

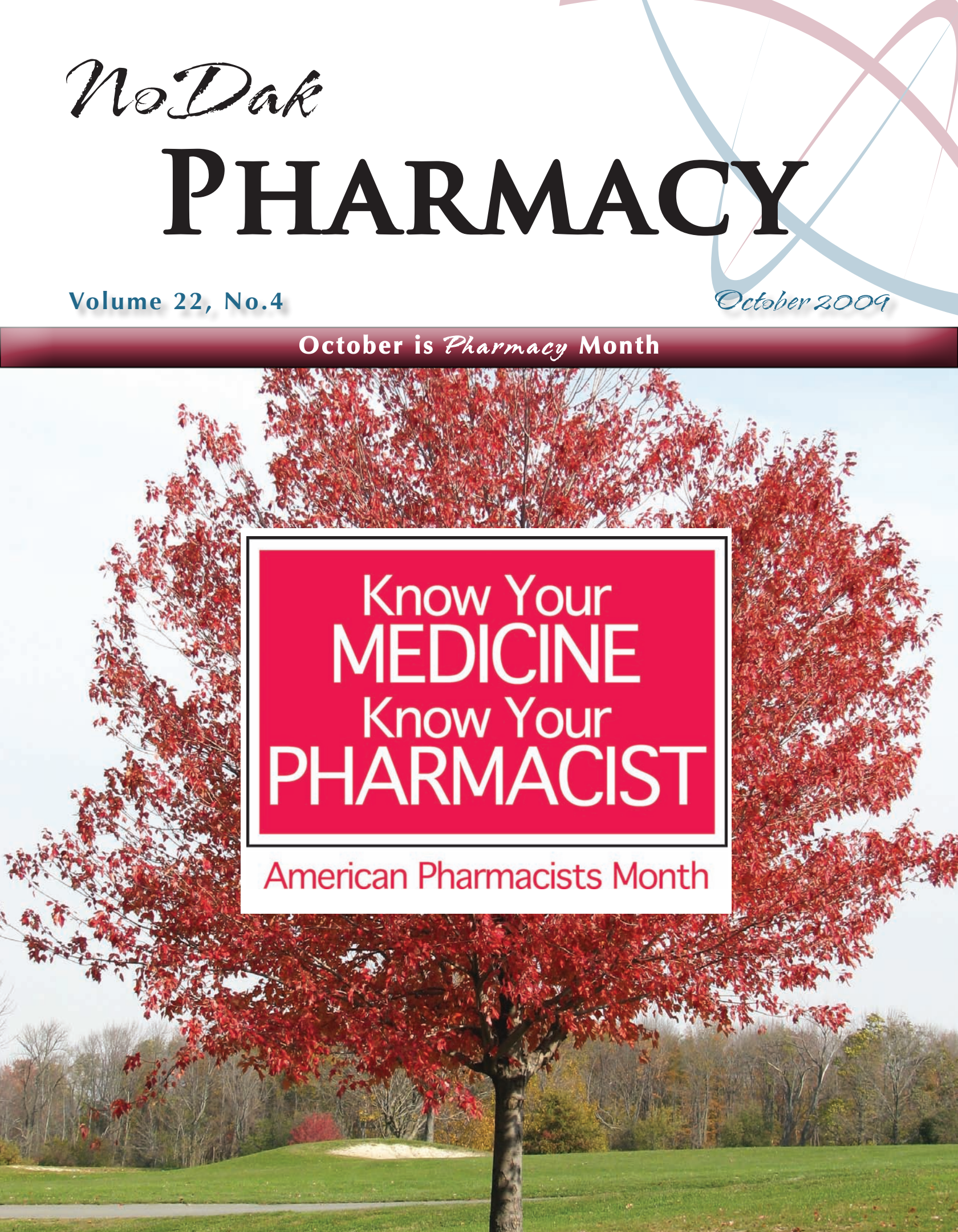
NoDak

PHARMACY

Volume 22, No.4

October 2009

October is *Pharmacy* Month



Know Your
MEDICINE
Know Your
PHARMACIST

American Pharmacists Month

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NDSU College of Pharmacy/ ASP Representative

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COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



McKESSON

Empowering Healthcare

MARK YOUR Calendar

OCTOBER

October is Pharmacy Month
Breast Cancer Awareness Month
October 20, 2009
National Pharmacy Technician Day

NOVEMBER

November 17, 2009
ASCP Annual Meeting
Anaheim, CA

NOVEMBER

November 26, 2009
HAPPY THANKSGIVING

DECEMBER

December 6-10, 2009
ASHP
Las Vegas, NV

FEBRUARY

February 27, 2010
Mid Winter Seminar/Poster Presentations
Fargo, ND

APRIL

April 22 -25, 2009
NDPhA 125th Annual Convention
Minot, ND

Michael Schwab, Executive Vice President

Advocating for the Profession of Pharmacy and saying "Thank You"

Hope this communication finds everyone doing well. Have you ever asked yourself if you are an "advocate" for your profession? Does one truly understand what advocating for their profession really means? Advocacy means the act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support of something. Fundamentally, advocacy is about speaking out and making a case for something important or for a worthy cause.

On a monthly, weekly and daily basis the "face" of pharmacy is changing. Your participation in advocating for the profession of pharmacy could never be of more importance. While the health care reform debate continues in D.C., as a profession in ND, pharmacy must recognize the many provisions that would help advance the profession of pharmacy. From furthering pharmacy services through MTM enhancements and expansion, to addressing AMP, to re-organizing our health care system to ensure providers have the necessary tools to provide optimal care, health care reform is moving forward and fast. As a professional society representing the profession of pharmacy in ND, we would like to thank those of you who have taken the time to advocate and educate on behalf of YOUR profession. If you took the time to advocate and/or educate others on one issue or many issues, your efforts are appreciated by many! We cannot thank you enough!

