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NoDak

Pharmacy

NDPhA

North Dakota Pharmacists Association

123rd Annual Convention

***Striving For
Renewal***

April 25-27, 2008

Bismarck, ND

Convention Highlights Inside

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Mark Your Calendar

July Calendar

July 6-10, 2008

McKesson Annual Meeting, Las Vegas NV

July 1, 2008

Rollout ND PERS Disease State Management Program

July 15-19, 2008

Amerisource Bergen National Healthcare Conference, Las Vegas NV

August Calendar

August 23, 2008

NDPhA Board of Directors Meeting, Bismarck ND

August 23-28, 2008

NACDS Conference, San Diego CA



The journal is supported by contributions from the Independent Pharmacy Cooperative (IPC) Community Pharmacy Commitment Program, Dakota Drug, Inc., McKesson Pharmaceutical and by the North Dakota State University College of Pharmacy, Nursing & Allied Sciences.

Striving For *Renewal*

April 25-27, 2008 • Bismarck, ND



Harvey Hanel, recipient of the Al Doerr Service Award with Rick Detwiller



Sheila Welle, Pharmacists Mutual, presents the Pharmacists Mutual Distinguished Young Pharmacist Award to Jeanne Frenzel



NDPhA Out-going President Jerry Wahl and his wife Julie with the Pharmacists Mate Award



Lance Mohl presents the Innovative Pharmacy Practice Award to Mike Riepl



Sheila Welle, Pharmacists Mutual, presents the Pharmacists Mutual Distinguished Young Pharmacy Technician Award to Beena George



Susan Welch, Wyeth, with Pat Churchill, the 2008 Bowl of Hygieia recipient



Becky Prodzinski presents the Thrifty White Stores Diamond Award to Barbara Lacher



Danika Braaten, recipient of the Outstanding Pharmacy Technician Award with Barbara Lacher



Convention Dedicator Tony Welder



*NDPhA Officers & Directors
Left to Right: Judy Swisher,
Mike Schwab, Shane
Wendel, Brad Morrison, Earl
Abrahamson, Lance Mohl,
Jerry Wahl*



Jerry Wahl presents Roy Ronholm with the NDPhA Lifetime Membership Award.



Back Row: Diane Halvorson, Josie Olson, Kristen Striha, Kerri Ring, Becky Prodzinski. Front Row: Angela Buchanan, Brittany Muchow, Jodi Hart.



The NCPA Leadership Award is presented to the incoming president – the award did not arrive in time so Lance Mohl receives the serving tray from Tony Welder.



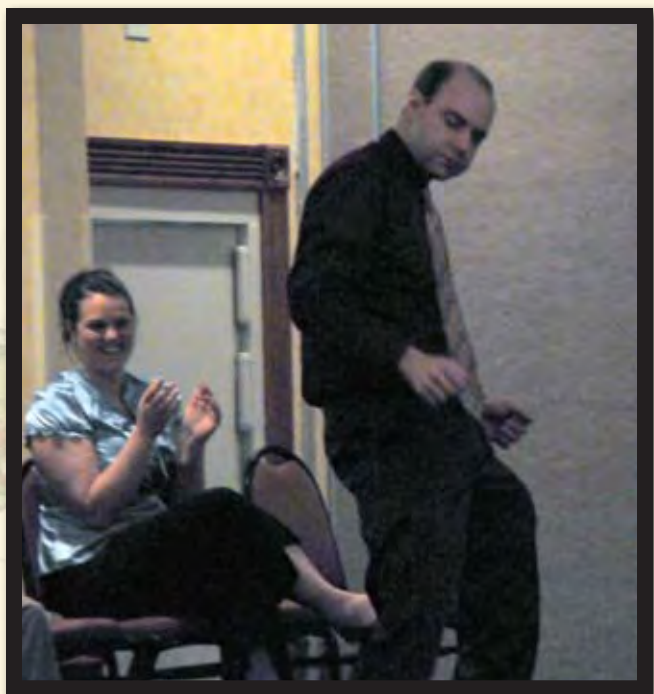
Lifetime Membership Award recipient Dennis Buchholz with NDPhA President Jerry Wahl.



*President's Banquet
MC Howard Anderson, Jr.*



Strolling Strings



Dan Churchill doing his Britney Spears impersonation during the Hypnotists show

*The members of the
North Dakota Pharmacists
Association offer their thanks
to all the exhibitors and
sponsors for their support.
Your participation helped in
the success of our convention.*

Governmental Affairs Committee Report 123rd NDPhA Convention April 25-27, 2008

By Steve Irsfeld, Chair

With this being an off year for the ND Legislature, the committee has been dormant, but not for long. In the next month, we will be working on an action plan for the next biennium.

Some of the potential Legislative issues are:

1. Proposing a predatory pricing bill which has been done in several other states.
2. Legislation regulating the marketing of discount cards.
3. Pharmacy ownership law

Goals for 2009 Session:

1. Breakfast with the legislators in the fall to inform and educate our legislators about the issues we have for the upcoming session.
2. Action Grids keep the membership abreast what bills are being proposed, the progress of bills and how to react on these bills

What can you do to help the cause?

1. Personally getting to know your district legislators and offering to help with campaigning if warranted
2. Contributing to candidates campaign funds
3. Contributing to the NDPhA PAC fund
4. Be prepared to take action when called upon by the association when needed
5. Consider volunteering to come to Bismarck to testify on legislative issues when needed.



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Natural Products:

Volume XXVI, No. 3

Fumitory, Gamma Linoleic Acid, Garlic and Ginger

*J. Richard Wuest, R.Ph., PharmD, Professor Emeritus, University of Cincinnati, Cincinnati, Ohio and
Thomas A. Gossel, R.Ph., Ph.D., Professor Emeritus, Ohio Northern University, Ada, Ohio*

Goals. The goals of this lesson are to present information on the claims, mechanisms of action, typical dosages used and other items of interest on natural products and nutraceuticals alphabetically from fumitory to ginger, and to provide background information for assisting others on their proper selection and use.

Objectives. At the conclusion of this lesson, successful participants should be able to:

1. exhibit knowledge of the claims, mechanisms of action, and typical dosages for natural products and nutraceuticals presented;
2. select from a list, the synonyms for these products; and
3. demonstrate an understanding of information that can be used when discussing these products with consumers.

This lesson is part of a series that presents an overview of the common uses, proposed mechanisms of action, typical dosage regimens and other information of interest on natural products and nutraceuticals.

Since natural products are somewhat controversial, the authors restate that the information presented is neither a promotion of nor a condemnation against their use. It is merely an overview of what has been reported in both the



Gossel



Wuest

public and scientific literature, and certainly not an in-depth treatise.

FUMITORY (*Fumaria officinalis*), also known as beggary, common fumitory, earth smoke, fumiterry, hedge fumitory, herba fumariae, vapor and wax dolls, is an annual plant with varying characteristics. It usually resembles a bush, but can also appear as a low trailing shrub. It has gray pointed leaves that, at a distance, give the plant a wispy appearance of smoke (from which the synonym earth smoke is derived). It produces pink-purple flowers which bloom in the springtime.

Fumitory is indigenous to the Mediterranean region and all of Europe, to parts of southern Siberia as well as northern Africa. The herb was long ago introduced to North and South America where it is widely dispersed in gardens, on slopes and in wastelands.

The herb has reportedly been used since antiquity, and is described in records of herbal remedies from the European Middle Ages. Fumitory has been used as

a laxative and diuretic, to treat arthritis and rheumatism, and as a blood purifier. Topically, it has been used to treat eczema and other skin disorders.

More recently, its use has increased due to reports that extracts of fumitory may be useful in the management of cardiovascular diseases and disorders of the hepatobiliary tract. These include spastic discomfort in the area of the gallbladder and bile duct, as well as the gastrointestinal tract.

The German Commission E (a European agency that oversees the promotion and use of natural products) approves its use for liver and gallbladder complaints. In homeopathic medicine, fumitory is used for chronic itching eczema resulting from liver disease.

Fumitory has been found to have weak antispasmodic activity on the smooth muscle of the bile duct and upper gastrointestinal tract. The extracts of fumitory that are claimed to be useful for cardiovascular diseases include alkaloids, the major one being protopine. This substance has demonstrated anti-ischemic, bradycardic, hypotensive, sedative and antihistamine action in small doses. Large doses of protopine cause excitation and convulsions, and should not be used.

The typical dose of fumitory is 2 to 4 grams of the above-ground parts of the plant daily. Alternatively, a tea, prepared by steeping 2 to 4 grams of the above-ground parts in 150 mL of boiling water

for five to 10 minutes and then straining, is ingested three times a day. The usual dose for the liquid extract (1:1 ratio in 25 percent alcohol) is 2 to 4 mL three times a day. The tincture (1:5 ratio in 45 percent alcohol) is dosed at 1 to 4 mL three times a day.

GAMMA LINOLEIC ACID is an omega-6 fatty acid, that is also known as gamolenic acid and GLA. It is present in the fatty acid fraction of several plant seed oils, including black currant, borage, and evening primrose. It is also produced naturally in the human body from the essential fatty acid linoleic acid. GLA is the precursor for dihomo-gamma linoleic acid (DGLA) which, in turn, is the precursor to the E-1 series of prostaglandins (PGE-1) and arachidonic acid. These are the precursors to the E-2 series of prostaglandins (PGE-2), all of which are involved in many body functions.

GLA is used for the treatment of diabetic neuropathy, heart disease, hyperlipidemia, rheumatoid arthritis and systemic sclerosis (hardening of tissue); to prevent cancer; and to enhance the activity of tamoxifen. It is also used for acute respiratory distress syndrome, allergic rhinitis, attention deficit hyperactivity disorder (ADHD), chronic fatigue syndrome, depression, eczema, hypertension, postpartum depression, psoriasis, Sjogren's syndrome and ulcerative colitis.

In the body, the compounds into which GLA is converted have anti-inflammatory, antiproliferative and vasoactive properties. Research suggests that DGLA might act directly on T-cells to modulate immune response in diseases such as rheumatoid arthritis. Other reported, but not yet proven, activities of GLA include hastening the response to tamoxifen in patients with estrogen-sensitive primary breast cancer as well as other anti-estrogen effects. It may also lower plasma triglycerides, increase HDL cholesterol levels and prolong bleeding time via an antithrom-

botic effect.

