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PHARMACY

Volume 25, No. 4

October 2012

ND Techs Receive
National
Award



Know Your
MEDICINE
Know Your
PHARMACIST

American Pharmacists Month

Celebrating

20th
NAPT

Annual Fall Conference

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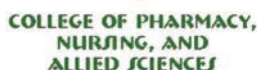
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CALENDAR

2012

October

October is Pharmacy Month

NAPT

Oct 5-6 NAPT Fall Conference, Doublewood Inn, Bismarck, ND

NCPA

Oct 13-17 NCPA Annual Convention, San Diego, CA

ACCP

Oct 21-24 Annual Meeting Hollywood, CA

ASCP

Oct 31- Nov 3 Annual Meeting Boston, MA

November

Don't Forget to Vote

Nov 6 Election

Remember Our Veterans

Nov 11 Veteran's Day NDPhA Office Closed

NASPA

Nov 15-17 Fall Symposium, Loews Ventana Canyon, Tucson, AZ

Thanksgiving

Nov 22-23 NDPhA Office Closed

December

ASHP

Dec 2-6 Midyear Clinical Meeting, Las Vegas, NV

January

ND Legislature

Jan 8, 2013 ND 63rd Legislative Assembly Convenes

February

Old Fashioned Ice Cream Social

Feb 14 Pharmacy Legislative Day/Ice Cream Social

April 26-28, 2013

NDPhA 128th Annual Convention

Grand Dakota Lodge, Dickinson, ND

Message from the NDPhA President

I hope this letter finds you all well and positive with your practices. Many changes are occurring in our practices with the Affordable Healthcare for America Act. The path is not certain, but change is. NDPhA and NDPSC just held our quarterly meeting this month and changing regulations was a topic of discussion. Many comments were made about the challenges with audits. Pharmacists need to be prepared and proactive with pharmacy audits. I think part of being proactive is defending our profession with legislation on audit guidelines. The rules need to protect patients from fraud. They should not create another profit center for claims processors. Professional pharmacy services should be reimbursed at a fair rate and not be labeled as fraud, waste, and abuse because of a clerical error. Claims billed for services provided that have a valid order and patient diagnosis for a covered supply or service

should not be labeled as fraud, waste and abuse. The pharmacy profession needs to fight for fair audits that prevent real fraud.

Pharmacy must continue to look for new services that we can effectively deliver. Our pharmacy has added vaccination administration, diabetic shoe fitting, and DSM/MTM services in the last 5 years. We must get reimbursed adequately for these added services incorporated into our practices. North Dakota pharmacy always puts patients first. However, we cannot allow payers to reimburse at levels below the cost of providing and continue to provide these services.

May we find opportunities about the patient.

Shane Wendel Pharm.D.
NDPhA president

October is American Pharmacists Month

The purpose of American Pharmacists Month is to recognize the role pharmacists play on the health care team. This includes pharmacists in every practice setting, from community pharmacy, to hospital pharmacy, to industry, academics and beyond. American Pharmacists Month is the perfect chance for pharmacists to reaffirm the pledge they make to care for their patients. Pharmacists are encouraged to take this opportunity to promote their role as strong patient advocates. NDPhA hopes to educate the public, policy makers, pharmacists, pharmacy technicians, and other health care professionals about the key role played by pharmacists in



American Pharmacists Month

reducing overall health care costs by improved medication use and better patient care and to encourage patients to "Know Your Medicine and Know Your Pharmacist" to ensure that drug therapy is as safe and effective as possible.



Dont Forget To Vote
November 6th

Message from the NAPT President

AAPT National Convention

Update by: Donna Kisse, NAPT President

This summer I had the opportunity to attend the 30th Annual AAPT National Convention in Memphis, TN. There were 80 technicians from across the United States and Canada that joined together in fellowship and networking in Memphis the "Birth Place of Rock 'N' Roll." The theme for the weekend was "Rockin' the Profession," a very fitting theme with the convention being held in Memphis and the awesome profession of Pharmacy Technicians. The 4-day convention was held at the Crowne Plaza Hotel and provided 15.5 continuing education credits.