We will continue to engage our members of Congress as health care reform continues full steam ahead. We again encourage you to advocate and educate members of Congress on behalf of your profession as things continue to develop and move forward, especially given this critical time in history. Through advocacy and educational efforts, positive change can and does take place. When we have success, we cannot forget to say thank you to those who listened and helped make a difference.

A recent success story definitely noteworthy, would be the passage of H.R. 3663 (extension to the Medicare Part B DME accreditation deadline) that passed on Oct. 5, 2009. We would like to thank everyone who took the time to provide advocacy and education regarding the issue. Most importantly, we want to thank our Congressmen! From Congressman Pomeroy's vote to extend the DME accreditation deadline on the House, to Senators Dorgan and Conrad's vote to extend the DME accreditation deadline on the Senate, everyone worked together to ensure continued availability of diabetic testing supplies to senior citizens and rural residents in ND. Our Congressmen played an important role in bringing relief to countless seniors and rural residents in ND and across the country. Pharmacists are the trusted, primary source for beneficiaries to receive medications, medical supplies, counseling and training to achieve the best health outcomes. We applaud all 3 of our Congressmen for using common sense and good judgment in passing H.R. 3663. Senators Dorgan and Conrad have introduced related provisions that will further provide relief for pharmacists and patients needing access to Medicare Part B DME supplies. On behalf of the profession of pharmacy in ND and the patients served, we want to personally thank our Congressmen once again for their support and commitment to the citizens of ND. Honestly and respectfully...Thank You!

"There are risks and costs associated with action. But they are far less than the long-range risks and costs associated with comfortable inaction." (By: J.F.K.)

Make Your Voice Heard!

Membership

Application

NORTH DAKOTA PHARMACISTS ASSOCIATION

A Voice for Pharmacy Since 1885

Mike Schwab, EVP

Calling all Pharmacists!!!

I hope this communication finds everyone safe and healthy. As many of you are aware, starting in 2010, your membership within the ND Pharmacists Association (NDPhA) is not automatically included with the cost of your state pharmacy license. NDPhA has begun recruiting members for 2010. The information contained on the following pages will outline why we encourage you to be active and participate as a member within your Association. From helping to implement new practice initiatives, providing free/discounted CE opportunities, to providing individual and systemic advocacy, the NDPhA has been actively involved in the profession of pharmacy at a federal, state and local level. We will continue to work with policymakers, the FDA, DEA, FTC, CMS and other entities on behalf of the profession of pharmacy. We are asking for your help and would love for you to join us in helping shape the future of pharmacy. It cannot be done alone, your help is being requested and we are encouraging you to participate regardless of your individual practice setting or affiliation. Membership in the ND Pharmacists Association is very reasonable and the cost associated with joining is one of the lowest in the country. Please take a few minutes to read more about your Association and what it has to offer. Thanks for your time and consideration during a critical time for the profession of pharmacy.

If YOU don't support pharmacy Who Will?

PHARMACY IS FACING SOME OF THE BIGGEST CHALLENGES IN OUR HISTORY! At the state and federal level, public policy decisions are being made that directly impact YOU and the entire PHARMACY PROFESSION! It is imperative that we are involved in the process as proactive participants in these discussions. This is the only way we can hope to influence the final decisions – the state and federal laws that will govern your profession and pharmacy practices for decades to come.

WE NEED YOUR SUPPORT NOW!

**Join NDPhA today and help
Shape Your Future In Pharmacy**

Benefits to YOU with NDPhA Membership

The ND Pharmacists Association is working to enhance the pharmacy profession, improve patient care and promote public health by showcasing the value of pharmacist care. As a valued member of the ND Pharmacists Association, you will be part of an association of pharmacists helping to advance and shape the profession of pharmacy. Listed below are some member benefits as they relate to being a member of the ND Pharmacists Association.

Electronic Communications

- ◆ Free E-Mail Account For Business Or Personal Use
- ◆ Pharmacy E-Mail Bulletins To Keep You Up-To-Date With The Latest Pharmacy Topics
- ◆ Board Of Pharmacy Updates On Pharmacy Regulations Or Policies
- ◆ Members Only Information Website
- ◆ Legislative Action Alerts
- ◆ Resource Links To A Variety Of Pharmacy Subjects

Professional Development & Resources

- ◆ Innovative Pharmacy Practice Initiatives (i.e. Disease State Management Services)
- ◆ Immunization Certification
- ◆ NoDak Pharmacy Journal

- ◆ Free & Discounted Continuing Education (CE) Opportunities
- ◆ Outreach Services (Rural And Urban)
- ◆ Opportunities To Participate In Association Offered Programs, Services And Activities
- ◆ Discounted Rates With Pharmacists Mutual Insurance

Meetings & Networking

- ◆ Local (District) Meetings Provide Regional Support And Services
 - ◇ Leadership Opportunities
 - ◇ Promote Community Involvement
 - ◇ Advocate For Local Pharmacists' Interests/Concerns
- ◆ Annual State Wide Meetings/Convention
- ◆ Professional Networking Opportunities

Background

The Dakota Pharmaceutical Association was organized in 1885 by ND pharmacists concerned about the quality of pharmacy practice in the Dakota Territory. There were no license requirements for pharmacists and pharmacies and the goal of the group was to advance the profession by promoting standards for pharmacists to meet. Following statehood the organization was recognized as the ND Pharmaceutical Association. The articles of incorporation were renewed in 1935. In 2004, at the annual convention, the members voted to change the association's name to the ND Pharmacists Association.

