

Spring 2012

Quarterly Publication of the
Arkansas Pharmacists Association

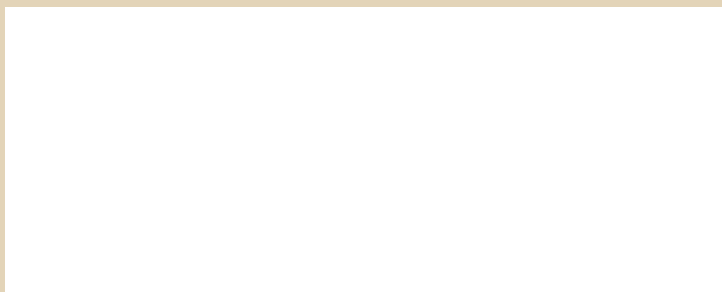
AR.RX

The Arkansas Pharmacist

Family Members

Follow One
Another Into
Pharmacy

How To Determine An
Equitable Selling/Purchase
Price for a Community
Pharmacy





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The Arkansas Pharmacist

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AR•Rx The Arkansas Pharmacist © (ISSN 0199-3763) is published quarterly by the Arkansas Pharmacists Association, Inc. It is distributed to members as a regular service paid for through allocation of membership dues (\$5.00). Non-members subscription rate is \$30.00 annually. Periodical rate postage paid at Little Rock, AR 72201. Current edition issue number 58. © 2012 Arkansas Pharmacists Association.

POSTMASTER:
Send address changes to
AR•Rx The Arkansas Pharmacist
417 South Victory
Little Rock, AR 72201

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Inside APA

ATTEND SUMMER ANNUAL CONVENTION AND FALL DISTRICT MEETINGS

Convention time is upon us and I am expecting a great meeting in northwest Arkansas at the Embassy Suites in Rogers. The theme for the convention is "Throughout Healthcare.....Pharmacists Count!" We have all grown tired of the phrase "count and pour; lick and stick." Well, pharmacists do count – they count in a lot of ways and we intend to build on that statement. Please make plans to come to the convention for great fun, quality continuing pharmacy education, interesting exhibits, and important networking with your peers.

If you are a regular attendee of our conventions, let me thank you and encourage you to keep up the tradition. If you haven't attended before, please come and experience what others gain from our gathering. Hear new ideas and share some of yours with the rest of us. We all win when we interact with one another.

Time really flies and when we wrap up the convention, district meetings will be just around the corner. There will be some changes this year, and I want to prepare you for them and invite your comments. These changes are a result of the survey you recently completed about district meetings and the need to keep representation possible from the association, the state board, and the colleges. I believe that it is imperative that our district meetings continue to give you access to information from all of these entities.

To have the representation from all groups, the schedule will have to accommodate everyone involved as

to other meetings and commitments. We will spread the meetings out a bit; the first will be on Thursday, August 23 and the last on Thursday, September 27.

The meetings will be reduced from 13 to 11. Texarkana was added a few years ago and that meeting will be re-combined with the Camden meeting as it was previously. The other meeting that will be removed is Forrest City due to low attendance. We have addressed the driving distance for our attendees from the east border of the state by moving the Pine Bluff meeting to Stuttgart. I apologize for any inconvenience this may cause but, please know that a great deal of thought went into the changes.

All meetings except one will be on Tuesday or Thursday evenings (something you told us you preferred in the survey). We will have only one Monday night meeting but will attempt to eliminate that in the future, if possible. Wednesday nights have been eliminated from the schedule. The new schedule will allow the best possible representation of speakers at the meetings while permitting enough time in our offices to perform other required tasks.

No schedule is perfect for everyone but we believe we have done our best to serve our membership in a responsible way. Thank you in advance for understanding.

I look forward to seeing you at the 130th APA Annual Convention and the District Meetings in the fall! §



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From the President

PHARMACISTS COUNT!

"Throughout Health Care.....Pharmacists Count!" may be heard frequently around Arkansas during the next several years. It's the theme of our 2012 APA Annual Convention, and may be the theme of a new APA marketing and public awareness campaign for and about pharmacists.

APA's Board of Directors has been talking for several years about the need for an awareness campaign and we recently put into motion the steps to make it happen.

Last fall, an independent firm conducted research with pharmacists and patients to determine their current attitudes about Arkansas pharmacy.

What we learned from the pharmacists is that they deeply value their daily opportunities to improve the quality of life and health of their patients. They have these opportunities because, within the healthcare profession, they are uniquely accessible to patients who desire help and information. Pharmacists' role as problem-solvers and the medication experts for their patients is central to realizing their goals of providing help and support to patients. Patients provide the central meaning and motivation for the practice of pharmacy for these professionals.

Patients, on the other hand, said "being approachable" and "alerting customers to drug issues" are the most important services they value when choosing a pharmacist.

Providing the survey results as background, APA issued a request for proposal and received recommendations from nine different public relations and advertising firms. Last winter, the Executive and Communications Committees reviewed the plans and determined that Little Rock advertising and public relations firm Mangan Holcomb Partners (MHP) would be the best partner for our needs.

During its March 15 meeting, the APA Board of Directors agreed with our choice and voted to hire MHP to develop and conduct a 3-year marketing and public awareness campaign on behalf of Arkansas pharmacists.

We think that this campaign will offer a much-needed boost to help our patients better understand our role in healthcare and will have an impact on our bottom line.

Among the creative advertising themes the MHP came up with was "Pharmacists Count!", a play on the perception many people have of pharmacists.



Gary Bass, Pharm.D.
President



Review panel (L to R) Gary Fancher, Bridget Johnson, John Vinson, Dennis Moore, Mark Riley, Gary Bass, Mike Smets and Adam Wheeler.



MHP team presentation with (L to R) Sharon Vogelpohl, Caroline Tyler, David Rainwater and Chip Culpepper.

A sample broadcast ad offered by MHP with the "Pharmacists Count!" theme reads:

"Sure, pharmacists count. In fact, they count in more ways than you can imagine. Your doctor knows pharmacist count when it comes to providing the right medications and guarding against potential side effects. Hospitals count on them to create the precise and powerful combinations to fight all sorts of diseases. And families know local pharmacists count as health care professionals who can 'fill in the blanks' as often as they fill their prescriptions. Sure, pharmacists count. And you can always count on yours."
A message from the Arkansas Pharmacists Association.

The campaign's comprehensive communications strategy will include radio and TV advertising, as well as a speakers' bureau, in-store promotional items and social media.

We hope to brand Arkansas pharmacists as part of the three-pronged health-care team including physicians, pharmacists and their patients.

More information will be provided soon about the APA campaign. We know that you will reap the benefits from "Pharmacists Count!"

We're glad to be able to provide this member benefit, because just as "Pharmacists Count!" in healthcare, you count as an important member of APA. §

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FAMILY MEMBERS Follow One Another Into Pharmacy

By Eileen E. Denne

Photo courtesy of Jeff Hankin

“They continued to see how pharmacy brought me into the medical arena with the fulfillment of helping others while affording me and my family flexible working hours and a blossoming income.”
- Christy Campbell, P.D.

(L to R) Pharmacist sisters Cathy McClure, Christy Campbell and Carrie Hankins.

A wise individual once described families as, “... the compass that guides us... the inspiration to reach great heights and our comfort when we occasionally falter.” There is no better description of pharmacy families in Arkansas.

Fathers, sons and daughters, brothers and sisters have inspired one another to work in pharmacy for decades.

Sisterhood of Pharmacy

“Having sisters who were already pharmacists was and still is advantageous for me,” said Cathy McClure, Pharm.D., youngest of three sisters who are pharmacists. “It helps that we can call each other about all sorts of questions from laws to licenses, and questions that arise during work.”

McClure, who works as a staff pharmacist at Caldwell Discount Drug in Wynne, said her sisters Carrie Hankins, Pharm.D., and Christy Campbell, P.D., influenced her by setting very high standards for themselves academically, thereby setting a high bar for her to achieve as well.

Hankins is a staff pharmacist at United Medical Home Infusion Pharmacy while Campbell owns four independent pharmacies in Searcy, including two Lowery stores and two Save-On stores.

“I think Cathy and I followed Christy into pharmacy because it was familiar to us, and we could see how she helped people, while still having time for family,” Hankins said.

According to a University of Arkansas for Medical Sciences (UAMS) College of Pharmacy survey of alumni, 195 graduates are related to one another; 54 had two generations of pharmacists in their families; seven had three generations and two had four generations. Nineteen current students are related to alumni.

“It makes sense for the next generation to follow into pharmacy when a family owns a business or siblings can share a business.” Hankins said.

Campbell described her sisters’ decisions to go into pharmacy.

“When I graduated from UAMS College of Pharmacy in May 1989,” Campbell said, “Carrie was 17 and Cathy was 14. “As they were quite a few years younger than me, they saw their older sister as someone they could look up to and respect the career decisions that I had made. They both would ask me questions about the pharmacy curriculum as I went through the years at UAMS since both Carrie and Cathy had interests in the field of medicine. They continued to see how pharmacy brought me into the medical arena



(L to R) Pharmacist brothers Keith and Joe Larkin with Joe's wife JoAnn.

Brothers Start at Early Age

Pharmacist brothers Keith and Joe Larkin, both Pharm.D.s, learned about pharmacy from Maynard and Hazel Lyons who owned Lyons Drug Store in Lonoke. The Lyons didn't have children, so the kids who worked for them became their children, Keith explained.

Older sibling Joe described his introduction to pharmacy: "I learned a great deal about pharmacy and what it could mean to a community to have a good pharmacy. Mr. Lyons and his brother worked together and made it very good. Mr. Lyons told me I should consider pharmacy.

"At that time the store was open from 6:30 a.m. until 9:00 p.m. seven days a week. On Saturday we stayed open until the picture show closed. I told Mr. Lyons that I enjoyed working with him and I liked the work but that I wanted a job that

would let me be outside. He said, 'Anything you do will have good points and bad points. You just weigh both sides and then make your decision.' I didn't pay much attention to it at the time but eventually his words came back to me and I have used them to decide on pharmacy and in dealing with employees."

In addition to watching his brother go through pharmacy school, Keith added, "Mr. Lyons just always said that when I got older I was going to work in his store and that is just how it started a few weeks before my sixteenth birthday."

The Larkins own three MediSav pharmacies, one in Charleston, two in Fort Smith, plus the Durable Medical Equipment (DME) business that is located inside the Rogers Avenue store. The stores offer prescription and over-the-counter drugs, gifts and include large DME sections.

Not only are they business partners, but Joe's wife JoAnn manages the office and the DME business. Keith said they have had to learn over more than 45 years that they shouldn't spend all their time talking shop and that JoAnn keeps them focused and in line. Joe and JoAnn are likely to retire soon and turn everything over to Keith.

"People ask me how do you work so closely with your family," Keith shared. "We have the same background, similar goals and understanding. The stores are like our children so we understand caring for them and protecting them. If we work together then we grow together." Joe concurred. "Besides the family ties, our common goals have made the business very

with the fulfillment of helping others while affording me and my family flexible working hours and a blossoming income."

Today, Campbell said, her sisters have helped her keep abreast of areas of the profession she would not be aware of outside her retail owner mindset, including learning from Hankins about issues involving hospital and home infusion and from McClure about the newest niches in retail.

During recent surgery, Campbell said she was blessed to have both sisters by her bedside, watching over I.V. and oral medications and double checking doctors' orders and nursing care.

"I was never happier that they had fallen in love with my profession of pharmacy and health care so they could make sure their big sister was appropriately cared for," Campbell said. "Lying in that hospital bed I was totally at ease and reassured that they had the knowledge between them to keep me from harm. It was then again that I realized how proud I am of them and the wonderful sisters they are and awesome pharmacists they have become. Not only are we sisters but we have the best bond of all -- the sisterhood of pharmacy."

Asked whether she anticipates other family members following them into pharmacy, McClure said her children are still little so it depends on how the health care marketplace evolves over the next eight years if they will follow in their mom's footsteps.

successful. We have never been competitive against each other or been jealous of each other. If Keith was successful, I felt good about it. Now that I'm stepping down, if Keith takes the company to a whole other level, I'll be just as proud of him."

One area of mutual growth was returning to UAMS to update their education.

"When UAMS offered the non-traditional Pharm.D. program, I was attempting to get into an MBA program. I decided I should stay in my field and get this degree. Joe decided he would do it with me. That was really a good decision on both of our parts," said Keith.

"One, it opened our eyes to how the schools and the study of pharmacy changed; believe me it had changed from 1975 when I graduated and 1962 when Joe graduated. Also, we supported each other. When I thought I had enough of this he would encourage me to go on and I did the same for him. We studied together, traveled back and forth to UAMS together and walked graduation together. It was a really meaningful time for both of us."