GLA is usually well tolerated with no significant adverse effects. However, there are reports of it causing mild gastrointestinal effects such as nausea, vomiting, diarrhea, flatulence and belching.

The typical dose of gamma linoleic acid for rheumatoid arthritis is 1.1 grams daily. For diabetic neuropathy, 360 to 480 mg daily is recommended. For treating hyperlipidemia, doses of 1.5 to 6 grams daily have been used.

GARLIC (*Allium sativum*), also known as aged garlic extract, ail, ajo, allii sativi bulbus, allium, camphor of the poor, clove garlic, garlic oil, lasun, lasuna, nectar of the gods, poor man's treacle, and stinking rose, is a perennial bulb plant with a tall, erect, flowering stem that grows two to three feet high. It produces pink to purple flowers that bloom from July to September in the northern hemisphere. The bulb has a unique odor and flavor.

The botanical name for garlic, allium, reportedly comes from the Celtic word *all*, which means burning or smarting. However, garlic has been used and valued since ancient times. There are inscriptions on the Great Pyramid of Cheops describing its virtues.

Central to southern Asia is considered to be the region of origin of garlic, but it is now cultivated worldwide. The medicinal parts of the plant are the whole fresh bulb, the dried aged bulb, and its oil.

Garlic is taken orally to treat coronary artery disease, high blood pressure, hyperlipidemia, age-related vascular changes, atherosclerosis, myocardial infarction, chronic fatigue syndrome, earache and menstrual problems. It is used to prevent several types of cancer, including breast, colorectal, lung and stomach cancers; to treat bladder cancer; and to prevent and treat prostate cancer.

It is used to treat allergic rhinitis, amoebic and bacterial dysentery, asthma and wheezing, atherosclerosis, bronchitis, colds and flu, diabetes, digestive disor-

ders, enlarged prostate, fever, gout, headache, hypersensitive teeth, hypoglycemia, osteoarthritis, pre-eclampsia (hypertension and edema due to pregnancy), rheumatoid arthritis, sinus congestion, stomach ache, traveler's diarrhea, tuberculosis, and vaginal trichomoniasis. Garlic is used as an aphrodisiac, cathartic, diuretic, stimulant and tonic; for enhancing circulation, fighting stress and fatigue; and to maintain healthy liver function. Topically, garlic is used for treating corns, ringworm infections and warts.

The German Commission E approves the use of garlic in hyperlipidemia, hypertension and arteriosclerosis. In Indian medicine, garlic is used for treating bronchitis, constipation, joint pain and fever. In homeopathic medicine, garlic is used in conditions such as inflammation of the upper respiratory tract, digestive complaints and muscle rheumatism in the lumbar region.

The following information is a compilation of reports on the effectiveness of the use of garlic for many conditions. It should be kept in mind that these reports do not represent the strenuous clinical trials required for FDA approval of labeled uses. Reports that are based on animal studies rather than human subjects have been omitted.

Hypercholesterolemia. There are reports varying from no effects when compared to placebo in adults with mild to moderate hypercholesterolemia to studies in adult males that suggest garlic has beneficial effects on reducing total and LDL cholesterol, especially when added to therapy with lipid lowering HMG-CoA reductase inhibitors. One meta-analysis inferred that garlic was superior to placebo in moderately reducing (on average by 6 percent) total cholesterol. The authors, citing over two dozen studies, concluded that the majority of evidence suggests that garlic has modest benefits in decreasing total cholesterol, LDL cholesterol and triglyceride, but no

effect on HDL cholesterol.

Antithrombotic Effects. Limited clinical studies have suggested that inhibition of platelet aggregation has been observed after ingestion of both fresh and aged garlic. However, across the board, the overall results of other studies are inconsistent.

Hypertension. No strong evidence for a beneficial effect of garlic in lowering elevated blood pressure was found. The trials reported were generally moderate to poor quality, and not all subjects had clinical hypertension.

Gastrointestinal Effects. The effect of garlic in the gastrointestinal tract has long been debated. No human studies could be found regarding the effectiveness of garlic in treating gastrointestinal disorders.

Blood Glucose Reduction. Claims have been made that garlic reduces elevated blood sugar levels, increases serum insulin levels and improves liver glycogen storage. A single report suggested that glucose levels decreased in healthy volunteers given garlic when compared to placebo. However, other reviews have reported that garlic has no effect on blood glucose levels.

Antioxidant Activity. Researchers have demonstrated that allicin, a component of garlic, increased the level of two important antioxidant enzymes in the blood – catalase and glutathione peroxidase. This discovery confirmed the antioxidant and free-radical scavaging potential of allicin. However, the clinical utility of garlic has not yet been determined.

Antiseptic and Antibacterial Activity. Garlic had been used as an antiseptic long before bacteria and other microorganisms were known to exist. As recently as World War II, garlic extracts were used to disinfect wounds. The discovery of sulfonamides, penicillin and other antibiotics ended this use. However, clinical studies in humans have shown that garlic extracts inhibit the growth of gram-positive and gram-negative organisms. The

potency of garlic is reported to be about 1 percent of that of penicillin. The consensus is that, even though garlic shows antibacterial and antifungal activity when tested in vitro, the concentrations needed for systemic activity would be too difficult to achieve.

The extensive use of garlic for culinary purposes has shown essentially no ill effects. When used medicinally, adverse effects appear to be dose-related. These include bad breath and body odor, mouth and gastric burning and irritation, heartburn, flatulence, nausea, vomiting and diarrhea.

Oral ingestion of excessive amounts of garlic has been associated with increased risk of bleeding, prolonged bleeding, bleeding behind the eye and spinal epidural hematoma. Asthma and other allergic reactions have been reported in people working with garlic.

The typical dose of garlic extract for treating hyperlipidemia and hypertension is 600 to 1200 mg divided into equal doses given three times a day. Most studies reportedly have used a standardized garlic extract containing 1.3 percent allicin. Fresh garlic contains approximately 1 percent allicin.

A major concern with both commercially marketed garlic extracts and the ingestion of fresh or aged bulbs of garlic is the lack of control and knowledge of the actual contents of the product. With “natural” products, this is complicated by the volatility and instability of important constituents. With commercial products, unless they are standardized to allicin, they may not contain enough of this important ingredient. One review of “odorless” and “deodorized” garlic products reported that some preparations did not contain any active components.

GINGER (*Zingiber officinale*), also known as African ginger, ardraka, black ginger, cochin ginger, gan jiang, gimgembre, imber, Indian ginger, Jamaica ginger, jiang, kan-kyo, kanshokyo, nagara, rhizoma zingiberis, shen jiang, shoa, shokyo, srangavera, sunthi and

zinziberis, is a creeping perennial plant with thick, tuberous roots which spread underground. While the plant grows reed-like stems that produce leaves and white, light purple or yellow flowers that resemble orchids, the medicinal and culinary parts of ginger are its roots.

Ginger is indigenous to southeast Asia and is cultivated in tropical climates around the world. These include Australia, Brazil, Jamaica and other areas in the West Indies, India, west Africa and southern United States. References to the use of ginger for medicinal purposes are found in ancient writings of China, India, and the Middle East. Its use spread to Europe in the 13th century.

Traditionally, the plant and its constituents are claimed to have antibacterial, antiemetic, antihepatotoxic, anti-inflammatory, antimutagenic, antioxidant, antithrombotic, antitussive, cardiotonic, carminative, diuretic, immunosuppressant, spasmolytic and stimulant activities. It has been used to increase gastric secretions, promote intestinal peristalsis, lower cholesterol levels, raise blood sugar levels, stimulate peripheral blood flow, and as a bitter to stimulate digestion.

Current uses of ginger include prevention of nausea and vomiting (especially that of morning sickness, motion sickness and post-operatively); for loss of appetite, upset stomach and colic; and treatment of bronchitis, migraine headaches, rheumatism, and toothache. Topically, the fresh juice of ginger is used to treat burns.

The German Commission E approves the use of ginger for loss of appetite, travel sickness and dyspeptic complaints. In China, it is used to treat colds, nausea, vomiting and shortness of breath. In Indian medicine, ginger is used for loss of appetite, upset stomach and pharyngitis.

A definitive mechanism of action for ginger for motion sickness has not been determined. It was thought that the aromatic, carmi-

native and absorbent properties of ginger lessen the effects of motion sickness in the gastrointestinal tract directly, rather than through the central nervous system. It has been postulated that ginger increases gastric motility and blocks the gastrointestinal reactions that are part of the nausea feedback system. More recent studies show that ginger does not influence gastric emptying time.

Two constituents of ginger may act on serotonin receptors such as the 5-HT₃ receptors in the ileum. These are the same receptors affected by the prescription antiemetics (Zofran, Kytril, etc.). While the predominant antiemetic effect of ginger is still believed to be localized in the gastrointestinal tract, there is limited evidence that its constituents may also have some central nervous system activity.

There have been several human studies (with a very small number of subjects) comparing ginger root to the antiemetic dimenhydrinate and placebo. One double-blinded study compared the effect of 940 mg of powdered ginger root, 100 mg of dimenhydrinate, and a placebo in which the subjects were blindfolded and placed in a rotating chair. More of the subjects receiving the ginger root remained in the chair longer, averaging 5.5 minutes, compared to 3.5 minutes for the dimenhydrinate group, and 1.5 minutes for the placebo group.

One-half of the group receiving the ginger root remained in the chair for the full six minutes of the test; none of the subjects in the other groups completed the test. In general, it took longer for the ginger group to begin to feel sick; but once the vomiting center was activated, sensations of nausea and vomiting progressed at the same rate for all groups of subjects.

Another double-blinded, placebo-controlled study of seasick Marine cadets reported significant reduction of symptoms (vomiting and cold sweats), and noticeably suppressed dizziness following administration of 1 gram of ginger rhizome. A much larger study

of over 1700 participants on an ocean sailing tour reported that the administration of 200 mg of ginger prior to departure was as effective as cyclizine, dimenhydrinate, meclizine, and scopolamine. Ginger (500 mg every four hours) and dimenhydrinate (100 mg every four hours) were compared in another double-blinded study with similar protective effects, but the ginger group experienced none of the side effects encountered by the other group.