As the private non-profit professional society representing pharmacists in the state the objectives of the NDPhA are to act as the leader: (1) in advocating the role of the pharmacist as an essential provider of healthcare, (2) to support pharmacists in providing optimal care, (3) to encourage and assist pharmacists to use profitable methods to add value to their pharmacy knowledge base, and (4) by working to improve pharmacists' services and the delivery of products needed by health care consumers and entities. NDPhA works with ND and Federal Departments of Health and Human Services, FTC, DEA, FDA, CMS and other regulatory bodies on behalf of its members. NDPhA also works closely with the NDSU College of Pharmacy and other local and national pharmacy entities working to advance the profession of pharmacy.

One of the most important roles of the NDPhA is providing individual and systemic advocacy on behalf of its members. NDPhA also provides CE opportunities for its members, along with various other "membership benefits." The NDPhA is governed by a 15 person Board of Directors consisting of officers and representatives from each of the eight districts designated by the Association. Active members of the NDPhA include pharmacists licensed in ND. There are various membership categories such as student and associate members as well. There are currently over 1,000 members within the association. Objectives of the NDPhA are carried out through district organizations, appointed committees, various academies (i.e. Technician Academy), and the office of the Executive Vice President.

Integrated Membership Repealed

During 2009, the ND State Legislature passed SB 2039, which repealed the ND Pharmacists Association's integrated membership. Moving forward, membership within the ND Pharmacists Association is no longer going to be included in your active pharmacist license renewal with the Board of Pharmacy. The ND Pharmacists Association will be collecting their own membership dues moving forward. We encourage all of you to become members within the ND Pharmacists Association. On a daily basis, the face of pharmacy changes. We need your help in making sure the VOICE of pharmacy is being heard and represented. Please consider staying or becoming a member within our state association.

Membership Categories

Active Membership—\$100

Any Pharmacist licensed to practice pharmacy within the State of North Dakota is eligible for active membership. Active Members shall be entitled to all the rights, privileges and benefits of the Association including the ability to hold office, participate in Districts, eligibility for award nominations.



Corporate Membership—\$750

Open to any business with an interest in Pharmacy i.e. pharmaceutical manufacturer. Membership at this level includes 1 individual associate membership including a subscription to the NoDak Pharmacy (\$50), free booth at the Exhibitors Fair during the NDPhA Annual Convention (\$450), and one free full page black & white ad in the NoDak Pharmacy (\$500).

*Become a Member, Be Active,
Be A Part of Your Future in the
World of Pharmacy!*

Associate Membership—\$50

Available to anyone interested in pharmacy issues and wanting to keep abreast of pharmacy news in ND. Associate Membership brings you the NoDak Pharmacy to help you keep informed of all the news that is affecting the Association, Board, and NDSU College of Pharmacy.

Student Membership—FREE

Student Membership is Free while enrolled in school! Sign Up TODAY.

Application for Membership In NDPhA

Full Name: _____

Home Address: _____

City, St, Zip: _____

Home Ph: _____

Business Name: _____

Business Address: _____

Business Ph: _____

Fax: _____

City, St, Zip: _____

Prefer Mail Go To: ☐ Business ☐ Home

Email: _____

Would you like to receive email updates from NDPhA?

☐ Yes ☐ No

Legislative District _____

ND License # _____ Year Graduated _____

Pharmacy School _____

Practice Setting

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chain | <input type="checkbox"/> Manufacturer/Distributor |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Non-Pharmacy |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Independent | |
| <input type="checkbox"/> Owner | |
| <input type="checkbox"/> Employee | |

Academies

Select one:

- ☐ Community Practice Academy (CPA)
- ☐ Health-system Practice Academy (HPA) *this academy has been proposed to be added during the 125th Annual Convention in 2010*

I am interested in an academy for:

- ☐ Long-term Care/Consultant
- ☐ Nuclear
- ☐ Compounding
- ☐ Student
- ☐ Other _____

Membership Categories

- ☐ Active Member (ND Licensed Pharmacists) \$100
- ☐ Corporate Member (Having a business interest in Pharmacy) \$750
- ☐ Associate Member (Spouse member, Out-of-State Pharmacist, Retired/Inactive) \$50
- ☐ Student Member Free of Charge

Optional Association Support

- ☐ Contribution to NDPhA Political Action Committee (PAC) (**Cannot be Corporate Checks**) Amount _____
- ☐ Contribution to the Pharmacy Advancement Corporation (PhAC) NDSU Scholarship Fund (**These funds are used entirely to provide scholarships to NDSU College of Pharmacy Students. Personal or Corporate Checks are accepted.**) Amount _____

Payment

Mail or Fax to:
NDPhA
1641 Capitol Way
Bismarck ND 58501-2195
Fax: 701-258-9312

☐ Check Enclosed Amount _____

- ☐ Charge my card this year only
- ☐ **Automatically renew my membership annually by charging my card**

Name on Card:

Type (check one): ☐ Visa ☐ MasterCard

Credit Card #

Expiration Date

CVV
(3 digit code on the back of card)

PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL OR FAX TO:

NDPhA, MEMBERSHIP BENEFITS, 1641 CAPITOL WAY, BISMARCK ND 58501-2195 FAX: 701-258-9312

MEMBERSHIP



The ND Pharmacists Association in collaboration with the ND Pharmacy Service Corporation, ND State Board of Pharmacy and NDSU College of Pharmacy, Nursing and Allied Sciences, and many others have helped develop and implement a program called "About The Patient." The focal point of the program is prevention and wellness services provided by a network of trained pharmacists. The program focuses on offering direct, face-to-face interactions between pharmacists and patients to empower the patient to self-manage and improve their health. It uses best practices and national standards for consistency. There is a Clinical Coordinator that provides program oversight and coordination of services. A central data management software system is used by all network providers for the collection of health outcomes and analysis. The program is helping to advance the role of pharmacists as a professional healthcare provider and showcases the value of pharmacy services as an untapped resource for patients to access. Additional details and helpful resources can be found on the program's website at www.aboutthepatient.net.

Additional Services Provided by Association Membership.....

