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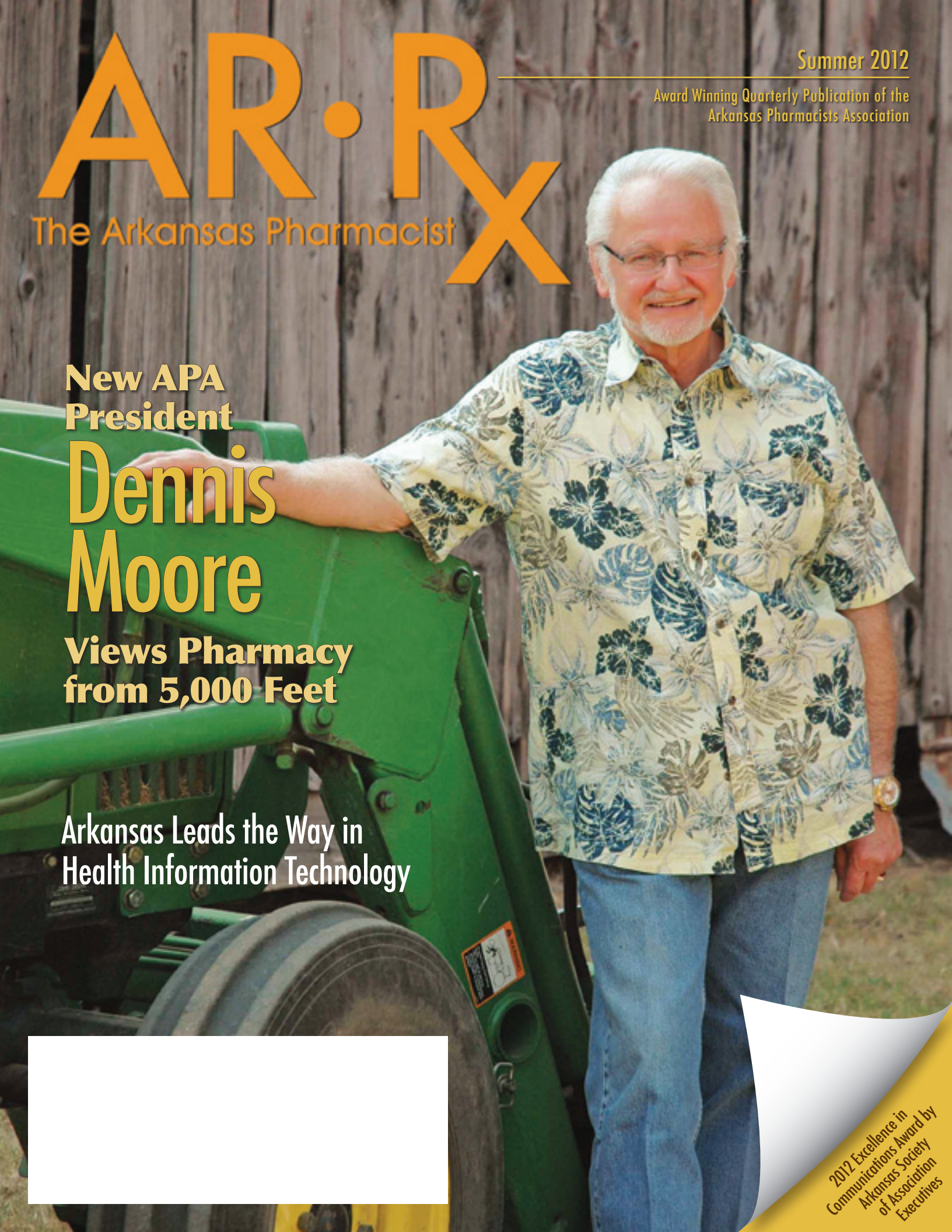
Arkansas Pharmacists Association

AR·Rx

The Arkansas Pharmacist



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APA Staff

Mark S. Riley, Pharm.D.
Executive Vice President
Mark@arrx.org

Scott Pace, Pharm.D., J.D.
Associate Executive Vice President
Scott@arrx.org

Barbara McMillan
Director of Administrative Services & Meetings
Barbara@arrx.org

Debra Wolfe
Director of Government Relations
Debra@arrx.org

Eileen Denne
Director of Communications
Eileen@arrx.org

Celeste Reid
Administrative Assistant
Celeste@arrx.org

Eric Crumbaugh, Pharm.D.
Immunization Grant Coordinator
Eric@arrx.org

Office E-mail Address
Support@arrx.org

Publisher: Mark Riley
Editor: Eileen Denne
Art & Design: Gwen Canfield - Creative Instinct

Arkansas Pharmacists Association
417 South Victory Street
Little Rock, AR 72201-2923
Phone 501-372-5250 | Fax 501-372-0546

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Mark Riley, Pharm.D.
Executive Vice President

Inside APA

CARING FOR PATIENTS AND FIGHTING THE GOOD FIGHT

In times of great change, pharmacists do what they do best….care for patients.

As political battles brew in Little Rock and Washington, it is easy to be consumed by the politics and lose sight of the members for whom we fight those battles. So I find it a good exercise to refocus on members by traveling around the state and seeing some of Arkansas's finest pharmacists in action; taking care of their patients with problems big and small.

During my most recent travels, I was able to visit with a number of devoted APA members. I was enthusiastically welcomed by each pharmacist I encountered and the message given was universal, 'We are so thankful to have the APA working on our behalf in Little Rock.' This was, of course, a gratifying message as I engaged in discussions on specific pharmacy issues. Members were very encouraging, saying 'Keep up the fight, our profession and our patients are worth all of the hard work.' And these pharmacists are exactly right. It is a lot of hard work, but you, APA members, and your patients, are worth the fight.

Let me give you a couple of brief examples of the problem-solving, patient-centered pharmacy practice that I witnessed on this trip. I was visiting with Dr. Karen Cree in Morrilton when a patient arrived in her pharmacy after having been exposed to a potentially rabid animal. The patient was worried that he too might contract rabies from his potential exposure. Dr. Cree explained to the patient how rabies may be transmitted and advised the patient to seek further medical care because of an open wound that may have been exposed to the saliva of the rabid animal.

At another stop on the trip, Dr. Frank Fowler in Horseshoe Bend had a patient who was now covered by two different insurers and the patient wanted both insurers to be billed. Dr. Fowler discussed this with the patient and said it might take some time to discover the correct manner to bill both insurers, but that he would solve this dilemma. He proceeded to counsel the patient on the medication and said they would settle up on payment once he was able to bill both insurers.

These interactions may sound trivial to you, but to me they were a testament to the type of individual and personal care that all pharmacists throughout the state — whether in community pharmacies, health-systems, long term care facilities, compounding labs, and anywhere else pharmacists practice — are providing to patients many times a day. They are what inspire us at the APA to keep fighting for you.

As I returned to the office, I realized that while we certainly have daily challenges, we also have so much good being done in this profession and we must be more active in 'telling the story of pharmacy.' We must remind payers, policy makers, patients, and any other stakeholder that will listen that pharmacists are highly-educated and valuable members of the health care team in Arkansas. We must constantly remind these stakeholders that accessibility to a local provider is critical for patient well-being and for long-term health care improvement.

This time spent with our members was an affirmation that the APA Board's decision to launch a public awareness campaign to increase public and payer awareness of the pharmacists' role in healthcare is the right action to take at the right time. This is a terrifically exciting time of change in the world

of healthcare and APA continues to work hard to make sure pharmacists are well positioned for the change as it evolves.

On a more immediate note, I want to personally invite each of you to this year's APA District Meetings. There has never been a more important time to stay current on the issues that are affecting the profession. APA and the other leaders of the profession will do our best to answer your questions at these meetings about how the changes will affect your practice.

We'll also look forward to talking about new opportunities that will exist to expand pharmacist involvement with the Arkansas State Employee's benefit program.

The travels around the state were both inspiring and energizing. Keep up the good work for your patients, stay active in your communities and your profession and APA will keep fighting the good fight for you in Little Rock and Washington. §

From the President

STANDING ON THE SHOULDERS OF THOSE BEFORE US

Dennis Moore, Pharm.D.
President

Thank you for electing me as the 110th president of the Arkansas Pharmacist Association. I am humbled by the selection, considering the great leaders in pharmacy that have emerged out of Arkansas and served in this capacity. Had it occurred earlier in my career, I might have thought my efforts contributed to the selection. However, the older I get the more I recognize that we all stand on the shoulders of those that come before us. And as President, I can only be as effective as you — the membership — will allow.

In another part of this journal, you will read more about my background and ideas. However, I also want to talk about association membership and its importance. I attended student pharmacist association meetings while still in pharmacy school. I can't recall many specifics as to the meetings, except that I gained an awareness of something "out there" that was bigger than my current level of knowledge and expertise.

And over the years, it has become clear to me that the issues "out there" can only be identified and appreciated if I work closely with others in the profession who share similar challenges and interests. Being involved in association work has helped me broaden my interests and further my career. We owe it to our fellow professionals, future practitioners, and ultimately our patients to be involved in activities that further our profession. You will hear a lot over the next year about membership, and I encourage you to work diligently to enlist the support of your colleagues in association work.

From the perch of a 40-plus year practitioner, our challenges are both scary and invigorating. Having grown up in the traditional fee-for-service model of healthcare, with limited technology, these times are especially unnerving.

However, finding ourselves at an especially critical time in the evolution of healthcare advances, we must be bold in our approach to the future of our profession. The status quo is no longer. Many health care professionals will be wrestling for a different position in the delivery system. Our patients deserve our aggressive advocacy of pharmacy's position in the system so that they benefit from our unique professional knowledge. We must find a way to adequately use that unique knowledge base to the patient's benefit, demonstrate the cost-benefits, and fight being ostracized from patient contact by the parochial interests of others. §

APA 2012 District Meetings

DATE	DISTRICT	TIME	LOCATION	PRESIDENT	PHONE
Thursday, Aug. 23	**4**	7:00pm	**Camden**, Camden Country Club	Lise Liles	903-791-1498
Tuesday, Aug. 28	**6**	7:00pm	**Russellville**, Arkansas Tech University	Stephen Carroll	870-403-9400
Thursday, Aug. 30	**5**	7:00pm	**Monticello**, Monticello Country Club	Dean Watts	870-946-2381
Tuesday, Sept. 4	**1**	7:00pm	**Little Rock**, Chenal Country Club	Clint Boone	501-223-2224
Thursday, Sept. 6	**7**	7:00pm	**Fort Smith**, Holiday Inn Downtown	C.A. Kuykendall	479-667-2101
Monday, Sept. 10	**3**	7:00pm	**Bentonville**, Doubletree Hotel	Chris Allbritton	479-587-5990
Tuesday, Sept. 11	**3**	7:00pm	**Mountain Home**, Big Creek Golf Club	Chris Allbritton	479-587-5990
Tuesday, Sept. 18	**6**	7:00pm	**Hot Springs**, Clarion on the Lake	Stephen Carroll	870-403-9400
Thursday, Sept. 20	**5**	7:00pm	**Stuttgart**, Grand Prairie Center	Dean Watts	870-946-2381
Tuesday, Sept. 25	**2**	7:00pm	**Jonesboro**, St. Bernard's Auditorium	Kristy Reed	870-972-6470
Thursday, Sept. 27	**8**	7:00pm	**Searcy**, Cone Chapel at Harding	Casey McLeod	501-268-3311