Other trials have shown no significant differences among ginger, the antiemetics, and a placebo with regard to gastric as well as nongastric symptoms. One study, using blindfolded subjects in rotating chairs similar to the study mentioned earlier, compared powdered and fresh ginger against oral scopolamine. The conclusion of the authors of this report was that ginger provided no protection against motion sickness, while the scopolamine group was able to tolerate a significant increase in head movement.

The bottom line to all this is that the jury is still out on whether ginger does, in fact, have therapeutic antiemetic effects, and if it does, what is its mechanism of action?

Other proposed, but unproven, uses and mechanisms for constituents of ginger are inhibition of cyclooxygenase and lipooxygenase pathways, and inhibition of the synthesis of prostaglandin (PGE-2) and thromboxane B₂. These are mediators of inflammation within the body. If this action is proven, ginger could be useful in treating osteoarthritis and rheumatoid arthritis.

Laboratory tests (but not human clinical trials) have shown that ginger may increase the release of insulin and lower cholesterol levels; inhibit platelet thromboxane, providing an antiplatelet aggregation effect; block calcium channels to confer a blood pressure lowering effect; and exert negative inotropic and chronotropic activity, which could be helpful in treating heart disease.

Ginger is well tolerated when taken orally in typical doses, except by individuals who do not like its taste and aroma. However, doses of 5 grams or more per day reportedly increase the risk of adverse reactions and decrease tolerability. Common adverse reactions at these levels include abdominal discomfort, diarrhea, heartburn, and a pepper-like irritant effect in the mouth and throat.

The typical dose of ginger for motion sickness is 1 gram of powdered ginger root 30 minutes to four hours before travel. For morning sickness of pregnancy, 250 mg of powdered ginger root four times daily has been used. For post-operative nausea and vomiting, 1 to 2 grams of powdered ginger root one hour before induction of anesthesia is recommended.

For chemotherapy-induced nausea and vomiting, the recommendation is 1 gram of powdered ginger root daily, starting on the first day of chemotherapy and continuing for five days. For migraine headache, 500 mg of powdered ginger root at the onset and repeated every four hours up to 2 grams per day for three to four days has been used.

The content of this lesson was developed by the Ohio Pharmacists Foundation, UPN: 129-000-08-003-H01-P. Participants should not seek credit for duplicate content.

Continuing Education Quiz

Natural Products: Fumitory, Gamma Linoleic Acid, Garlic and Ginger

- Which of the following is NOT a synonym for fumitory?
 - Ardraka
 - Beggary
 - Earth smoke
 - Wax dolls
- The German Commission E approves the use of fumitory for which of the following types of complaints?
 - Arthritis
 - Gallbladder
 - Kidney
 - Menstrual
- Dihomo-gamma linoleic acid is a precursor to which of the following series of prostaglandins?
 - PGA-2
 - PGC-4
 - PGE-1
 - PGG-3
- All of the following are reported, but not yet proven, activities of gamma linoleic acid EXCEPT:
 - prolonged bleeding time
 - lowered plasma triglyceride levels
 - hastened response to tamoxifen
 - increased LDL cholesterol levels
- Topically, garlic is used for treatment of all of the following conditions EXCEPT:
 - corns
 - ingrown toenails
 - ringworm infections
 - warts
- The German Commission E approves the use of garlic for all of the following EXCEPT:
 - hypertension
 - arteriosclerosis
 - hyperlipidemia
 - bronchitis
- Commercial garlic products may not contain enough of an important ingredient unless they are standardized to which of the following?
 - Allicin
 - Berberine
 - Chinchona
 - Zinzeberis
- The German Commission E approves the use of ginger for all of the following EXCEPT:
 - dyspeptic complaints
 - loss of appetite
 - migraine headaches
 - travel sickness
- Two of the constituents of ginger reportedly may act on which of the following types of receptors in the ileum?
 - Acetylcholine
 - Dopamine
 - Opioid
 - Serotonin
- Laboratory tests (but not human clinical trials) have shown that ginger may have all of the following activities EXCEPT:
 - exerting positive inotropic effect
 - lowering cholesterol levels
 - inhibiting platelet thromboxane
 - increasing the release of insulin

Natural Products: Fumitory, Gamma Linoleic Acid, Garlic and Ginger

May 2008 ACPE #047-999-08-003-H04

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COURSE EVALUATION

Evaluation Must Be Completed To Obtain Credit

How much time did this lesson require? _____

Today's Date _____

EXPIRATION DATE: 3-15-10

Learning objectives on first page were addressed.

1 Disagree - 5 Agree

Objective 1	1	2	3	4	5
Objective 2	1	2	3	4	5
Objective 3	1	2	3	4	5
Material was well organized and clear.	1	2	3	4	5
Content sufficiently covered the topic.	1	2	3	4	5
Material was non-commercial in nature.	1	2	3	4	5

Answer Sheet:

1. a b c d	6. a b c d
2. a b c d	7. a b c d
3. a b c d	8. a b c d
4. a b c d	9. a b c d
5. a b c d	10. a b c d



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Topics for Technicians

North Dakota State College of Science Pharmacy Technician Program Annual Report April 26, 2008

By Ken Strandberg, MBA, RPh, Program Director

By Barb Lacher, BS, RPhT, CPhT, Assistant Program Director

Greetings to everyone from the NDSCS Pharmacy Technician Program. We are very pleased to report to the Convention that we have a fine group of quality students on campus in Wahpeton, our PATSIM program continues to be strong and popular, and our on-line degree program is successfully operational.

Once again we have 100% of our students passing the PTCB national certification exam. Additionally, the preceptor reports regarding the summertime internships have been quite positive, and 100% of applicable graduates have obtained employment.

We currently have twenty-four students enrolled on campus, of which fifteen are expected to graduate this summer.

Thirty-three people completed our PATSIM program in 2007, and already fifteen have finished in 2008. We have eighty students enrolled at this time. You are now able to order module materials through the NDSCS website. There was a handout available during the Exhibit Hall, and if you'd like one please see Barb Lacher.

Four students will be finishing our new on-line degree program this spring and we have eight current students who will be continuing. We have four students who have used both on-campus and on-line programming to complete the program this year.

For next year, we have nine current on-campus students returning, three others changing their major to Pharmacy Tech, and thirteen new applications for admission, which is well ahead of historical numbers for this time of year. PATSIM and on-line numbers cannot be projected because of the rolling-admissions style of PATSIM and the fact that typically, on-line students enroll just before the closing date.

We are excited about the progress of our new on-line Certificate and Associate Degree programs which do not

require preceptors or on-the-job status. With funding from two grants from the Department of Labor and the Department of Education, we offered our first classes starting Fall Semester 2006. Our campus provides all student support and services on-line, with experiential curriculum components to be provided in a few all-day Saturday sessions and externing rotations with local practitioners, just like we always have with our other programs. We have been presenting this program at meetings around the state and have also mailed information. If your local school district has health occupation courses or sponsors career fairs, please ask them to invite us! We are eager to present our programs, but the rules are we must be invited to attend, so contact your local high school administration about this and help us promote Pharmacy Technician education opportunities. Please do not hesitate to contact our office for more information.

We continue to need your support in encouraging people to pursue a career as a Pharmacy Technician. We have educational options to fit almost anyone's personal situation, from as short as two semesters on campus for a Certificate, four semesters for an Associate Degree, and off-campus programs that can be completed as quickly as the student wishes but have a 24-month limit. We have found that the vast majority of students stay in or return to their home areas, so your proactive efforts to promote Technician education can have a great impact in your community.

We want to thank everyone who has contributed to the success of our programs, especially our Advisor Committee, the State Board members, Dr. Peterson and the College of Pharmacy, our loyal faculty and those of you who serve as Externship preceptors for our summer experiential sessions. Without the support of all of you, our College and these students and graduates would not enjoy the successes we have achieved. Thank you very, very much.

John Savageau
President, NDSHP

I would like to thank all the board members of NDSHP and the NDPHA office for all their help this past year. While I(we) did not accomplish everything on our agenda, the board contributed to the implementation of the disease state management project. Because of uncertainty in the funding source for the DSM project, we chose not to spend any of our limited resources until this was determined. The board realized that NDSHP lacked an effective way to communicate and identify its members. As determined by the NDSHP bylaws, we sent out several mailings

in an attempt identify our NDSHP membership. Since the response was so poor, we are now in the process of obtaining and creating an e-mail list to communicate more effectively. The academy concept and bylaws were recently presented at the last NDPHA meeting. We have reviewed them and forwarded them to ASHP to insure compliance and to continue our affiliation with ASHP. We will be discussing this at the annual convention.

Finally, we Mark Plencner and Brian Aament were chosen to be our national representatives for ASHP annual convention.

ND Medicaid Pharmacy Services Update

By Brendan Joyce

Administrator Pharmacy Services, ND Medicaid

1. Tamper Resistant Prescription Pads

Started 4/1/08

Best resource (and what ND Medicaid is using as a resource) is available at www.ncdp.org

Only one of the three categories must be met right now.

Starting October 1, 2008, all three categories must be met. We have encouraged prescriber offices to comply with all three as soon as possible to avoid issues come October 1st.

2. J-Code NDC Requirement

The Deficit Reduction Act of 2005 required Medicaid to collect NDC's on all drug claims – pharmacy or professional.

This has required health care systems to do a large amount of work to transmit the NDC's to Medicaid (something they haven't done in the past).

Pharmacies have to send the NDC's to Medicaid for Medicare crossover claims. Medicare doesn't always forward the NDC's to Medicaid.

EZ-DME (www.ezdme.com) will be making changes to their website to allow pharmacies to submit Medicare crossovers to ND Medicaid. Also, pharmacies should talk with their software companies to see how they can provide a solution for submitting electronic professional claims.

ND Medicaid had to do a large amount of computer system changes just to capture the NDC's on the claims. We were not able to do this with paper claims, so all medical claims with drugs on them must come in electronically (HIPAA standard 837 transaction).