The first day of the convention started out with the AAPT House of Representatives Meeting. This meeting consisted of the AAPT Executive Board and Chapter officers/representatives from around the country. This meeting covered various topics to include the continuing pharmacy education (CPE) Monitor. CPE Monitor is a national effort by ACPE and NABP to provide an electronic system for pharmacists and pharmacy technicians to track their completed continuing pharmacy education credits. Following all discussion, the meeting closed with each Chapter officer/representative giving a brief report on their Chapter from their respective state.

The day ended with an inspiring tour of St Jude Children's Research Hospital. St. Jude Children's Research Hospital is internationally recognized for its research and treatment of children with cancer and other catastrophic diseases. The hospital is ranked as one of the best pediatric cancer hospitals in the country devoted solely to children. The daily operating costs are \$1.7 million with public donations providing more than 75% of the Hospital's funding. St. Jude has 63 inpatient beds and treats upwards of 200 patients a day. In order to support an operation of this size, the large hospital covers 2.5 million square feet and houses 8 pharmacies. The tour was a rewarding experience that gave great appreciation for good health and great health care providers.

As the scope of pharmacy practice changes, technicians are moving into new roles as Informatics analysts, e-Prescribing guru's, or MTM coordinators, to name a few. During the next three days the technicians were provided a variety of continuing education credits focused on the changes in pharmacy practice. Some of the CE topics covered included: Credentialing and Professional Development of Pharmacy Technicians: What's Needed, National Epidemic and High Costs of Addiction, Stress Management, Technician Roles in Pharmacy Informatics, e-Prescribing basics, PTCB update: What's New for Pharmacy Technicians, Rockin' the Future of Pharmacy with MTM, DMEPOS Medicare providers, Department of Defense Tech-Check-Tech Program and a host of other topics. These sessions highlighted the importance of our professional knowledge.

During this year's convention, North Dakota was well represented during the awards ceremony with two of the recipients hailing from the state. The Founders Award is given yearly to an American Association of Pharmacy Technicians (AAPT) member who has been an outstanding achiever in the pharmacy technician profession for an extended number of years and exemplifies the dedication to pharmacy and AAPT shown by the Founders of AAPT. Congratulations to Kim Durben, ND Registered Pharmacy Technician, CPhT, honored as this year's recipient of The Founders Award!

Additionally, congratulations to Candy Aamold, ND Registered Pharmacy Technician, CPhT, honored as this year's recipient of The Allegiance Award. This award is to show thanks to our members that have shown great dedication, devotion and faithfulness to AAPT and our pharmacy profession.

The 30th Annual AAPT Convention was an exciting and interesting gathering with great fellowship, networking and continuing education. I encourage everyone to attend a National Convention and experience the fellowship with technicians from around the country. It provides memorable experiences full of professional learning with sharing and advice that you don't find in day-to-day operations. Remember, Pharmacy Technicians: "It's A Career, Not just a J-O-B" Go out there and "Rock the Profession".



NAPT

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Founders Award AAPT's Most Prestigious Award

The American Association of Pharmacy Technicians (AAPT) is pleased to announce that Kim Durben, RPhTech, CPhT is the Founders Award recipient for 2012. Kim is a 29 year employee of Sanford Medical Center Pharmacy in Fargo and a founding member of the Northland Association of Pharmacy Technicians. She accepted the well-deserved award at the 30th Annual Convention in Memphis TN on July 28, 2012. The Founders Award recognizes those members who, through outstanding dedication and leadership in the pharmacy profession, are promoting and effecting positive changes for opportunities in education, training and career advancement for Pharmacy Technicians. It is AAPT's most prestigious award.

Congratulations Kim!



Allegiance Award for Dedication to AAPT



Congratulations to Candy Aamold, R.Ph Tech, CPhT of Grand Forks. She was chosen to receive the Allegiance Award at the Thirtieth Annual Convention of the American Association of Pharmacy Technicians in Memphis, TN on July 28, 2012. The Allegiance Award honors dedication to the Association and support in its goals to advance the education and career opportunities of pharmacy technicians. Career growth which ultimately benefits the profession of pharmacy and all those whom we serve.