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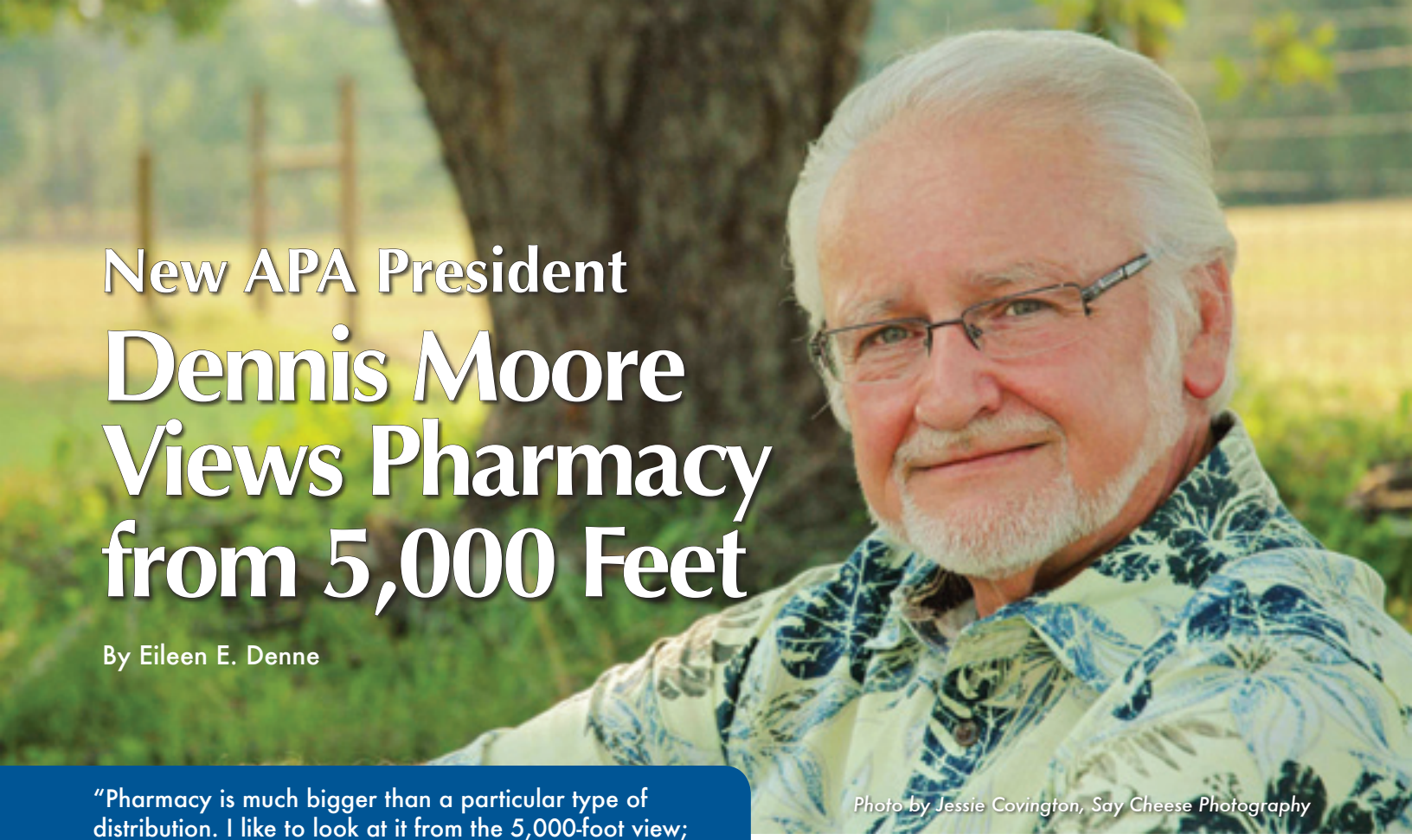

New APA President

Dennis Moore Views Pharmacy from 5,000 Feet

By Eileen E. Denne

"Pharmacy is much bigger than a particular type of distribution. I like to look at it from the 5,000-foot view; how can it impact other parts of health care."

Photo by Jessie Covington, Say Cheese Photography

2012-2013 APA President Dennis Moore relaxes at the Moore family farm in Batesville.

Dr. Dennis Moore suggests that pharmacists back up and take a 5,000-foot view of health care. One of his goals as the 2012-2013 APA President is to demonstrate how pharmacists can dramatically influence the way health care is delivered.

"We should not be the period at the end of the patient's involvement with the health care system," Moore says. "We should be way back up in the beginning of the sentence or at least in the middle of the sentence, rather than being at the end before [patients] go out into the world.

"Pharmacy is much bigger than a particular type of distribution. I like to look at it from the 5,000-foot view; how can it impact other parts of health care," Moore states.

"We need to communicate how our knowledge base can be applied to health care. If we can delineate our role in health care, there will be a place for us. We need to move the process to more primary care initiatives; pharmacists have much to contribute to primary care. The pharmacy piece of the pie is engaging people to be involved in their own health care. Our role must be larger than simply as a dispenser of medications."

Moore currently serves as the director of the University of Arkansas for Medical Sciences (UAMS) North Central Area Health Education Center (AHEC). He is the first health-system pharmacist to lead APA since Dr. Roger Harmon served as president in the late 1980's.

Moore was installed in June as APA President. Previously he served as APA President-Elect, Vice President, District 8 President and Area 2 Representative. He is a member of the Arkansas Association of Health-System Pharmacists where he served as past president and past executive director, and was a past delegate to the American Society of Health-System Pharmacists (ASHP). Moore is a member of the Harding College of Pharmacy Board of Visitors, and he co-chairs the Arkansas Diabetes Advisory Council. He is an Associate Professor at the UAMS College of Pharmacy.

AR•Rx recently caught up with Moore in his Batesville office for an interview. In addition to addressing the questions below, he described his goals for APA during his year as president. Moore said he wants to lead APA to consider how we can be more effective in: a) improved member opportunities and better ways to engage members; b) caring for the chronic patient; c) articulating better to the public the positive role of pharmacy; d) engaging membership to explore our Association's role in the drug abuse/control/treatment issues; and e) ensuring appropriate positions for pharmacists in the health care system changes to come.

Dr. Gary Bass hands the President's gavel to Dr. Dennis Moore.

Please tell me about your family and career history. I was born on the family farm in Batesville where I now live. I have two daughters and six granddaughters. My parents were farm people—having survived the depression—who instilled in me a work ethic for which I am thankful. I took on a more academic, inquisitive side as I grew up. I drifted into health care, and pharmacy made sense to me based on a role model in my community.

Harold Norman was a young pharmacist in a small community pharmacy here in Batesville. I worked at a grocery down the street. He made an impression on me as an articulate young professional. I didn't have any special plans as far as career, so I thought that pharmacy looked like a nice one.

While I have returned to the family farm, it was obvious when I was growing up that farm life would not satisfy me.

Dr. Dennis Moore at the entrance to the family farm in Batesville.

What's that expression? A rational man tries to adapt to his environment; the irrational man tries to adapt the environment to his own needs so all change comes from the irrational man. So I set about to do things differently than my family had in the past, and it has been a pattern in my career. I have always looked at almost any position I've had in my career as to how the system can be improved, which has placed me in many unconventional positions.

I obtained my pre-pharmacy at the University of Arkansas in Fayetteville, my B.S. in Pharmacy at University of Arkansas for Medical Sciences (UAMS), and Doctor of Pharmacy at the University of Tennessee (UT). While at UT, I received specialized training in psycho-pharmacy practice. After graduation, I was recruited to Atlanta to work in addiction rehabilitation. It set the course for my career, in that I continued that work until moving back to Arkansas.

Since returning to Arkansas, I have immersed myself in organizational work. I served in various positions within the Arkansas Association of Health-System Pharmacists. Health-system pharmacists in many states have a separate association structure. I feel it is much more important to have all pharmacists working within one organization, which is why the Arkansas structure is one of the best in the nation. It allows all pharmacists to work together for the common good of pharmacy, while they still maintain their special interests.

What have you enjoyed the most about being a pharmacist? I have always been involved in some aspect of health care that was exciting, i.e. changing attitudes, improving knowledge of patients and other practitioners, shifting paradigms of approaches, etc. System change excites me more than individual patient care. However, seeing that patient care has improved after altering the system is very rewarding. When I was practicing behavioral care, to have a patient come through our treatment center and then return to a successful career, or to build a separate one after obtaining control of their life, was exciting.

What have you enjoyed the least about being a pharmacist? I have never enjoyed reports, paperwork, etc., which is a necessary part of our profession. Additionally, it has been somewhat of an irritation that we have to constantly muscle our way into position to do the right thing for patient outcomes, when those in opposition do not have improved patient care in mind. Sometimes the business of health care struggles against improved patient care.

What benefits would you like APA members to get from the organization? I feel all benefit from involvement with their professional association over their careers (financial, professional, and civic aspects). We are where we are because of someone that came before. We are obligated to get engaged to pass it along. Without the next generation getting engaged we will be in trouble.

What impact do you hope the upcoming APA marketing and public awareness campaign may have on pharmacy in Arkansas? I am very excited about this campaign. We seldom toot our own horn as it relates to our contribution to health care. Improved awareness of our role will help all consumers (patients, payers, regulators, politicians) see us in a different light. Most of the community sees us more clearly in a retail setting, but with a good campaign, perhaps they can see us as "counting" within all aspects of health care—not just retail. I think this is critical to our future, and I am appreciative that the Board has seen fit to fund such a project.

Where do you see the profession moving in the next decade? With proper positioning, we will be much more involved in product selection to affect an improved patient outcome. Also, we have a role to play in patient engagement, i.e. making the patient a partner in recovery. While patient education/motivation is critical, we can provide some of the components of the equation that encourages compliance. We must find a way to improve our involvement with the chronic patient, but integrating our records in such a fashion that they are part of the entire medical record for all to see and use is a challenge we must address.

"We are where we are because of someone that came before. We are obligated to get engaged to pass it along. Without the next generation getting engaged we will be in trouble."

What would be your advice for graduating pharmacy students? I think new graduates must stay involved. They are going to have to reinvent themselves many times before they end their careers. If they don't stay active and involved, the profession may move on without them. This is unprecedented in the history of professions. Technology and methods of communication are advancing so fast, they will be left in the dust if they tarry outside the organized group.

How can pharmacists help address the drug shortage issues? The pharmacist, trained as a compounder, is probably one of the few that can have an immediate effect. Also, pharmacists need to become aware and make sure that the "business interests" that have helped create these issues, are identified and addressed in a regulatory fashion to preclude factors that compromise the health of our population.

What are the legislative priorities for APA in the coming legislative session? Legislative priorities will have to be determined by the APA Board based on the emerging issues and our purported best response to them. However, we must aggressively address those factors/organizations/individuals that attempt to diminish our involvement within patient care for the sake of monies as opposed to good patient outcomes. We need to expand our role to influence rational pharmacotherapy, point out the incomplete arguments as it relates to mail order pharmacy, and vigorously oppose factors that would distance pharmacists from face to face contact with patients.

How do you think pharmacists should be involved in the legislative process? All politics is local. Pharmacists are critical components of each community in Arkansas. How many PBM's are located in Arkansas? Are any supporting the civic groups, Little League, or are paying property taxes to support the schools in rural communities? Those factors must be pointed out to local senators and representatives. If we permit regulations to be promulgated on our local citizens that do not influence positively the life they lead in their communities and—instead—allows for distant corporations to remove money from them without supporting a better health care outcome, shame on us! We can do better.