3. New Medicaid Computer System

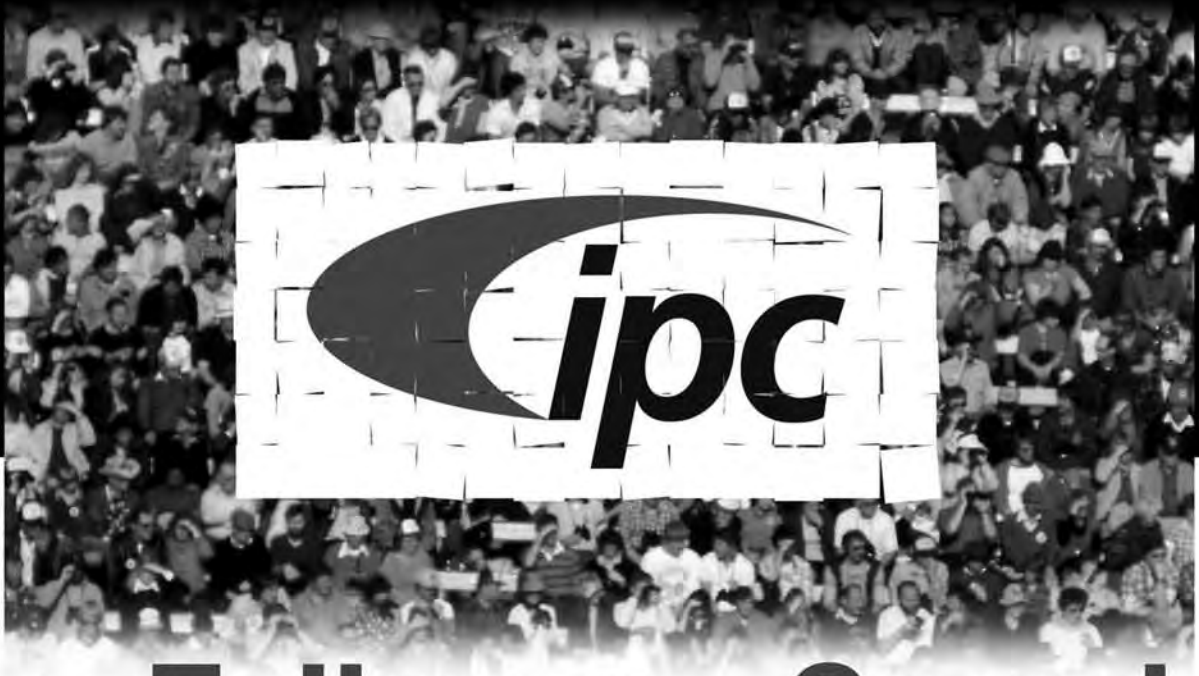
North Dakota Medicaid will be upgrading to a new computer system in the second half of 2009. This will replace our current 1978 system. This should help with medical claim processing, and it will hopefully allow more specific messaging on the pharmacy claim side.

Unfortunately, with this large of a project, Medicaid staff is tied up in meetings and will be until the system launches and all bugs are worked out. Provider relations will remain fully staffed, but administrator staff level, like me, may take a bit longer than normal to return phone calls when meetings are scheduled.

4. Pharmacy Numbers

Avg # scripts / utilizer:	2.8
Avg # of recipients:	50,800
Spend / month:	\$2.4 million
Avg paid per script:	\$59.50
Avg # of utilizers:	16,700
Claims / month:	46,800
Avg paid per brand:	\$158.00
% Brand:	29%
Avg paid per generic:	\$18.51
% Generic:	71%

Sometimes it's OK



to Follow the Crowd

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6,000 independent pharmacies have discovered the multitude of reasons to take advantage of Independent Pharmacy Cooperative (IPC) and our value-loaded programs. Our competitive pricing, top quality and superb service have made us one of the fastest growing alternative source vendors for independent pharmacy in the nation.

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Chairman of the Board Report 2008 Annual Convention



*Dennis Johnson, RPh
NDPhA Immediate Past President*

First off, I did not have the opportunity to be as active as I have been in the past. This is due to a lot of circumstances, some which I could not control. My apologies and thanks to those of you who picked up the slack and made it happen! A lot has taken place in the past year.

Mike Schwab (EVP) will be covering a lot of the activities of the Association, so this will be brief as to not duplicate.

We all know there is currently an interim study assigned to the Industry, Business, and Labor Committee that is mainly looking at the issues of mandatory membership and pharmacy ownership. The Board of Directors made a motion to allow the EVP to state NDSHP's position on the issue of ownership, if it comes up.

The Board of Directors also approved a motion with recommendation to the Board of Pharmacy to maintain a 5 member Board of Pharmacy with a minimum of the following make-up.

- One Health-System Pharmacist
- One Retail Pharmacist
- One Pharmacist Technician
- Consideration for a Consumer on the Board
- Director position

The Board of Directors also approved some website changes and also decided to create a new web link called "About the Patient."

As of this report, 26 pharmacists have opted-out of the Association. We will continue to monitor this process.

The Board of Directors helped to identify some member benefits of belonging to the Association, which is also listed on our website.

The Board of Directors also approved a number of by-law changes, including a recommendation to accept two applications for academy status of the Association.

- A common set of District By-Laws
- NDPhA by-law changes to the two areas; (1) Lifetime Membership; and (2) academies.
- Technician Academy By-Laws
- Community Practice Academy By-Laws

Everyone should have a copy in their convention packets. If not, please let us know.

Based on a recommendation provided by the EVP and verified by our CPA, the Board of Directors voted unanimously to change the Associations fiscal year to coincide with the ND Pharmacy Service Corporation's year end and to file a joint "for-profit" 1120 tax return form. The Association will still remain a non-profit for general business purposes and would still be considered separate from the PSC. We will simply be filing a joint tax return to alleviate some concerns with regards to the flow of finances between a non-profit and a for-profit entity. This is mainly due to new IRS 990 changes. We would be more than happy to explain this in greater detail, if you would like. Let us know.

The Association EVP will be providing a financial overview in his report.

I have enjoyed being active in the Association and encourage others to do the same. Once again, thank you for allowing me to represent you.

Classifieds



PHARMACY FOR SALE

Peace Garden Pharmacy

PO Box 729, Dunseith ND 58329

Contact: Don Thompson 701-228-2291

Thompson Drug

505 Main, Bottineau ND 58318

Contact: Don Thompson 701-228-2291

Medical Pharmacy West

4101 13th Ave South, Fargo, ND 58104

Contact: John Sanger. Phone: 701-282-6510.

Independent pharmacy located near North/South Dakota border:

Well established, Independent pharmacy located near North/South Dakota border. Annual Revenues of \$1.4 Million and 30,000 prescriptions filled per year. Inventory value approximately \$170,000. Contact Wayne C. Bradley, Bradley Business Advisors LLC, for more information. 701-239-8670 or wbradley@bbadvisors.net.

Pharmacy with Gift & Card Shop and Sporting Goods

DAKOTA DRUG COMPANY OF STANLEY

107 S. MAIN STREET, STANLEY, ND

An updated, remodeled 5000+ sq ft store, established in 1911. Serving an area within a 30 mile radius. Local 57 bed Nursing Home, 11 bed Medical Center, Clinic with 1 Full time physician and 1 Full-time N.P. Large Hallmark card and gift department, as well as a sporting goods department. An original 1949 Soda Fountain, serving the world famous WhirlaWhip, fountain drinks and ice cream. Sale package available upon request. Contact Brent Rodenhizer, R.Ph., between 9:00- 6:00 Monday thru Friday and 9:00-5:00 Saturday at (701)628-2255, or at home at (701)628-2599

WANTED TO BUY A PHARMACY!

Young energetic pharmacist looking to purchase a pharmacy in the Fargo or surrounding area.

Will keep all information confidential.

Please call Kelly at 701-799-3354 or e-mail at ndrph@hotmail.com.

PHARMACIST WANTED

Gateway Pharmacy, Bismarck.

Progressive Pharmacy seeks energetic Pharmacist. Pharmacy is automated, provides screenings, and immunizations.

Contact: Mark Aurit, RPh Gateway Pharmacy North, 3101 N 11th St Ste#2, Bismarck, ND 58503 Ph: 701-224-9521 or 800-433-6718

Walls Medicine Center, Grand Forks.

Contact Dennis Johnson, RPh, Wall's Medicine Center Inc., 708 S Washington Street, Grand Forks, ND 58201 or call (701) 746-0497.

Catholic Health Initiatives, one of the nation's largest Catholic Healthcare Systems, has an opening for a DIRECTOR of PHARMACY SERVICES who is interested in a career opportunity to lead a telepharmacy program which could make a lasting difference in improving the quality and safety of healthcare in North Dakota.

CHI is partnering with the North Dakota State University, the North Dakota Board of Pharmacy and any interested hospitals to expand pharmaceutical care hours by employing technology located in a central order entry center located in Fargo, ND.

Education & Experience:

- Must be a registered Pharmacist in ND
- 3 – 5 Experience in pharmacy management, program development and an interest in applying telepharmacy applications as a means to optimize patient care are preferred.
- Candidates should be self-motivated, possess a creative mind and enjoy the challenge of creating and leading a team to develop a telepharmacy model for rural hospitals that could become a national model.

We hold in high regard our core values of Reverence, Integrity, Compassion and Excellence. *Qualified candidates should apply online at: www.catholichealthinitiatives.org*

Pharmacist/Faculty at NDSU

North Dakota State University is seeking a full-time, non-tenure track pharmacist/faculty position in the Department of Pharmacy Practice. The individual will assist with teaching in the Concept Pharmacy instructional laboratory. Screening will begin March 10, 2008 and remain open until filled. For a complete description of this job and other openings go to: <http://www.ndsu.edu/ndsu/jobs/non-broadbanded>. NDSU is an equal opportunity institution.