"We are a little bit unique," Joe said, "We get along really well together. Keith is a lot of fun to be around."

Another lesson learned from Joe, according to Keith, was the meaning of hard work at a pharmacy.

"Once when I was a boy and had just started to work for Mr. Lyons, Joe came home from pharmacy school. My family was at the dinner table and Joe told our Dad that he had stopped by Lyons on the way home and found me sitting in a chair. He told my Dad that he asked what I was doing and I said I had finished my work. I immediately knew I was a dead man. That was the very moment my work ethic was instilled in me when my older brother, in front our Mother and Dad, informed me that, 'The work in a drugstore is never done. If it doesn't show itself then you look for it!' I have been looking for it and finding it every day for the last 45 years."

Although none of their three children went into pharmacy, Joe and JoAnn didn't encourage them or discourage them but wanted them each to get an education. "We worked really hard, had set-backs, things didn't always go smoothly, but we

did set an example for those kids."

The jury is still out about whether Keith's 15-year-old son Blake will go into pharmacy.

As to his own career choice, Joe says he periodically thinks, "What would my life have been if I'd done something else? Despite its good and bad points, pharmacy is probably the best choice I could have made for myself."

Dad Said Pharmacy His Pride and Joy

Pharmacist Bill Wiles of Siloam Springs would surely agree with Joe Larkin's assessment about pharmacy. He worked at two pharmacies during his career, Sisco Drug Store and Medical Center Pharmacy, and said they were his pride and joy.

Son Gary Wiles, a Wal-Mart staff pharmacist, said his father never had anything negative to say and never complained about his work. "By not steering me away from pharmacy, he probably influenced me to go into pharmacy."

- Keith Larkin

And daughter Robna Wiles-Pfeifler, a staff pharmacist at Regency Hospital Northwest Arkansas, said, "When I was in junior high, during Christmas breaks, I got to go to work with Dad every day to help with the holiday gift wrapping. That was the beginning of my pharmacy career. As I got older, and we had moved to Siloam Springs, I got to work for Dad as a clerk in the front end and helping record prescription profiles."

"The work in a drugstore is never done. If it doesn't show itself then you look for it! I have been looking for it and finding it every day for the last 45 years."



Daughter-Father-Son trio of pharmacists, Robna Wiles-Pfeifler, Bill and Gary Wiles.

This pharmacy family often shares stories and finds that they have helped one another along the way. According to Robna, "We do share a lot of stories among the three of us. And anytime Dad runs into an old customer, he tells me about it to this day (he closed his store over 20 years ago). Even though Gary and I are now in different fields of pharmacy, we still relate to each other's triumphs and woes."

Bill served as preceptor for both Gary and Robna, and thought that his children decided to go into pharmacy because of his experience. "They could see that it was a pretty good way to make a living." Bill was only 60 when he sold his store. He had always wanted to work relief so he did that for 13 years. That was the ideal way to work until the end, Bill said.

As Bill remembers it, a conversation over breakfast led Robna into pharmacy. "I always fixed the kids' breakfast. Robna asked me one day, 'Dad, what should I do?' I said well, you have several options. You can become a secretary and work 8 a.m. to 5 p.m., or become a nurse and make a little more money, or you can become a pharmacist, choose your own job and location and just about whatever you want to do, and if your husband leaves you, you'll have a job."

Robna said, "I do remember Dad always telling me it would be a good field for a woman to go into."

"I was very proud of my dad. I would watch him interact with patients and doctors and everyone respected him tremendously. I wanted that and that is what I strive to achieve, along with the fact that I wanted my parents to be proud of me."

"I was very proud of my dad. I would watch him interact with patients and doctors and everyone respected him tremendously. I wanted that and that is what I strive to achieve, along with the fact that I wanted my parents to be proud of me."

- Robna Wiles—Pfeifler

Gary, who is the older sibling, also admired his father's work ethic. "[This is] someone I looked up to all my life so wanted to follow [his] example. When in school and during breaks, I would work in his store and we would have conversations about how things in school related to real life. And how concepts in pharmacy school applied to pharmacy and how to deal with real people."

Each of the Wiles agrees that nothing but positive things have come out of sharing their profession. "I think we see the honor of the profession and the success it provides, not only financially but also in providing a fulfilling life," concluded Robna. §

Do you have a family pharmacy story or photo to share for ARR_x or Facebook? Please email Eileen@arrx.org.

Eileen Denne is Director of Communications at APA.

Purchase A Brick for the "Walkway of Honor"

Honor loved ones, distinguished award winners, new retirees or graduates by purchasing a brick for the Arkansas Pharmacy Foundation Walkway of Honor. The walkway is just outside the Lester E. Hosto Conference Center at 417 South Victory Street in Little Rock, next to the Arkansas Pharmacists Association.

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AND THE LAW

By Don R. McGuire Jr., R.Ph., J.D.

E-Prescribing and E-Errors

This series, **Pharmacy and the Law**, is presented by Pharmacists Mutual Insurance Company and the Arkansas Pharmacists Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

E-prescribing is here to stay, but it is not the cure-all for prescription errors that some people think. Through my years of handling pharmacy professional liability claims, physicians' handwriting is much less of an issue than most pharmacists would believe. More often than not, illegible prescriptions result in a phone call for clarification, not an error. While not a significant cause of errors, illegible prescriptions definitely impact the pharmacy's workflow and efficiency.

E-prescribing is going to take care of all of the prescription errors, right? Consider the following prescription: Erythromycin ointment, 1 tube, apply UD. The pharmacy filled the prescription with a 25 gram tube of topical erythromycin ointment. The problem was that the physician meant to prescribe a 3.5 gram tube of erythromycin ophthalmic ointment. So the pharmacy had a perfectly legible, incomplete prescription. What can a pharmacist do in this situation?

Patient counseling is the solution! The patient was not counseled with this prescription. However, a few simple questions would have uncovered this error. "What did the doctor tell you this was for?" and "How did the doctor tell you to use this?" The answer to either of these questions would have indicated the ophthalmic route that was not found on the prescription. Patient counseling provides many benefits for both the patient and the pharmacist. First, patient counseling, or at least an offer to counsel, is required by law or regulation. This alone makes patient

counseling a good risk management tool. But the real benefit for you and your patients is found when you practice up from this baseline. Counseling allows the pharmacist to detect hidden errors in prescriptions prior to the patients taking them home. Experience shows that many patients will take or use whatever is dispensed to them. Verifying the intent of the prescription and what is being treated is vital to know prior to dispensing.

Counseling allows the pharmacist to detect hidden errors in prescriptions prior to the patients taking them home.

Also, patient counseling educates the patient about the proper use and storage of their prescription drug. A proper counseling session will allow you to assess the patient's health literacy and provide the proper information to improve their outcomes. Many times pharmacists assume that patients know more about their medications than they really do. This assumption leads to a poor, or even non-existent, patient counseling interaction. Patients do not always ask good questions because of the fear of embarrassment or because they simply don't know what to ask. It is up to the pharmacist to take charge of this interaction and make sure that the patients know what they need to know about their medications.

When the answers provided during the counseling session don't match what the pharmacist or patient expected, then it is time to call the prescriber. This method is much more efficient than calling to verify every e-prescription received. Vague terms in a prescription such as 1 bottle, 1 tube or directions such as UD should be red flags to a pharmacist. If the pharmacist can't discern the quantity, directions or the indication from the prescription, then they should interact with the patient to make sure that the patient does. If the pharmacist is still uncertain after talking with the patient, a call to the prescriber is warranted.

Technology can fix many problems, but it can't fix every problem. E-prescribing shouldn't cause pharmacists to let their guard down. It remains for the pharmacist to be diligent and make sure that the patient leaves with the correct medication and knows how to use it.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

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Safety Nets

Eddie Dunn, Pharm.D.
Jon Wolfe, Ph.D.



UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PHARMACY

Naproxen and Luvox

This issue of Safety Nets examines some potential hazards associated with electronic prescriptions. Each prescription was submitted by a pharmacist from Central Arkansas. We thank you for your continued support of this column.

A patient presented the original prescription illustrated in Figure One to a pharmacy technician. The technician entered the prescription information into the computer as Ranexa® (ranolazine) Extended-Release Tablets, 500 mg, quantity 60, with directions to the patients of “take one tablet by mouth twice daily.” The same technician filled the prescription and placed it in line for pharmacist verification and patient counseling. During the counseling session, the pharmacist asked the patient if she had even taken Ranexa® for “her heart.” The startled patient immediately exclaimed “there is nothing wrong with my heart – I twisted my knee!” At this point, the pharmacist re-examined the prescription and realized the medication order could also be interpreted as the anti-inflammatory medication naproxen. A call to the prescriber verified the order was for naproxen 500 mg tablets to be administered twice daily. After this, a corrected prescription label was generated and the patient appropriately counseled.

Figure One

RX:
Naproxen 500
#60
TI BID

Figure Two

Luvox 25mg
Sig: $\frac{1}{1}$ PO HS x 1 w
then
 $\frac{12}{11}$ PO HS
#60

filled prescription in the pharmacy “will call bin.”

Several hours later, the patient returned to pick up her prescription. After paying the cashier, the patient immediately left the pharmacy – patient counseling was not provided. Later that same afternoon, the patient telephoned the pharmacy and asked the pharmacist “why did you refill my levothyroxine instead of filling my new prescription from my therapist?” Upon reexamination of the original prescription, the pharmacist realized the order could also be interpreted as Luvox® (fluvoxamine) 25 mg tablets. A telephone call to the prescriber confirmed the patient was to receive Luvox® 25 mg (for obsessive compulsive disorder), not Levoxyl® 25 mcg. After this, the pharmacist telephoned the patient, explained how the error had occurred, and asked her to return to the pharmacy as soon as possible. When she arrived, the pharmacist apologized for the misfilled prescription, counseled her on the appropriate use of fluvoxamine and provided the medication free of charge.

The prescription illustrated in Figure Two was presented to a pharmacy technician in a community pharmacy. Upon examination of the prescription, the technician asked the pharmacist for assistance in interpreting the prescribed medication. The pharmacist had difficulty discerning what was written, so she reviewed the patient’s medication profile to determine whether the patient had ever been prescribed a similarly named medication in the recent past. The pharmacist immediately noticed the patient took levothyroxine 25 mcg on a regular basis, and so she assumed this new prescription was a simply a renewal order for this medication. After this, the technician entered the prescription information - from this new prescription - into the computer as Levoxyl® (levothyroxine) 25 mcg Tablets, quantity 60, with directions to the patient of “take one tablet by mouth at bedtime for one week, the two tablets at bedtime”. The prescription was filled by the same technician and verified for accuracy by the pharmacist. Since the patient had left the pharmacy, the pharmacist placed the

The cases described above clearly illustrate the importance of patient counseling by the pharmacist. In the first case, the mix-up between Ranexa® and naproxen was discovered during the counseling session. Patient counseling was not provided in the second case because the prescription order was perceived as a refill. As a result, the patient left the pharmacy with the wrong medication. Medication names that look and/or sound alike have resulted in numerous errors reaching patients. The problem is compounded when combined with illegible prescriber handwriting. The increasing number of prescriptions transmitted electronically may reduce the incidence of this type of medication error. E-Prescriptions, however, are not error-free. The last – and best – defense against medication errors reaching patients remains patient counseling by the pharmacist. §

PRESCRIPTIONS



MEMBER SPOTLIGHT

Mike Pinegar | Nashville Drug

Pharmacy Practice: Independent.

Graduate pharmacy school and year: UAMS College of Pharmacy in 1980.

Years in business: 32 years, although the store has been here 117 years.

Favorite part of the job: Close contact and friendships with the customers. I've seen three generations of the same families. When they come in the store and we talk about their children, it has nothing to do with medication. It's probably a lost art.

Least favorite part of the job: Insurance. The run-around is never ending. Very seldom do you reach someone who can answer the question. Most elderly folks don't know what's covered or why it's not; they hand me their envelopes to open.

Oddest request from a patient/customer: We had an elderly patient that we deliver to on the edge of town ask us if we would mind going to the local grocery store and pick up a few items on the way.

Fun activities: Golf at our local Nashville country club and gardening at home.

Ideal dinner guests: John F. Kennedy, Billy Graham and Babe Ruth.

If not a pharmacist then... My undergraduate degree is in chemistry at Fayetteville; I thought I would be in a lab working for a major drug or chemical company. Someone suggested that I apply to a pharmacy school and that's what I did. It has been great.

How to Determine an Equitable Selling/Purchase Price for a Community Pharmacy

By Richard A. Jackson, Ph.D.



Many pharmacy owners tend to set an unrealistically high selling price for their pharmacy. Simply put, they let their hearts, rather than their heads, set the price.