The association is positioned to be at the table when legislation is discussed. We need to give ourselves a pep talk and help the public understand. APA is in a better position than many other states in pharmacy due to our leadership, the support of the Board and most importantly, an engaged membership… we must keep all of these strong. §

Dr. Dennis Moore (left front) participates in the planning meeting for APA's marketing and public awareness campaign at Mangan Holcomb Partners.

Laura Lumsden | USA Drug

MEMBER SPOTLIGHT

Pharmacy practice: Community, USA Drug on Rodney Parham and Markham in Little Rock.

Graduate pharmacy school and year: UAMS College of Pharmacy 1994.

Years in business: 22 years total, 14 years as Pharmacist-in-Charge.

Favorite part of the job: Making a difference: reassuring and easing the mind of an elderly person's family as they enter a nursing home; teaching a child how to swallow a pill; watching a patient's blood pressure return to normal after hunting down their doctor to prescribe clonidine; immunizing; giving hugs to widows and widowers; helping patients find medications they can afford.

Least favorite part of the job: Insurance formularies and restrictions; having to tell a patient that the medication their doctor determined was most appropriate for them is either not covered, requires step therapy, requires prior authorization, or has an outrageous copay; when, in spite of my best efforts, a patient can still not afford to pay for their medication; having to be a "diversion detective" to try to keep prescription drugs off of the street.

Oddest request from a patient/customer: Patient: Laura, would it hurt a fella if he were to put red food coloring in water and drink it? Laura: Why would a fella want to do that? Patient: Well, my doctor says I need to drink more water. I thought if I tricked myself into thinking it was Kool-Aid, I might drink more.

Recent reads: *The Hunger Games Trilogy* by Suzanne Collins; *61 Hours* by Lee Child; *Seriously…I'm Kidding* by Ellen Degeneres.

Fun activities: Anything gardening: dig, plant, prune, mow, weed… it's my therapy; trying new recipes; reading suspense novels.

Ideal dinner guests: Steve LaFrance - Thank you for your influence; Kristin Agar - Thank you for your counsel; Kristine Stump - Thank you for your support; My grandfathers, Buck Lumsden and Frank Haltom - I would love to know you as an adult so I can better absorb your sage wisdom. And we would each bow our heads and give God ALL of the Glory for our successes, challenges and triumphs. Amen.

If not a pharmacist then… It's hard to imagine any other career path, because I am so fulfilled by being a pharmacist. I'm sure that I would still be in healthcare; probably a psychologist or therapist. We all deserve happiness and contentment in life. I enjoy helping people to help themselves. §

Rx AND THE LAW

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

Damages Awarded in Negligence Cases

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.

As many prior articles in this series detailed, there are many factors to consider when filing or defending a negligence suit. This article will detail what the plaintiff gains in the event that they are able to prove and win their case. The answer is money, which you probably already guessed, but this money can be awarded in different ways that may affect its ultimate payment.

Money damages are broken down into two main categories: compensatory damages and punitive damages. Compensatory damages are, as their name implies, meant to compensate the victim of a negligent act. Compensatory damages are further subdivided into two types: economic and non-economic damages. Economic damages (also called special damages) are the more tangible in nature. Examples are lost wages (past and future), medical expenses (past and future), funeral expenses and other remedial costs. Non-economic damages (also called general damages) are more intangible. These include physical pain and suffering, mental anguish, impact on lifestyle and/or ability to work and permanency of injury. Because non-economic damages are not awarded based on measurable criteria, some states have enacted laws which place caps on the amount of non-economic damages that can be awarded. Coverage under most liability policies is triggered by a demand for money damages. Insurance policies typically do not respond to suits asking for injunctions, temporary restraining orders or other types of non-monetary relief. Verdict forms may list the components of the damages or just give the grand total of the damages. In the end, damages awarded that fall within your policy's limits will most likely be paid by the insurance carrier.

The other type of damages is punitive damages. These are damages that are intended to punish the wrong-doer and act as a general deterrent to the behavior in question. In some jurisdictions, these are known as exemplary damages. There must be a finding of compensatory damages first, even if only a nominal amount, in order for punitive damages to be awarded. In most cases, some sort of willful and/or malicious conduct must have occurred to allow the awarding of punitive damages. This is a pretty high standard, so punitive damages are not awarded in the majority of prescription mis-fill cases. However, in those cases where they are awarded, the sums can be quite large.[1]

Another consideration for punitive damages is that they may not be covered by insurance. States have taken many different approaches to this question. In a number of states, by law, punitive damages cannot be paid by insurance coverage. In a half dozen other states, they may be paid for negligent behavior, but cannot be paid for intentional behavior. In another handful of states, punitive damages can be paid by insurance except in cases involving uninsured motorist or underinsured motorist coverage. These situations reflect a belief that the individual's behavior won't be changed if the costs are paid by insurance. In the majority of states that are left, the cases will turn on the language of the insurance policy involved. The policy may explicitly include coverage for punitive damages or may specifically exclude them. As you can see, insurance coverage for punitive damages is dependent on fact-specific and location-specific issues. Fortunately, punitive damages are not routinely awarded in pharmacy cases.

At the end of the long litigation process, the jury may award damages to a deserving plaintiff and these damages can take a number of different forms. It is essential to consider the possibility of damages being awarded, and the potential types of those damages, as each decision is made whether to continue to move the case forward or look for a possible settlement. §

© 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.

[1] e.g., Hundley v. Rite Aid of South Carolina, Inc. & Howard Jones, 339 S.C. 285, 529 S.E.2d 45 (Ct. App., 2000) – the total award in this case was $5,020,000 in compensatory damages and $11 million in punitive damages.

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Safety Nets

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

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PHARMACY

Zanaflex®

Welcome to another issue of Safety Nets. This column illustrates the potential hazards associated with illegible prescriber handwriting. Thank you for your continued support of this column.

A patient presented the original prescription illustrated in Figure 1 to a pharmacy technician in Western Arkansas. The technician entered the prescription information into the computer as Zanaflex® (tizanidine) 4 mg tablets, quantity 30, with directions to the patient of "take one tablet, by mouth, three times a day and at bedtime as needed for spasms." The same technician filled the prescription and placed it in line for pharmacist verification and patient counseling. The pharmacist verified the prescription had been correctly filled and began the counseling session.

Figure One

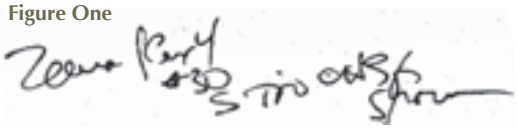
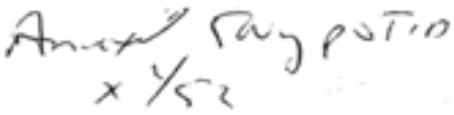


Figure Two



During the counseling session, the patient interrupted the pharmacist and said "my doctor told me to only take the medication at bedtime because it would make me sleepy." At this point, the pharmacist decided to reexamine the prescription. Upon reexamination, the pharmacist realized the handwritten abbreviation that appeared to be "TID" could also be interpreted as "1 p.o." A call to the prescriber confirmed the patient was to only take one tablet at bedtime. After this, a corrected prescription label was generated and the patient appropriately counseled.

The original handwritten prescription illustrated in Figure 2 was presented to a pharmacy technician in Central Arkansas. The patient, who was visiting from out of town, stated she went to her hometown prescriber earlier that day but did not have time to fill her prescription at her usual pharmacy due to a family emergency. The technician entered the prescription information into the computer as Amoxil® (amoxicillin) 500 mg capsules with directions to the patient of "take one capsule, by mouth, three times daily."

At this point, the technician realized a medication quantity was not written on the prescription. She was also confused by what appeared to be an abbreviation or a symbol on the second line of the medication order. The pharmacist agreed the medication order was for Amoxil® 500 mg to be administered three times daily, but was also confused by the second line of the order. The patient did not know the treatment duration of therapy. Repeated attempts by the pharmacist to reach the prescriber for clarification were unsuccessful.

After this, the pharmacist decided to telephone the patient's pharmacist in her hometown to ascertain if he/she was familiar with this prescriber's handwriting. After listening to the pharmacist's description of the medication order, the patient's pharmacist laughed and stated the prescriber wanted the patient to receive a seven-day supply of medication (i.e. one week out of a possible 52 weeks or 1/52). She went on to say she had received calls from other pharmacists throughout the state who were also unable to interpret this method of designating a medication's duration of therapy. After this, the prescription was filled for 21 capsules of Amoxil® 500 mg and the patient appropriately counseled.

These interesting cases illustrate the potential hazards associated with illegible prescriber handwriting. In the first case, the illegibly written "1 p.o." nearly resulted in a significant medication error reaching the patient. Even though the patient remembered the prescriber's verbal instructions (i.e. one tablet at bedtime), an incorrect prescription label (i.e. one tablet three times daily and at bedtime) could have caused the patient to question her memory and instead follow the incorrect label instructions. The second case illustrates the problems that can result when unfamiliar designations are used in prescription writing. If the prescriber had simply written the duration of therapy as "for seven days" or "for one week", this order would have been clear to both the pharmacy technician and the pharmacist. Using the inappropriate designation "1/52" for the medication's duration of therapy prevented the patient from receiving her medication in a timely fashion. The authors of Safety Nets thank the pharmacists who shared these cases with our readers.

The increasing number of electronic prescriptions will continue to reduce medication errors resulting from poor prescriber handwriting. E-prescriptions, however, do not guarantee an error-free medication order. *Legible does not mean error-free.* Illegible handwritten prescriptions, legible handwritten prescriptions, electronic prescriptions and faxed prescriptions must each be carefully examined for potential medication errors. If an error continues to lurk in an order following a pharmacist's careful examination, the error can still be uncovered when the pharmacist utilizes their last and best safety net – patient counseling. §

The authors of *Safety Nets* thank Dr. Lindsey Dayer for her assistance with this issue of Safety Nets.

Medication Taking Behavior Among Adults in Arkansas

By Summer L. Rodgers, Pharm.D., Schwanda K. Flowers, Pharm.D., Bridget S. Johnson, Pharm.D., Anne C. Pace, Pharm.D.

Background

The World Health Organization has defined "adherence" as the extent to which a person's behavior corresponds with agreed recommendations from a health care provider.[1] A quantitative review of studies reporting adherence to medical treatments estimated that the average nonadherence rate is 24.8%. In fact, one- to two-thirds of medication-related hospital admissions in the U.S. are due to poor medication adherence, with resultant healthcare costs of $100 billion/year.[2]

Research has shown that verbal assessments have poor concordance to more objective measures of adherence, such as pill counts and electronic measurements.[4] In contrast, asking patients about medication adherence through the use of paper questionnaires, surveys, or diaries, has a higher concordance to these more objective measures.[4] One such tool was developed and validated by Morisky et al and is a four-question survey instrument.[5] Although initially developed to assess adherence to antihypertensives, the Morisky instrument has now been widely used across multiple disease states, including heart failure, asthma and chronic obstructive pulmonary disease (COPD).[6,7,8] The Morisky survey has also been compared with other measures of adherence, such as pharmacy claims data, where, in one study of cardiovascular medications, the survey score was a significant independent predictor of nonadherence by multivariate logistic regression analysis.[9]

Objective

The objective of this study was to describe self-reported medication-taking behavior patterns among adult patients that were customers in participating community pharmacies in Arkansas.

Methodology

A. Study Design

This project used a cross-sectional survey design to evaluate patients' medication-taking behavior and related parameters. The de-identified patient data was gathered from self-administered paper-pencil questionnaires. The questionnaires included demographic information along with the four Morisky questions. Table 1 lists the four Morisky questions as well as the method to score them.