Congratulations Candy!

CPE Monitor

Technicians: Don't Miss Out on Valuable CPE Credit.

Set Up Your NABP e-Profile and Register for CPE Monitor Today!

The new CPE Monitor Program from NABP and ACPE is scheduled to go into full effect on January 1, 2013.

Many Accreditation Council for Pharmacy Education (ACPE)-accredited providers have already begun requiring pharmacists and technicians to provide their NABP e-Profile ID, along with their birth date, to receive credit for completing CPE, and remaining providers continue to transition their systems throughout 2012.

Participation data will be sent electronically from the provider to ACPE, then to NABP for recording into the matching e-Profile. This will eventually eliminate paper forms and the need to submit paper copies of CPE statements of credit to the North Dakota State Board of Pharmacy. Visit www.MyCPEmonitor.net to set up your e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.





Northland Association of
Pharmacy Technicians

Fall Conference

October 5 and 6, 2012

Best Western Doublewood Inn

1400 East Interchange Avenue

Bismarck, ND



October 5, 2012

5:00 pm Registration/Supper

6:00 pm Brendan Joyce

ND Medicaid

7:00 pm Dr. Steve Nagel

"The Perfect Storm: The Neurology

Behind Neuro-Developmental

Disorders, Treatment Aimed at

Causal Factors"

8:00pm Dr. Will Beachey

Respiratory Therapy



**Speakers are subject to change
All refunds must be approved by
the NAPT Executive Board**

October 6, 2012

7:30 am Registration/Breakfast

8:00 am Howard Anderson, Jr

Pharmacy Law

9:00 am Colette Rudolph

"Understanding Medication

Management in Home Care &

Hospice"

9:45 am Break

10:00 am Julie Skaret & Dr. Sara Horner

"Postpartum Depression: An

Inside Look & Clinical Overview"

11:30 am Lunch/Business meeting

1:00 pm Karla Smith

"There is more to Sleep than

Counting Sheep"

2:00 pm Kristi Pfliger-Keller

"Customer Service: It is all about

Relationships"

2:45 pm Break

3:00 pm Mike Roehrich, Joshua James

Staiger, and Taylor Jenner

"Teamwork in the OR: Pharmacy

and Anesthesia"

5:00 pm Adjourn



Happy 20th Anniversary

to NAPT's Fall

Conference!!

Registration 2012 Fall Conference

Name _____

Address _____

Phone _____

Place of Employment _____

In HONOR of the **20th** NAPT Fall

Conference, the cost for attending will be

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Please select the dates attending

_____ October 5

_____ October 6

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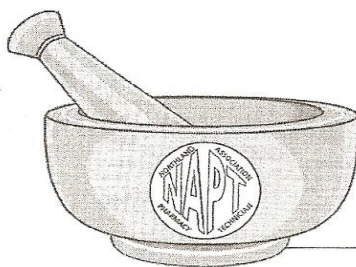
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Northland Association of Pharmacy Technicians

NORTHLAND ASSOCIATION OF PHARMACY TECHNICIANS
C/O Jodi Hart
1314 N 4th Street Apt 1
Bismarck ND 58501

**Please join us for trivia
questions, PTCB information,
CE, Business meeting, and
time with your fellow
technicians!**

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A Prescription for Medication Adherence: You

There have been more than 40,000 articles published on medication adherence (or lack thereof) since the 1960s, but not a lot to show for it in terms of improving health outcomes. Research across those 40-plus years has consistently demonstrated that adherence to medications, regardless of the diagnosis or health condition, is poor. So where do we go from here and what impact can community pharmacists have? The answer is: plenty. You are probably aware, but in case you didn't know, the most effective communicator about medication adherence is you, the pharmacist.