Making the decision to sell a pharmacy can be difficult since for many, the pharmacy is like a member of the family. Like a child, it was created, nurtured and brought to maturity during years or decades of constant attention and care. The first step is to determine an equitable selling price that is acceptable to both the buyer and the seller. It must be a win-win situation for the transfer of ownership to be successful.

Most pharmacists have little or no formal education or training to prepare them to determine an equitable selling price for a community pharmacy. Many pharmacy owners tend to set an unrealistically high selling price for their pharmacy. Simply put, they let their hearts, rather than their heads, set the price.

Another confounding factor is associated with the fact that many business owners tend to sell their business at the wrong time. Few businesses are offered for sale at a time when the business is the most profitable and economic trends are optimistic. Many pharmacists decide to sell when the profit margins of the business are poor or decreasing and future economic projections are unfavorable, leading them to sell their businesses for less than optimal prices.

The fiscal condition of a business does affect its selling price; therefore, a complete financial analysis should always

be performed in conjunction with objective formulas to determine an equitable selling price.

In addition to providing additional information related to the valuation of the pharmacy, a favorable financial analysis will assist the seller in the negotiation process. By pointing out those aspects of the business, such as profitability, solvency, efficiency, etc., the seller may be able to negotiate a better selling price. Lastly, it is wise to involve both attorneys and accountants in the purchase of a business. Remember that it is not wise for the same attorney and accountant to represent both parties; each party should retain their own experts to assist with their portion of the transaction.

Valuation Formulas

The value of a business is usually determined through a process of negotiation between the buyer and the seller. It goes without saying that the eventual selling price will lie somewhere between the initial price asked by the seller (usually too high) and the price the purchaser is willing to initially pay (usually too low). The valuation of a business is not an exact science. It is based on the assessment of facts about the business, informed judgment and some aspects of common sense. In the final analysis, the valuation is subjective; however, several formulas have been developed to estimate the equitable selling price of a business. The valuations derived from these formulas may then be adjusted

according to the financial analysis and those subjective factors described above to arrive at a valuation that is equitable.

There is no single formula that is best for all pharmacies. Many formulas should be used, providing for a range of valuations. Each formula provides for an assessment of the valuation of the business from several perspectives, e.g., profitability, net worth, sales, etc. The use of the formulas provides for a range of values that serves as an objective indication of the value of the pharmacy. Based upon the financial analysis and other subjective factors, one may more precisely assess the value of the pharmacy. To illustrate the use of these formulas, a hypothetical pharmacy with approximately \$2,000,000 in annual sales will be used.

For the purpose of this example, we will assume that the example pharmacy reveals the pharmacy to be approximately average, thereby not necessitating any significant adjustment in the values provided by the formulas.

Adjustments may need to be made in the data provided on the financial statements, notably net profit, before being used in the valuation formulas. In some situations, an owner may be taking an unusually large or small salary, thereby resulting in an inordinately small or large net profit. In this case the owner's salary would need to be adjusted to a more realistic figure and the net profit adjusted upward or downward for use in the valuation formulas. Other adjustments from book values to more realistic figures may be necessary such as paying a higher rent than market price if the pharmacy owner owns the building or paying a relative a salary that is higher than justifiable.

In addition, since depreciation is not an out-of-pocket expense, it is usually added to the net profit in those formulas wherein net profit is used in calculation of the selling price. Likewise, interest would be added to the net profit. Other perks that are of a more personal nature should be added as well.

Those formulas for the outright sale of the business yield a valuation that does not include cash, accounts receivable, accounts payable or notes payable. These would be the responsibility of the seller and would not be transferred to the buyer. Obviously cash would not transfer. Accounts receivable are very difficult to value, but may be negotiated separately or the new owner may simply collect old accounts for the former owner. Accounts payable would not be transferred inasmuch as the inventory has already been factored into the selling price. Notes payable also would not be transferred but would be the responsibility of the seller and, like accounts payable, paid off with funds from the sale of the business. The value does not include buildings, autos or land as well.

The other category of formulas is used for valuation in a stock or percentage of the business sale/purchase. In this situation, cash, accounts receivable, accounts payable and notes payable are included. If the sum of cash and accounts receivable is equal to the sum of accounts payable and notes payable, the valuation obtained with these formulas will be approximately equal to the formulas used for outright sale. However, if, for example, a pharmacy has an exceptionally large notes payable, the valuation using the stock purchase formulas would be less than those for outright purchase.

The valuation procedure is provided via an example pharmacy. We shall assume the data have been normalized. As may be determined, our example pharmacy has annual sales of \$2 million and a net profit of \$90,000. Inventory is valued at \$180,000 and fixtures and equipment at \$60,000. Please note that the annual sales and profits of a store may vary significantly. The numbers used in the examples are purely for illustrative purposes.

One final note on the use of formulas. They are useful for pharmacies that are average in terms of net profit (about 3% - 6% of annual sales). Profit is the most important factor in the value of a business. If the pharmacy is operating at a much higher profit level in terms of a percentage of sales (e.g., compounding pharmacies), the multipliers and percentages in many of the formulas will need to be changed and modified upward.

1. Sales Volume Method

One valuation method that relates to a simple percentage of sales has been used for many years to estimate the value of a pharmacy. The traditional formula of one-third of annual sales is no longer applicable due to shrinking profit margins and would result in an overstating of the value of the pharmacy. A more appropriate rule of thumb in today's competitive community pharmacy marketplace would be closer to 25% of sales. Using 25% this give us a value of (0.25) (\$2,000,000) or \$500,000.

2. Return (Net Profit) on Investment (Purchase Price)

Another method uses the return on investment as an indicator of the value of the pharmacy. The return is the net profit per year and the investment is the selling price of the pharmacy. If a reasonable return on investment of 20% were desired, the selling price would be \$450,000.

$$\begin{aligned} (0.20) (\text{Selling Price}) &= \text{Net Profit} \\ (0.20) (\text{Selling Price}) &= \$90,000 \\ \text{Selling Price} &= \$90,000/0.20 = \$450,000 \end{aligned}$$

3. Direct Assessment

A third method involves a direct assessment and was developed by Bank of America. In the example, the inventory investment is \$180,000 and fixtures and equipment are \$60,000, which totals \$240,000. This is the value of the tangible assets of the business.

The next item, earning power, represents the amount that might be earned by investing the \$240,000 in something other than the purchase of a pharmacy. Assuming a generous five percent return, this means that the earning power of \$240,000, if not invested in a pharmacy, would be \$12,000.

The next calculation involves the salary that the prospective owner might make if he or she were a manager elsewhere. This is estimated to be about \$120,000. Therefore, if instead of purchasing the pharmacy, the prospective owner invested the \$240,000 and went to work as a manager somewhere else, he or she could expect to have a total income of \$132,000 (\$120,000 + \$12,000).

The total income that could be expected if the prospective purchaser actually purchased the pharmacy would be \$90,000 in net profit from the pharmacy plus the owner's salary of \$120,000, which totals \$210,000.

The next item, the extra earning power, is calculated by subtracting the earning power and salary if employed elsewhere (\$132,000 from the income of the pharmacist if he or she were to purchase the pharmacy (\$210,000). This would be \$78,000 in the example.

The next calculation, intangible assets, is calculated by multiplying the extra earning power times an item that is known as the years-of-profit factor. The years-of-profit factor is a number varying from one to five that indicates the approximate number of years it would take a newly opened pharmacy to get to the financial position of the pharmacy under consideration. A value of 1 would be used for a pharmacy that was not very profitable and a value of 5 would be used for a pharmacy that was extremely profitable and stable. If we assume that our pharmacy is average, we would use a years-of-profit factor of three. Multiplying this factor times the extra earning power yields a value of \$234,000.

The final calculation of the purchase price involves adding the intangible assets to the tangible assets from the first step. The valuation total for this example is therefore (\$240,000 + \$234,000) is \$474,000.

4. Percentage of Sales Plus Inventory

The fourth method involves taking 15% of sales and adding that to inventory giving a value of \$480,000.

$$(0.15)(\text{Sales}) + \text{Inventory} \\ (0.15)(\$2,000,000) + \$180,000 = \$480,000$$

5. Net Income Approach

The net income approach involves multiplying the sum of the net profit and owner's salary by 1.5 and adding the value of the inventory. This yields a value of \$495,000.

$$1.5 (\text{Net Profit} + \text{Owner's Salary}) + \text{Inventory} \\ 1.5 (\$90,000 + \$120,000) + \$180,000 = \$495,000$$

6. Net Profit Approach

The net profit approach involves multiplying the net profit by a factor of 5. This is based on the reasonable assumption that one would want to be able to pay for a purchased business in five years using the net profit of the business. This yields a value of \$450,000. Mathematically, this produces the same result as a return on investment of 20%.

$$5 (\text{Net profit}) \\ 5 (\$90,000) = \$450,000$$

7. Itemization

If one considers what is actually being purchased when the ownership is transferred, (inventory, fixtures and equipment and goodwill (estimated as 1-2 years net profit), an equitable selling/purchase price may be estimated by adding the value of the three components. This yields a value of \$375,000. This method usually results in a lower valuation than the other methods. Some may argue that the goodwill should be valued higher, say 2 years net profit, which would make the valuation higher and more in line with the other valuation methods.

$$\text{Inventory} + \text{Fixtures and Equipment} + \text{Goodwill} \\ \$180,000 + \$60,000 + 1.5 (\$90,000) = \$375,000$$

8. \$14 times annual prescriptions

Multiplying the number of prescriptions filled annually times a dollar figure is used by some chains. We will use a value of \$14.

$$(\$14) (\# \text{ prescriptions filled annually}) \\ (\$14) (36,000) = \$504,000$$

Summary of Valuation Formulas

The estimated range of the value of the pharmacy varies between approximately \$375,000 to \$504,000 with an average of approximately \$466,000. Among other objective factors, the financial analysis will indicate whether the price should be at the upper, middle or lower range of the valuations provided by the formulas. Further, certain intangible, subjective factors described below would result in the calculated valuation to be adjusted upward or downward.

Other Factors Affecting the Value

As stated above, a complete and thorough financial analysis is an objective factor that would affect the value of the pharmacy. In addition, there are several subjective factors which would affect the value of a business. An assessment of each of the following would be important in adjusting the valuation of a pharmacy as determined by various formulas described above. Important factors include:

1. Physical appearance and condition of the pharmacy (Are certain fixed assets in need of repair or replacement)
2. Cash flow (Examine past cash flow and make future projections)
3. Competition (How aggressive are pharmacy and other non-drug outlets and is expansion planned?)
4. Inventory composition and condition (Does inventory reflect needs and demands of physicians and customers and is it saleable or shopworn?)
5. Economic trends in the community (Is it community stable with high employment?)
6. Future projections for retail pharmacy (Are other pharmacies stable?)
7. Managed care (What percentage of prescriptions are third party and what is the outlook for the future?)
8. Lease terms
9. Location
10. Image of the pharmacy in the community
11. Terms of sale
12. How badly the seller wants to sell
13. How badly the buyer wants to buy §

Dr. Jackson is Professor Emeritus of Mercer University College of Pharmacy and Health Sciences and President of Community Pharmacy Consulting in Sarasota, Florida. This article is adapted from chapters in "How to Sell a Pharmacy" and "How to Purchase a Pharmacy" written by the author and published by and available from the National Community Pharmacists Association.

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LEGISLATOR PROFILE

Senator David Burnett (D-Osceola) District 15

Member of Public Health
Committee

Years in Office: In public office 36 years: two as state senator; 26 as Circuit Judge, Second Judicial District; eight as Prosecuting Attorney.

Occupation: Attorney.

Your pharmacist: Stephanie Rapert, The Pill Peddler in Osceola.

Like most about office: I feel comfortable and am having a good time. It is different and more fun working as a Senator than it was as Circuit Judge.

Like least about office: They don't do anything on time here. I don't know of a single day when we started at the scheduled time.

Upcoming election: Running unopposed.

Most admired politicians: General MacArthur, Winston Churchill, Harry Truman.

Advice for pharmacists about the political process and working with the AR Legislature: You have a good and effective lobby already but be proactive in the field as Jimmy Lynch was in my District.

Your fantasy political gathering would include: Bill Clinton, Thomas Jefferson, Andrew Jackson, Woodrow Wilson, Barry Goldwater.

Toughest issue of the past Session: The discussion during the Fiscal Session about repealing the trucker tax credit.

What do you do for fun: Golf, hunt, fish, spend time with my three grandchildren.

Program Will Increase Adult Immunization Rates in Arkansas

By Eric Crumbaugh, Pharm.D.