Advocacy

Liaison with State Board of Pharmacy
Liaison with NDSU College of Pharmacy, N & AS
Liaison with State and National Pharmacy Organization
Legislative & Regulatory Representation (local, state, federal)
Public Policy Planning for the Profession
Liaison with ND Department of Health and Human Services
Public and Media Relations
Mechanism for Grassroots Advocacy
Individual & Systemic Advocacy

Products and Additional Services

NDPhA endorsed Pharmacists Mutual Insurance
PACE Alliance Buying Group
PharmAccount Financial Services
Sponsor and/or Host Events/Forums
PharmAssist Program and Committee

Professional Development and Education

Annual Meeting/Convention
Pharmacists Recognition and Awards
Community Alliance Building
Support of Pharmacy Practice-Based Research
District Meetings - Support and Services Outlet

NDPhA President Earl Abrahamson, R.Ph.

The North Dakota Pharmacists Association has a proud history of 125 years of service to the pharmacists and public of this state. This service has been possible because of the strong support and high practice standards exhibited by North Dakota pharmacists. I ask that you continue that support and provide your input to build upon this proud history. A strong Association, along with the College of Pharmacy and Board of Pharmacy will continue to place North Dakota as a national leader in pharmacy practice. Please join your colleagues in supporting the NDPhA and renew your membership today.

NDPhA Chair of the Board Lance Mohl, R.Ph.

On behalf of the members of the North Dakota Pharmacists Association I would ask you to join the family of North Dakota pharmacists. Association membership is no longer included as a part of your active pharmacist license renewal. Now it is up to you to decide if you will continue to support pharmacy and the advocacy of pharmacy in North Dakota. Please consider the Association to be a resource and feel free to call the office with questions or requests for information. Our membership looks forward to your participation in professional, legislative, and educational activities. You are a future leader for our profession and we ask you to join us in fulfilling the mission of pharmacy in North Dakota.

NDPhA Board Members

If you have questions regarding membership or Association activities, please contact Mike Schwab, Lorri Giddings or any of the NDPhA Board Members. For a current listing of Board Members, please visit our website at www.nodakpharmacy.net or call the NDPhA Office at 701-258-4968.



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*Dividends cannot be guaranteed; however, they have been returned uninterrupted since 1909.

†Notice: This is not a claims reporting site. You cannot electronically report a claim to us. To report a claim, call 800-247-5930.

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Pharmacists Mutual is endorsed by the North Dakota Pharmacists Association (compensated endorsement).



Jayne Steig, Pharm.D RPh

DIABETES DSM PROGRAM UPDATE **SHARE YOUR STORY**

At Frontier Pharmacy, we've received questions about the content of the 18 and 24 month visits for NDPERS members. It's coming soon.....we are still working on all the details. The topics being developed right now involve "diabetes resources" and "the power of peers." The goal of these visits will be to inform patients of the many different resources (health professionals, organizations, etc) dedicated to treating and preventing diabetes and to encourage patients to talk to other diabetics as a means of learning from each other. Once the visit outlines and information are complete, we will send it out to the provider listserv and make it available on the About the Patient website. As a reminder, there is a patient blog available on the website that patients can use to form online support communities as well.

We have received questions from multiple pharmacists about what they can do to engage more patients and increase interest in the program. My simple answer to that is to share your story. As simple as this sounds, we can often forget to put one and one together when talking to others. Don't be afraid to promote your services, especially when you are acting in the best interests of your patients.

Talk to your diabetic patients. If they are having problems with their health, give them examples of positive outcomes you've had with others. Encourage them to participate in this program if they qualify or refer them to other services if they do not.

Talk to other healthcare professionals and inform them of the services you provide. Let them know this program focuses on collaboration and that our goal is to be a part of the diabetes treatment team.

Talk to area organizations and inform them of the impact of diabetes and how the healthcare professions are working to improve it.

Talk to representatives of the pharmaceutical industry about this program and your services. See if they are interested in helping you sponsor a "diabetes day" at your practice.

We have materials available here to help you initiate your conversations with others. There are posters available for display at your practice location. We also have some brochures available that are targeted towards organizations and health plans. Please let us know if you'd like us to send you any of these materials.

As always, thank you for your participation in this program. Remember, it's all about the patient.



Avoid the turkeys.

Don't let the other guys gobble up your business.

Pace Alliance offers you the chance to make your pharmacy a prosperous business, one that stays ahead of the game. We know what it takes to survive. After all, we have been in the business of helping pharmacies for 22 years.

Plus, teaming up with Pace benefits the North Dakota Pharmacists Association.

So stop watching from the other side of the fence. Join the group of your peers who want to control the destiny of their businesses in order to prosper.

Let's talk turkey. Contact Pace Alliance today.



Good for your pharmacy and your profession.

1-888-200-0998 • www.pacealliance.com

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Presidents Report by Angela Buchanan

What an awesome turn out for the 2009 NAPT Fall Conference at Lake Region State College in Devils Lake, ND! We had 45 pharmacy technicians in attendance with the ability to earn 9 CE's. Thank you to those pharmacy technicians that were able to attend the fall conference.

During the fall conference, the following awards were presented:

- *Friend of NAPT* – Al Schwindt, sponsored by NAPT
- *Pharmacy Technician of the Year* - Lana Bernhardt, sponsored by Dakota Drug
- *Distinguished Young Technician of the Year* – Kerri Ring, sponsored by Pharmacists Mutual
- *Diamond Award* – Kathy Kochevar, sponsored by Thrifty White

I would like to thank all of the Devils Lake pharmacy technicians for their hard work with hosting the NAPT Fall Conference as your efforts were greatly appreciated. The pharmacy technicians in Minot, ND have graciously offered to host the 2010 fall conference and the pharmacy technicians in Dickinson, ND have graciously offered to host the 2011 fall conference.