Perhaps it's time we change our perspective and approach to non-adherence. We (not just pharmacists, but other health care providers as well) are often quick to conclude that because a patient's condition is not well-managed, it must be a sign that their medications are not effective. But is it really necessary to increase the dose or add another agent because a patient is not at goal for their hemoglobin A1C or LDL? Do we ever stop to consider that non-adherence could be the culprit? As community pharmacists, we need to "normalize" non-adherence and integrate it into our routine patient assessment and counseling. Just as you always take the time to review duplicate therapies, drug-drug interactions, and identify cost-effective alternatives, regularly assessing adherence and addressing potential barriers can help improve your patients' health outcomes.

You're probably thinking, that all sounds good, but I have no clue how to predict non-adherence in my patients. Fortunately, there is a tool that can help I you do just that. It's called the Adherence Estimator®, and it's designed to quickly assess the likelihood (low, medium, or high risk) of a patient remaining adherent to a newly-prescribed medication. It has taken some of the most common barriers to adherence and classified them into three essential health beliefs: commitment, concern, and cost. The user-friendly tool is evidence-based and backed by research, but it's also practical enough to be easily scored and interpreted. It only takes about a minute to administer (which is why it's featured in this column), can fit into your workflow, and serves as a great conversation starter when you're counseling on a new medication.

After the patient answers three short questions about his/her beliefs about the medicine, the Adherence Estimator® scores the patient's responses and provides easy-to-understand, personalized information that addresses the patient's specific concern(s) about taking that medication.

You can learn more and use the online version of the Adherence Estimator® at www.merckengage.com/rxforhealth.

As we've shared before in this column, NCPA remains committed to the notion that as one of its most critical functions, community pharmacists educate patients on the importance of taking their medications as prescribed. The Adherence Estimator® can serve as another tool that pharmacists have in their arsenal to improve medication adherence and the well-being of their patients.

Reprinted with permission from National Community Pharmacists Association in the June 2012 issue of *America's Pharmacist*. For more information about NCPA, visit www.ncQanet.org.



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Synchronizing Refills

By Kacee Blackwell, PharmD

What drives a patient to be adherent to his medications? What forces are involved which make him non-adherent? Perfectly adherent patients may simply be inclined to follow a routine in their everyday tasks and are, therefore, more likely to schedule medication use with their list of daily habits. Others may find that adding one more daily chore is impossible or even unnecessary. Often, it is a matter of convenience. The extra effort (time, transportation, or money) required to obtain prescription refills can be enough to limit a patients' medication usage. As pharmacists, it is within our scope of practice to address each of these scenarios to improve the outcomes of our patients' medication therapy.

Even those patients who want to be adherent may find themselves in a situation with more barriers to obtain their prescriptions than they are willing to overcome. Patients taking multiple prescriptions may have to make weekly trips to the pharmacy just to satisfy the requirements of "refill too soon" rejections. Others may end up waiting a couple of days for the prescriber's approval for refills on a prescription that has run out. A great way for pharmacists to help their patients overcome this inconvenience hurdle is by synchronizing a patient's entire prescription regimen to be refilled on the same day of the month. This requires some extra planning by the pharmacy staff, but ultimately promotes pharmacist-patient communication and patient loyalty, while reducing adherence barriers.

How do you start synchronizing refills? First, print a prescription history for your patient from the past six months. Take a good look at what gaps in therapy appear. Discuss these with your patient.

Educate him/her on the importance of these medications. From your discussion with the patient and the days' supply of each last-filled prescription, you should be able to determine what day each prescription is due next. From here you can find which date may be most appropriate for synchronizing all refills. It is likely that there will be some prescriptions that will need to have a "short-fill," so that it will come due at the same time as the others.

This small step of added convenience means so much to patients whose lives are now made less stressful. One patient calls me her "little angel" for

helping her keep up with her extensive regimen of diabetes, hypertension, and hyperlipidemia meds.

Another patient says she wouldn't know if she could make it without us helping take care of the multiple medications for her adult child with mental retardation. With a little extra effort to help improve adherence, we are making a difference in their lives.