APA's Pharmacist Immunization Program is intended to help prevent illness among adults in Arkansas. The state was awarded a \$1.8 million cooperative agreement from the Center for Disease Control and Prevention to increase adult immunizations using different healthcare settings and providers. APA will help to increase the total number of pharmacist-administered vaccines to patients and staff.

APA will accomplish this goal by training at least 100 pharmacists on how to give vaccinations; assisting pharmacies in setting up or expanding their existing immunization programs; and distributing educational materials to pharmacies across the state.

A database was created in February by the Pharmacist Immunization Program of chain and independent pharmacies in Arkansas. Among retail pharmacies, 336 out of 708 are currently offering pharmacist-administered vaccination services. Additionally, 47.4 percent of the total number of chains compared with 33 percent of the total number of independent pharmacies are immunizing their patients.

As we all know, vaccinations have become very common for babies, children and adolescents but phase out in adulthood. As patients age, they become more susceptible to diseases such as flu, pneumonia, shingles, cancer, and diabetes. The best way to decrease their susceptibility is by administering vaccinations.

Before the introduction of the MMR vaccine, the U.S. reported more than 3 million cases of measles, mumps and rubella which caused about 500 deaths. Currently in the U.S., vaccination efforts have decreased deaths due to all childhood vaccine-preventable diseases including measles to less than 500 per year. However, during an average year, nearly 50,000 adults die from diseases that are preventable through vaccination. Approximately 36,000 adults die from influenza, over 6,000 from invasive pneumococcal disease and 5,000 from hepatitis B.*

A physician recalls living in the pre-vaccination era: "I am one of the increasingly rare old-timers who lived during the pre-vaccination era. I am the second to last of thirteen siblings, five of whom died of vaccine-preventable disease in infancy. Born to poor immigrant parents, I remember well my mother's account of the cause of their deaths- three from



pertussis and two from measles... I remember well during the winter and spring of each year, hearing the whooping of pertussis in movie theaters, school, assemblies, and assorted gatherings. Today, few have ever heard this... I remember the summer outbreaks of polio, the crippled children who could no longer walk or walked with limb-distorted limbs... I remember the awful cases of measles my own children experienced. I remember the children with smallpox during the years my family lived in Pakistan. I remember those who lost their sight from lesions in their eyes. I remember those who died..."

Thanks to the introduction of vaccines as standard of care delivered to new babies and children, stories like this are almost obsolete. Vaccination rates for childhood immunizations are approaching 100 percent due to strong recommendations from governmental and professional organizations. However the same is not true for adult vaccination rates. Consider how many patients your pharmacy treats for shingles in a month.

Immunization	Rate for Arkansas	Rate for United States
Influenza Greater than 65 years old	63.9%	66.6%
Influenza 18 to 64 years old	34.7%	34.8%
Pneumococcal Greater than 65 years old	67.3%	67.5%
Pneumococcal High risk 18 to 64	??	18.5%
Zoster Greater than 60 years old	??	14.4%

Immunization Rates Compiled from Behavioral Risk Factor Surveillance System and National Immunization Survey

awareness of vaccines; however the Pharmacist Immunization Program will focus on increasing pharmacists' awareness of the burden of vaccine-preventable disease. Pharmacists must first understand the overwhelming number of patients who have an indication for specific immunizations.

I look forward to assisting APA members with establishing or improving their current immunization programs as a member benefit.

Please contact me at eric@arrx.org if your pharmacy would like more information or to become a part of the Pharmacist Immunization Program. §

*Interim Results- State-Specific Seasonal Influenza Vaccination Coverage, U.S., August 2009-January 2010.

**Adult Vaccination Coverage – United States from the MMWR February 2012 pages 66 – 72.

Eric Crumbaugh, Pharm.D., is APA's Immunization Grant Coordinator.

Now think of how many children are treated for chickenpox in a month. Both of these are vaccine-preventable diseases; however, only about 14 percent** of patients over the age of 60 have had their shingles immunization.

Several programs over the past few years have intended to increase adult immunization rates. However adult immunization rates are still dismal. For example pneumonia vaccination rates are only 59.7 percent for patients over 65 years of age and 18.5 percent of high risk patients 18 to 64 years old. Past initiatives have focused on increasing patient

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In Memoriam

Darrell Ray Lackie, age 75, passed away March 7, 2012, in Lonoke. Ray graduated from Lonoke High in 1955 and from the University of Arkansas School of Pharmacy in 1960. He opened his own pharmacy, Lackie Drug Store, in 1962. He was a member of the Lonoke Baptist Church. He also was a master Mason and served at the Lonoke Masonic Lodge for fifty years. He enjoyed his dogs, working at the store, horse racing, and spending time with his family and friends.

Billy Jack Black, age 80, passed away March 12, 2012, in Waldron. Bill finished pre-pharmacy at the College of the Ozarks and graduated from the University of Arkansas School of Pharmacy in 1961. After graduation, he moved back to Waldron and started a new business and his family. He formed B & B Drug with Martha Baber. Bill loved his family and his job. He loved going to work and always said he had “the best customers.” From 1961 to 1991, he kept coffee at a nickel a cup. He was a member of the Waldron United Methodist Church, American Legion, Scott County Hospital Board and First National Bank (formerly Bank of Waldron). He was a lifetime member of APA. §

Throughout Healthcare...



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APA 130th Annual Convention | June 20-23
Embassy Suites Northwest | Rogers, AR

130TH APA ANNUAL CONVENTION

The Arkansas Pharmacists Association 130th Annual Convention will be held at the Embassy Suites Northwest Arkansas in Rogers from June 20-23, 2012. The conference theme, *Pharmacists Count*, reflects all the ways that pharmacists help patients.

Pharmacists can stay up-to-date and informed with the Continuing Pharmacy Education sessions and networking opportunities planned at the convention. This annual conference will welcome up to 400 pharmacists, pharmacy technicians, exhibitors, students and others.

THREE GOOD REASONS TO ATTEND

Continuing Education: APA is pleased to offer 19.5 hours of Continuing Education with highly-regarded instructors on topics ranging from new anticoagulants to effective marketing.

Comprehensive Exhibition: Exhibitors including pharmacy wholesalers, manufacturers, insurers, Colleges of Pharmacy, hospitals and software vendors will be on hand to discuss their newest products and services that will benefit the practice of pharmacy in Arkansas. Be sure to plan time to visit with these professionals to learn about their innovative products.

Social and Networking Events: Connect with old friends and meet new colleagues at the annual convention. On Friday, APA will host an evening party. On Saturday, the annual AP-PAC Luncheon will offer projections for the 2012 elections. That evening, attendees can end the convention with a flourish at the Evening with the Presidents Reception, Dinner and Dessert Extravaganza.

ACCOMMODATIONS

The location for the 130th Annual APA Convention is the Embassy Suites Northwest Arkansas, 3303 Pinnacle Hills Parkway, in Rogers. Check-in is at 3:00 p.m. and check-out is at 12:00 p.m. Room rate is \$119 plus tax. Mention Arkansas Pharmacists Association Group for group rate. Cut-off date for rooms is June 12, 2012. Call 479-254-8400, or go to www.arrx.org to reserve rooms online.



PROGRAM OF EVENTS*

(*Schedule is subject to change)

Wednesday, June 20

- 9:00 a.m. - 12:00 p.m. APA Board of Directors Meeting
Pinnacle VI - VIII
- 1:00 p.m. APA Annual Golf Tournament
Lost Springs Golf Course, Rogers

Thursday, June 21

- 6:30 - 9:00 a.m. Hotel breakfast on own*
- 7:30 a.m. - 12:00 p.m. Registration, First Floor
- 8:30 - 10:00 a.m. CPE: 340B Drug Pricing Program and Contract Pharmacy Services
- 10:00 - 11:30 a.m. CPE: Bringing the Clinical Mindset to the Retail Pharmacist
- 10:00 a.m. - 3:00 p.m. Exhibitors Set-Up, Pinnacle Ballroom
- 11:30 a.m. - 1:30 p.m. Lunch on own
- 12:00 - 2:30 p.m. AAHP Board Meeting
Hammons Boardroom
- 1:30 - 3:30 p.m. Registration, First Floor
- 1:30 - 3:00 p.m. CPE: Treating Tobacco Use and Dependence
- 3:00 - 4:30 p.m. CPE: Parenteral to Oral: Details on Dabigatran and Rivaroxaban
- 4:45 - 5:30 p.m. Past Presidents' Council/Arkansas Pharmacy Foundation Board Meeting
- 5:00 - 8:30 p.m. Exhibitors' Opening Reception
Pinnacle Ballroom
- 5:30 - 6:00 p.m. Past Presidents' Reception



Friday, June 22, 2012

6:30 a.m. - 9:00 a.m.	Hotel breakfast on own*
7:30 a.m. - 11:00 p.m.	Registration, First Floor
8:30 - 10:00 a.m.	CPE: Diabetes Self-Management Education/Training (DSME/T) in the Drugstore
10:00 - 11:30 a.m.	CPE: Tools for Operating, Buying and Selling a Community Pharmacy
11:30 a.m. - 2:00 p.m.	Exhibitors' Luncheon Pinnacle Ballroom
11:00 a.m. - 1:00 p.m.	Spouse Event: Tour of Crystal Bridges Museum (Transportation & lunch provided. Meet in Lobby 10:15 a.m.)

Tour of Crystal Bridges Art Museum: The Museum, founded in 2005 by Alice Walton and opened in 2011, features a collection of American Masterworks dating from the Colonial era to contemporary times and will display a changing array of special exhibitions featuring art from museums and collections through the region, the nation and abroad. Transportation leaves the Embassy Suites at 10:30 a.m. The fun begins with a visit to the breathtaking gift shop. Lunch in the Atrium Café is next, followed by the guided tour of the Museum. This is a must see. Please join coordinator Patty Young as she escorts the spouse group on this memorable tour. Cost: \$25.00.



1:30 - 3:00 p.m.	Registration, First Floor
1:30 - 3:00 p.m.	CPE: Review of Treatment of Chronic Pain
3:00 - 4:30 p.m.	CPE: Arkansas Pharmacy Law Update
4:30 - 5:30 p.m.	CPE: Professionalism in the Experiential Environment
6:00 p.m.	Bus transportation to party begins
6:45 - 10:00 p.m.	Fresh Picked Pharmacy Party and UAMS COP Class Reunions Colonial Court Celebrations in Bentonville

Food, fun and entertainment honoring APA's Wholesale Business Partners, AmerisourceBergen, Cardinal Health, McKesson, Morris & Dickson and Smith Drug, and the UAMS Half Century Club.

UAMS College of Pharmacy Class Reunions for the Classes of 1952, 1957, 1962, 1967, 1972, 1977, 1982, 1987, 1997, 2002 and 2007 will be held in conjunction with the Friday night party. (Bus transportation back to hotel to be provided.)

Saturday, June 23, 2012

7:00 - 10:30 a.m.	Hotel breakfast on own*
7:30 a.m. - 12:00 p.m.	Registration, First Floor
8:30 - 10:00 a.m.	CPE: Disappearing Drugs: Protect Yourself from Diversion
10:00 - 11:30 a.m.	CPE: Nonprescription Medicine/ Self Care Championship: UAMS vs. Harding
11:30 - 1:00 p.m.	AP-PAC Luncheon Tickets Required
12:30 - 3:00 p.m.	Registration, First Floor
1:00 - 3:00 p.m.	CPE: End of Life Considerations: Emotional, Financial and Legal
3:00 - 4:30 p.m.	CPE: Using Marketing & Social Media to Grow Your Business: Tips from Compounders
5:30 - 6:00 p.m.	Presidents' Reception Pinnacle Ballroom Foyer
6:00 - 9:00 p.m.	An Evening with the Presidents Awards Ceremony President's Farewell & Dessert Extravaganza Pinnacle Ballroom
9:00 p.m.	130th Annual Convention Adjourns

* Hotel breakfast provided with room stay.



AP-PAC Luncheon: Join APA Executive Vice President Mark Riley to learn about the 2012 political races in Arkansas. Tickets required. The AP-PAC Board meeting will be held immediately following the luncheon. Cost: \$65.00
Speaker not yet confirmed.

CONTINUING PHARMACY EDUCATION SESSIONS

All CPE will be held in Commerce Ballroom.

Thursday, June 21

8:30 – 10:00 a.m. 340B Drug Pricing Program and Contract Pharmacy Services

ACPE# 0004-9999-12-200-L04-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Willie Copers, Pharm.D., St. Bernard's Regional Medical Center Supported by AAHP

Although the 340B Drug Program is not new, it is still an unknown concept to many pharmacists. Attendees will learn the history of the program and learn about the current trends in the 340B field, including how local pharmacies are being contracted to help provide these services throughout the state. Several of the benefits and challenges associated with the program will be discussed, as well as a discussion of the resources that a hospital or rural clinic would need to implement a program with local pharmacies.