Full-Time Pharmacist Needed To Join Corner Drugs Team! Corner Drug

522 Dakota Avenue, Wahpeton, ND 58075

Hourly Rate: \$40-50. Hours Worked Per Week: 40. Flexible Schedule and Time Off. *Benefits Include:* Full health, dental and vision. Employee has access to an "open network" of providers to choice from. Life Insurance and Accidental Life Insurance Policy as well! Retirement - 3% employer contribution. Continuing education courses. Wage increases and bonuses are based on job performance. Potential for additional benefits upon hire. Potential head pharmacist position and/or potential ownership down the road. Contact: Paul Folden, 701-642-6223 or 701-642-3563 folden@702com.net

Professional Pharmacy Inc., Bismarck, seeks a full-time pharmacist for their closed door long term care setting. Great hours and benefits. Contact: Curt McGarvey, 2425 Hillview Ave, Bismarck, ND 58501 Ph: 701-223-5750 or 800-789-5750

PHARMACY TECHNICIAN WANTED

Northport Drug, Fargo.

Fulltime Pharmacy Technician Position Located in North Fargo. Salary based on experience. Full benefits. Please send your resume to: Northport Drug attn: Rachel, 2522 North Broadway, Fargo, ND 58102 Or fax your resume to: (701)235-5544 attn: Rachel

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Please contact:
Lynn Swedberg
701.371.3849
lynn.swedberg@mckesson.com



Howard C. Anderson, Jr. RPh
Executive Director

Wow! What a year for Pharmacy in North Dakota. At the last Convention in April of 2007 we were looking back on a Legislative Session where some very significant bills had been passed for the patients and pharmacists in North Dakota. Though we got a chance to meet our Association's new executive at last year's convention, he did not officially take office until May 2007. Since then Mike Schwab has worked harder than he could have imagined when he took the job. He has also accomplished a great deal. With only one small hurdle to go, we are ready to roll out the Medication Therapy Management Diabetes Program, as soon as we all get trained on Sunday.

The ND Telepharmacy Project is doing well and has gained significant national and inter-national attention over the past year. When the Commonwealth Fund Commission on High Quality Healthcare came to North Dakota, at the invitation of Dr. Mary Wakefield, they were very impressed with the progress, quality and results of the ND Telepharmacy Project in our retail settings. Dean Peterson has been successful in obtaining significant grant funding for the coming year. We have dedicated most of those funds towards our hospital telepharmacy project, with the intention of establishing a central site under the leadership of Catholic Health Initiatives to serve those small and rural hospitals with pharmacists, who can provide first-dose-review of all orders in those hospitals. This will not only provide the patients in North Dakota with pharmacist's services, which are well proven to be a benefit to the patient. It will also provide a showcase to the rest of the world that North Dakota Registered Pharmacy Technicians, supervised by Pharmacists over our telepharmacy networks, can be a solution for allowing pharmacists to review every patient medication order before administration. This will demonstrate to the world that we can provide Joint Commission Standards to all of those CMS American Society of Health Systems Pharmacists midyear meeting in Texas and we, that is the Association, Board and College have consulted with many throughout the United States and internationally as well.

I want to point out that this is only possible because of the relationship that we have between our Association, our Board and our College of Pharmacy.

As a chapter in history comes to a close, Dr. William J. Grosz has informed me that his physician has told him it is time to quit. Therefore, those of you who are used to seeing Bill in your pharmacy during the inspections will miss him this year. A big thank you to Bill and Mary Anne for their 30+ years of service to the Board of Pharmacy. Like a growing number of your out there, Bill has been continuing to work beyond his 50 years of service to the people of North Dakota and the Association.

The Prescription Drug Monitoring Program is up and running. PDMP is providing patient profiles to Doctors, Pharmacists and law Enforcement around the state. There will be more information as some of the specific sessions. Program Director, Pharmacist Pat Churchill and her assistant Kathy Zahn, who runs the program on a day-to-day basis, are both here at our Convention as a resource for you.

And lastly, Pharmacist Dewey Schlittenhard, who has served the Board of Pharmacy and the profession of pharmacy in North Dakota very well, has asked to resign from the Board of Pharmacy, as his responsibilities at St Alexius Medical Center have made it increasingly difficult for him to attend Board Meetings and participate as he feels it is important to do. We want to thank Dewey for his service and his many contributions. Dewey was always a strong advocate for the patient and a strong advocate for high profession standards in the profession of Pharmacy. Thank You Dewey.

In closing, I spoke with a cardiologist recently who is searching for a way to continue to make samples available to his patients. We discussed the insistence of the North Dakota Board, College of Pharmacy and the profession in making sure the patient, in each dispensing instance where the pharmacist was involved, receives a pharmacist consultation. The cardiologist said, "I do not think you should give that up, that is very important for the patients." I would like you to keep that in mind as you move back into your pharmacy role, and remember that a proper consultation could solve almost every patient problem and prevent almost every dispensing error.

Thank You.

Board Of Pharmacy

Laurel A. Haroldson, R.Ph.
230 17th Ave NE
Jamestown, ND 58401
Business: 1-701-252-3181
Fax: 1-701-252-0906
Email: lharold@csicable.net
Term Expires: May 2010

Gary W. Dewhirst, R.Ph.
President Senior Member
PO Box 148
Hettinger, ND 58639-0148
Business: 1-701-567-2533
Fax: 1-701-567-4115
Email: gwdewhirst@yahoo.com
Term Expires: May 2008

Dewey Schlittenhard, R.Ph.
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6609 Deereewood Lane
Bismarck, ND 58501
Business: 1-701-530-7620
Fax: 1-701-530-7623
Email: dschlitten@primecare.org
Term Expires May 2011

Rick L. Detwiller, R.Ph.
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1900 Harbor Drive
Bismarck, ND 58504-0956
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Term Expires May 2012

Howard C. Anderson, Jr., R.Ph.
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ND State Board of Pharmacy
P O Box 1354 (1906 E Broadway)
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Bonnie J. Thom, R.Ph.
Member
5372 N 15th Ave
Granville, ND 58741
Business: 1-701-338-2911
Fax: 1-701-338-2886
Email: velvadrug@stellarnet.com

Lifetime Membership 2008-2009 Renewal Year

Originally issued on June 14, 1957

- | | |
|---|--|
| 2343 Dennis J. Buchholz, R.Ph.
P O Box 113
Lisbon, ND 58054-0113 | 2363 Theodore E Warren, R.Ph.
3351 Adams Street SW
Fargo, ND 58104-6932 |
| 2348 Paul L Irsfeld, Jr, R.Ph.
3315 S Crestline Street
Spokane, WA 99203 | 2364 Kenneth o Wedul, R.Ph.
1440 Crestview Ave
Seal Beach, CA 90740 |
| 2349 Duane L Irvine, R.Ph.
5910 CR 293
Oakwood, TX 75855 | 2365 Richard O Alstatt, R.Ph.
904 Oak Street
Breckenridge, MN 56520 |
| 2352 Arthur J Kautzmann, R.Ph.
103 Ave B
Billings, MT 59101-0634 | 2366 Carl O. Benson, R.Ph.
324 S Columbia
Morris, MN 56267 |
| 2356 Harvey J Lillestol, Jr, R.Ph.
8046 E Via De Los Libros
Scottsdale, AZ 85258-3056 | 2375 William L Schalker, R.Ph.
1917 Mariposa Court
Cool, CA 95614-2550 |
| 2357 Donald L Ljungren, R.Ph.
10034 W Ocotillo Drive
Sun City, AZ 85373 | 2377 JoAnn Steffen McMullen, R.Ph.
232 5th Ave NE
Osseo, MN 55369-1310 |
| 2359 Mary D. Lashway, R.Ph.
53-567 KAM Hwy #212
Hauula, HI 96717 | 2379 N Arvid Vasenden, R.Ph.
195 Rocky Branch Road
Athens, GA 30605-4510 |

Originally issued on November 14th, 1957

- | | |
|--|--|
| 2385 Curtis E Larson, R.Ph.
10929 E Spring Creek Road
Sun Lakes, AZ 85248-7942 | 2389 RJ (Jerry) Ronholm, R.Ph.
P O Box 1060
Jamestown, ND 58402-1060 |
| 2388 Harold F Nilles, R.Ph.
1450 N Central Ave
Valley City, ND 58072-2142 | 2391 Eugene R. Sele, R.Ph.
8335 SW Ridgeway
Portland, OR 97225 |

Current Statistical Data

2007		2008
750	Active Pharmacists	782
45	In-State In-Active Pharmacists	54
1172	Out-of-State Pharmacists	1096
89	Lifetime	107
2,056		2,039
89	Delinquent / yet to renew	145
529	Registered Pharmacy Technicians	541
39	Delinquent / yet to renew	51
98	Technicians-In-Training	137
355	Licensed Interns – NDSU PharmD Students	369
89	\$10 Pre-Pharmacy Interns	76
230	In-State Pharmacies	233
398	Out-of-State Pharmacies	412
730	Wholesales	775

TO: ND Pharmacy Service Corporation Members

Re: NDPSC Political Action Committee Fund & Legal Defense Fund

With the 2009 legislative session right around the corner, we need to raise additional funds for the NDPSC Political Action Committee and the NDPSC Legal Defense Fund. As many of you know, it is vital that we participate in Legislative functions and events. It is just as important that we network with all public policymakers and ensure legal representation. In an effort to make sure that we are well financed to do such, the Board of Directors for the NDPSC is requesting your financial support.

You can contribute \$10 a month or \$100, what ever you desire or can afford. **For those of you, who would like to contribute, please fill out the forms on the following page.** We strongly encourage everyone to donate!

Feel free to fax, email or mail your form back to our office. The NDPSC office accepts credit cards as one method of payment. Checks are an acceptable as well. Thanks for your time and attention to this important matter!

Continuing Education Opportunity:

Bridging the Divide: Connecting Four Generations of Pharmacists in the Workplace



Jason Dorsey, Generation Y Author and Speaker

Thursday, August 7, 2008

7:30-9:00 p.m.

Ramada Plaza Suites

1635 42nd Street SW

Fargo, ND 58103

Best selling author, acclaimed speaker, and award winning entrepreneur, Jason Ryan Dorsey, has been featured on 60 Minutes, 20/20, NBC's Today Show, ABC's The View, in Fortune Magazine, The Wall Street Journal, and USA Today. For more information visit www.JasonDorsey.com.

If you are interested in attending, please contact Sara Tanke, Director of Advancement, College of Pharmacy, Nursing and Allied Sciences, 701-231-6461 or sara.tanke@ndsu.edu.