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Community CCRx Transition to SilverScript

Be prepared for questions from your current Community CCRx patients about their new 2013 SilverScript plan

Important Information about Medicare Open Enrollment for 2013 Medicare's Annual Election Period (AEP) for the 2013 plan year begins October 15 and ends December 7, 2012. The AEP is Medicare's open enrollment period that allows your Medicare-eligible patients to enroll in Part D prescription coverage that begins January 1, 2013.

CCRx Patients will Transition to SilverScript on January 1, 2013

On or before October 1, your patients will receive PDP educational materials informing them about plan benefits and changes for 2013. One significant change for you to be aware of is also important for your Community CCRx patients. Beginning January 1, 2013

- Community CCRx Basic (PDP) members will become SilverScript Basic (PDP) members and Community CCRx Choice members will become SilverScript Plus (PDP) members.

How You Can Help your Patients with this Transition

We anticipate this name change from Community CCRx to SilverScript will generate questions from your patients. The Questions and Answers below will help you provide the proper response. *Please review and keep for reference.*

1. Q: Who is SilverScript insurance Company?

A: SilverScript is a Medicare Part D sponsor that contracts with Medicare to provide three stand-alone prescription drug plans (PDPs) in 2013 that serve more than 4 million members in all 50 states and the District of Columbia. SilverScript has offered PDPs since Medicare Part D went into effect, January 1, 2006.

2. Q: How is Community CCRx changing?

A: The Community CCRx Part D plans were acquired by CVS Caremark in 2011. These plans are similar to plans offered by SilverScript. The Centers for Medicare and Medicaid Services (CMS) requires plan sponsors to consolidate plans. As a result of this plan consolidation, the Community CCRx plan members will roll into SilverScript plans effective January 1, 2013.

3. Q: How will the change to SilverScript affect my Community CCRx patients?

A: Your current Community CCRx patients will receive a letter from SilverScript in the coming weeks informing them that:

- Beginning January 1, 2013, their Community CCRx Basic (PDP) plan will become a SilverScript Basic (PDP) plan and Community CCRx Choice (PDP) plan will become a SilverScript Plus (PDP) plan.
- They will be automatically enrolled into a new SilverScript plan as of January 1, 2013. (No action required on their part during the 2013 Annual Election Period.)

4. Q: Can SilverScript benefits be used at my pharmacy?

A: Yes. If your pharmacy is in the nationwide SilverScript network, you can continue to fill prescriptions for Community CCRx patients through the end of 2012 and continue filling them when they transition to their new SilverScript plan as of January 1, 2013.

5. Q: Community CCRx does not offer mail order. Does SilverScript offer this option?

A: Yes; however, there is no mail order copay incentive over retail pharmacy for SilverScript members.

6. Q: Are there other SilverScript plans in addition to SilverScript Basic PDP?

A: SilverScript will offer three Medicare Part D prescription drug plans for the 2013 plan year:

- **SilverScript Basic (PDP)** The plan most comparable to Community CCRx Basic (PDP). *This is the SilverScript plan your Community CCRx Basic patients will be transitioned to beginning January 1, 2013.*
- **SilverScript Choice (PDP)** Provides comprehensive coverage for Medicare-eligible patients and includes preferred pharmacy discounts.
- **SilverScript Plus (PDP)** The plan most comparable to Community CCRx Choice (PDP) and is designed for patients likely to reach the Coverage Gap. Includes preferred pharmacy discounts. *This is the SilverScript plan your Community CCRx Plus patients will be transitioned to beginning January 1, 2013.*

There will be three plans as noted above. The SilverScript Choice (PDP) and SilverScript Plus (PDP) have a preferred network option.

continued on page 12

Community CCRx Transition continued...

A SilverScript preferred pharmacy is a network pharmacy that offers lower cost sharing to its Choice PDP and Plus PDP members than non-preferred pharmacies. Although NCPA believes any willing provider should be able to participate in a pharmacy network, the concept of preferred networks has grown in recent years and is allowed by CMS. SilverScript is one of only a handful of plans that offers independent pharmacies the opportunity to be included in their preferred pharmacy network. NCPA recommends that its members review plans that are in the best interest of their patients and to have patients consider participation in SilverScript in a manner that is consistent with CMS marketing guidelines.