National Pharmacy Technician Day is October 20th. Please look for a special stamp on your card from NAPT in October and you will be the lucky recipient of a gift with the NAPT logo.

If you are interested in serving as a NAPT Executive Board member or if you have any questions regarding a position, please contact me by email at abuchanan@csmOnDemand.com or you can also nominate a registered pharmacy technician for a position. The following positions will be open for 2010 – 2011:

- ❖ Vice President
- ❖ Treasurer
- ❖ Secretary

I hope everyone is enjoying the unexpected warm weather we are having as we prepare for autumn and winter to encompass us soon!

Best Regards!
Angela

Hello everyone

Thank you for allowing me to share a recent experience of mine with you. This past August I had the opportunity to attend the 27th Annual Convention of the American Association of Pharmacy Technicians (AAPT) in Nashville, Tennessee. My thanks to Angela Buchanan and the entire board of the Northland Association of Pharmacy Technicians for sponsoring me and allowing me to represent the technicians of North Dakota. In this very professional three-day meeting, participants were offered 16 continuing education credits. Topics such as Intercultural Communication, Handling Hazardous Drugs, Understanding Managed Care, Medication Reconciliation, and a host of others were included. Presenters consisted of Physicians, Nurses, Pharmacists, Law Enforcement and Pharmacy Technicians. Over 70 people from across the United States and Canada enjoyed Music city USA, great hotel accommodations, and all but 2 meals in the 3 days were served to us as part of our convention registration. "Founded in 1979, the AAPT is an international, non-profit, educational and professional organization dedicated to the improved delivery of pharmaceutical services through exchange; development, and dissemination of information. AAPT strongly encourages professional recognition of pharmacy technicians and standardization of job titles and responsibilities." They are committed to the development of formal training programs and a means of demonstrating competence through certification. Annual membership is under \$50.00 and they have a great website that you can visit at www.pharmacytechnician.com for more information about becoming a member. I encourage everyone to become involved with a professional pharmacy technician organization. The NAPT and the AAPT are great opportunities for you to gain knowledge and understanding of the profession of pharmacy that we all proudly serve as Pharmacy Technicians.

Kim Durben, RPh Tech, CPhT

Registration verses Certification and Survey Results by Diane Halvorson, RPhT

A topic that seems to need clarification frequently is; what is the difference in North Dakota between Registration and Certification of Pharmacy Technicians.

In North Dakota, in order to work as a Pharmacy Technician, you need to be registered by the North Dakota Board of Pharmacy. Once registered you may use the designated title of Registered Pharmacy Technician with the abbreviation of RPh. Tech. In addition to this, many Pharmacy Technicians have taken the additional step of testing through a National Pharmacy Technician Exam, once passing this exam; a Pharmacy Technician receives the title of Certified Pharmacy Technician with the abbreviation of CPh. T. However, remember once Certified, you still need to become Registered in ND in order to work within this state.

With the continuum of change, the topic nationally focuses on the education and validation of competency of Pharmacy Technicians. In many states certification is becoming a standard in order for pharmacy technicians to work within that state.

Recently a survey was conducted of ND Registered Pharmacy Technicians to understand the logistics of Registered Pharmacy Technicians and current status of Certification within this group. With a total of 596 surveys sent out, 322 surveys were completed and returned. This equals a 54% return rate. When directly asking the number of participants that are certified, 312 responded. Of that response, 28% stated they are not certified and 78% stated they are. For specific results of the entire survey please contact a member of the current Northland Association of Pharmacy Technicians.

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Patrick Henry Costello 1897–1971: Architect of reciprocal standards

Dennis B. Worthen

Fred Mahaffey, executive director of the National Association of Boards of Pharmacy (NABP), recalled that it was Patrick Henry Costello who “put all the pieces together.”¹ He was referring to Costello’s success in developing an accepted system of reciprocity for state boards and individual pharmacists and to his work refining uniform standards for the American Council on Pharmaceutical Education (now Accreditation Council for Pharmacy Education [ACPE]). Formed by his experience as a successful community pharmacist and proactive participant in both the North Dakota pharmacy association and state board, Costello had the personal skills to lead a successful expansion of reciprocity on the national level while concurrently leading the effort to establish an accreditation system acceptable to both the colleges and boards of pharmacy. Today’s pharmacists’ ability to move from state to state throughout a career is due in large part to the work of Costello in building standards for reciprocity.

Beginnings

Patrick Henry Costello was born on January 17, 1897, in Sauk Center, MN, the son of Patrick H. and Julia Frisks Costello. He graduated from high school in Litchfield, MN, in 1913 and entered the University of North Dakota North Forks to study medicine.² After the 1915–1916 academic year, he transferred to the pharmacy program at North Dakota Agricultural College (now North Dakota State University), graduating with a PhG in 1917. He enlisted in the Army and was assigned as a private first class in the medical detachment at Fort Riley, KS. Upon return to civilian status, Costello worked in the community pharmacy of W.A. Siegfried in Sanborn, ND, before opening his own store.

Costello married Jeannette E. Bergstrom of Cooperstown, ND, on July 7,

1920. The couple had one son, Curtis, who followed his father into pharmacy. Costello died on May 23, 1971 in Lakefield, MN.

North Dakota

In 1919, Costello opened his own pharmacy in Cooperstown, ND, a small rural town 100 miles northwest of Fargo. He quickly broadened his participation in pharmacy by joining the North Dakota Pharmaceutical (now Pharmacists) Association. In 1922, he was elected second vice president, the following year first vice president, and then the 1924–1925 president. He was an advocate for the passage of a new pharmacy act based on the NABP model pharmacy act.³ He remained active with the state association, serving as its treasurer from 1927 to 1942. In 1927, Costello was appointed to the North Dakota Board of Pharmacy and immediately elected secretary/treasurer. Because the board office was located at the secretary’s home, the part-time position allowed him to continue to operate his pharmacy, a Rexall agency, as long as he lived in North Dakota.² His pharmacy practice was acknowledged and professional involvement recognized when *American Druggist* announced him as the 1936 outstanding community pharmacist in North Dakota.⁴ He continued his work for the state board until he was elected to serve as the secretary of NABP and moved to Chicago in 1942.