In conjunction with the District V NABP and AACP meeting. Sponsored by Thrifty White Pharmacy.

NDPSC PAC PLEDGE

Name: _____ Address: _____

Phone: _____ City, State, & Zip: _____

Email: _____

Pledge Amount: \$ _____

Circle One: One-Time Monthly Yearly

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

NDPSC Political Action Committee Fund Disclosure Statement

Contributions are NOT tax deductible for federal income tax purposes. Contributions are voluntary and non-participation does not affect your membership rights. Only personal donations are expected. Contributions are used for political purposes to support political candidates, legislative expenses, and other public policy grassroots activities that benefit the pharmacy profession.

NDPSC LEGAL DEFENSE FUND

Name: _____ Address: _____

Phone: _____ City, State, & Zip: _____

Email: _____

Pledge Amount: \$ _____

Circle One: One-Time Monthly Yearly

Credit Card Number: _____ Expiration Date: _____

Signature: _____ Date: _____

NDPSC Legal Defense Fund Disclosure Statement:

Personal or business contributions are acceptable and they are tax deductible. Contributions are voluntary and non-participation does not affect your membership rights. Contributions are used to help pay for legal opinions, reviews, legal issues at hand, and direct lobbyist activities.

Compliance Shield for the Pharmacy Workplace



A simple and secure solution to regulatory training requirements.

To help pharmacies satisfy the pending January 2008 Fraud Waste and Abuse training requirement deadline, LearnSomething has created a subscription-based service for all your pharmacy and pharmacy support staff called Compliance Shield for the Pharmacy Workplace.

LearnSomething, a leading provider of regulatory compliance training over the past 5 years, is offering this e-learning service with unlimited access to these programs:

- Fraud, Waste and Abuse (required training)
- HIPAA Privacy (required training)
- HIPAA Security (required training)
- MethGuard™ (required training)
- Medicare Part D (overview)
- iPledge (required training)
- Bloodborne Pathogens for the Pharmacy (OSHA)
- DEA Audit – What a Pharmacist Needs to Know

Our solution combines:

- Content developed by industry experts in cooperation with nationally recognized associations
- Comprehensive tracking and reporting tools
- Program access 24/7
- Help desk support

A key decision point for any regulatory training investment is whether program training can be tracked and reported. Our solution allows for the real-time capture and access of all training activity. Compliance activity reports can be generated quarterly or as needed for your records.

This e-learning service is offered for an annual flat fee of \$500 per location. Registering your location(s) and providing access to your staff is so simple it can typically be completed by the next day. When a new employee is hired, you simply send a notification with that new hire's details.

See how Compliance Shield for the Pharmacy Workplace will help you meet your regulatory training commitments using state of the art technology.

For more information, contact:

mlambertson@learnsomething.com or on 678-640-4615.





Diabetes Disease State Management Update

Much has happened since the last edition of the Nodak in the development of the diabetes disease state management program! The highlights are listed below.

The live portion of the certification program was completed by over 250 pharmacists and pharmacy students from over 80 different pharmacy locations. There were two live sessions, one at the state convention in Bismarck and another program a few weeks later in Fargo. Thank you to everyone throughout the profession for your interest and dedication to this program. Additional certification programs will hopefully be offered again in the future for those that were unable to take part in the initial offering.

The program clinical coordinator, Frontier Pharmacy Services of West Fargo, was hired and began work on developing the various forms, manuals, and relationships with the other vendors used in the program. The program website, www.aboutthepatient.net, was designed as the central piece to the communication network needed to have a successful program. A provider manual was developed for easy reference.

Now that much of the development of the program is nearing completion, we can begin to look forward to the actual rollout and scheduling of initial patient visits. A timeline is outlined below for your reference:

- First half of June – provider manuals will be mailed to each pharmacy location and the program website, www.aboutthepatient.net, will go online.
- June 20th – Prescriptive Practice Committee meets to review the program. Their approval is needed prior to implementation.
- June 25th – NDPERS issues initial mailing to their eligible members announcing the program and providing enrollment information.
- Early July – initial applications are accepted. Providers are notified when a patient selects their location. Providers then complete the additional training prior to first patient visit.
- End of July – First patient visits occur.

This is an exciting time for the profession. Please contact the clinical coordinator at 1-877-364-3932 or email jsteig@frontierpharmacyservices.com with any questions.

North Dakota Pharmacy Service Corporation 2007 Convention Report

Prepared by Michael D. Schwab

Due to the fact that a lot of the work that the Association does is a mutual benefit to both the Association and the PSC, the PSC Report will be short in duration.

One program that has consumed an unbelievable amount of time is the Disease State Management Program of Diabetes. The DSM program will be the main area of focus for this report.

2007 PSC Highlights:

DME Accreditation:

The PSC tried to see if, as an organization, they could become DME accredited and then have all member pharmacies go through the PSC for accreditation. The PSC was notified by the National Board of Pharmacy that this option was not feasible since each pharmacy does not have the same corporate oversight in place. Moving forward, the Association and PSC will provide or have available information that pharmacy owners will find helpful when it comes time to become accredited (Sept. 2009). We will have common quality assurance measures, policy and procedure drafts to help you prepare for the DME accreditation process.

Lobbyist Agreement:

The PSC hired John Olson (Bismarck Attorney) during the 2007 Legislative Session. This agreement was revisited recently. John Olson will continue to provide the PSC with services during the 2009 legislative session. The EVP and John Olson will be providing a team effort during the 2009 legislative session.

PSC Membership:

The PSC has gained some new members, but lost some old members. We will continue to reach out to pharmacy owners letting them know of the benefits and services the PSC can provide for them as a member pharmacy.

PACE Alliance Buying Group:

There were a few new additions to the PACE Alliance Buying Group in 2007. We will continue to try and increase those numbers. Please ask any PSC Board member or myself if you have any questions about how to become a member.

Community CCRx Mirixa - MTM Cases:

The PSC will continue to work with Community CCRx and Mirixa to establish an adequate reimbursement for MTM services. North Dakota was # 1 in the country with regards to the number of MTM cases completed during 2007. Please take a moment to pat yourself on the backs for a job well done!

Disease State Management of Diabetes:

As many of you know, during the 2007 legislative session, HB 1432 and HB 1433 passed which allowed for DSM to take place on a grand scale in ND. The NDPSC, in collaboration with members from the College of Pharmacy, Board of Pharmacy, NDPhA, NDSHP, BC/BS of ND and the ND Public Employees Retirement System (NDPERS) and others have been extremely busy establishing a DSM program of diabetes for eligible NDPERS members.

Pharmacists finally have the opportunity to provide a value based service that is way over due! For those of you participating in the DSM program, we will be discussing the details of the program during our training on Sunday morning. I would however like to outline some of the infrastructure that needed to be in place for this program to be successful.

First, we needed to establish a network of qualified willing providers. We were shooting for 50 provider sites and ended up with over 80 provider sites! This is unbelievable! If you count the available providers at each site and the P3 & P4 students going through the training as well, we have over 200 providers available in the state. Again, unbelievable! Each provider needs to become certified in diabetes care. The College of Pharmacy took the lead on the certification process. We cannot thank them enough! In addition, over \$25,000 was secured for training and certification purposes. A big thank you to the Board of Pharmacy for helping with this effort!

Second, we needed to enter into a contract with NDPERS. This was accomplished a few months ago. We were also able to establish an adequate reimbursement amount for providers as well in that contract.

Third, we needed to enter into a contract with a qualified data management software system. We entered into a contract with Medication Management Systems (MMS) out of Minneapolis. MMS specializes in these kinds of programs and currently provide similar services in a number of states around the country.

Fourth, we had to enter into a contract with a qualified pharmacist to provide Clinical Coordinator services for the program. We entered into a contract with Frontier Pharmacy Services, Inc. out of Fargo.

Fifth, we have to enter into a contract with a qualified professional business service organization. This is still in the works but will be finalized in the coming weeks.

In addition, we had to develop a relationship with BC/BS regarding claims data and the identifying of eligible participants. There are MANY details to this program and NDPSC Board members and our office would be more

than happy to explain or cover those details with you. Just let us know. We are hopeful that the training on Sunday will help provide you with some of those details. Thanks again for all of your commitments regarding this effort. Looking ahead, we plan to expand this effort to other employer groups and other disease states. An important point to make is that the PSC, as an organization, is fronting all the costs associated with getting this program up and running. We want to thank all of you who are members of the PSC for helping make this possible! Please thank the PSC Board of Directors and the NDPhA Board of Directors for their financial commitments to this program!

2007 Financial Report (Highlights):

During the past year, the PSC developed an operational budget, which apparently had not been done in the past. This was helpful in the tracking of income and expenses and this practice will be continued moving forward.

Total revenue for the year was budgeted at \$145,000 with actual revenue of \$137,000. We fell a little short of revenue projections. This was mainly due to the fact

that we had some PSC members decide not renew their membership in the PSC.

Total expenses for the year were budgeted at \$139,000 with actual expenditures of \$117,000. We were able to maintain costs which in turn provided a net income of \$20,000 for the year. I have a complete copy of the PSC financials, if any member would like to see a copy.

In Conclusion:

This past year has been an exciting one and we are looking forward to 2008. We will continue to add to our bottom-line, so we can continue to provide programs such as the DSM program. It has been a pleasure working with members of the NDPSC, NDSHP and NDPhA this past year. I hope that we can continue to build relationships that benefit pharmacy as a whole. We will continue to provide advocacy on behalf of the profession and will continue to provide services and programs that advance the profession of pharmacy.

Once again, I want to thank many of you for making my first year an enjoyable and unforgettable one! Take care and I hope you enjoy the rest of the convention.

North Dakota Pharmacists Association

2007 Annual Convention Report

Prepared by Michael D. Schwab, EVP

It is hard to believe a year has gone by already. Over the past year, I have had the opportunity to work with some of the finest providers of health care in the country. You all do an amazing job and provide a level of dedication that is not seen in all professions. I want to thank all of you for your time commitments and hard work throughout the past year. NDPhA has been active this past year. Below is a summary of some of those activities.