7. Q: Doesn't NCPA own the Community CCRx Part D Plan?

A: No, that is a misconception. NCPA has never owned a Medicare Part D plan. What NCPA owns is the "Community CCRx" trademark.

8. Q: Does the Community CCRx name cease to exist as of January 1, 2013?

A: CVS Caremark has the right to use the Community CCRx trademark through the end of 2013 but does not intend to use it in conjunction with their 2013 Part D plans. The acquisition of Community CCRx plans by

CVS Caremark does not change the fact that NCPA continues to own the Community CCRx trademark.

Reminder: If your patients are concerned about paying for Medicare prescription drug coverage, remind them that they may be able to get Extra Help to pay for prescription premiums and costs. There are three ways to get more information:

- They can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week, OR
- They can call the Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778, OR
- They can contact their State Medicaid Office.

Pharmacist Questions

If you have questions, please feel free to call the SilverScript Pharmacy Help Desk at 866-693-4620.

Patient Questions

For information on the transition from the Community CCRx to SilverScript plans, your patients may call SilverScript Customer Care at 866-316-6049.

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Board of Pharmacy 2013 Potential Legislation

By **Trisha Oss, Pharm D Candidate**

Jenna Midgarden, Pharm D Candidate

Revisions to the Controlled Substance Act (ND Century Code 19-03.1)

Additions to Schedule I

Bath salts, including 14 chemical entities—these are synthetic stimulants which are marketed as “bath salts – not for human ingestion” to bypass legal barriers. However, abuse by ingestion is increasing. Common branded names include, “Ivory Wave”, “Vanilla Sky”, and “Bolivian Bath”.

Hallucinogen cannabinoids including synthetic- 10 chemical entities added

Also additional potential chemical variations will be added to attempt to stay ahead of this rapidly changing illicit industry

Additions to Schedule III

Anabolic steroids Prostanolol & Methasterone – testosterone derivatives which were available as supplements

Additions to Schedule V

Ezogabine (Potiga)- an anticonvulsant which is a sedative hypnotic

Proposed changes will add Ultram (tramadol) and its derivatives as schedule IV drugs due to increasing reports of abuse and overdoses. If patients have valid prescriptions for tramadol with refills exceeding 6 months the prescription will only be valid for 5 refills or for 6 months after the date written.

Due to the serious abuse trends, the Board will ask for an emergency measure to be placed on these revisions. If the legislature concurs, you can expect this scheduling to go into effect early 2013.

Controlled Substance Registration (ND Century Code 19-03.1-17)

Currently, NDCC 19-03.1-17 gives the authority to the ND Board of Pharmacy to put in place a controlled substance registration. Although the Board has not felt the need to enforce this in the past, they now wish to implement this due to the increased problems we have witnessed with controlled medication coupled with the need for a funding mechanism to maintain the Prescription Drug Monitoring Program. It is our intention to bring the matter to the ND Legislature to ask for language to clarify a few points of the current legislation and also to add a fee.

Registration would be needed for any individuals or businesses which handle, sell, or distribute controlled substances. This includes but is not