10:00 – 11:30 a.m. Bringing the Clinical Mindset to the Retail Pharmacist

ACPE# 0004-9999-12-201-L04-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Sarah Griffin, Pharm.D., Harding University College of Pharmacy Supported by AAHP

The clinical pharmacist faces many situations that require quick analysis of kinetics, clinical efficacy, safety, and formulary issues. This mindset often leads to challenging issues for the clinical pharmacist and may even stir fear when faced with difficult decisions that affect patient health and safety. This session will investigate barriers to understanding the clinical mindset and provide useful resources to help make the clinical mindset a reality in all areas of practice.



1:30 – 3:00 p.m. Treating Tobacco Use and Dependence

ACPE# 0004-9999-12-202-L01-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Claudia Barone, EdD, RN, UAMS College of Nursing

Tobacco is one of the most widely used recreational substances in the U.S. and it poses significant health risks to the user. Pharmacists are uniquely suited to help patients stop using dangerous tobacco products through several different FDA-approved products and provide patient counseling that is focused on clinical practice guidelines. This session will give the pharmacist the tools to help patients break the tobacco habit.

3:00 – 4:30 p.m. Parenteral to Oral: Details on Dabigatran & Rivaroxaban

ACPE# 0004-9999-12-203-L01-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Sarah Griffin, Pharm.D., Harding University College of Pharmacy

Patients are in search of more convenient and less cumbersome medications to provide anticoagulation therapy. Are Pradaxa (dabigatran) and Xarelto (rivaroxaban) right for everyone? This session will provide an overview on the mechanisms of action, contraindications, drug interactions and common misconceptions concerning these new anticoagulants.

FIRST GENERAL AND CONTINUING PHARMACY EDUCATION SESSIONS

Friday, June 22

8:30 – 10:00 a.m. Diabetes Self-Management Education/Training (DSME/T) in the Drugstore

ACPE# 0004-9999-12-204-L04-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Melissa Brown, Pharm.D., Medical Arts Pharmacy

Approximately one in three Americans are expected to have diabetes in the coming decade. Pharmacists are well positioned to educate and help patients better manage this serious disease. To provide such a service, pharmacists must understand not only the educational and clinical components of diabetes, but also how to build a successful business model for sustaining the program. This session will help the pharmacist understand these issues and provide information about reimbursement sources, barriers to reimbursement, and resources available to ensure that their program is successful.

10:00 - 11:30 a.m. Tools for Operating, Buying and Selling a Community Pharmacy

ACPE# 0004-9999-12-205-L04-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Mike Bollinger, Director of Pharmacy Acquisition, Cardinal Health

How do you take the first steps toward buying or selling a pharmacy? Step one is understanding the marketplace, including the demographics of the current pharmacy owners, understanding how to value a pharmacy to buy or sell, and understanding opportunities to maximize profitability to the pharmacy. This session will explore these key issues, and will also focus on methods of financing and the important benefits and costs associated with purchasing the assets of a pharmacy versus a stock purchase sale.

1:30 - 3:00 p.m. Review of Chronic Pain Treatment

ACPE# 0004-9999-12-206-L01-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Jon Wolfe, PhD, RPh, UAMS College of Pharmacy
Supported by APA Academy of Consultant Pharmacists

Chronic pain is often challenging for providers to adequately treat and it is difficult for patients to cope with. Finding the balance between too little and excessive therapy is tough. By understanding the most common diagnoses that result in chronic pain in the elderly and understanding the pathologic processes that produce the pain, pharmacists can help make a tremendous difference in pain control for their patients. This session will help the pharmacist understand the appropriate medications for the treatment of chronic pain in the elderly patient and will provide monitoring concerns for patients receiving long-term chronic pain treatment.

3:00 - 4:30 p.m. Arkansas Pharmacy Law Update

ACPE# 0004-9999-12-207-L03-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: John Clay Kirtley, Pharm.D., Arkansas State Board of Pharmacy

This popular CE session returns to update pharmacists on changes to Arkansas pharmacy law. John Kirtley, the executive director of the State Board of Pharmacy, will address recent changes in the law and the rationale behind changes to pharmacy regulations. He will address upcoming Board of Pharmacy issues. The session is always a favorite and is a must-attend to stay updated on pharmacy law.

4:30 - 5:30 p.m. Professionalism in the Experiential Environment

ACPE# 0004-9999-12-L04-P
1.0 hours
*This CPE activity will be Knowledge Based.

Speakers: Jeff Mercer, Pharm.D. and Lindsay Elliott, Pharm.D., Harding College of Pharmacy

Preceptors play a critical role in the education of the next generation of pharmacists. It is important to foster an educational environment that is filled with professional behavior that benefits both the instructors and the learners. This session will offer strategies to encourage professionalism in the experiential setting, resources for instructors and students, and will discuss generational differences in professional behavior.



SECOND GENERAL AND CONTINUING PHARMACY EDUCATION SESSIONS

Saturday, June 23

8:30 - 10:00 a.m. Disappearing Drugs: Protect Yourself from Diversion

ACPE# 0004-9999-12-209-L04-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Mark Gann, Loss Prevention Specialist

Prescription drug abuse continues to grow throughout our state and nation. Pharmacies have quickly become a repository for some of the most sought after drugs of abuse. This session will help pharmacists better protect their pharmacies by understanding methods to track loss and gain awareness on the growing trend of prescription drug diversion. It will identify physical and policy considerations to strength the security of the pharmacy department.





**10:00 – 11:30 a.m. Nonprescription Medicine/ Self Care
Championship: UAMS vs. Harding**
ACPE# 0004-9999-12-210-101-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speaker: Jan Hastings, Pharm.D., Associate Professor, UAMS College of Pharmacy

This marks the fifth year of the OTC Championship! Student pharmacists from UAMS and Harding will be paired with practicing pharmacists in a Jeopardy-like game that tests the OTC knowledge of even the most seasoned pharmacist. The game focuses on safe and effective self-care treatments and provides effective counseling techniques that will benefit all pharmacists. Harding won the first three years of the challenge, while UAMS won last year and will defend their title this year. Come find out which team will take home the title this year.

**1:00 – 3:00 p.m. End of Life Considerations: Emotional,
Financial and Legal**
ACPE# 0004-9999-12-211-104-P 2.0 hours
*This CPE activity will be Knowledge Based.

Speakers: Robert Wolfe, CPA; Jon Wolfe, PhD, RPh; and Scott Pace, Pharm.D., J.D.

Coping with a dying relative and ultimate the loss of a loved one can be devastating. In addition to experiencing the emotional grief, there are often financial and legal issues that arise. It is important to be prepared to handle all aspects of illness and death. This session will provide an overview on the emotional, financial and legal considerations to help adequately cope with end-of-life care.

**3:00 – 4:30 p.m. Using Marketing & Social Media to
Grow Your Business: Tips from
Compounders**
ACPE# 0004-9999-12-212-104-P 1.5 hours
*This CPE activity will be Knowledge Based.

Speakers: Hillary Price and Sarah Parsley
Supported by Compounding Academy

A crowded healthcare marketplace makes it difficult to get the message out about the products and services that your pharmacy offers. Having a marketing strategy to promote your business to physicians, patients and others can make the difference between success and failure. This session will help the participants understand how to create a marketing strategy, execute the strategy and leverage social media to help grow a pharmacy business.



The University of Arkansas for Medical Sciences (UAMS) College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

Continuing Pharmacy Education Credit:

These programs are open to all pharmacists. The program provides pharmacist participant up to 19.5 contact hour(s) (1.95 CEUs). To receive credit, the pharmacist must follow the attendance procedure of the program and complete all program evaluation forms. If the attendance documentation is illegible then no statement of credit can be issued. Credit will be given based on percent of attendance - down to the 1.0 contact hour(s). Credit will be online through the UAMS COP CE office via CPE monitor within 60 days of completion of the program.

Grievance Procedure:

This procedure represents a formal mechanism whereby any pharmacist may obtain a review of a complaint of unfair treatment. A pharmacist must file the grievance in writing within 30 days of the incident/activity generating the complaint. The complaint will be reviewed by the Director of Continuing Education and every effort will be made to resolve the problem of the complainant. If the complaint is not satisfactorily resolved, the complaint will be forwarded to the UAMS COP Dean for disposition.

APA 2012 Annual Convention REGISTRATION FORM

Register online at www.arrx.org

First Name: _____

Last Name: _____

Designation: P.D. Pharm.D. Technician Student Other

Nickname (for badge): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Employer: _____

Pharmacist License # (e.g. PD01234): _____

Guest First/Last Name: _____

Pharmacist Full Registration Package

Includes: All education sessions and CE, receptions, exhibit hall admission, prize drawings, breaks and social event tickets for Thursday, Friday and Saturday. (AP-PAC luncheon tickets must be purchased separately.)

	APA MEMBER		NON MEMBER	
	Before June 5	After June 5	Before June 5	After June 5
Full Registration	<input type="checkbox"/> \$235	<input type="checkbox"/> \$265	<input type="checkbox"/> \$330	<input type="checkbox"/> \$360
Full Registration & Spouse/Guest	<input type="checkbox"/> \$335	<input type="checkbox"/> \$365	<input type="checkbox"/> \$430	<input type="checkbox"/> \$460

Pharmacist Daily Registration Package

Includes: All education sessions and CE, receptions, exhibit hall admission, prize drawings, breaks and social events for the day of registration. (AP-PAC luncheon tickets must be purchased separately.)

	APA MEMBER	NON MEMBER
Thursday Only Registration	<input type="checkbox"/> \$195	<input type="checkbox"/> \$230
Thursday Only Registration and Spouse/Guest	<input type="checkbox"/> \$235	<input type="checkbox"/> \$270
Friday Only Registration	<input type="checkbox"/> \$195	<input type="checkbox"/> \$230
Friday Only Registration and Spouse/Guest	<input type="checkbox"/> \$235	<input type="checkbox"/> \$270
Saturday Only Registration	<input type="checkbox"/> \$195	<input type="checkbox"/> \$230
Saturday Only Registration and Spouse/Guest	<input type="checkbox"/> \$235	<input type="checkbox"/> \$270

Pharmacy Student Sponsorship

Pharmacy Student Sponsorship \$85
Sponsor a student pharmacist to provide the opportunity for a UAMS or Harding College of Pharmacy student to attend the APA convention for free.
Number of Students to Sponsor _____ at **\$85 each** = _____

Technician Registration Package

	APA MEMBER	NON MEMBER
Full Registration	<input type="checkbox"/> \$175	<input type="checkbox"/> \$210
Thursday Only Registration	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140
Friday Only Registration	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140
Saturday Only Registration	<input type="checkbox"/> \$120	<input type="checkbox"/> \$140

Additional Convention Activities

WEDNESDAY, JUNE 20

Convention Golf Tournament \$65
Number of Golfers _____ at **\$65 per player** = _____
Name(s) of Golfers _____

FRIDAY, JUNE 22

Crystal Bridges Museum Spouse Trip \$25
Meet in the lobby at 10:15 a.m.
Name of Attendee _____

SATURDAY, JUNE 23

Arkansas Pharmacists-Political Action Committee Luncheon \$65
Number of Tickets _____ at **\$65 per ticket** = _____

Extra Social Event Tickets

Tickets for the following events are included in the convention registration package. Additional tickets may be purchased for guests.