Costello was equally involved with his community. An ardent Democrat, he served as the mayor of Cooperstown from 1938 to 1942. He also was men-

tioned by the Democratic Party as a candidate for lieutenant-governor of North Dakota in the 1935 fall elections.⁵

American Pharmaceutical Association

Costello joined the American Pharmaceutical (now Pharmacists) Association (APhA) in 1923 and became active immediately. In 1932, he was elected vice chair of the House of Delegates and served as chair the following year when the first permanent headquarters building was dedicated. In his 1933 chairman’s address, he vocalized the rapid changes affecting pharmacy and the urgency for all pharmacists to be engaged in the profession to “make it possible for ourselves to render a greater service in the future.”⁶ He went on to emphasize that the future of the profession depended on pharmacists and that Washington, DC, was the ideal location from which pharmacy could have a voice in forces affecting the profession. Elected APhA president in 1935, he immediately picked up on the recurring refrain that the majority of pharmacists did not hold membership in any national pharmacy organization and called on the Association to work with all pharmacists to encourage professional practice and ethics.⁷ A year later, Costello returned to the issue of membership and the lack of awareness of APhA, especially on the part of community pharmacists. However, the most telling part of his presidential address, and the most representative of his professional activities, dealt with the commitment to the “continued improvement in the selection, education and training of pharmacists, in the regulation of the practice of pharmacy, in the standards of drugs, medicines and medical supplies, and in the service which pharmacy renders to the people as an essential public health profession.”⁸ Costello went on to serve on the council, today’s Board of Trustees, from 1937 to 1944.



A Note on This Series

Each installment in this series provides a sketch of a hero of pharmacy, including insights into the hero’s life and his or her contributions to the profession. *JAPhA* publishes this column in recognition of the men and women who led the efforts to make pharmacy the respected profession it is today.

HEROES OF PHARMACY

NABP

Costello served as the secretary of the North Dakota Board of Pharmacy starting in 1927, and was elected president of NABP in 1939. He served as the delegate to the National Drug Trade Conference from 1939 to 1941.⁹ In his presidential address, he focused on NABP's role in establishing ACPE and the need for support of minimal standards for reciprocity.¹⁰ At the closure of his presidential year, he made reference to misunderstandings that must be erased between boards and colleges, possibly referring to strained relationships caused by ACPE.¹¹

Henry C. Christensen, the first full-time NABP secretary, retired in 1942, and Costello was elected to replace him. Costello's background as a successful community pharmacist and experience with the state boards and national associations provided the experience and relationships needed to gain cooperation between the boards and other components of pharmacy. NABP, still dealing with the financial challenges of the depression years, was faced with challenges of educational and practice standards resulting from the exigencies of World War II. The war years also created considerable challenges for license reciprocity for both state boards and practitioners, the most critical of which was the need to accelerate the college curriculum from 4 into 3 years. At issue was the standard that pharmacists could not reciprocate their license unless their original license met the same standards as the state to which they wanted to transfer. Consequently, pharmacists licensed before they were the proper age, usually 21, or allowed to take the licensing exam early were at risk of being unable to reciprocate in postwar years.¹² Costello, continuously cautioning the individual boards that popular gestures could create long-term problems after the war, led the effort to develop consistent standards across state lines to minimize problems.

Costello's experience with gathering statistical data was noteworthy before his appointment to NABP.⁹ In 1944, he undertook the challenging task of gathering and compiling licensing and



Patrick Henry Costello presents his annual report as Secretary of the National Association of Boards of Pharmacy at the 1958 American Pharmaceutical Association convention.

census information about pharmacists from all of the boards.¹³ Considered the "first valid statistical data on pharmacists in the U.S.," the effort was of value to both the boards and practitioners; it continues today as the *Survey of Pharmacy Law*.¹ Costello was later credited with placing NABP on solid financial footing that provided the resources for postwar activities.

The issue of a practical experience requirement as a condition of licensing had its roots in the apprenticeship years of pharmacy education. Most states

required students to work in a community pharmacy for a year, some of which could be done during vacations, before being eligible to become licensed. In the postwar period, the value of such practical experience was increasingly questioned because much of the individual's time was spent in activities having nothing to do with the compounding of prescriptions or other professional duties. General standards or expectations of the required experience for either the student/apprentice or the supervising pharmacist did not exist, and

documentation of accomplishments was not required at the end of the period.¹⁴ Reciprocity rested solely on time spent between completing college and sitting for the board licensure examination. Costello's call for action for enforceable standards for employers, supervising pharmacists, and trainees (then called interns) was clear: "We no longer have the right to insist upon an adequate apprenticeship training as a legal qualification for examination and licensure if we cannot provide the acquisition of such training."¹⁵ By 1959, Costello's leadership resulted in the Committee on Internship Training issuing six criteria for board oversight of the internship year, including when credits could be earned, board certification of both pharmacy and preceptor as intern trainers, and the expectation that the intern training would predominately be in selling and dispensing medications.¹⁶

The Pharmaceutical Survey, known as the Elliott Report, examined the question of professional licensure at length, noting the importance of board examinations on the education and practice of pharmacists.¹⁷ A final recommendation of the report included graduation from an accredited college and replacing the theoretical examination with a "more searching" practical examination.¹⁸ In 1950, under Costello's leadership, the move to standardized national examination began.¹⁹ By 1953, only three states did not provide reciprocity for the issuance of licenses.²⁰