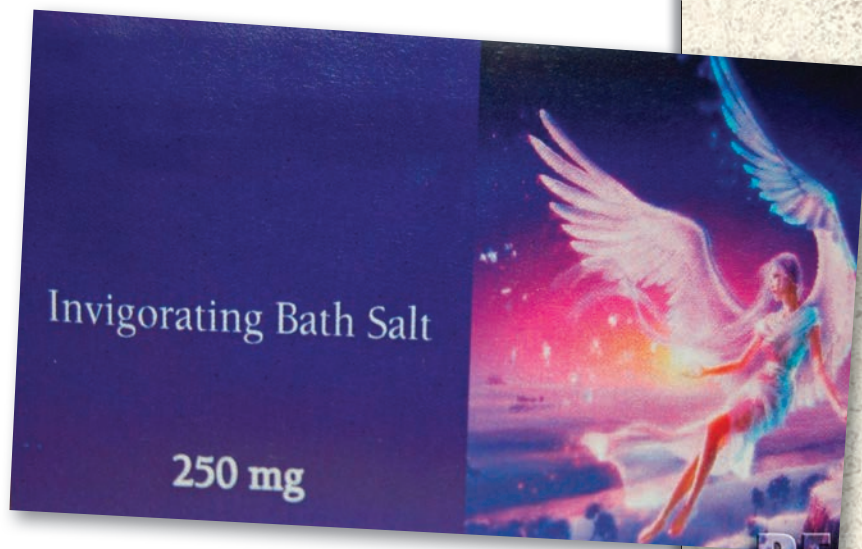
limited to pharmacies, practitioners, medical facilities, veterinarians, dog trainers, and research facilities.

Revisions to Justin's Law (ND Century Code 19-02.1-15.1)

The Board of Pharmacy can and has taken administrative action against internet pharmacies participating in the online based dispensing of certain prescriptions without a valid Patient-Practitioner relationship. However, the internet based middleman connecting the patient requesting medication to the doctor and dispensing pharmacy is not currently regulated under the current law. The proposed rule will make these “middleman” actions illegal along with the actions of the prescriber and dispenser involved in these activities.

Wholesaler Legislation Revision (ND Century Code 43-15.1 & 43-15.3)

The Board of Pharmacy intends to introduce revisions on current wholesale legislation. There are two separate sections in the current law that will be combined into one more definitive piece of legislation. Revisions will include defining “Virtual Manufacturers” and “Virtual Wholesalers”. By defining these entities, the ND Board of Pharmacy can require these companies shipping medications into North Dakota be licensed. These “virtual companies” are quickly becoming a growing source of counterfeit drugs as their activities don't require licensure in many states.





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The Northland Association of Pharmacy Technicians (NAPT) Executive Board acknowledges Pharmacy Week and Pharmacy Technician day as a time for Pharmacy Professionals to celebrate the role they play in today’s Health Care. Your continued dedication to the profession ensures the best Pharmaceutical Care possible. Thank you for all you do for your patients and the Profession of Pharmacy!

Research Center *moves to* RCATT

Charles D. Peterson, Pharm.D., FASHP
Dean and Professor / College of Pharmacy,
Nursing, and Allied Sciences
NORTH DAKOTA STATE UNIVERSITY

NDSU College of Pharmacy, Nursing, and Allied Sciences

Center for Biopharmaceutical Research Moves from College to RCATT

North Dakota State University Provost Bruce Rafert July 20 announced that the Center for Biopharmaceutical Research and Production has been restructured to be part of the Office of Research, Creative Activities and Technology Transfer. Kevin Soiseth has been named acting director of business operations and Keith Murphy the acting director of science operations while a national search for a new director is conducted.

The center will report administratively to Murphy, who is joining NDSU in July as associate vice president of biologics and biomedical outreach in the Office of Research, Creative Activities and Technology Transfer. Soiseth has been a quality assurance manager with the

center since 2011.

The Center for Biopharmaceutical Research and Production performs market-driven research and develops biopharmaceuticals, including vaccines, to treat diseases. It was established in 2008 by the College of Pharmacy, Nursing, and Allied Sciences as a North Dakota Economic Development Center of Excellence to perform all aspects of biotechnology research and development, including basic science research, animal testing, human trials, product development and manufacturing.

The center seeks to attract new biotechnology companies to North Dakota, offer education and training programs to produce a highly skilled workforce to support the industry, and enhance economic development by attracting revenue to the state through grants, contracts, intellectual property patents and private investment.

Rafert said the restructuring is to provide greater support and efficiencies for the center.