B. Study Population

Community pharmacies throughout the state of Arkansas were asked to participate in this voluntary study; recruitment was conducted by publicizing in the Arkansas Pharmacists Association's weekly email/fax updates as well as by word of mouth.

C. Methods

Each participating pharmacy was asked to distribute and collect surveys throughout the month of February 2012.

Table 2: Surveys Returned

Area	Cities Included	Number of Surveys Returned
Central	Little Rock, North Little Rock, Conway, Beebe, Benton	643
Northeast	Newport, Searcy, Mt. View, Jonesboro	125
Northwest	Booneville, Russellville, Van Buren, Ft. Smith, Danville, Fayetteville, Alma	287
South	Texarkana, Camden, Pine Bluff, El Dorado, Hot Springs, Mena, Ashdown, Prescott	267

Results

A total of forty-nine (49) pharmacies requested to participate. Thirty-eight (38) pharmacies returned a total of 1322 surveys.

A. Demographics

Of the 1322 returned surveys, 883 were from female participants, 426 were from male participants and 13 participants did not indicate a gender. The median age range was between 45 and 64 years.

Table 1: Morisky Questions and Scoring

Questions	Total score on all 4 questions	Scoring: YES=0, NO=1 Description
1. Do you ever forget to take your medicine?		
2. Are you careless (not concerned) at times about taking your medicine?	0-1	Low level of adherent medication taking behavior
3. When you feel better, do you sometimes stop taking your medicine?	2-3	Medium level of adherent medication taking behavior
4. Sometimes if you feel worse when you take the medicine, do you stop taking it?	4	High level of adherent medication taking behavior

The breakdown of age ranges is noted below:

18-24 years……7%	55-64 years…..21.4%
25-34 years……..13%	65-74 years…..13.5%
35-44 years……..19.2%	>75 years……8.9%
45-54 years……..19.2%	Not Reported ….<1%

The majority of participants had a bachelor's degree or greater level of education:

Non-High School Graduate……13%
High School Graduate or More……..19.5%
Bachelor's Degree or More……..57.4%
Advanced Degree or More……..9.8%
Not Reported……..<1%

The majority of participants had an annual household income of less than $49,000:

Less than $25,000……..29.2%
$25,000 - $49,000……..25.8%
$50,000 - $74,000……..17.7%
$75,000 - $99,000…….. 10%
$100,000 - $149,000……..8.4%
$150,000 - $199,000……..3.3%
$200,000 or More……..1.7%
Not Reported……..3.9%

B. Morisky Analysis

Figure 1: Responses Morisky Questions

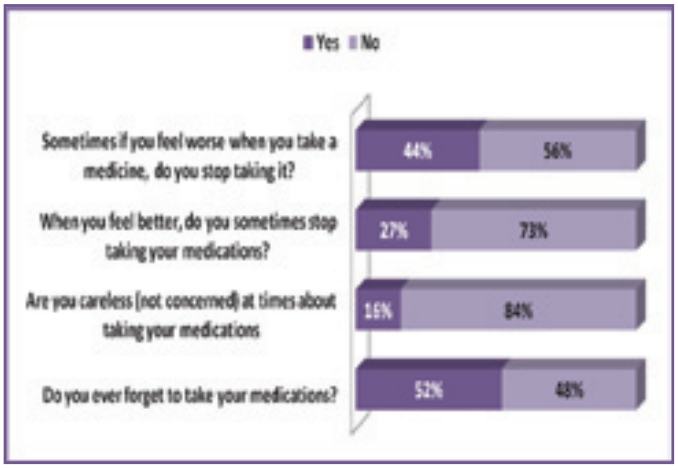
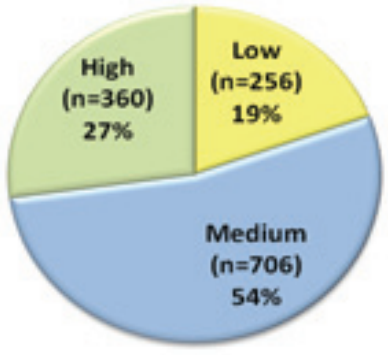


Figure 2: Level of Medication Adherence



The results of the Morisky questions, categorized by adherence level, are shown in Figure 2.

Males had a higher percentage of high adherent medication taking behavior than females (32.6% vs. 24.4% (n=355)). Over half (55.4% (n=489)) of females had medium level and 20.2% (n+178) had low. Nearly half the males (49.8% (n=212)) had medium and 17.6% (n=75) had low.

Figures 3-6 report medication adherence by Age Range (Figure 3), Education (Figure 4), Income (Figure 5), and State Geographical Area (Figure 6).

Figure 3: Level of Medication Adherence by Age Range

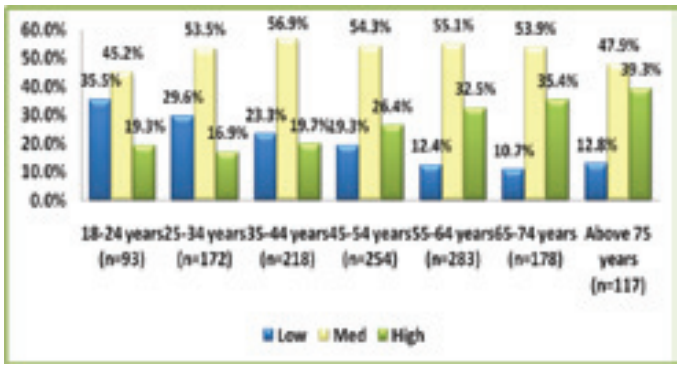
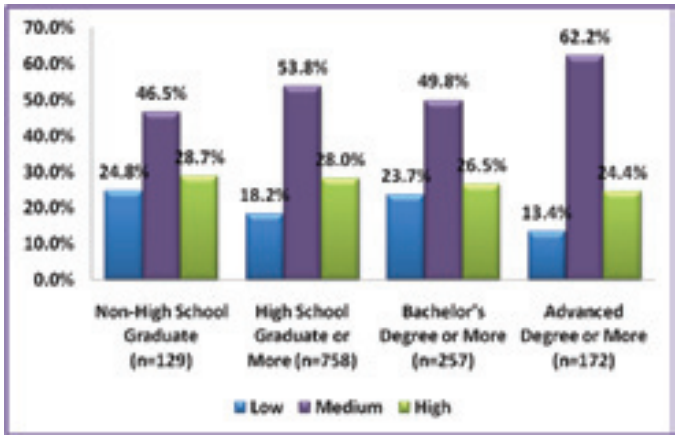


Figure 4: Level of Medication Adherence by Education



In pharmacies that provide adherence services, their patients with low, medium, and high levels were 24.4%, 48.8%, and 26.8% respectively. In the pharmacies that do not provide any adherence services, their levels of low, medium, and high adherence were 20.2%, 54.8%, and 25% respectively.

Patients that participated in the survey at a chain pharmacy reported low, medium and high adherence levels as 24.7%, 52.3% and 22.9% respectively. Patients that participated in the survey at an independent pharmacy reported low, medium and high adherence levels as 19.8%, 49.7% and 30.45% respectively.

Figure 5: Level of Medication Adherence by Income

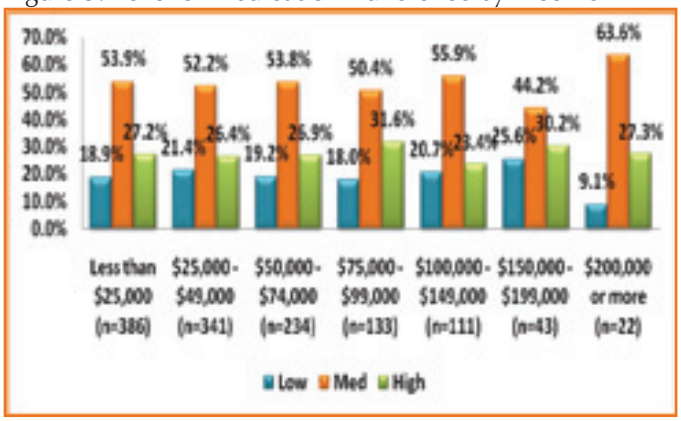
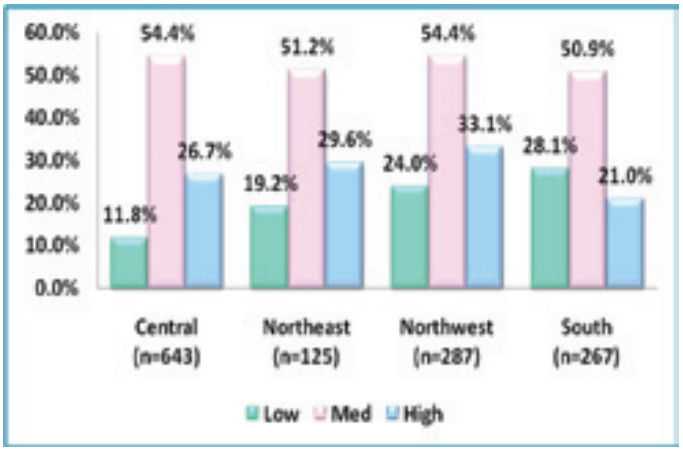


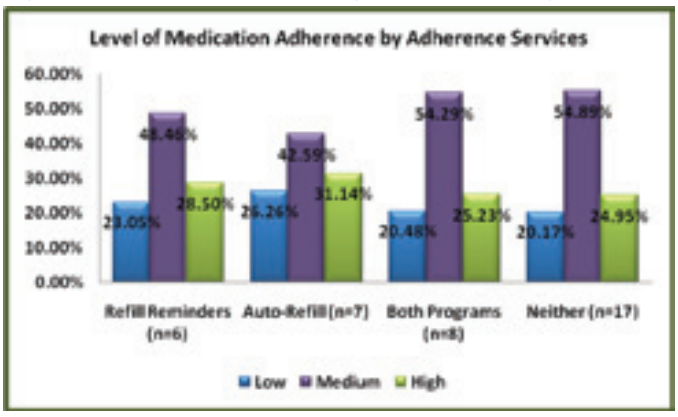
Figure 6: Level of Medication Adherence by State Geographical Area



C. Participating Pharmacy Demographics

	Independent (n=17)	Chain (n=21)
Geographic Region		
Central Arkansas	8	8
Northwest Arkansas	4	3
Northeast Arkansas	4	2
South Arkansas	1	8
Adherence Services		
Refill Alerts	3	11
Auto-Refill	1	14

Figure 1: Level of Adherence by Adherence Programs



Discussion/Conclusion

Approximately three-quarters of the participants that responded to the adherence survey reported a low or medium level of medication adherence. Adherence appeared to be higher among customers using independent pharmacies (30.14% with high adherence) versus chain pharmacies (22.93% with high adherence); however, chain pharmacies are more likely to offer adherence services than independent pharmacies. The offering of adherence services did not appear to affect the level of adherence in the patients that participated in the survey.

Data collected was self-reported data which has the potential to create bias in the results due to one's tendency to provide answers that represent positive behaviors. Results may have differed had more surveys been completed. On average each pharmacy that returned surveys returned approximately 35 surveys. Eleven pharmacies did not return any surveys. Participating pharmacies stated that many customers were unwilling to provide the requested information due in part to "skepticism."