Association Collaboration and Networking: Over the past year, members of NDPhA and staff have represented the Association at a number of functions. This representation provides an avenue for the sharing of knowledge, best practices, new opportunities, timely information, and the promotion of the profession. Listed below are some of the areas Association staff and members participated in the past year.

- Attended NDPhA District meetings
- Liaison with the NDSU College of Pharmacy, Nursing and Allied Sciences includes but not limited to the Career Fair, Opportunities Night (co-sponsor), White Coat Ceremony, scholarship awards, pharmacy student rotations, and the Telepharmacy Project (ongoing).
- Liaison with the Department of Health and Department of Human Services.

- Represented the Association on the ND Medical Advisory Committee – Modernizing Medicaid (ongoing).
- Represented the Association on the ND Chamber of Commerce Healthcare Committee and Insurance Committee (ongoing).
- Liaison with Blue Cross Blue Shield of North Dakota and Minnesota, which also includes Prime Therapeutics (ongoing).
- Participate on the Rural Health: Health, Information & Technology workgroups.
- Attended and became a member of the ND Diabetes Coalition. We also participate on their Diabetes Prevention Team and Executive Committee of the Coalition (ongoing).
- Liaison with the Board of Pharmacy, PharmAssist Program and Committee (ongoing).
- Participate on various national conference calls such as GSK Midwest State Governmental Affairs Committee, American Pharmacists Association, National Community Pharmacists Association, National Alliance of State Pharmacy Associations, and Community CCRx – Mirixa calls (ongoing).
- Attended the National Community Pharmacists Association's Legislative Conference in Washington,

D.C., and attended the National Alliance of State Pharmacy Association's Fall Symposium in Florida.

Professional Development and Education: Over the past year, the Association worked to enhance the pharmacy profession, improve patient care, provided educational opportunities and promoted public health by showcasing the value of pharmaceutical care. These include:

- Provided ACPE accredited continued education programs.
- Helped in promoting innovative pharmacy practice initiatives (ex: DSM and further expansion of MTM services).
- District meetings utilized as a support and services outlet.
- Provided opportunities to elect or participate in leadership roles for the Association
- Provided information on some of the following topics to Association members: (1) Fraud, waste and abuse training for Part D; (2) Tamper resistant prescription pads for Medicaid scripts; (3) DME accreditation; (4) Long-term care rebate reporting; (5) Provider National Identification Number – NPI; (6) Prescription Drug Monitoring Program; and (7) Controlled substances ordering system – CSOS.
- Provided free and discounted training programs (ex: Learn Something Network, which also provides revenue to the Association).
- Aired announcements via a number of radio stations regarding the value of pharmacy services.
- Association helped to secure over \$25,000 for Disease State Management provider education and certification.
- Continued to expand the Pharmacist Quality Commitment Program in ND.

Public Policy Advocacy Efforts: During the past year, the Association provided advocacy efforts regarding a number of federal and state issues. Currently, we are not in session in ND, so there has been limited activity on the state level.

- Attended the National Community Pharmacists Association's Governmental Affairs Conference in Washington, DC. While in DC, meetings were held with each of our Congressional Delegates. The following issues were discussed: (1) AMP – all three delegates are co-sponsors of AMP legislation; (2) Part D Prompt Pay – all three delegates are co-sponsors of promote pay legislation; (3) Business negotiation rights – retail pharmacies having the rights to negotiate similar to chain pharmacies; and (4) Medicare payment disparities to rural hospitals. This communication is ongoing!
- Attended an Interim Budget Committee hearing, Interim Human Services Committee hearing, Employee Benefits Committee hearing, and have

communicated with Legislative Council and the Governor's Office on a number of topics.

- Provided public comments and advocacy during the National Association of Counties presentation regarding the promotion of the Caremark Prescription Discount Card Program and how it affects local pharmacies.
- Started to establish a relationship with the new Insurance Commissioner regarding pharmacy issues and positions.
- Continue to work with FTC on coming up with a reasonable solution to a pending inquiry. Contracted with David Balto an antitrust attorney out of DC to help in this effort.

Products and Additional Services: Over the past year, the Association continued to expand the products and services that are offered to members of the Association. We created a document that outlines the benefits of becoming or staying a member of the Association, which can be found on our website (www.nodakpharmacy.net). Products and additional services include:

- Promotion of Pharmacists Mutual Group as a preferred vendor.
- Promotion and outreach activities regarding PACE Alliance Buying Group.
- PharmAccount Financial Services.
- Email and fax blasts.
- Publication and distribution of a Bi-Monthly Nodak Pharmacy Journal.
- Helped to facilitate member communications.
- Added the PharmAssist Program information to our website.
- "About the Patient" website will soon be up and running.

Financial Report: Over the past year, NDPhA has taken various steps to improve the Associations financial position and to improve the transparency of such finances. A few main areas that we would like to mention include:

- A budget was prepared and approved. This budget was then published and distributed to members via our Nodak Journal. The yearly budget was distributed at the beginning of the fiscal year. An additional six-month report of income and expenses in comparison to the budget was published six-months into the fiscal year. This was done to bring about a better awareness of the Association's finances to its members. We will continue to do this moving forward.
- The Board of Directors unanimously made the decision to change the Association fiscal year to coincide with the ND Pharmacy Service Corporation fiscal year (Jan-Dec.) and to file a joint for-profit 1120 tax return form. The PSC unanimously voted to move forward with the recommendation as well. This will

help to alleviate the new IRS 990 tax changes regarding the “flow of finances” between a non-profit and a for-profit entity. NDPhA would still be considered a non-profit for general business purposes but will file a joint for-profit tax return. Please feel free to catch me or any of the Board members if you have any questions regarding this change and why it was made.

• **Financial Overview (Highlights):**

First, I would like to turn your attention to the Statement of Assets, Liabilities, and Net Assets that should be in your packets. NDPhA budgeted about \$175,000 in total revenue. We ended up with actual revenues of more \$182,000. This was mainly due to some increased agreements that were reached that provided additional “marketing” revenue. It is a little misleading because some of the convention income reported in 2007 still needs to be spent in 2008 because our fiscal year just ended March 31, 2007. Overall, we were right on target.

NDPhA budgeted about \$169,000 in expenses but actually had expenses of \$149,000 for a difference of \$20,000.

Excess (deficiency) of support and revenue over expenses was a little over \$33,000. Net assets at the beginning of the year totaled about \$46,000. Net assets at the end of the year totaled about \$79,000.

Looking Ahead to Next Year!

NDPhA will be developing their Public Policy Platform in the coming months in preparation for the 2009 Legislative session. We will be developing a Legislative grid for the tracking of legislation and we will also be providing Action Alerts.

NDPhA will continue to build relationships and promote the profession of pharmacy. NDPhA will continue to provide state and federal advocacy efforts. NDPhA will also provide professional development and education opportunities (DSM expansion) and will continue to be fiscally responsible.

I look forward to working with all of you moving forward. It truly has been a pleasure.

NDPhA Community Pharmacy Academy

A Community Pharmacy Academy was approved at the annual convention in April. The mission of the Academy of Community Pharmacy Practice is to advocate and promote the practice of community pharmacy. This will be accomplished by providing networking opportunities, legislative activity, public awareness, and practitioner collaboration.

The academy is in its initial development. Anyone interested in becoming a part of the academy should contact the association office or email Jayme Steig at j_steig@msn.com. We are looking for valuable input on the development of the academy. We are also looking for individuals interested in joining the leadership of the academy. The academy’s by-laws state there will be a President, President Elect, and Secretary/Treasurer.

We look to provide information on the academy in the Nodak, on the association webpage, and through our own actions. We would like to attend district meetings this fall to increase awareness of our new group. Please contact us with the dates of your next district meetings and we will do our best to attend.

Community practice is constantly evolving to meet the demands of our ever-changing health care system. This academy will work to promote the practice and its importance through its initiatives.

Once again, please contact us about joining the academy, becoming an officer, or with any questions you may have. Look for more to come from us in the future.





Charles Peterson, Dean
NDSU College of Pharmacy

A Message from the Dean

123rd NDPhA Annual Convention, April 25-27, 2008

Executive Summary

The College has had another very busy and productive year. On September 20th, the College held its seventh Annual Career Fair at the Fargodome with 79 booths, 154 exhibitors, 51 companies in attendance representing the professions of pharmacy, nursing, and allied sciences including various healthcare facilities from the state, region, and nation. Both pre-professional and professional students as well as area high school juniors and seniors attended the event exploring careers in pharmacy, employment opportunities, and internships. It was a tremendous success and the day was capped by our Annual Scholarship Recognition program which the College disbursed \$232,316 in scholarships to deserving students. The College awarded 193 scholarships, from 84 individual and corporate donors, with the average scholarship award being approximately \$1,225 (range \$250 - \$13,600). I would like to thank all the alumni and corporate friends of our College who have given so generously to help us support our students. Thanks to you, our scholarship program is alive and well. Next fall, the 8th Annual Career Fair will be held on Thursday, September 18, 2008 at the Fargodome. So mark your calendars and plan to attend. Like last year, North Dakota Opportunities Night will be held the evening before the Career Fair on Wednesday, September 17th. Come join us for these awesome events ! To register for any of these events or for more information, contact Sara Tanke, Director of Advancement, at (701) 231-6461 or email at Sara.Tanke@ndsu.edu.