Satishchandran Chandrasekhar, who has been director of the center and a professor of pharmaceutical sciences at NDSU since 2010, has resigned as of Aug. 6. "Satish was instrumental in helping NDSU establish the center, and his leadership in that startup phase is greatly appreciated," Rafert said. "We look forward to the next period of development of this Center of Excellence."

NDSU is recognized as one of the nation's top 108 public and private universities by the Carnegie Commission on Higher Education.



Adherence Education for Pharmacy Students

By Suzanne Stepp

How does a person become a professional pianist, basketball player, or bull rider? Practice-and lots of it! The skills so perfected by these people are not merely instinctive. Through continual repetition and countless hours of dedication, they have gained enough knowledge and aptitude to be considered professionals in their fields. As pharmacists, we, too, want to be regarded as professionals. As our profession evolves, the knowledge of monitoring for and counseling on medication adherence becomes a vital part of our everyday goals.

To properly educate pharmacists on how to become experts in adherence, we must go back to the basics. The first year of pharmacy school, although already overwhelming, is where students should be introduced to the importance of adherence. The vitality of the subject should then be emphasized throughout pharmacy school. Once the students become pharmacists, the significance of patient adherence is instilled into their brains as if pharmacy without adherence counseling and monitoring would be absurd. The more adherence counseling and monitoring are incorporated into didactic learning and experiential education, the more accustomed students will become to recognizing adherence shortfalls and speaking to the patients about the importance of correctly taking their medications.

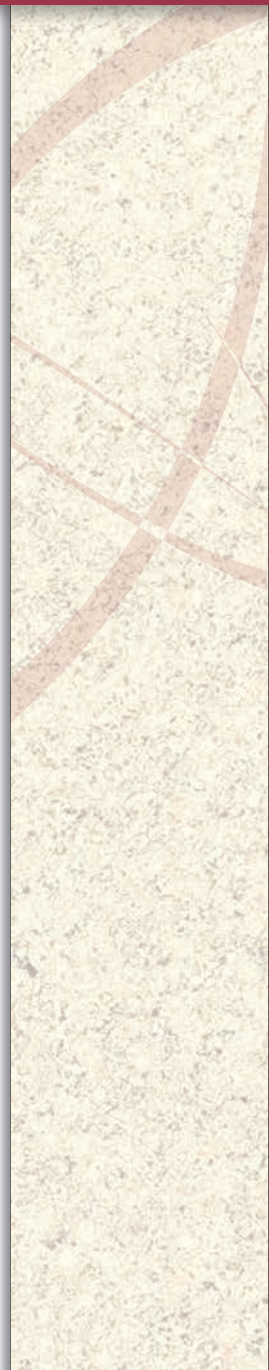
The solution, though, is not simply lecturing students on the importance of counseling patients on adherence to ingrain the significance of the concept into their brains. Pharmacy students need hands-on experience throughout pharmacy school. By familiarizing them with one-on-one patient interactions, beginning with mock scenarios and progressing to real-life situations, pharmacy students will evolve into pharmacists possessing skills for efficient patient counseling on both medications and adherence.

Pharmacists are on the front lines of patient care. They speak with patients on a daily basis about their medications, and patients trust the recommendations pharmacists make for leading healthier lives. By not learning and practicing adherence counseling during school, upcoming pharmacists are lacking a key piece of education necessary to provide well-rounded patient care. To fully benefit from their chronic medications, patients must be informed of the importance of taking them consistently.

Additionally, the act of patient adherence is expected by pharmacists, but many patients have difficulty remembering to take their medications. By recommending adherence tools, such as alarm clocks and pillboxes, simplifying medication regimens, and monitoring for side effects, pharmacists can positively impact patients' health outcomes.

Just as the other professionals of the world acquire their admirable abilities, so must pharmacists attain and cultivate their patient care skills. Practice may not make perfect, but it does develop expertise required to effectively communicate the benefits of correctly taking prescribed medication and the consequences of non-adherence. Independent pharmacists like you can have such a positive impact on reinforcing adherence skills learned in the classroom. We look to practitioners in the community to extend our adherence education while on rotations.

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