According to the study, 52% of patients report forgetfulness in taking medication. Auto-refill programs and refill alerts can help improve adherence related to forgetfulness. The results of this study showed that refill reminders and auto-refill programs appear to have a slightly higher level of adherence when compared to pharmacies that do not provide either service; however, the difference does not appear to be statistically significant. Pharmacies should look beyond auto-refill and refill-alert programs in order to improve medication taking behavior. The ideal medication adherence program would provide multiple interventions targeting different factors for decreased adherence.[1]

Medication adherence is a major public concern and pharmacists are in great position to make a difference. The results of this study will help pharmacists make tailored approaches to improve the medication-taking behavior of their patients. §

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ARKANSAS PHARMACY FOUNDATION

LEGISLATOR PROFILE

Davy Carter
(R-Cabot) District 43

Committees: Revenue and Taxation (Chair); City, County and Local Affairs; Auditing; Rules Committees.

Years in office: Heading into third term.

Occupation: Banker/Attorney.

Your pharmacy: Cabot Medical Park Pharmacy.

Like most about office: Being in a position to help constituents in need of work through the state government process.

Like least about office: Time away from career and family.

Upcoming election: Running unopposed.

Most admired politician: Tough one. But I'd say Jimmy Keasler – County Judge, Lee County, Arkansas.

Advice for pharmacists about the political process and working with the Arkansas Legislature: Don't be afraid to voice your concerns, and do so early in the process.

Your fantasy political gathering would include: All past Governors of Arkansas.

Toughest issue of the past Session: No one particular issue. In my opinion, the toughest part of each session is the steep learning curve legislators have in light of term limits. The toughest issue of the 2013 Session will be health care/tax cuts.

What do you do for fun: I have a particular fondness of Greers Ferry Lake. I love everything about it. It's a true treasure and something Arkansans should be very proud of. §

Arkansas Pharmacists Association

Arkansas Leads the Way in Health Information Technology

By John Vinson, Pharm.D.

The ability for providers to have immediate electronic access to a patient's medical records is expected to positively impact patient safety and decrease costs to the health care system. For this reason, the federal Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, which was part of the American Recovery and Reinvestment Act (ARRA) of 2009, established funding for states to establish health information exchanges for health care providers. Arkansas received funding from this 4-year program, known as the State Health Information Exchange Cooperative Agreement Program. The state received $7.9 million in funding made available through the Office of the National Coordinator for Health Information Technology. An important condition of accepting the grant money is that Arkansas must make the Health Information Exchange (HIE) financially sustainable.

Arkansas Office of Health Information Technology

One of the first steps in creating a statewide HIE was for the Arkansas legislature and Governor Beebe to establish the Arkansas Office of Health Information Technology (OHIT) in 2011. Next, Governor Beebe and the Arkansas legislature created the HIE Advisory Council made up of key stakeholders in Arkansas healthcare including a requirement that one member should represent the Arkansas Pharmacists Association (APA). The name given by OHIT to the newly-created Arkansas health information exchange is the State Health Alliance for Records Exchange known as SHARE. The financial support for SHARE is expected to come primarily from Arkansas payors, hospitals and providers.

State Health Alliance for Records Exchange

SHARE will provide an electronic portal for primary health care providers, related health service professionals, and public health authorities to have real-time access to patient health information that is secure and protected by current federal and state privacy and security laws. In addition, SHARE will provide Arkansans with the ability to readily access health information that helps them manage their personal health and improve access to information that will maximize their participation in individual or family members' health care.

SHARE is being built, refined and implemented in phases. SHARE is web based and does not require any installation of hardware or software in a health care professional's office or location. A computer with internet access, a web browser, and a monitor is all that is required. Phase I of SHARE provides secure messaging technology. Secure messaging allows for text email with or without electronic attachments to be sent securely in a HIPAA compliant encrypted format to health care professionals in Arkansas authenticated on the SHARE network. Phase I of secure messaging looks like and has familiar features of your favorite email software. It allows users to save and organize sent and received messages into electronic folders. It also has a global address book that includes all SHARE users and the ability to build a custom contact list for your most frequent communication needs.

Secure messaging will allow for health care providers with electronic health records to exchange CCDs (continuity of care documents). CCDs are essentially chart summaries that may contain patient allergies, diagnoses, and medications. Recent office note documentation and imaging studies like X-Rays and CT scans may also be sent efficiently and securely. Long term, secure messaging is expected to replace fax machines in health care professionals' offices for a number a reasons, including projected decreased costs from unnecessary printing and extra equipment. More importantly, secure messaging ensures that a patient's medical records are not accidently faxed or sent to a business or individual not in healthcare. A user could still accidently send protected health information to the wrong health care professional, but not to the local pizza restaurant.

Phase II of SHARE is a full virtual electronic medical record. It will allow providers enrolled in SHARE to have access to e-prescribing prescription claim-based histories, provider prescribing histories, lab results, immunization records, drug and food allergies, diagnoses, and other vital information. By viewing health histories, health care providers will have more complete medical information for patient education, treatment decisions, and the ability to coordinate care with other health care providers in a patient centered fashion. In July 2012, Arkansas became the first state in the nation to receive federal approval to begin Phase II of its statewide health information exchange (HIE).

How will patients authenticate a health care professional to access their medical records through SHARE? Arkansas has chosen to be an "opt out" state. Essentially what this

means is that all patients who receive services with a SHARE authenticated health care professional or health services entity will have the option to allow that provider or entity access or not. If the answer is yes, the patients records are uploaded to SHARE and the provider or entity can view the patient's full records on SHARE as needed to provide necessary health services or care. If the answer is no or undecided, then the patient's medical records are still uploaded to SHARE, but the full records are only available to the SHARE authenticated entity or provider in an emergency situation, also known as "break the glass" HIE technology.

SHARE is expected to be widely implemented in greater than 50 percent of all Arkansas providers and hospitals by the end of 2012. Payors like Arkansas Medicaid and Arkansas Blue Cross Blue Shield also plan to participate by contributing claims data and funding. Payors expect lower costs and safer higher quality healthcare to be realized for Arkansans. The University of Arkansas for Medical Sciences (UAMS) will participate with all of its Little Rock provider clinics, the University Hospital, and the Family Medical Centers in the statewide Area Health Education Center (AHEC) system. In addition, the Arkansas Department of Health is developing plans and software to accept reporting of immunization records and notifiable laboratory results for communicable diseases through SHARE in the future.

Access to SHARE and patient electronic medical records by Arkansas pharmacists has the potential to improve efficiencies of communication with healthcare providers and improve patient care.

SHARE and Arkansas Pharmacists

The Arkansas Pharmacists Association Board of Directors set a 5-year strategic plan in the fall of 2010 advocating for Arkansas pharmacist access to patient electronic health records with patient approval. This strategic plan also advocates for integrating pharmacist software systems with electronic health records under health care reform implementation. SHARE could be a potential solution to help achieve these stated goals.

Access to SHARE and patient electronic medical records by Arkansas pharmacists has the potential to improve efficiencies of communication with healthcare providers and improve patient care. Pharmacists utilizing Phase II of SHARE will eventually be able to send and receive immunization records with the Arkansas Department of Health. SHARE could also present opportunities for medication therapy management pharmacist consultations to improve patient care for Arkansans. These services might include:

- Preventable disease screenings
- Drug-drug interaction identification with recommendations
- Adherence screening and counseling
- Drug-disease interaction identification with recommendations
- Underutilization identification
- Generic cost savings opportunities
- Drug dosing recommendations based on laboratory values
- Medication overutilization identification
- And, improved disease and medication patient education

SHARE could help with obtaining pertinent documentation needed for durable medical equipment billing. It could help with compounding referrals, and more secure compounding related laboratory result and recommended dosing communication. It could help with prior authorization submission and communication for approval and denial from payors to both prescribers and pharmacists. The most important value for integrating pharmacies into SHARE might be realized by the prescribing providers. SHARE integration with pharmacy prescription software will ensure more complete prescription medication histories, including cash data, to be available to providers at the point of prescribing. This would make medication reconciliation less painful, improve patient safety, and lower the liability to the providers and the institutions where they work.

Financial Motivation

Pharmacists do not have a clear financial motivation to join or invest in this technology at this point. The providers and hospital networks are motivated to use this technology based on financial incentives defined by ARRA provided for meaningful use of an electronic health record. Pharmacists do not qualify for these incentives. In addition, the Arkansas Health Care Payment Improvement Initiative promises to provide further payment incentives to providers for improved quality of care. Once again, Arkansas pharmacists have been left out thus far. The key for Arkansas pharmacy and improved patient care is coupling this kind of technology with adequate payment incentives in state and federal payment reform initiatives that specifically target pharmacists' talents.

Arkansas pharmacists should be utilized to improve outcomes as it relates to medication therapy services and basic health screenings. They are perfectly positioned to help in areas of prevention and primary care all across rural Arkansas but still remain underutilized despite a growing primary care shortage and rising healthcare costs associated with preventable and treatable chronic illnesses. For now, access to SHARE by pharmacists is still to be determined. You might even call it "off label." For the sake of improved patient care and the future of pharmacy practice, I would like to challenge thought leaders in Arkansas pharmacy to find opportunities to utilize SHARE. For more information:
http://ohit.arkansas.gov/share/, (501) 410-1999. §

About the author: **John Vinson, Pharm.D.**, served on the Arkansas Health Information Exchange Council during 2011 and 2012. Vinson is the former District 7 President for APA's Board and currently serves as chair of the Communications Committee.

Quality Notes

Christi Quarles Smith, Pharm.D.
Pharmacy Specialist

ARKANSAS FOUNDATION FOR MEDICAL CARE (AFMC)

Reducing Adverse Drug Events: A Look at Clinical Pharmacy Services

The number of adverse drug events (ADEs) is a growing epidemic in the health care community. In the Journal of the American Medical Association, Bates, et al., defined an ADE as "harm or injury caused to the patient resulting from medical intervention related to a drug."[1] Many of these drug-related injuries are unavoidable; however, according to a report published by the Institute of Medicine, more than 1.5 million ADEs occurring each year in the United States are preventable. In addition, one study found that these medication errors cost the health care system more than $887 million annually in the Medicare population alone.[2] Another study estimated that in the general population, drug-related morbidity and mortality cost almost $200 billion per year.3 Because of these statistics, reducing ADEs is a top priority of the medical community. In order to accomplish this goal, health care professionals have come to a consensus to induce a paradigm shift in health care toward a patient-centered model of care that includes an interdisciplinary team approach. One such model focuses on the utilization of pharmacists in disease state management, medication therapy management, and medication reconciliation.

Report to the Surgeon General and Response. The need to integrate pharmacists into the health care delivery system is nationally recognized. The Office of the Chief Pharmacist's 2011 Report to the U.S. Surgeon General concludes, "Pharmacy practice models can rapidly relieve some of the projected burden of access to quality care, reduce health disparities, and improve overall health care delivery."[4] One comprehensive systematic review found a significant reduction in ADEs in the pharmacist-provided care group versus those with no direct pharmacist intervention.[5] Another meta-analysis, published in the Archives of Internal Medicine, looked specifically at the effects of pharmacist involvement in the care of patients with congestive heart failure (CHF) and found that pharmacist care was associated with significant reductions in both all-cause hospitalizations and CHF hospitalizations.[6] These studies demonstrate the need to incorporate pharmacists into interdisciplinary health care teams in order to improve patient outcomes and reduce ADEs.