Friday Night Fresh Picked Pharmacy Party
Number of Tickets _____ at **\$40 per ticket** = _____

Saturday Night An Evening with the Presidents
Number of Tickets _____ at **\$50 per ticket** = _____

Payment

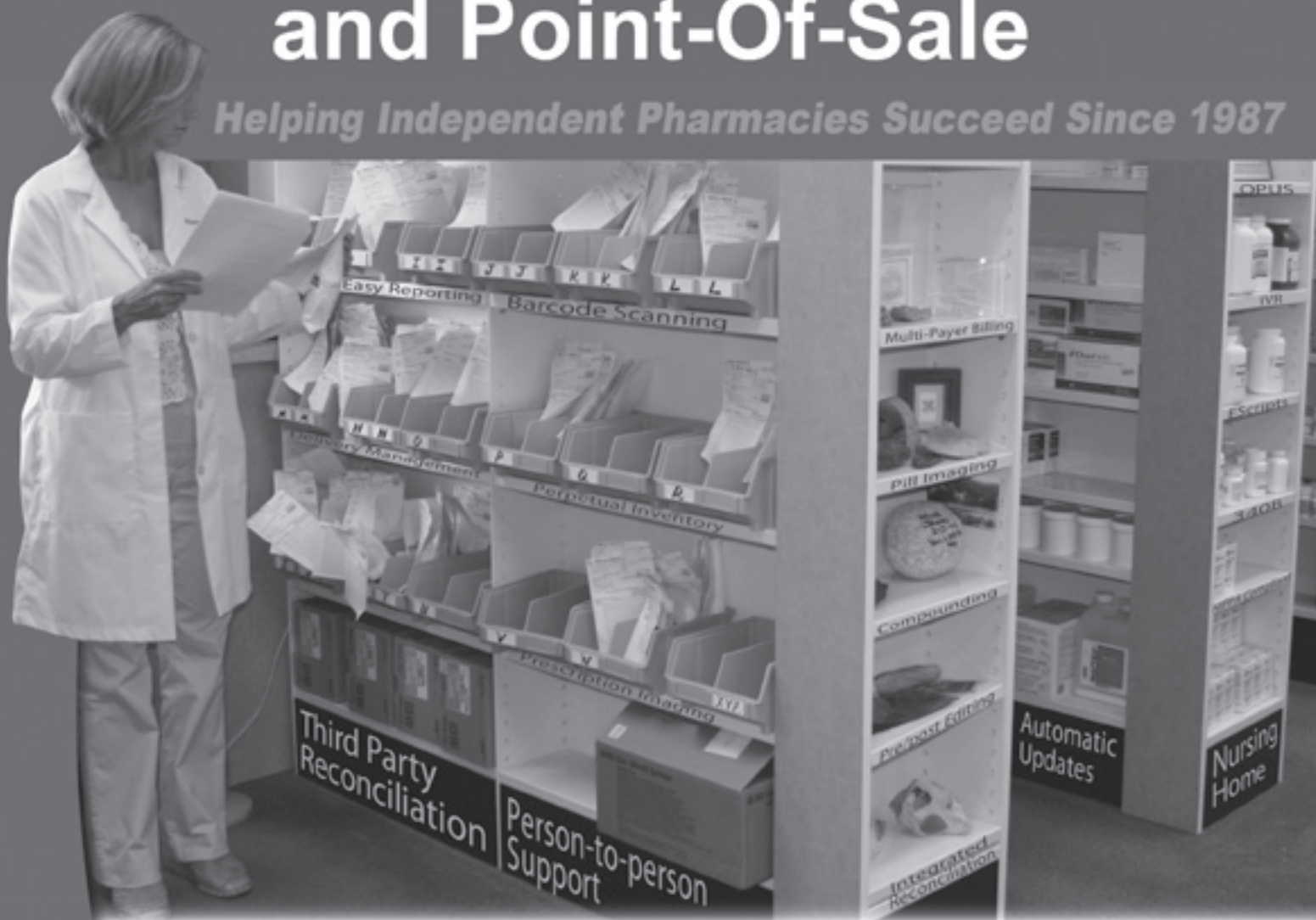
Total Amount: _____

Payment Type: Visa AmEx MC Discover Check
Card # _____ Exp _____ Sec Code _____

Mail to: Arkansas Pharmacists Association, 417 S. Victory St. Little Rock, AR 72201
or register at www.arrx.org. Fax to: 501-372-0546

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Member Classifieds

Member Classifieds are free to APA members and \$65 per issue for non-members. Contact eileen@arrx.org for more information.

Staff Pharmacist- North Central Arkansas- Seeking full time staff pharmacist for non-traditional, closed door pharmacy located in North Central Arkansas. No nights or weekends, but on-call rotation required. Insurance, paid vacation and 401k available. Send resume to: BY Enterprise, P.O. Box 886, Sikeston, MO 63801.

Staff Pharmacist - North Arkansas Regional Medical Center- A partial list of duties includes order entry, preparation of intravenous medication solutions, selected clinical responsibilities, drug utilization review, and communicating recommendations to other healthcare professionals. NARMC offers a tremendous benefits package including healthcare, dental, and 401K. The successful candidate must be motivated to continually improving patient care and licensed in the state of Arkansas or eligible for licensure. Hospital experience is preferred, but not required. NARMC is a 174-bed acute care facility serving a regional area in the heart of the Ozark Mountains. EOE. Please submit your resume and application to: donna.copeland@narmc.com; Phone: 870-414-4689; Fax: (870) 414-4544.

Pharmacy for Sale in Marvell- Average 120 prescriptions a day. \$1,200,000 gross in 2011. Located in same building with clinic. Lots of possibilities for increasing business. Open Mon. to Fri. 9 a.m. to 5 p.m. Selling due to death of partner. Contact Bob Wright at 870-829-1044 or cell 870-816-5269.

Relief Pharmacist Available- Pharmacist with compounding experience looking for relief pharmacy work in Arkansas. Please contact Buzz Garner at 479-234-1100 or drbuzz@arkansas.net.

Cantrell Drug Company in Little Rock Now Hiring Full Time Technicians- Cantrell Drug is seeking one Senior Technician with Sterile Compounding Experience for immediate hire. This is a full-time, Mon.-Fri. position. Also seeking other full-time technicians for various positions for both day and evening shifts. Responsibilities include sterile product production under GMP level processes for FDA registered products as well as other technician functions. Candidate should possess a propensity/desire for working in an industrial pharmacy practice. Send resume or questions for both positions to dconaway@cantrelldrug.com.

Relief Pharmacist Needed- Independent pharmacy in Van Buren/Ft. Smith, AR area is seeking relief pharmacist for Saturdays. Hours on Saturday are 9 a.m. to 1 p.m. and I have excellent technicians who will be scheduled those hours. I would love to have someone work every Saturday, but need someone for at least one or two Saturdays per month. If interested please call or text 479-414-7503 or send resume or email: kbarlow@pharmacyexpressvb.com.

Great Opportunity For Hospital Pharmacists In Pharmaceutical Manufacturing Industry- Rapidly expanding pharmaceutical manufacturer located in Central Arkansas is recruiting the best of the best hospital pharmacists with a background in sterile compounding and hospital pharmacy products. Candidates must have strong work ethic, good people and communication skills, work well with team members, and must be very organized and detail oriented. Minimum requirements are a Pharm.D. degree and two years of hospital pharmacy experience with an excellent working knowledge of hospital pharmacy including sterile compounding experience. All applications kept confidential. We are looking for hospital pharmacists who enjoy professional challenges and who like to be on the cutting edge of pharmaceutical services. Excellent salary, benefits, and potential financial growth. Mon. through Fri., 8 a.m. to -5 p.m. No weekends. Email resumes to pwike@sterilecompoundingusa.com.

Full Time Hospital Pharmacist Wanted in Mountain Home - \$10,000 Sign-On Bonus Available

Baxter Regional Medical Center is seeking a full time Hospital Pharmacist to rotate through clinical staff and medication history duties. This position will work 10 hour shifts, predominantly days, with occasional evening and weekend shifts. BRMC has an integrated pharmacy practice model with significant automation to support drug distribution. Apply online at www.baxterregional.org, or call Sheila Wilson at 1-888-723-5673 for more information.

Looking for Relief Pharmacist Work- Looking to serve as a relief pharmacist during the day within 2 hours of Pine Bluff. Was a licensed DMST educator; can handle MTM diabetic work; familiar with home packaging as well as LTC packaging. Would love to find an opportunity. Contact Robert Rosen, Pine Bluff at (phone and fax) 870-536-4460 or rrnr66@att.net.

Charitable Clinic Needs Service Minded Pharmacists- Want to be thanked dozens of times a day? Tired of dealing with insurance? Join our team at River City Charitable Clinic in North Little Rock. We are looking for volunteer pharmacist to take an active role in the healthcare of low income, uninsured, unassisted patients. Volunteer(s) are needed specifically for a new "refill clinic". You can pick your ideal clinic time on Monday, Wednesday, or Thursday. Staff it weekly or share with a friend. Interested pharmacists can contact Pam Rossi at PRRossi@uams.edu or call Anne Stafford, RN Medical Manager at 501-376-6694.

Seeking Relief Pharmacist Work- Booneville pharmacist looking for relief pharmacist work for independent pharmacists in Arkansas. Please contact Bill Carpenter at 479-675-6246 or criplec@magtel.com.

Seeking Pharmacy Tech Position- I am looking for a Pharmacy Tech position. If anyone is hiring please contact me at 501-244-0319 or 501-912-7259 or email msallene@sbcglobal.net.

Experienced Relief Pharmacist Available- Experienced relief pharmacist (retail/hospital/IV) available in Central Arkansas. Willing to travel reasonable distances. Fred Savage 501-350-1716; 501-803-4940; fred.savage@sbcglobal.net.

Pharmacy for Sale- West Central Arkansas- Pharmacy for sale in West Central Arkansas, established in 1934, 20 miles from Fort Smith, Arkansas. Located in a small community with good schools, encompassing a large trade area. Solid prescription business, with a solid increase in annual sales and net income. Current store hours are Mon. to Fri.: 8 a.m. to 6 p.m.; Saturday: 8 a.m. to 4 p.m. Owner wishes to retire after 34 years. Some owner financing available. Call 479-719-1750.

Volunteer Pharmacists Needed at Hot Springs Charitable Clinic- Wanted: VOLUNTEER pharmacists to assist in dispensing prescriptions, checking prescriptions, and counseling for low income and uninsured patients at a charitable clinic in Hot Springs. Volunteers are needed for bi-weekly evening clinics from 6 p.m. to 9 p.m.. and daily clinics, Tuesday and Wednesdays from 9 a.m. to 3 p.m.. Interested pharmacists should call or email Reita Currie at 501-623-8850, reitacurrie52@yahoo.com, at the Charitable Christian Medical Clinic, 133 Arbor Street, Hot Springs, AR 71901.

IVANRX4U, Inc., Pharmacist Relief Services, Career Placements- Relief pharmacists needed - FT or PT. Based in Springfield, MO and now in Arkansas. Staffing in Missouri, Arkansas, Eastern Kansas and Oklahoma. We provide relief pharmacists for an occasional day off, vacations, emergencies -- ALL your staffing needs. Also seeking pharmacists for full or part-time situations. Please contact Christine Bommarito, Marketing and Recruiting Director, or Mike Geeslin, President for information regarding current openings throughout Arkansas, including temporary as well as permanent placements. Let IvanRx4u help staff your pharmacy, call 417-888-5166. We welcome your email inquiries, please feel free to contact us at: Ivanrx4u@aol.com or Ivanrx4u-tracy@hotmail.com.

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Stephanie Gardner
Pharm.D., Ed.D.
Dean

UAMS

Spring Brings Student Achievements and Graduation

Spring is a time of awards and honors for the UAMS College of Pharmacy. I am happy to report that our faculty and students brought home several high honors from the recent American Pharmacists Association (APhA) annual meeting in New Orleans. I am extremely proud of our students' success in competing with pharmacy colleges throughout the nation. They represent our students' high level of achievement and their patient care efforts, which characterize the goals of APhA-ASP – taking care of people and fostering leadership among future pharmacists. With almost 100 students and 10 faculty members at the convention, UAMS had one of the largest contingents at the meeting.

Our Academy of Student Pharmacists chapter members won the Chapter Achievement Award in Division AA (enrollment between 351 and 500 students). A winner and a first runner-up are named in each of the three divisions. These are the best in the nation and are in contention for Chapter of the Year. Our students also won the Heartburn Awareness Challenge National Award, Operation Heart and Operation Diabetes Regional Awards. Seth Heldenbrand, Pharm.D., assistant professor of Pharmacy Practice, won an APhA One-to-One Patient Counseling Recognition Award. Third-year student Rachel Howells of Alma was first Runner-Up in the National Patient Counseling Competition. Fourth-year student Sarah Norman of Benton received the Nellie Wakeman Fellowship for outstanding Kappa Epsilon members pursuing advanced degrees in the pharmaceutical sciences.

Our faculty and students named to APhA positions were:

- ASP National Communications Standing Committee Member, third-year student Kevin Barton of Greenwood;
- ASP National President-Elect, second-year student Brandi Hamilton of Jonesboro;
- APhA National Academy of Pharmacy Practice and Management President-Elect, Nicki Hilliard, Pharm.D., professor of Pharmacy Practice;
- ASP International Pharmaceutical Society Foundation National Project Coordinator, third-year student Bri Morris of DeWitt.

In addition, student research posters were accepted for presentation by third-year student Sarah Butler of North Little Rock, fourth-year student Brittany Goings of Cabot, and second-year student Marlene Battles of Eudora.

This spring, we are celebrating the career of Charles K. Born '67, professor of pharmaceutical sciences, as he retires from the college after 20 years of service. A large group of alumni, faculty, and students have made gifts to establish a scholarship in his honor. The scholarship will be awarded annually to a student who is active in professional organizations. Several events have been planned to honor Dr. Born and pay tribute to his legacy in teaching and student leadership development.

