinical pharmacists and educators will ensure content validity and appropriateness.

Preliminary rounds of the national competition will be conducted virtually in September, with the quarterfinal, semifinal, and final rounds held live during the Annual Meeting. During the online rounds, teams will have a total of 25 minutes to complete the questions within each of the 3 different segments as follows:

- Trivia/lightning (15 items): 5 minutes
- Clinical case (5 items): 8 minutes
- Jeopardy (15 items in 5 pre-determined categories): 12 minutes

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Have You Obtained Your NABP e-Profile ID Yet?

The National Boards of Pharmacy and the Accreditation Council for Pharmacy Education are implementing an electronic central repository to streamline the collection and reporting of your continuing pharmacy education. This system will enable the State Board of Pharmacy to efficiently verify the completion of your continuing education and eliminate the need for paper or electronic CE statements.

Participant evaluation forms will now request your e-profile number as well as the month and date of your birth in order to begin filing participant information electronically sometime next year.

If you have not yet registered for your NABP e-profile number go to www.mycpemonitor.net to register or contact customer service at NABP by phone at 847-391-4406.



ACCP Clinical Pharmacy Challenge continued...

Additional time will be allotted to review instructional materials before beginning the competition. Each correct answer in the trivia/lightning segment will be worth 75 points. Points for the clinical case segment will be based on the level of difficulty, with each team answering one 100-point, two 200-point, and two 300-point questions. The jeopardy-style segment will have an assortment of questions worth 100, 200, or 300 points. The maximum score a team can earn is 5,225 points. In the event of a tie, the team that consumed the shortest possible time to answer the questions will be deemed the winner.

The online competition may only be accessed once by each team during the preliminary rounds and will be open from 7AM to midnight (EST) on the day of competition. A non-programmable calculator may be used, but external resources are prohibited. During each online round, a faculty member must be present to proctor the competition. The name of the proctor must be e-mailed to ACCP by September 4, 2012 to Michelle Kucera.

All eligible teams will compete in Online Round 1. Sixty-four teams will compete in Online Round 2 with half the teams moving onto the next round. Following the completion of Online Round 4, the top eight teams will be notified on September 17, 2012 and advance to the quarterfinal round at the ACCP Annual Meeting in Hollywood, Florida on October 20, 2012. The semifinal and final rounds of the competition will be held on October 21-22, 2012. The winners of the final round will be rewarded with a team trophy and a \$1500 cash prize.

Each team must appoint a team leader and up to two alternates. Team registration may be submitted online and must be initiated by an ACCP Faculty Liaison or current faculty member at the school of pharmacy. Names and emails of all members of the team must be provided along with the team registration. The deadline to complete team registration and confirm eligibility is September 4, 2012.

If you have questions about the Clinical Pharmacy Challenge, please contact your ACCP Faculty Liaison: Cherie H. Howard, Pharm.D., BCPS (Appalachian College of Pharmacy), Jennifer N. Clements, Pharm.D., BCPS, CDE (Shenandoah University Bernard J. Dunn School of Pharmacy), Aida Rebecca Bickley, Pharm.D. (University of Maryland Eastern Shore School of Pharmacy), and Katie L. Kiser, Pharm.D., BCPS (University of Maryland School of Pharmacy).

Announcing the Richard H. Parrish II Lecture Award



Awarded annually at the Fall DC-CCP meeting, this is the college's highest honor. It is named for Richard H. Parrish II, PhD, who steadfastly served as the shepherd of the founding and development of the DC-CCP. This lecture award is given to recognize an individual who has made significant and sustained contributions in or for clinical pharmacy practice, education, or research, and has provided influential leadership in clinical pharmacy at the regional or national level. Nominations must be made by past Parrish award recipients, current or past DC-CCP presidents, or 5 DC-CCP members in good standing, to the DC-CCP nominations committee chair.



ACCP's Academy offers a flexible, curricular approach to enhancing ACCP members' abilities in their major areas of responsibility. The Academy provides four unique professional development programs leading to certificates of completion in:

1. Career advancement
2. Leadership and management
3. Research and scholarship
4. Teaching and learning

Each multiyear curriculum will deliver both required and elective course work during ACCP's spring and fall meetings; provide opportunities for self-assessment and mentoring; and provide an online system to create individualized electronic portfolios. Relying on interactive instruction, the curricula provide opportunities to apply key principles to everyday professional pursuits. Those who complete respective program curricular and portfolio requirements will receive a certificate and additional recognition as graduates of the ACCP Academy.

Please address questions about the ACCP Academy to Zangi Miti (zmiti@accp.com). If you are currently enrolled in the Academy and want to know how many credits you have, please e-mail Kathy Lemons (klemons@accp.com).