On Dec. 14, 2011, U.S. Surgeon General Regina Benjamin, MD, MBA, responded to this report, saying that it "provides the evidence health leaders and policy makers need to support evidence-based models of cost effective patient care that utilized the expertise and contributions of our nation's pharmacists as an essential part of the health care team." This response indicates a national drive to employ a health care model that incorporates pharmacists' services.[7]

Reducing ADEs in the Medicare 10th Statement of Work. Another leader in national health care has recognized the need for pharmacist-driven care in reducing ADEs. The Centers for Medicare & Medicaid Services (CMS) has made this a nationwide priority. The Medicare Quality Improvement Organization (QIO) for Arkansas, the Arkansas Foundation for Medical Care (AFMC), has been charged with leading a three-year, statewide initiative that seeks to incorporate evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex Medicare patients. The goal of this project is to improve individual patient care by improving the quality of health care, reducing and preventing ADEs, and improving health outcomes for Medicare beneficiaries. AFMC will lead integrated health care teams consisting of core provider groups (pharmacists, physicians, nurses, their practices and health centers), local community stakeholders, and consumers across the state in the development and use of a health care team model that incorporates a clinical pharmacist as an integral member, with a goal of reducing and eventually eliminating preventable ADEs.

Patient Safety and Clinical Pharmacy Services Collaborative. AFMC will aid teams in reaching this goal by implementing the evidence-based Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) model. PSPC was initiated nationwide by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs three years ago in order to expand clinical pharmacy services into the health care delivery system. PSPC teams have shown improved health outcomes and patient safety through the integration of clinical pharmacy services into patient care.

AFMC will work with teams to use the PSPC breakthrough model for improvement, which includes evidence-based pharmacy interventions and incorporates a series of rapid-cycle learning sessions and action periods. These learning and action periods, or "plan-do-study-act" (PDSA) cycles, will refine these innovative patient-centered practices and pharmacy models in order to improve patient safety and health outcomes.

Past PSPC participants have used their outcomes and processes not only to improve quality of care, but also to obtain higher rates of reimbursement from insurers, obtain Patient-Centered Medical Home (PCMH) designation, make the business case for maintaining a clinical pharmacist as a staff member, and secure funding opportunities for pharmacist-led patient care projects.[8]

Moving Forward. Patient quality and safety are the main priorities of this initiative to reduce and prevent ADEs. The utilization of the PSPC model, or any model that incorporates evidence-based clinical pharmacy services, has been shown to decrease patient harm, improve patient health outcomes, and improve overall quality of care. §

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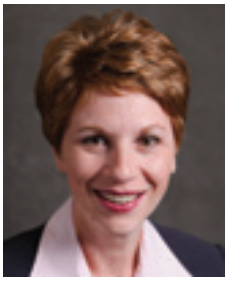
Christi Quarles Smith, Pharm.D., is a pharmacy specialist at the Arkansas Foundation for Medical Care (AFMC), and is the team lead for AFMC's reducing adverse drug events and care transitions projects. She is a graduate of the University of Arkansas for Medical Sciences (UAMS) and completed a Pharmacy Practice residency at UAMS. She can be reached at csmith@afmc.org. AFMC is the state's health care Quality Improvement Organization and contracts with the Centers for Medicare & Medicaid Services to give technical assistance to health care providers. AFMC's mission is to promote excellence in health and health care through education and evaluation.

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



Julie Hixson-Wallace
Pharm.D., BCPS
Dean - Harding

UAMS and Harding University

First Salary Survey Representing Two Colleges of Pharmacy

For the first time in Arkansas history, our salary survey data represent graduates from two colleges of pharmacy. At graduation, 86% of the students who responded (n=136) had already accepted positions, with 61% accepting a position in a community setting. Twenty-two graduates accepted a residency position. The average salary for a new graduate was $117,223. Although we do not have comparison data from previous years for two schools, this is an increase from last year's average salary for UAMS graduates ($114,106). Fifty-five of the students (40%) accepted positions at places where they had previously worked or completed part of their experiential education. Unfortunately, the average amount of debt that a student has at graduation has significantly increased from previous years ($109,545).

Although the marketplace has changed over the last few years, we believe that our graduates continue to find good opportunities and excellent starting salaries. We are hopeful that changes in the healthcare environment will lead to even greater opportunities for the profession.

— Dean Stephanie Gardner and Dean Julie Hixson-Wallace

Arkansas Colleges of Pharmacy Graduates Salary Survey Results 2012

By Paul O. Gubbins, Pharm.D., Professor
UAMS College of Pharmacy

Summary

- 136 Arkansas graduating pharmacy students completed the survey (UAMS (n=98); Harding (n=38)).
- 86% of respondents have accepted a position.
- 32% of respondents believe the position opportunities available were excellent or good.
- 61% of those who have accepted a position did so in a community/retail setting.
- 22 students have accepted a residency/fellowship position.
- 6% will receive a sign-on bonus and the average reported sign-on bonus is $11,667.
- 37% of the students accepting positions will practice pharmacy in central Arkansas. Excluding residencies, 36% of the students accepting positions will practice pharmacy in central Arkansas.
- Overall, 20% of the students accepting positions will practice pharmacy or do a residency out-of state. Excluding residencies, 16% of the students accepting positions will practice pharmacy out-of state.
- Top benefits include: paid vacation, health insurance, paid holidays and retirement. This is the first time both schools have collected these data and therefore there are no comparative historical data. 5% of graduates will have their APA membership dues paid by their employer.
- Average salary for a graduating pharmacy student from an Arkansas College of Pharmacy (excluding residency) position is $117,223; this is the first time both schools have collected these data and therefore there are no comparative historical data.
- Approximately 13% plan to own a pharmacy in the future.
- Approximately 86% have student loans, with an average amount of $109,545.

Table 1: Demographics

Variable	
Ages	**No. Students (%)**
18-21	0 (0%)
22-25 years old	50 (37%)
26-30 years old	60 (44%)
31-35 years old	20 (15%)
36 or greater	6 (4%)
Gender	
Male	55 (40%)
Female	81 (60%)
Marital Status	
Single-no children	57 (42%)
Single, with children	1 (1%)
Married-no children	56 (41%)
Married-with children	22 (16%)
Plan to Own Pharmacy in Future	
Yes	17 (13%)
No	81 (60%)
Undecided	38 (28%)

Table 2: Position Information

Accepted a position	
Yes	117 (86%)
No	18 (13%)
Position requires moving to different city/state	
Yes	41 (35%)
No	76 (65%)
Previous employment with employer (n=110)	
Yes, as intern	41 (37%)
Yes, during rotations	15 (14%)
No, have no working relationship	54 (49%)
Ranking of Position Opportunities (n=112)	
Excellent-found exact position wanted	13 (10%)
Good-satisfied with opportunities	30 (22%)
Fair-wish there were more opportunities	37 (27%)
Poor-few opportunities	27 (20%)
Very poor-trouble finding position	5 (4%)
Not Answered	24 (18%)

Table 3: Salary Information by Position Environment

Position Environment	*# Students n=116*[1]	*Mean Salary Per Year*	*Salary Range*	*Mean Number of Hours Worked Per Week*
Independent	15	$114,073	$90,000-$135,200	39
Chain (e.g., USA Drug)	20	$120,777[2]	$109,200 - $133,120	41
Mass Market (e.g., Wal-Mart)	27	$125,042	$116,000 - $147,000	44
SuperMarket (e.g., Kroger)	9	$118,396	$113,200-$125,840	40
Hospital Pharmacy (includes outpatient pharmacies in institutions, VA system)	17	$108,305[2]	$88,000 - $135,200	39
Nuclear Pharmacy	-	-	-	-
Residency/Fellowship	22	$41,109	$40,000 - $46,000	50
Graduate School (e.g., MS or PhD program)	-	-	-	-
Sales	-	-	-	-
Home Health	2	107,125	-	-
Other (LTC, Managed Care, Military)	4	99,694	$83,800 – $120,640	41
For all students except those completing residencies	93	$117,223	$83,800- $147,000	41

[1] One respondent did not provide a salary or a practice setting
[2] Three respondents did not provide a practice setting

Table 4: Salary Information by Location in State[3]

Location	*Number of Students Locating in the Area (n=88)*	*Mean Salary Per Year*
Northwest AR (Fayetteville)	10	$120,328
North Central AR (Mountain Home)	2	$112,000
Northeast AR (Jonesboro)	11	$116,015
West Central AR (Russellville)	6	$121,467
Western Arkansas (Fort Smith)	4	$124,170
Central AR (Little Rock)	32	$110,399
East Central AR (Forrest City)	1	-
Southeast AR (Monticello area)	2	$123,760
Southwest AR (Hope)	7	$123,831
Out of State	13	$123,065

[3]excludes residency positions [n=22] (Cent Ark [9]; NW Ark [2], NE Ark [2], Out of State [8]), missing data [n=7] (Out of State [1]); missing locales [5]; missing locale, and salary [1])

Table 5: Benefits

Rank	Benefit
1	Paid Vacation (mean number of days = 14)
2	Health Insurance
3	Paid Holidays (mean number of paid holidays = 6)
4	Retirement Plan
5	Paid Liability Insurance
6	Profit Sharing
7	Paid License Fees
8	CE Expenses Paid by Employer
9	Shift Differential
10	Other Bonuses (e.g. tuition, bonus based on profit, partnerships, etc.)
11	Other*
12	Sign-on Bonus (n=6; mean bonus = $11,667)
T13	Arkansas Pharmacist Association Dues Paid by Employer
	Moving Expenses

*other includes: Travel/Professional meetings (n=3); Lab coats (n=2); Free parking (n=1); Stock options (n=1); Store discounts (n=1). §

APA 130th Annual Convention Draws CPE Attendees, Exhibitors and Award Winners

More than 300 APA members and guests attended the Arkansas Pharmacists Association (APA) 130th Annual Convention held at the Embassy Suites Northwest in Rogers. The convention began with the Board of Directors meeting on Wednesday, June 20, following by the golf tournament at the Lost Springs Golf Course in Rogers.

Continued Pharmacy Education programs launched Thursday morning, June 21, and continued through the afternoon on Saturday, June 23. The Exhibitors Opening Reception was held Thursday evening and special door prizes were awarded to those who completed the map of all the booths. Friday evening's "Fresh Picked Pharmacy Party" shared the spotlight with the UAMS Alumni Association's class reunions.

A variety of awards were presented on Saturday morning: the State Board of Pharmacy issued Golden Certificates; President Gary Bass presented the Charles M. West Leadership Award to UAMS P4 student Natalie McDowell; the Arkansas Healthcare Access Spirit of Service Award went to Dr. Tara Willmott of Sam Alexander Pharmacy in Harrison; and President Bass presented the National Community Pharmacists Association Incoming President Award to Dr. Dennis Moore.

On Saturday, June 23, at the Evening with the Presidents, Dr. Dennis Moore was installed as APA President; Moore is director of the University of Arkansas for Medical Sciences (UAMS) North Central Area Health Education Center (AHEC) in Batesville.