ACPE

Educational standards were a continuing concern for state boards. In 1910, the *Pharmaceutical Syllabus* was developed to introduce a minimum course of study to guide pharmacy schools in preparing students for the boards' licensing exams.²¹ In 1932, NABP took the lead in a partnership with the American Association of Colleges of Pharmacy and APhA to form ACPE. From the very beginning, one of the core purposes of accreditation was "to provide a list of acceptable colleges of pharmacy for the use of state boards of pharmaceutical examiners."²² The beginning years of ACPE were devoted

to developing systemic standards but marked by instances in which neither colleges nor boards were willing to concede standards to the new organization. Costello later shared that even in the challenges of the transition period, no one in the boards or the colleges turned away from the parent organizations' ideals.²⁰

When Costello became the secretary of NABP, he became one of the association's representatives to ACPE. In 1943, Costello was named secretary of ACPE.²³ He was elected president of the council at the 1945 meeting, serving until October 1948 when he was elected to fill the unexpired term of A.G. DuMez as secretary-treasurer. At that time, he moved the organization from Baltimore to Chicago to share offices with NABP.²⁴ The co-location provided the opportunity to move past many of the earlier problems and ensure alignment of purpose and approach under the diplomatic leadership of Costello. He envisioned the development of educational standards and accreditation as an "important factor, if not the dominant factor, in determining the future contributions of pharmacy as a member of the health professions."²⁰

United States Pharmacopoeia

Costello evidenced a personal interest and involvement in standards of professional practice, including products and processes. Under the food and drug laws of both 1906 and 1938, product standards were the responsibility of the *National Formulary* and the *United States Pharmacopoeia (USP)*. Costello was peripherally involved with the *National Formulary* during his terms on the APhA council; however, his involvement with *USP* was far more direct. He served as a delegate to the United States Pharmacopoeial Convention beginning in 1940. In 1944, he was elected to the USP Board of Trustees and was reelected again in 1950 and 1960. The board noted that his accomplishments "must be considered as personal contributions to the improvement of professional pharmacy practice in the interest of ensuring public safety."²⁵

Honors

Costello's personal commitment to the development of increased and uniform standards was widely recognized. In 1944, the Philadelphia College of Pharmacy and Science awarded him an honorary Master of Pharmacy.²⁶ In 1952, the Rhode Island College of Pharmacy bestowed an honorary Doctor of Pharmacy degree, and in 1953, the St. Louis College of Pharmacy honored him with a Doctor of Science.²⁷ Costello was the 1952 Remington Honor Medalist for his service in developing NABP's reciprocal licensure program and ACPE's accreditation of colleges of pharmacy.²⁸

Legacy

Costello was the quintessential pharmacy apologist, defending the profession's public health role. He was engaged in successful community practice, served in professional leadership positions both in his home state and on the national level, and led the development of standards that included practice, education, and product. He clearly saw and shared his vision that pharmacy was a public health profession that should be devoted to the health and safety of patients. In his Remington address, Costello returned to his earlier theme that the future of pharmacy was dependent on pharmacists. He shared his concern about the perceived loss of public esteem, professing that an important cause was "through our failure to proclaim adequate recognition for the professional services which we render, and for the indifferent attitude of those who do not volunteer to elect membership in the organizations which have for so long defended our frontiers against the attacks of the greedy and unscrupulous."²⁰

Costello's activities had a considerable effect on the development of standards of accreditation that would provide the boards with an assurance that graduates of accredited programs were capable of meeting the agreed upon standards of professional performance. Costello left an enduring legacy for pharmacy through the development of a workable, virtually national, system of reciprocity for pharmacists. The

system provided a basis for the state boards to be assured that they were accepting transferring pharmacists who met a minimum agreed upon standard of education and experience. For individual pharmacists, the system provided a relatively easy process to move from state to state as career or family opportunities presented themselves.

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Alabama



Ron J. Miller
Alaska



Stephen Nathenson
Arizona



Rob Richardson
Arkansas



Jeffrey Shinoda
California



Larry Clark
Colorado



Thomas Buckley
Connecticut



John Murphy
Delaware



Michael Kim
District of Columbia



Theresa Tolle
Florida



Michael Farmer
Georgia



Byron Yoshino
Hawaii



Stanley Gibson
Idaho



Om Dhingra
Illinois



Daniel Degnan
Indiana



Leman Olson
Iowa



Geraldine Liebert
Kansas



Charles D. Peterson
Kentucky



Allen Cassidy
Louisiana



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Maureen Burke
Maine



Stephen L. Disharoon
Maryland



Karen Ryle
Massachusetts



Willie Flounory
Michigan



Gary Raines
Minnesota



Keith Guy
Mississippi



Dennis Bond
Missouri



John A. Fitzgerald
Montana



Robert Marshall
Nebraska



Paul Oesterman
Nevada



Brenda McBride
New Hampshire



Frederick Trinkley
New Jersey



Debra Herman
New Mexico



John Navarra
New York



Fred Eckel
North Carolina



Patricia Churchill
North Dakota



Jerry Marlowe
Ohio



Don Coody
Oklahoma



David Widen
Oregon



Coleen Kayden
Pennsylvania



Blanca I. Vazquez
Puerto Rico



Scott Campell
Rhode Island



Pam Whitmire
South Carolina



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Texas



Joel Jolley
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Keith Hodges
Virginia



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Susan Meredith
West Virginia



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Wisconsin



James Carder
Wyoming

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AWARDS NOMINATIONS CRITERIA

AL DOERR SERVICE AWARD

The recipient must: be a pharmacist licensed to practice in North Dakota, a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; has compiled an outstanding record for community and pharmacy service.