In the Summer of 2007, the College hired an outside consultant (Bernard Consulting, Group, Inc.(BCG), Kansas City, Missouri) to assist the College in the development of a new strategic plan which addresses the following issues: the comments and recommendations of ACPE in the Evaluation Team Report from their April 2006 visit of NDSU; the Board of Directors Actions and

Recommendations from its June 2006 meeting; issues raised by faculty in the Self-Study; the new 2007 ACPE accreditation standards; and the recent reorganization of the College into a more interdisciplinary program involving pharmacy, nursing, and allied sciences. The BCG conducted an assessment with University and College administration, faculty, staff, students, and key external stakeholders to solicit their input for the revised strategic plan. BCG conducted 14 focus groups with faculty, staff, students, and preceptors; and conducted seven one-on-one interviews with the President, Provost, Vice President for Research of the University as well as external constituents including the Executive Director of the North Dakota Board of Pharmacy, the Executive Vice President of the North Dakota Pharmacist Association, and the Chair and Vice-Chair of the Pharmacy National Advisory Board. In addition, BCG distributed on-line surveys to all pharmacy national advisory board members (PNAB) and to students enrolled in the pharmacy professional program. The strategic planning process with the BCG outside consultants has not been fully completed. Future work remaining includes: (a) BCG working with the administrative council and planning committee to prioritize critical issues, strategic directions, and action steps and assign accountability representatives for each area with timelines; (b) BCG facilitating with each department within the College a specific departmental strategic plan which compliments the overall College strategic plan; and (c) review and approval of the overall College strategic plan by faculty. It is hoped that the strategic plan and process with the BCG outside consultants will be completed during the 2008 Spring Semester and result in a faculty retreat in August 2008 to perform final review and approval of both the overall College and individual departments' strategic plans. The College invites you to send your comments, ideas, and suggestions regarding what areas we should be focusing on (and developing)

related to our future plans and priorities which will best serve our students, and the profession of pharmacy in North Dakota. Forward any comments or suggestions to me at Charles.Peterson@ndsu.edu with any comments or suggestions.

As a result of this strategic planning process, space has been identified as one of the critical issues needing to be addressed by the College. The College has hired an architect to assess the current and future space needs of students, faculty, staff, and administration. This space assessment will result in preliminary designs for additional facility space (faculty offices, classrooms, conference rooms, research laboratories, instructional laboratories) to meet the future space needs of the College. Additional faculty have been identified as another critical need. The optimal student to faculty ratio (goal) nationally for pharmacy professional programs is 8:1, in 2006 (last ACPE visit) our student to faculty ratio was 10.6 to 1, currently (2008) our ratio is 9.4 to 1. Additional faculty and staff have recently been added to support the areas of academic affairs/assessment (Dr. Cindy Naughton, Associate Dean for Academic Affairs and Assessment); advancement (Sara Tanke, Director of Advancement and Julie Roberts, Advancement Secretary); experiential program (Dr. Rebecca Focken, IPPE Coordinator); biotechnology (Dr. Benedict Law); neurology (Dr. Chengwen Sun); pathophysiology (Dr. Christian Albano – temporary); and student affairs (Dana Davis, Director of Recruitment). Additional faculty and staff are being recruited in pharmacy administration (economic outcomes assessment), Concept Pharmacy, pharmacogenomics, information technology staff, and a secretary to support the new Associate Dean for Academic Affairs and Assessment. In addition, the College is making plans to develop a graduate program in social and administrative pharmacy with an emphasis in public health. The College is also in the process of submitting a proposal to the State of North Dakota to establish a Center of Excellence in the Research & Development of Biopharmaceuticals and Vaccines. The College is also in the process of launching a new annual giving program called the “Sudro Society” to help the College accomplish these future goals and priorities. Additional information will be coming out very soon on how you can become a member of Sudro Society and support the College and its future. For more information about our new Sudro Society annual giving program, contact Sara Tanke at (701) 231-6461 or Sara.Tanke@ndsu.edu. Please join us in maintaining our tradition of excellence at NDSU.

President Chapman has established diversity as a high priority for the campus. The President’s Diversity Council has developed mission, vision, and definition of diversity for the campus including a 2005-2010 Strategic Plan for Diversity, Equity, and Community. The University strategic plan for diversity includes campus-wide goals, objectives, and priorities around five major themes: (1) institutional commitment; (2) learning and pedagogy; (3) research and creative activities; (4) recruitment, retention of historically underrepresented students, faculty, and staff; and (5) inter-group & intra-group relations. Individual Colleges and Departments on campus are being asked by the University to establish a plan for advancing diversity within their own units according to the goals, objectives, and themes outlined in the University’s strategic plan. The Colleges are also being asked by the University to report on their diversity efforts as part of their annual report to the Provost and President. The University has established Diversity Plan Review Teams to review and evaluate each College’s annual diversity efforts to ensure they are committed to, and making progress toward, advancing diversity on campus. The College of Pharmacy, Nursing, and Allied Sciences is committed to advancing diversity within the College and on campus and has incorporated diversity efforts into its strategic plans for each Department and the College. This includes the development of specific diversity goals, priorities, and action steps to include the recruitment and retention of underrepresented students, faculty, and staff, as well as incorporating diversity within the curriculum. At its February 9, 2008 meeting in Scottsdale, Arizona, the Pharmacy National Advisory Board officially endorsed the College’s diversity efforts with the following statement of support, “The Pharmacy National Advisory Board fully supports the efforts and plans of the University and the College of Pharmacy, Nursing, and Allied Sciences in enhancing the diversity of its people and programs”. We invite the entire profession of pharmacy in North Dakota to join us in celebrating and advancing diversity within our College, University, Community, State, and Profession. Please join us in this very important effort for the future of our profession.

The North Dakota Telepharmacy Project recently received word that it will receive additional federal funding of \$813,535 from HRSA/OHIT/OAT for F Y’08 for developing a telepharmacy program that will provide 24-hour pharmacist staffing and pharmacy services to small rural hospitals in North Dakota. Many rural hospitals have limited pharmacist coverage or pharmacy services which

greatly impacts their ability to deliver even the most basic pharmacy services. There is a critical need to provide access to pharmacists and pharmacy services especially after hours (evenings, weekends, holidays, vacations, sick days) for remote rural hospitals including critical access hospitals in North Dakota. Telepharmacy services can provide these hospitals with 24/7 access to a pharmacist to deliver high quality pharmacy services. The North Dakota Telepharmacy Project was a featured program at this year's American Society of Health-Systems Pharmacists (ASHP) national convention in Las Vegas in December. It also published an article this past year entitled, "Hospital Telepharmacy Network: Delivering Pharmacy Services to Rural Hospitals", in *J Pharm Technol* 2007;23:158-65. North Dakota was also recently selected by HRSA as state of interest for possible study to look at innovative ways to implement MTM on a larger scale throughout the country including access to rural areas. A HRSA team will be visiting North Dakota in the near future to study practice innovations like telepharmacy. It is our hope that the new OHIT/OAT federal funds will help North Dakota establish a national model for delivering telepharmacy services to small rural hospitals that will make North Dakota a national leader in delivery of pharmacy services to rural hospitals and rural areas. Thus far, the NDTP has received more than \$3.3 million to support its efforts. Ann Rathke serves as Telepharmacy Coordinator, and Dr. David Scott serves as Co-PI for Assessment for the project. For more information contact Ann Rathke at Ann.Rathke@ndsu.edu.

The pharmacy program is currently in the process of evaluating applications for admission to the pharmacy professional program for the 2008 Fall Semester. There currently are 127 applications in this year's applicant pool and 85 students are expected to be admitted for this coming 2008 Fall Semester. Of the 110 students recently invited for formal interviews, the average selected GPA was approximately 3.79; and the average PCAT score was approximately 79.3. Preference is given to students with demonstrated leadership skills; work or volunteer experience in a health related area; and residency in North Dakota. An ethics exam is now also part of the admission's assessment. Although, admissions to pharmacy schools remains fiercely competitive, students applying to NDSU currently have a much greater chance of being admitted to the professional program than other schools in our region (ie. NDSU currently admits approximately 67% percent of applicants compared to the University of Minnesota (less than 20%) and SDSU (25%). Student tuition and

fees for students enrolled in the pharmacy professional program at NDSU for the current 2007-08 academic year is approximately \$10,500.00/year. This is expected to increase 5.0% for the upcoming 2008-09 academic year.

We will have 88 pharmacy students graduating during Spring Commencement on May 9, 2008 at the Fargodome. The NDSU Pharmacy Program Graduation Hooding Ceremony will be held at Festival Concert Hall on NDSU campus at 10:00 am Friday, May 9th with a reception to follow. The University formal commencement exercises will be held on Friday May 9th at 5:00 pm at the Fargodome. We invite everyone to come join us for the celebration.

Noteworthy pharmacy awards from this past year include: Dr. Rob Nelson received 2007 Teacher of the Year Award; Dr. Rick Clarens received the 2007 Faculty Preceptor of the Year Award; and Lynn Grani, pharmacist at SunMart Pharmacy in Moorhead received the 2007 Adjunct Preceptor of the Year Award.

The North Dakota Board of Pharmacy and the College are hosting the 71st Annual NABP/AACP District V meeting at the Ramada Plaza Suites in Fargo, August 7-9, 2008. On Thursday evening there will be a special continuing education program featuring Jason Dorsey, best selling author, nationally acclaimed generation Y speaker, and award winning entrepreneur. Jason Ryan Dorsey has been featured on 60 Minutes, 20/20, NBC's Today Show, ABC's The View, in Fortune Magazine, The Wall Street Journal, and USA Today (for more information about Jason visit www.JasonDorsey.com). The title of Jason's presentation is "Bridging the Divide: Connecting Four Generations of Pharmacists in the Workplace" including how to recruit, retain, and satisfy employees from four different generations with different values, interests and priorities in life. All pharmacists and technicians are invited and welcome to attend this CE program. For more information contact, Sara Tanke at (701) 231-6461 or Sara.Tanke@ndsu.edu.

There were approximately 20 NDSU students attending this year's APhA Annual Meeting in San Diego. Our students continue to represent us well at state, regional, and national meetings. They are truly exhibiting and representing, "The Pride of North Dakota".



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CREATION OF ND SOCIETY OF HEALTH-SYSTEMS PHARMACISTS LISTSERV

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NDSHP and NDPhA have created a listserv to provide an additional avenue for communication between members and interested parties. The process to subscribe and/or to unsubscribe is extremely easy and takes about 2 minutes!

We hope you will take advantage of this valuable communication tool. If you are interested in subscribing to the listserv, please follow the instructions listed below.

1. To subscribe, simply send a message to imailsrv@nodakpharmacy.net with the following text in the message body:

subscribe ndshp

You will receive a confirmatory message back that you must reply to prior to being added.

2. You may post messages to the group by sending emails to:

ndshp@nodakpharmacy.net

3. To unsubscribe at anytime, send a message to imailsrv@nodakpharmacy.net with the following text in the message body:

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It is that simple! Please let the NDPhA office know if you have any trouble getting added to the listserv. Thank you.



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