Additional officers and directors who were installed include:

- **President-Elect -** Dr. Dana Woods, Woods Pharmacy & Soda Fountain, Mountain View.
- **Vice President -** Dr. Brandon Cooper, Soo's Drug & Compounding Center, Jonesboro.
- **Area II Representative -** Dr. Brent Panneck, St. Francis Pharmacy, Lake City.
- **District 2 President -** Dr. Kristy Reed, Super V Drugs, Jonesboro.
- **District 3 President -** Dr. Chris Allbritton, director of pharmacy at the Veterans Health Care System of the Ozarks, Fayetteville.
- **District 6 President -** Dr. Stephen Carroll, W.P. Malone Inc., Arkadelphia.
- **District 7 President -** Dr. C.A. Kuykendall, Village Pharmacy, Ozark.
- **District 8 President -** Dr. Casey McLeod, Medical Center Pharmacy, Searcy.
- **President, Academy of Consultant Pharmacists -** Dr. Kristen Riddle, U.S. Compounding, Conway.
- **President, Academy of Compounding Pharmacists -** Dr. Jim Griggs, Clinical Concepts, Fayetteville.
- **University of Arkansas for Medical Sciences College of Pharmacy student member -** Mr. Andy Roller, Fayetteville.
- **Harding University College of Pharmacy student member-** Ms. Jackie Dabbour, Searcy. §

APA Honors 2012 Award Recipients

2012 Pharmacist of the Year: Charles Born, RPh, Ph.D.

The Pharmacist of the Year Award was established in 1959 to honor an APA member who possesses professional standards beyond reproach, has a record of outstanding civic service in the community, and has contributed his or her efforts toward the progress of the profession through the state association.

Born is a former professor at the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy. He has helped many pharmacy students become active, successful pharmacists in Arkansas through his teaching and example of leadership and professionalism.

Born taught Physiology and Pharmacology at UAMS College of Pharmacy between 1990 and 2012; he served as a faculty advisor for the Academy of Student Pharmacists from 1991 to 2012. He left a huge legacy of knowledge and skills that have helped College of Pharmacy students better understand physiology and pharmacology. His class was both popular and one of the most challenging.

Born holds a B.S. degree in pharmacy from UAMS College of Pharmacy and M.S. and Ph.D. degrees from Purdue University. Born and his wife, Cheryl, also a pharmacist, have three children and three grandchildren.

2012 Bowl of Hygeia Award: Sparky Hedden, P.D.

The Bowl of Hygeia Award honors pharmacists who have compiled an outstanding record of community service which reflects well on the profession.

Hedden, an owner and manager of McCoy-Tygart Drug in Sheridan, has been actively contributing to the community of Sheridan for decades. He has served a variety of civic associations and his church in Sheridan in addition to serving the community as a health care professional.

Hedden worked as a pharmacist at Oak Park Drug between 1975 and 1984. He is a long-time member of the APA, the American Pharmacists Association and the National Community Pharmacists Association.

2012 Innovative Pharmacy Practice Award: Melissa Brown, Pharm.D.

This award was established to annually recognize a pharmacist who has demonstrated a prominent spirit of innovation and entrepreneurship in the practice of pharmacy.

Brown, clinical services and education coordinator at Medical Arts Pharmacy in Fayetteville since 2009, has been a trail blazer in providing education and support to patients with diabetes. She coaches support teams for diabetics, provides medication therapy management and educates the pharmacy and durable medical equipment staff. She also develops educational marketing material for pharmacy customers with diabetes.

Brown works with the state health department's Diabetes Advisory Council and participated in health fairs and the Diabetes Expo. She serves as a preceptor for college of pharmacy students.

Young Pharmacist of the Year: Clint Recktenwald, Pharm.D.

The APA Distinguished Young Pharmacist Award is given annually to an outstanding young pharmacist who has been out of pharmacy school less than 10 years and who has demonstrated leadership among his or her peers.

In just five years, Recktenwald, pharmacist and owner of Genuine Care Pharmacy in Gassville, purchased an independent pharmacy in Gassville where he has doubled the business. APA recognized him for his excellent business practices and the example he sets for other young pharmacists starting out in the pharmacy profession.

2012 Cardinal Health Generation RX Champion Award: Dennis Moore, Pharm.D.

Moore serves as director of the University of Arkansas for Medical Sciences (UAMS) North Central Area Health Education Center (AHEC) in Batesville. He was named winner of this award honoring a pharmacist who helps to raise awareness of prescription drug abuse.

Moore's life-long work as a pharmacist has been to educate others about drug addiction and treatment. He is passionate about dealing with substance abuse in the community and getting the right treatment for addicts.

Moore was appointed by Governors Huckabee and Beebe to the state's Drug Abuse Coordinating Council where he served for six years. The Council is the state authority that filters dollars into the state for treatment, interdiction and prevention. §

APA 130th Annual Convention in Pictures

First place golf tournament winners (L to R) Dr. Mike Smith, Chris Hegi and Kerry Campbell. Not pictured: Richard Harmon.

Dr. Sarah Griffin, Harding University College of Pharmacy.

AAHP President Dr. Willie Capers kicks off the CPE programs June 21.

APA Past Presidents meet to review APA goals and policies.

APA President Gary Bass introduces Claudia Borrone, EdD, RN, UAMS College of Nursing.

Lively interactions took place in the Exhibit Hall June 21.

Full house at June 21 Continued Pharmacy Education sessions.

Drs. Mark and Randy Shinaberry smile for the camera.

Dr. Melissa Brown, Medical Arts Pharmacy.

Fresh Picked Pharmacy Party: line for fried catfish and hushpuppies.

APA spouses and guests lunch at Crystal Bridges Museum in Bentonville.

UAMS Alumni Association held class reunions at the party.

Dr. Muncy Zuber talks to Dr. John Kirtley before his presentation.

Colonial Court Celebrations in Bentonville.

Drs. Jeff Mercer and Lindsay Elliott, Harding College of Pharmacy.

(L to R) APA President-Elect Dennis Moore, speaker Mark Gann, Loss Prevention Specialist, and APA President Gary Bass.

APA 130th Annual Convention in Pictures

Golden CE certificate recipients from the State Board of Pharmacy.

UAMS and Harding OTC Challenge teams. Harding won the competition.

APA President Gary Bass and Charles M. West Leadership award winner Natalie McDowell, P4, UAMS.

APA's Executive Committee with Senator Mark Pryor. (L to R) Drs. Gary Bass, Mark Riley, Sen. Pryor, Drs. Dana Woods, Dennis Moore.

ARHA Executive Director Kalena Jones presents the Spirit of Service Award to Dr. Tara Willmott with Sam Alexander Pharmacy.

(L to R) Saturday speakers Robert Wolfe, CPA; Jon Wolfe, PhD, RPh.

Dr. Gary Bass presents the NCPA Incoming President Award to Dr. Dennis Moore.

Pharmacist/attorney Dr. Scott Pace talks about wills during CPE.

Pharmacist Immunization Program

Promoting Training & Immunization Action Coalition

By Eric Crumbaugh, Pharm.D.

Window cling at USA Drug in Little Rock.

The main objective of the Pharmacist Immunization Program is to increase the total number of influenza, pneumococcal, and zoster immunizations given by pharmacists across the state by 10 percent. The program was established to assist any Arkansas pharmacist in establishing or improving their existing immunization services. Several initiatives have been implemented to help accomplish this goal.

In June, the Pharmacist-Administered Immunization Toolkit, patient immunization record cards, and "We Vaccinate" window clings were distributed to more than 700 community pharmacies across the state. An electronic version of this toolkit and other useful documents can be found online at www.arrx.org/immunizations. Over 200 people have already visited the page and many pharmacies are using these resources. Pharmacists are encouraged to customize these tools for their specific immunization programs.

Throughout the summer, APA has offered the American Pharmacists Association's Pharmacy-Based Immunization Delivery program at no charge to Arkansas pharmacists. In June, 43 pharmacists completed the program. The training goal for the July and August programs is 57 participants for a grand total of 100 pharmacists. Registration fees for this training are usually $200 to $350 per pharmacist, but the grant money awarded to the Pharmacist Immunization Program has been able to cover all costs associated with this class.

If you have not considered providing immunizations at your pharmacy, here are some good reasons to do so. According to the Centers for Disease Control and Prevention (CDC), immunization rates are low and the incidence of vaccine preventable disease is on the rise. For instance, there have been more pertussis cases in the first seven months of 2012 than any other year in the past 50 years.

Administering immunizations gives pharmacists a unique opportunity to positively improve the public health of their communities and get reimbursed for a clinical service. The number one reason patients report that they have not gotten vaccinated is because, "I didn't know I needed any other immunizations." That same study also found that most patients were likely to receive a vaccination that was recommended by a healthcare provider. We encourage pharmacists to incorporate recommending and administering medications into their daily workflow at their practice sites.

Most recently, APA was awarded an additional small grant from the APhA Foundation, funded by the CDC, to assist with starting interdisciplinary, statewide immunization action coalition. An interest meeting involving all public health stakeholders, including pharmacists, physicians, nurses, third party payers, employers and vaccine manufacturers, is being planned for mid-September in Little Rock to discuss the benefits of forming and participating in an interdisciplinary statewide Immunization Action Coalition. We also intend to educate these stakeholders about the important role that Arkansas pharmacists play in offering routine immunizations. If interested in participating, please send your contact information to eric@arrx.org. §


Willie Capers, Pharm.D.
President

ARKANSAS ASSOCIATION OF HEALTH-SYSTEM PHARMACISTS

46th Annual Fall Seminar Coming Up in Hot Springs

Please mark your calendar for the Arkansas Association of Health-System Pharmacist (AAHP) 46th Annual Fall Seminar which will be held from October 4 – 5 at the Arlington Hotel and Spa in Hot Springs. AAHP will offer more than 20 hours of live ACPE-accredited continuing education (maximum of 12 hours per participant). The meeting will focus on helping pharmacy professionals improve patient care in the health-system setting. Pharmacy professionals will also have the opportunity to network with leaders in the profession representing all areas of health-system practice throughout the state.

Phillip J. Schneider, MS, FASHP, a past president of the American Society of Health-System Pharmacists (ASHP) and the American Society for Parenteral and Enteral Nutrition (ASPEN), will kick-off the meeting by discussing strategies to optimize patient care through appropriate medication use. The program will also include an exhibitor session, poster presentations, pharmacy technician session, student session, awards luncheon, and more.

Pharmacy Residency Showcase

On Friday, October 5 from 1:00 – 2:00 p.m., the Residency Taskforce will be hosting a residency showcase. The showcase will feature all of the pharmacy residency programs that are available in Arkansas. If you are a prospective resident, you will have the chance to meet with residency program directors to see what each program offers. If you are a residency program director, you will have a head start in recruiting the extremely talented prospective residents for the 2013-14 residency year.

Residency programs are encouraged to register today! Booth space will be made on a first-come, first-serve basis. Please contact Willie Capers at wcapers@sbrmc.org with any questions.

Poster Session

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. Submit an electronic copy of the abstract by September 11, by e-mail to don.roberts@mcsaeldo.com.

Educational programming will include:

Antibiotic Stewardship. . . . . Katie Lusardi
Extended Infusion Piperacillin-Tazobactam . . . . . Scott Kaufman
Hospital Technology (EMR, CPOE, BCMA implementation) . . . . . Kevin Robertson
Clinical Pearls . . . . . Chris Duty
Recognizing and Preventing Narcotic Diversion . . . . . Tyler Wood
Creating an Experiential Toolkit . . . . . Kathryn Neill
Developing a Residency Program . . . . . Christy Holland, Lanita Shaverd-White, Willie Capers
Updated CHEST Guidelines . . . . . Sidney Keisner
Drugs of Abuse . . . . . Keith McCain
Herbal Therapy and Hospital Care . . . . . Marsha Crader
Therapeutic Hypothermia . . . . . Lana Gettman
New Drugs . . . . . Mark Estes

Arkansas Association of Health-System Pharmacists Board

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Member-at-Large. . . . . Andrea Donaldson, Pharm.D., Little Rock
Member-at-Large. . . . . James Reed, Pharm.D., Conway
Technician Representative. . . . . Janet Liles, Searcy

COMPOUNDING ACADEMY

Compounders Hit Capitol Hill; Present Marketing Program

Kristen Riddle, Pharm.D.
President

In the midst of a hot and dry summer, there has been a lot of excitement for compounders. In June, compounders from across the nation gathered in Washington, D.C., to visit with their members of Congress at Compounders on Capitol Hill (CCH). International Academy of Compounding Pharmacists (IACP) hosts CCH every year. Compounders flood the Hill with their white lab jackets and really turn heads (in a good way)! This year the concerns compounders brought to their congressmen were well received.