We will also be celebrating the achievements of our seniors at our Honors Convocation on May 18. Our new graduates will be inducted into the APA and the UAMS Alumni Association. As part of the Honors Convocation ceremony, two alumni will be honored with awards from the College. Aubrey Waddell '83/'96, of Maryville, Tenn., professor of Clinical Pharmacy, University of Tennessee College of Pharmacy, will receive the Dean's Award for Lifetime Achievement in the Profession of Pharmacy. Steve Bryant '75, owner of Bryant's Pharmacy and Healthcare Center in Batesville, will receive the Dean's Award for Service to the College.

Finally, in a development that I hope will have a great positive effect on our college, I have been named an American Council on Education (ACE) Fellow for academic year 2012-13. The program is designed to strengthen institutions and leadership in American higher education by identifying and preparing promising senior faculty and administrators for responsible positions in college and university administration. I will join 56 Fellows, nominated by the presidents or chancellors of their institutions, who were selected this year following a rigorous application process.

Serving as an ACE Fellow will provide me with opportunities to visit other campuses, work closely with a president at another institution, and bring these experiences back in a way that benefits my work at UAMS. I will focus on identifying best practices in inter-professional education and will work with Dr. Jeanne Heard, vice chancellor for academic affairs, and the deans in each college to foster the further development of inter-professional education at UAMS.

As always, I thank each of you for your continued support of the UAMS College of Pharmacy. Thanks to everyone who has mentored our graduates this past year!

Congratulations to the class of 2012! §

University of Arkansas
for Medical Sciences
College of Pharmacy
Class of 2012
Senior Class 2011-2012



Heather Ainsley Nicole Armstrong Kendra Bearden Sara Benfer



Marshall Bettony Sharlesse Boateng Aaron Bowen Vanessa Bradley



Jordan Brazael Kacey Bright Amber Bynum Jackie Carter Grant Cates Jeffrey Cobb Jason Cole Lindsay Coleman Heidi Cox Caleb Craig Drew Curtis Doug Cutsinger Questin Darbey



Lauren Denton Amanda Dumas Mandi Felton Tiffany Felton Alissa Ferrari Lindsey Fisher Jessica Gobin Brittany Goings Kristina Gray Alyson Greenwood Rachel Grubb Chris Hailey Lynn Hailey



Michael Haltom Matt Hambuchen Jazmin Hamilton Sara Harrod Alan Hickman Johnny Hicks McKenna Hicks Bill Hill Brandon Holland Lee Hollingsworth Courtney Hooker Jason Houston Nathan Hutain



Sam Hutchens Marinda Hutchison Jacob Hyatt Eric Johnson Amandeep Kaur Charly Kincannon Athena Kingston Jennifer Klee Taylor Knight Amy Kniss Doris Kom Calvin Langley Jamie Liles



Mallory Linck Allyson Luethy Austin Malone Meg McDaniel Stacy McGrew Kalli Melton Scott Moore Natalie Morgan Cally Morrow Celeste Much Edwin Mukdrew Lacey Neel Sarah Newberry



Sarah Norman Jason Parsons Helen Pennington Tyler Pitchford Kristen Pohl Daniel Price Diana Reynolds Brittany Rhyne John Charles Rose Josh Rust Alexis Scalia Laura Scully Evan Secrest



Chelsea Shelman Karen Sibley David Simmons Claire Sizemore Natalie Smith Shaun Smith Rian Snell Joe Switzer Myka Tabor Kona Taylor Whitney Tharp Christina Thompson Heather Tinnell



Micah Tompkins Elisabeth Trotter Courtney Underwood Chad Vance Carrie Walker Andrea Warren Matt Wilkins Jennifer Williams Mallory Williams Lauren Willis Kathryn Wight Belinda Wynn Adam Zimmerman



Julie Hixson-Wallace
Pharm.D., BCPS
Dean

HARDING UNIVERSITY

Congratulations to the Inaugural Class of 2012!

May 5th marked a major milestone in the history of the Harding University College of Pharmacy - the graduation of the inaugural class. This group of enthusiastic young men and women began a journey in August 2008 which has taken them through all the rigor of pharmacy school while being trailblazers of a sort in cutting the particular path that is the Harding pharmacy experience. It's been an exciting three-and-a-half years and I'm so proud of the faculty, staff, and students for the long days and sleepless nights they've put in to achieve all that they have to date.

Harding University College of Pharmacy also owes a huge debt of gratitude to many friends and colleagues around the state of Arkansas and across the world. One of the first contacts I made a few short days after arriving in Arkansas was with Dean Stephanie Gardner and Associate Dean Cindy Stowe at the University of Arkansas for Medical Sciences College of Pharmacy. I traveled to Little Rock with the Provost from Harding, Dr. Larry Long, and we had our first visit with Drs. Gardner and Stowe from which has grown a wonderfully collegial relationship. It was at that meeting that Dean Gardner explained to me the Arkansas Pharmacists Association's tradition of hosting District Meetings around the state. Thus my first whirlwind tour of the beautiful state of Arkansas began in earnest. Having the opportunity to drive to all corners of the state over a period of four weeks and be with hundreds of pharmacists was a valuable experience and truly helped me begin to understand the Arkansas pharmacy environment. Many of the people whom I met during those first two months in Arkansas are those I must thank today for the bounty of blessings they have brought to Harding and its students.

In April, the college hosted its sixth evaluation team for a site visit from the Accreditation Council for Pharmacy Education. This site visit, like the five others before it, gave the college a chance to take stock in the ways we do things, and to assess our program and the experiences with which we are preparing our graduates. Every site visit has involved a

preceptor breakfast which is one of the most enjoyable parts of the process. I am so thankful for those preceptors who come from near and far to be part of this important meeting. In addition to the time and energy our preceptors expend with pharmacy students on a daily basis, it is humbling to see the additional sacrifices they are willing to make in support of the college.

Dr. Mark Riley and Dr. John Kirtley have also both been extremely instrumental in helping me navigate the Arkansas pharmacy community. They along with the many other staff of the Arkansas Pharmacists Association and Arkansas State Board of Pharmacy have welcomed the college's faculty, staff, and students and assisted in the development of many components of our curricular and extracurricular activities.

"It's been an exciting three-and-a-half years and I'm so proud of the faculty, staff, and students for the long days and sleepless nights they've put in to achieve all that they have to date."

I would also like to recognize the past and present members of the Harding University College of Pharmacy Board of Visitors, an external advisory group which visits campus twice a year to provide feedback and guidance on all aspects of the college. These present and former members include Kris Bottrell, Christy Campbell, Willie

Capers, Steve Carter, Bob Dufour, Vickie Eddlemon, Michael Givens, Debbie Hayes, Susanne Hiland, Barries Leung, Larry McGinnis, Dennis Moore, Paul Morgan, Scotty Parker, Richie Ray, Stephen Peterson, Eric Shoffner, and Matt Strum. This group of men and women has not only been willing to serve but they have provided excellent counsel and wisdom to me.

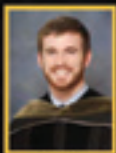
I have come to love the state of Arkansas and its people and I know this is a sentiment shared by the faculty, staff, and students of the college. I have been truly fortunate that God has brought me to this place and know the future Harding alumni will accomplish great things in moving the profession of pharmacy forward both in Arkansas and around the world. Congratulations to the Class of 2012 and thanks to all who have played a part! §



Cassius Ali



Keani Becken



Jacob Blair



Justin Brumard



Matthew Busari



Charles Choi



Kyle Crutcher



Terra Fagles



Jared Fletcher



Lakshmi Foley



Devia Bryant
Treasurer



Candice Robinson
Vice President



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President



Diana Park
Public Relations



Caleb Foster



Steady Gasson



Malory Garfield

Harding University College of Pharmacy



Class of 2012



Brian Green



Chuan Ho



Jill Huang



Lindsey Holloway



Samuel Hubler



Ching Jena



Matthew Jones



Kristo Klavan



Se Pyoung Kim



Kyle King



Evance Koni



Kyoung Shuman



Jack Lin



Amanda Grace Marshall



Bobby Mathew



Janice McKeen



Blake Miller



Muhammad Mirzaei



Minh Nguyen



Henry Nguyen-Servais



Pamela Ochi



Jie Fan



Brittany Packer



Ashish Patel



Crystal Peyton-Lewis



Thomas Lee Reed II



Melinda Reed



Tazpen Reeves



Sarah Shelton



Lo-Ming Shiu



Elizabeth Spauld



Jesse Strobel



Alad Tergal



Meredith Vance



Emily Wagner



Deanna Warfield



Benjamin Washburn



David Wright



Nikki R. Street Yao



Rongrong Yi



Wendy Young

Not Pictured: Adelaide Adleyeva





Willie Capers, Pharm.D.
President

ARKANSAS ASSOCIATION OF HEALTH-SYSTEM PHARMACISTS

Twenty-five students from the May 2012 graduates of UAMS College of Pharmacy and Harding University College of Pharmacy and Health Sciences will be entering pharmacy residency programs in July 2012. These new graduates will be completing post graduate year 1 (PGY1) and post graduate year (PGY2) pharmacy residency programs in Arkansas, California, Kansas, Florida, Maryland, Missouri, Tennessee, and Texas.

AAHP continues to support pharmacy residency program expansion throughout the state. We will hold a Residency Showcase for all Arkansas programs at the upcoming Fall Seminar. In addition, a representative from the American Society of Health-System Pharmacists (ASHP) and several programs from Arkansas will have presentations and panel discussions on establishing residencies, preceptor development, and preparing for ASHP accreditation.

46th Annual AAHP Fall Seminar

The AAHP 46th Annual Fall Seminar will be held October 4-5, 2012, at The Arlington Hotel and Spa in Hot Springs, Arkansas.

Call for Posters

Abstract Submission Deadline: September 11, 2012

The AAHP Fall Seminar 2012 Planning Committee is seeking those interested in presenting a poster at the next meeting. The Fall Seminar will include an opportunity for original scholarly work on research and professional practice topics to be presented in poster format.

Poster presentations should focus on topics relevant to pharmacy practice and pharmacy-focused scientific research and address issues relevant to pharmacy professionals.

Posters will be displayed on Thursday, October 4. The winning poster will receive a cash award from AAHP and will be announced during the Installation and Award Luncheon on Friday, October 5.

Submissions by pharmacists, residents, fellows, students, and technicians will be considered. Expenses associated with the presentation of the poster are the responsibility of the presenter.

Submit an electronic copy of the abstract by e-mail to don.roberts@mcsaeldo.com. The following information must be included in your e-mail submission:

- Title of Abstract
- Authors
- Authors contact information
- Institution, City, State
- Background
- Objectives
- Methods or Procedures
- Results
- Conclusion(s)
- Disclosure

Pharmacy Practice Model Initiative (PPMI)

AAHP has decided to join an organized, nationwide campaign to advance pharmacy practice in hospitals and health systems. The campaign will center on the Pharmacy Practice Model Initiative (PPMI) launched by ASHP and the ASHP Foundation. Congratulations to Bill Reeves, Pharm.D., from National Park Medical Center, who has volunteered to Chair the Arkansas PPMI Steering Committee. The Steering Committee will consist of 10-12 committee members from all regions of Arkansas, small and large community hospitals, stand-alone hospitals and multi-hospital health-systems, academic medical centers, and federal hospitals.

The state campaign will begin with a concentrated effort to have every hospital in the state complete a PPMI Hospital Self Assessment (HSA). Upon completion of the survey, pharmacy directors are able to create a customized action plan for practice advancement for their hospital. Tools and articles related to each actionable item are also provided.

We need every hospital to commit one hour to get it done. This will enable us to generate important data that can be used to plan programs for health-system pharmacists in our state. In addition, completion of the HSA provides departments of pharmacy with a blueprint for strategic planning to advance practice and patient care. This project has the potential to drive the focus and activity of our state society for the next three years. We are really excited about the potential.