Report to the Surgeon General

Katie Ferguson, PharmD Candidate
Ankur Sarodia, PharmD Candidate
University of Maryland
School of Pharmacy

The December 2011 report to the Surgeon General titled *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice* stressed the critical importance of expanding the pharmacists' role in the health care system. The report highlights four major themes:

- **Pharmacists Integrated as Health Care Providers**
- **Recognition as Health Care Providers**
- **Compensation Mechanisms**
- **Evidence-Based Alignment with Health Reform**

The transformation of pharmacists' roles within the health care system includes direct patient care in various practice settings either as part of a health care team or as an individual provider working in collaboration with physicians. Responsibilities of pharmacists managing diseases through collaborative practice agreements include:

- performing patient assessment (subjective and objective data, physical assessment);
- possessing prescriptive authority (initiate, adjust, or discontinue treatment) to manage disease through medication use;
- ability to order, interpret, and monitor laboratory tests;
- formulating clinical assessments and developing therapeutic plans;
- coordinating care and other wellness and disease prevention health services;
- managing ongoing follow-up care with patients

From a legislative perspective, the approval pharmacists as health care

providers eligible for compensation has been proposed numerous times but in each instance met failure through the legislative mechanism. Since 2001, changes have been frequently proposed to the Social Security Act to include coverage of pharmacist services under Medicare Part B. In each case, the proposed regulatory action was referred to subcommittee and cleared from the books with no further action taken.

Many states have progressive laws which recognize pharmacists as health care providers either through licensure or privileging through collaborative practice arrangements (CPAs) with physicians. New Mexico, Minnesota, South Dakota and Arizona permit compensating pharmacists commensurate with other non-physician practitioners. Through CPAs with physicians, 179 current IHS pharmacists obtained NCPS certification to deliver direct patient care of diseases including but not limited to coagulopathies, dyslipidemia, congestive heart failure, coronary artery disease, diabetes, asthma, hypertension, end-stage renal disease, pain management, and tobacco cessation. Upon completion of requirements, pharmacists in North Carolina are eligible to register as Clinical Pharmacist Practitioners for managing patient care through broadly written CPAs with prescribing privileges.

A March 2011 report by Patient-Centered Primary Care Collaborative (PCPCC) titled "Better to Best: Value-Driving Elements of the Patient Centered Medical Home and Accountable Care Organizations" ...

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**Important Upcoming
Dates to Remember:**

June 9-13

*ASHP Summer Meeting
and Exhibition, Baltimore
MD*

June 9-12

*Maryland Pharmacists
Association 130th
Annual Convention.
Visit: [http://
www.marylandpharmacists.org](http://www.marylandpharmacists.org)*

June/July 2012

*DC-CCP Goes to the Park
Orioles or Nationals
Summer Social
Information to follow*

October 18-20

*VSHP Fall Seminar,
Norfolk VA*

October 21-24

*ACCP Annual Meeting,
Hollywood FL*

Saturday November 10

MSHP Fall Seminar

April 19-23, 2013

*ACCP Updates in
Therapeutics, Reno NV*

**Report to the Surgeon General
continued...**

indicated four themes in urgent need of reform: enhanced access, care coordination, health information technology and payment reform. With respect to payment reform, four models were discussed:

1. fee for service + management fee + performance model
2. episode of care (case rate model)
3. risk-adjusted comprehensive payment and bonus
4. accountable care organization

The report to the Surgeon General notes that pharmacist reimbursement could be integrated seamlessly within payment reforms to healthcare.

Through practice, pharmacists providing direct patient care increases access to and quality of patient care, improves patient outcomes with marked reduction in health care costs, and numerous benefits in disease prevention and management. Pharmacists have made a significant impact by reducing A₁C, improving blood pressure control, and reducing rates of hospital admission for congestive heart failure. The Diabetes Ten City Challenge demonstrated pharmacists' impact on improved diabetes management, influenza immunization rates increased from 32% to 65% and eye and foot examination rates increased from 57% to 81% and 34% to 74% respectively. The Asheville project for diabetes management resulted in clinical improvements of more than 50% of patients while demonstrating a marked reduction in health-care cost. Patients saved \$1,200 dollars in direct medical costs with an increased annual productivity gain of \$18,000. The report to the surgeon general highlights each of these achievements with evidence based recommendations.

The report also highlights the projected

shortage of primary care physicians. The American Medical Association has projected that by 2020 the demand for general internists will increase by 38%. This issue is further potentiated by the push to increase health care coverage to more Americans. Many Americans that are currently insured lack access to health care. Pharmacists already serve as providers in settings such as the PHS, VA and DOD. Expanding the role of pharmacists to include primary care services will help bridge the gap between a stressed health care system that is pushing to expand coverage in the face of decreasing primary care physicians and increase overall access to health care.

The Health Resources and Services Administration (HRSA) implemented in October 2007 the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC). The PSPC integrated pharmacists into teams of clinicians across a range of specialties to manage high-risk, high-cost, complex patients and found that 54% of "out of control" or poorly medically managed patients were brought "under control" with a 49% reduction in adverse drug events.

Current Surgeon General, Regina Benjamin, M.D., MBA, acknowledged in a public letter of support the need to recognize pharmacists as health care providers as well as develop ways to expand policies to include necessary compensation models.