Compounders on Capitol Hill

Compounders on Capitol Hill concerns and requests included:

- IACP seeks formal rulemaking to clarify and change current Drug Enforcement Administration (DEA) policy which prohibits delivering a controlled substance to a prescriber for the purposes of administering that medicine to a patient. Currently, according to Controlled Substance Act, a pharmacy can only dispense a controlled prescription directly to the patient or a patient's household member. Certain medications used in pain management at hospices and clinics are particularly sensitive to light and temperature. These drugs should only be handled and managed by healthcare professionals to ensure their stability and integrity. (This would affect compounding pain medication for intrathecal pain pumps.)
- IACP seeks a clarification by Centers for Medicare and Medicaid Services (CMS) on its policies for covered compounded medicines prepared with Active Pharmaceutical Ingredients (APIs) for all Medicare and Medicaid beneficiaries. Compounded medications using APIs are excluded from coverage and therefore these patients do not have fair access to medically necessary and cost-effective compounded medications.
- CMS should allow all pharmacies enrolled as Medicare suppliers to bill Medicare directly for prepared drugs. IACP seeks immediate action to require that CMS remedy an uneven billing market and confusion about its pharmacy billing policies. CMS has accepted and reimbursed claims for "Prepared Drugs" from pharmacies in some regions but has denied claims in other regions. This lack of consistency has caused confusion among providers- both physicians and pharmacies- as well as unequal treatment of CMS providers.

Hilary Price Metheny, Account Manager and Marketer for Oakdell Pharmacy in San Antonio, TX.

Sara Parsley, Director of IT and Marketing for US Compounding Pharmacy in Conway, AR.

Compounding Academy Presents Marketing Program at APA Convention

Here in Arkansas, pharmacists gathered in Rogers for the APA Annual Convention. The Arkansas Compounding Academy hosted a Continuing Pharmacy Education (CPE) session on marketing your pharmacy practice with an emphasis on compounding.

Hilary Price Metheny, Account Manager and Marketer for Oakdell Pharmacy in San Antonio, TX, shared fantastic marketing ideas. She encouraged us to promote our pharmacy by hosting luncheons for practitioners and inviting them to the pharmacy to see a compounding lab in action. Hilary utilizes her iPad to show practitioners pictures of Oakdell's compounding lab and products. She recommended producing map pads which list all your pharmacy information to hand out to the clinics you visit. Oakdell Pharmacy also hosts educational seminars for the community such as women's and men's health and weight loss.

Sara Parsley, Director of IT and Marketing for US Compounding Pharmacy in Conway, AR, shared steps for success in social media marketing and how to get started in making custom marketing materials in-house. If unaware of social media, she recommended finding someone in your pharmacy who personally enjoys using Facebook and Twitter to take over the social media campaign for your store. Sara reminded us to be a resource for information and to not just talk about the pharmacy in every post. She taught us how to schedule Facebook and Twitter posts weeks and even months out. Whether you are visiting a physician's clinic or utilizing social media, marketing is an essential part of the success for your business. Both speakers did a great job giving us ideas to be successful in our marketing. §

Member Classifieds

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

Relief Pharmacist Needed- Independent pharmacy in Harrison, AR area is seeking relief pharmacist for 1-2 days a week starting in mid-September thru October. Hours on Mon. thru Fri. are 9 a.m. to 6 p.m. and Sat. 9 a.m. to 1 p.m. and there are excellent technicians and staff scheduled during those hours. If interested please call 870-741-6511 or send resume or email: samalexanderpharmacy@gmail.com.

Assistant Director of Pharmacy- Cardinal Health in partnership with CoxHealth Monett has an opening for an Assistant Director Pharmacy. This 25-bed facility located in Monet, Missouri, is 45 mins SW of Springfield. Interested applicants can email resumes to alicia.clark@cardinalhealth.com.

VHA, Inc. Clinical Pharmacist Consultant opportunity available. VHA assists member organizations in achieving excellence in medication management. The clinical pharmacist will identify and implement medication use strategies that will improve both clinical and economic performance of the health system. To see additional information or to apply, go to: https://recruit.c0vq.netaspx.com/recruit/servlet/com.lawson.ijob.QuickCandidate?vendor=100&ic=1.

Pharmacist or Pharmacy Tech to consult at Little Rock school for online 16 week Pharmacy Technician course. Meet with students once every other month. Pay $200 on independent contractor basis each meeting. Reply to billhess@triad.rr.com with phone number and good time to call.

Pharmacy building for lease between Helena-West Helena. 4,000-square-foot building located between Helena-West Helena occupied by Central Drug Store. Next to Wendy's and in the same location for over 35 years. Ample parking with wide entrances and exits. Fixtures may be used for free. Contact Ralph Davidson at rdavidson@suddenlink.net or 870-572-7594.

Pharmacist in Charge needed at clinic- Pharmacist in Charge Needed for a small independent pharmacy located inside of a clinic in the Little Rock area. Mon. to Fri. 8 a.m. to 5 p.m. For more information please call Sherrie at 501-940-6097 or e-mail pharmacy@unitedpaincare.com.

Staff Pharmacist in 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 compounder 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 orcripplec@magtel.com.

Seeking Pharmacy Tech position- I am looking for a Pharmacy Tech position. If anyone is hiring please contact Allene 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- 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.

STAFF RPH, Inc.- Pharmacist and Technician Relief Services. We provide quality pharmacists and technicians that you can trust for all your staffing needs. Our current service area includes AR, TX, OK and TN. For more information call Rick Van Zandt at 501-847-5010 or email staffrph@att.net.

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Pharmacy Time Capsules

By Dennis B. Worthen, Lloyd Scholar
Lloyd Library Museum, Cincinnati, OH

1987 — Twenty-five Years Ago:

- Major pharmacy issue of the year was the increase in physician office based dispensing.
- Acuvue launched by J&J was the first disposable soft contact lens.

1962 — Fifty Years Ago:

- Trivalent oral polio vaccine (Sabin) was licensed in the U.S.
- Rite-Aid (Pennsylvania), Meijer's (Michigan), and Wal-Mart (Arkansas) were formed.

1937 — Seventy-five Years Ago:

- Cook County Hospital in Chicago, Illinois was the site of the first blood bank, set up by Bernard Fantus.

1912 — One hundred Years Ago:

- Phenobarbital (Luminal) first marketed by Bayer in 1912.

1887 — One hundred twenty-five Years Ago:

- The National Institutes of Health established. The National Institutes of Health traces its roots to 1887, when a one-room laboratory was created within the Marine Hospital Service (predecessor agency to the U.S. Public Health Service (PHS).

One of a series contributed by the American Institute of the History of Pharmacy, a unique nonprofit society dedicated to assuring that the contributions of your profession endure as a part of America's history www.aihp.org. §

In Memoriam

Alvin G. Groves, age 51, passed away May 12, 2012, in Rogers. Alvin graduated from the University of Arkansas School of Pharmacy in 1988. Alvin was a district manager for USA Drug, his employer for more than 23 years; a relationship he valued during his career. Alvin's family was always his first priority. He and his wife Carol were always together and their children, Billy Ryan and Sarah Grace, were his pride and joy. Alvin was an active member of Ducks Unlimited and belonged to Central United Methodist Church in Rogers. His father Bill is a retired pharmacist in Rogers. His sister, Anita Groves McAllister, is a pharmacist with Pharmaceutical Care Options in Fort Myers, Florida.

Billy K. Berry, age 87, passed away June 28, 2012, in Dardanelle. He was a graduate of Dover High School. During WWII, he completed 35 bombing missions in Germany. After the war, he earned an associate of Arts degree from Arkansas Polytechnic College and earned his bachelor of science degree in Pharmacy from the University of Oklahoma in Norman. Billy began his career as a pharmacist and store manager for Walgreens before coming to Dardanelle in 1957 where he started Berry Drug Store. He was a member of the First Cumberland Presbyterian Church. §

APA Thanks its Exhibitors for Joining us at Convention!

Kelli Beavers and Jimmy Dodd from Merck.

Arkansas Association of Health-System Pharmacists: (L to R) Drs. Sarah Griffin, Rayanne Story and Wille Capers.

Lora Daniel with BioTech Pharmacal.

(L to R) Michelle Murtha, Christi Smith and Jerry Wicker of Arkansas Foundation for Medical Care.

Chris McNew and Justin Roberts from Wells Fargo Advisors.

Dean Julie Hixson-Wallace and Dr. Jeff Mercer, Harding University College of Pharmacy.

Christian VonDrehle with Vital Care.

David Burnett, Wendy Matson and Jacob Anika with Cardinal Health.

APA Thanks its Exhibitors for Joining us at Convention!

Wade Paddock and Jason Wilson with Shred-It Arkansas.

Brandy Cook and Buddy Strozyk from Smith Drug.

Tim Ports of Dr. Comfort.

Krystal Kuykendall and Dennis Antici of QS/1.

Novo Nordisk's Kent Boling and Frances Bauman.

Henry Dannehl and Charles Tarver of Morris & Dickson.

Joe Baker of Pharmacists Mutual Insurance.

Pharmacist Immunization Program's Dr. Eric Crumbaugh talks to Dr. Richard Knoll.

(L to R) Leigh Austin and Dr. Jan Hastings, UAMS Alumni Association.

Joshua Diesselhorst with Novartis.

Brad Richardson with Bausch and Lomb.

Kevin Elder of Retail Designs.

Sonya King and Gina Nesbit of Windsor Health Group.

Frank Limbaugh and Michael Purtle of Express Courier International.

Chris Davis of Sanofi demonstrates his product.

Christy Hamilton from EPIC Pharmacies.

APA Thanks its Exhibitors for Joining us at Convention!

Liberty Software's Sherri Fenter and Jeremy Manchester.

(L to R) Marc Ronan and Mark Abbey from Abbott.

Arkansas Health Care Access Foundation (L to R) Kalena Jones, Kristie Davis and Mary Webb.

(L to R) Charlene Kaiser and Sarah Green with Amgen Inc.

Shelly Small from McKesson.

Suzanne McClendon and Matt Pape with H.D. Smith.

Darren Chastain from Otsuka America Pharmaceutical.

(L to R) Andy Oaks, Rhonda Brantley and Stephanie Orman of Rx Pharmacy Systems.

Drew Hegi and Chris Hegi with First Financial Bank.

James Lovelady of American Associated Pharmacies.

(L to R) AmerisourceBergen's Randa Jankowski, Ron Trusty and Kyle Potts.

Dr. Dennis Moore gives away Nook door prize.

2012 Calendar of Events

AUGUST & SEPTEMBER

APA District Meetings (See page 4)

OCTOBER

October 4-5
Arkansas Association of Health-System Pharmacists
Hot Springs, AR

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

October 25
APA Golden CPE
UAMS College of Pharmacy
Little Rock AR

NOVEMBER

November 7-9
American Society of Consultant Pharmacists Annual Meeting and Exhibition
National Harbor, MD

DECEMBER

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

Arkansas Pharmacists Association

We are proud to honor our business partner Morris & Dickson!

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Clint Recktenwald, Pharm.D.
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