At the Fall Seminar, there will be educational programming around the PPMI project. Watch for future announcements about these educational offerings. §

Residency Program Spotlight

<p>Arkansas Children's Hospital</p> <p>PGY1 – Pediatric Pharmacy Practice PGY2 – Pediatric Infectious Diseases/Antimicrobial Stewardship Residency Program Director: Holly D. Maples, Pharm.D.</p>
<p>Baptist Health Medical Center-North Little Rock</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Kevin Robertson, Pharm.D.</p>
<p>Central Arkansas Veterans Healthcare System</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Kelly Thomas, Pharm.D.</p> <p>PGY2 – Ambulatory Care Residency Program Director: Lanita Shaverd, Pharm.D.</p> <p>PGY2 – Palliative Care Residency Program Director: Michael Chandler, Pharm.D.</p>

<p>St Bernards Medical Center</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Willie Capers II, Pharm.D.</p>
<p>UAMS Medical Center</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Michael D. Parr, Pharm.D.</p>
<p>White River Medical Center</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Maggie Miller, Pharm.D.</p>
<p>White County Medical Center</p> <p>PGY1 – Pharmacy Practice Residency Program Director: Shannon Hays, Pharm.D.</p>

<p>UAMS College of Pharmacy</p> <p>PGY1 – Community Pharmacy Residency Program Director: Schwanda K. Flowers, Pharm.D.</p> <p>PGY1 – Managed Care w/ an Emphasis in Evidence-Based Medicine Residency Program Director: Jill T. Johnson, Pharm.D.</p> <p>PGY1 – Pharmacy Practice w/ an Emphasis in Primary Care Residency Program Director: Lois Coulter, Pharm.D.</p> <p>PGY1 – Pharmacy Practice/MPH program (2-yr program) Residency Program Director: Amy Franks, Pharm.D.</p> <p>PGY2 – Ambulatory Care Residency Program Director: Jeremy Thomas, Pharm.D.</p> <p>PGY2 – Solid Organ Transplant/Immunology Residency Program Director: Seth Heidenbrand, Pharm.D.</p>

COMPOUNDING ACADEMY



Kristen Riddle, Pharm.D.
President

Marketing Your Pharmacy

Marketing your pharmacy is imperative to a thriving practice. However, marketing can be overwhelming and costly. This summer at APA's Annual Convention, the Compounding Academy has invited Hilary Price and Sara Parsley to share their marketing tips and success stories. They will present the CE, "Using Marketing & Social Media to Grow Your Business: Tips from the Compounders." Both of these ladies have experience in marketing their pharmacies to the local communities and physicians.

Hilary Price is the Marketing Coordinator for Oakdell Pharmacy in San Antonio, Texas. Hilary markets to medical professionals and the San Antonio community as a whole. She regularly hosts events at Oakdell Pharmacy for their community and medical professionals. She has been very successful growing their compounding practice in a relatively short time period. She will share her best practices as a marketer in the field and give us ideas how we can apply them to our own pharmacy.

Sara Parsley is the Director of IT and Marketing for US Compounding Pharmacy. Sara coordinates with US Compounding's marketer to prepare marketing materials which are distributed to the community and medical professionals. Sara is also responsible for the social media marketing at US Compounding. Sara will share IT ideas for preparing marketing materials, social media pitfalls, and developing a marketing strategy.

Marketing your store can be as simple as your staff talking about your services to customers. Your staff can be your best cheerleaders and truly sell your store. Train your staff to view everyone they speak with (patients, physicians, fellow employees) as their customers. Tell them to make sure ALL of their customers know how special they are to your store. Bring people into your store for events such as open house, ladies events, and health fairs. Provide a sign-in sheet and collect email addresses for future events. Let them see your facilities, meet your staff, and learn about your services in a social environment.

Social media is another great way to get your message out to your current customers and potential customers. Many times we make the mistake of thinking our customers do not use social media or would not follow our pharmacy on Facebook or Twitter. Did you know that 50 percent of the 850 million Facebook users are over 35? And, did you

realize 58 percent of Twitter users are 35 or older? These are your customers! A survey by NM Incite tells us that 66 percent of adults have used Facebook to read customer feedback and 60 percent have used Facebook to learn about products and services. Why not take advantage of these statistics and tell everyone what your store has to offer? Better yet, let your customers tell them! More social media information and pharmacy marketing ideas can be found at the Pharmacy Marketing Quarterly website, www.pmquarterly.com. **S**



Conway Chamber Marketing Director Adena White (R) draws for Rx Skin Therapy prize at a social event hosted by US Compounding.

Arkansas State Board of Pharmacy

President Marilyn Sitzes, P.D., Hope
 Vice President Ronnie Norris, P.D., McGehee
 Secretary Steve Bryant, P.D., Batesville
 Member Justin Boyd, Pharm.D., Fort Smith
 Member Lenora Newsome, P.D., Smackover
 Member Stephanie O'Neal, P.D., Wynne
 Public Member Larry Ross, Sherwood
 Public Member Joyce Palla, Arkadelphia
 Executive Director John Clay Kirtley, Pharm.D., Little Rock



Hot Springs a Hotbed of Pharmacies

By Jon Wolfe, RPh, PhD

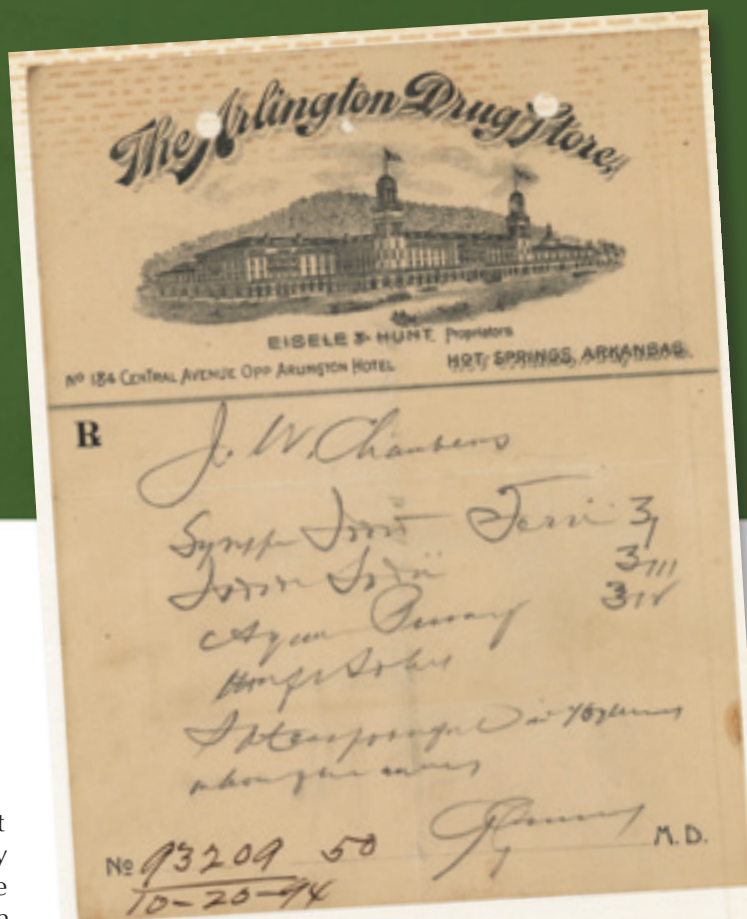
Hot Springs, Arkansas, has always been a town well-provided with drug stores. From the beginning of its existence, the trade base in the city has included many more patients than the year-round residents. People have come there for centuries seeking cure of ailments and also recreation.

We recognize that the “virtues” of these waters was not curative, but represented the relief of symptoms. Early European explorers brought with them a cultural acceptance that a visit to a spa (the word comes directly from Spa, a German town famed for its healing springs) was beneficial to overall health. The regimen included not only soaking in hot water, but also massage and exercise. The spa experience also extended to diet, emphasizing avoidance of food and beverage that overly stimulate the senses. Lastly, in an age when the term “vacation” was almost unknown, visiting a spa included spending focused leisure time away from the concerns of farm, shop and factory.

In the 19th century this meant that drug stores were needed in places downtown convenient to the baths. That requirement guaranteed enough business to support numerous competing drug stores. Pharmacy in Hot Springs also proved adaptable to changing times. One of the first examples of a clinic pharmacy in the state was Medical Arts Pharmacy in downtown Hot Springs. The remarkable art deco building remains today, but far changed from the time of its opening.

The Medical Arts Building was one of the first constructed specifically to concentrate physicians (as well as dentists and opticians) in a single convenient structure. In keeping with the model, the first floor also included a pharmacy intended to meet the needs of such a practice model. Another familiar example in Little Rock would be the Donaghey Building.

Medical Arts Pharmacy had its origins as the Arlington Drug Store, owned by long-time Hot Springs pharmacist Martin Eisele. A predecessor drug store begun by Dr. James Bond (holder of Arkansas license #1 and chair of the first Arkansas State Board of Pharmacy) had long existed in the lobby of the



Top: A prescription for the Arlington Drug Store written on Oct. 20, 1894.
Bottom: A rendering that captures the scene of a crowd gathered to drink from a hot water spring.

Arlington Hotel. It served not only those who worked in downtown Hot Springs and who lived nearby, but also the guest who made that luxury hotel their headquarters while “taking the waters.” Eisele acquired Dr. Bond’s Arlington Hotel Drug Store; then in 1930 moved it across to the lobby of the Medical Arts Building, which had been completed the previous year.

It remained in business until 1985, when its prescription files and inventory were purchased from Maxim Moffatt

by Jerry Jones and his partners Dorance Dameron, Luther "Creepy" Hodges, Guy Newcomb and Don Stecks. The store by then was far more than a drug store. Its stock was extensive. In keeping with the needs of a medical practice building, the pharmacy provided other services. It served to provide stock to physicians' offices. In this capacity, it was something akin to a wholesale drug company. It was far easier for a physician's office to order everything from Kleenex™ to Nocavaine™ on a daily basis from a single source. The store also served as a source for stat purchases, when a physician unexpectedly needed an item immediately.

The compounding business of Medical Arts was also typical for that sort of pharmacy. Dermatology patients were typically most in need of this sort of care. We are all familiar today with the convenience of keeping products like this readily available. The expertise required for complex compounding, as well as the raw materials, demanded then as now a high level of expertise and the commitment to maintain an extensive and complex inventory. Only the volume available in a location such as the Medical Arts Building could then sustain that effort. §



Martin A. Eisels-came to HS in 1877 & began his practice of pharmacy with Dr.W.W. Clark. This firm later became known as the Arlington Drug Store. He was also owner of the Colonial Drug Store which became the Medical Arts Drug Store in 1930. He was a charter member of the Ark. Pharmacy Association.



2011 Recipients of the "Bowl of Hygeia" Award



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program.

All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@nasp.us. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.



2012 Calendar of Events



JUNE

June 9-13
American Society of Health-System Pharmacists
Summer Meeting and Exhibition
Baltimore, MD

June 20-23
APA 130th Annual Convention
Embassy Suites Hotel
Rogers, AR

June 23-26
International Academy of Compounding Pharmacists
18th Annual Compounders on Capitol Hill
Washington, DC

AUGUST & SEPTEMBER

APA District Meetings (See calendar on page 41)

OCTOBER

October 4-5
Arkansas Association of Health-System Pharmacists
46th Annual Fall Seminar
Hot Springs, AR

October 13-17
National Community Pharmacists Association
Annual Convention
San Diego, CA

NOVEMBER

November 7-9
American Society of Consultant Pharmacists Annual
Meeting and Exhibition
Gaylord National Resort & Convention Center
National Harbor, MD

DECEMBER

December 2-6
American Society of Health-System Pharmacists
Midyear Clinical Meeting and Exhibition
Las Vegas, NV

APA 2012 District Meetings

District 4 - Thursday, August 23, 7:00 pm

Camden Country Club
Camden, AR
President: Lise Liles
903-791-1498

District 4 - Tuesday, August 28, 7:00 pm

Arkansas Tech University
Russellville, AR
President: Stephen Carroll
870-403-9400

District 5 - Thursday, August 30, 7:00 pm

Monticello Country Club
Monticello, AR
President: Dean Watts
870-946-2381

District 1 - Tuesday, Sep. 4, 7:00 pm

Chenal Country Club
Little Rock, AR
President: Eddie Glover
501-327-1222

District 7 - Thursday, Sep. 6, 7:00 pm

Holiday Inn Downtown
Fort Smith, AR
President: C.A. Kuydendall
479-667-2101

District 3 - Monday, Sep. 10, 7:00 pm

Doubletree Hotel
Bentonville, AR
President: Chris Allbritton
479-587-5990

District 3 - Tuesday, Sep. 11, 7:00 pm

Big Creek Golf Club
Mountain Home, AR
President: Chris Allbritton
479-587-5990

District 6 - Tuesday, Sep. 18, 7:00 pm

Clarion on the Lake
Hot Springs, AR
President: Stephen Carroll
870-403-9400

District 5 - Thursday, Sep. 20, 7:00 pm

Stuttgart Country Club
Stuttgart, AR
President: Dean Watts
870-946-2381

District 2 - Tuesday, Sep. 25, 7:00 pm

St. Bernard's Auditorium
Jonesboro, AR
President: Kristy Reed
870-972-6470

District 8 - Thursday, Sep. 27, 7:00 pm

Cone Chapel Harding College
Searcy, AR
President: Casey McLeod
501-268-3311

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(L to R) Phil Tygart, P.D.; Sparky Hedden, P.D.; Casey Hedden, Pharm.D.

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Sparky Hedden, P.D.

McCoy-Tygart Drug Store

Sheridan, AR

www.compliantrx.com