Nominee: _____ Submitted by: _____

ELAN INNOVATIVE PHARMACY PRACTICE

The recipient should be a practicing pharmacist within North Dakota and a member of NDPhA who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

Nominee: _____ Submitted by: _____

PHARMACISTS MUTUAL DISTINGUISHED YOUNG PHARMACIST

The goal of this award is to encourage the newer pharmacists to participate in association and community activities. The award is presented annually to recognize one such person for involvement and dedication to the practice of pharmacy. The recipient must: have received his/her entry degree in pharmacy less than nine years ago; be a pharmacist licensed to practice in North Dakota; a member of the North Dakota Pharmacists Association, have practiced community, institutional, managed care or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service.

Nominee: _____ Submitted by: _____

WYETH-AYERST BOWL OF HYGEIA

The recipient must: be a pharmacist licensed to practice in North Dakota; a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or its awards committee; have compiled outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

Nominee: _____ Submitted by: _____

BOWL OF HYGEIA Award

1959.....	Foss, Palmer L.....	Valley City	1985.....	Swinland, Thomas L.....	Devils Lake
1960.....	Halbeisen, J.G.....	Fargo	1986.....	LeDosquet, John J.....	Williston
1961.....	Trom, Ordner S.....	Lisbon	1987.....	Legrid, Donald A.....	New Rockford
1962.....	Suckerman, Ansul.....	Dickinson	1988.....	Rogers, Riley H.....	Valley City
1963.....	Foss, Alden L.....	Valley City	1989.....	Mayer, Gordon L.....	Harvey
1964.....	Moore, James W.....	Bismarck	1990.....	Ronholm, Roy J.....	Jamestown
1965.....	Doerr, Albert.....	Bismarck	1991.....	Welder, Anton P.....	Bismarck
1966.....	Baillie, Dan.....	Rugby	1992.....	Huber, Arthur P.....	Valley City
1967.....	Wagner, Vernon E.....	Bismarck	1993.....	Malmberg, Marvin M.....	Fargo
1968.....	Schuld, John F.....	Dickinson	1994.....	Olig, Herman J.....	Hankinson
1969.....	Shelver, Glen D.....	Dunseith	1995.....	Dewhirst, Gary.....	Hettinger
1970.....	Chase, Earl W.....	Washburn	1996.....	Schwindt, Alvin.....	Bismarck
1971.....	Walter, Anthony M.....	Bismarck	1997.....	Irsfeld, James H.....	Dickinson
1972.....	Rodenhizer, Bruce G.....	Stanley	1998.....	Herbel, Elroy.....	Elgin
1973.....	Dehlin, Glenn R.....	Minot	1999.....	Tokach, Marv.....	Jamestown
1974.....	Southam, Clair O.....	Mohall	2000.....	Zueger, Jr., Emil E.....	New England
1975.....	Grosz, William J.....	Wahpeton	2001.....	Kruger, Russel C.....	Mandan
1976.....	Krohn, Odell Q.....	Harvey	2002.....	Baillie, Frederick D.....	Rugby
1977.....	Jacobsen, John L.....	Bismarck	2003.....	Silkey, Richard B.....	Dickinson
1978.....	Plowman, Edward Dean.....	Killdeer	2004.....	Wahl, Jerome J.....	Dickinson
1979.....	Haakenson, Philip N.....	Fargo	2005.....	Thom, Bonnie J.....	Velva
1980.....	Irgens, James.....	Williston	2006.....	Tretline, Robert L.....	Dickinson
1981.....	Anderson, Jr., Howard C.....	Turtle Lake	2007.....	Olig, David J.....	Fargo
1982.....	Kramer, Jr., John H.....	Grand Forks	2008.....	Churchill, Patricia.....	Bismarck
1983.....	Johnson, Gerald R.....	Fessenden	2009.....	Detwiller, Rick.....	Bismarck
1984.....	Southam, John E.....	Mohall			

INNOVATIVE PHARMACY PRACTICE

1996.....	Schlittenhard, Dewey.....	Fargo
1997.....	Treitline, Robert L.....	Dickinson
1998.....	Oberlander, Kevin.....	Bismarck
1999.....	Davis, Thomas D.....	Bismarck
2000.....	Storandt, Harrison.....	Fargo
2001.....	Irsfeld, Steven.....	Dickinson
2002.....	Finck, Karen.....	Jamestown
2003.....	Doe, Jody.....	Killdeer
2004.....	Mcgarvey, Curtis.....	Bismarck
2005.....	Christenson, Erik.....	Rugby
2006.....	Godfrey, Anthony.....	Fargo
2007.....	Finken, Gerald.....	Fargo
2008.....	Riepl, Michael.....	Bismarck
2009.....	Steig, Jayme.....	Casselton

DISTINGUISHED YOUNG PHARMACIST

1987.....	Zeigler, Gayle D.....	Fargo	2001.....	Jones, Paula.....	Minot
1988.....	Carlson, Timothy S.....	Minot	2002.....	Treitline, Dawn.....	Dickinson
1989.....	Oberlander, Kevin.....	Bismarck	2003.....	Nelson, Robert.....	Fargo
1990.....	Olig, Jolette M.....	Fargo	2004.....	Altringer, Terry.....	Minot
1991.....	Bilden, Wade.....	Northwood	2005.....	Gronneberg, Dawn.....	Bismarck
1992.....	Hanel, Harvey J.....	Dickinson	2006.....	Noeske, Amy.....	Valley City
1993.....	Irsfeld, Steven P.....	Fargo	2007.....	Krueger, Megan.....	Norwich
1994.....	Finck, Karen M.....	Jamestown	2008.....	Frenzel, Jeanne.....	Fargo
1995.....	Meese, Martin G.....	Bismarck	2009.....	Hardy, Mark.....	Neché
1996.....	Sayler, Doreen M.....	Valley City			
1997.....	Clarens, Mary Lee.....	Fargo			
1998.....	Schnase, Susan M.....	Fargo			
1999.....	Horner, Keith.....	Bismarck			
2000.....	Wentz, Melissa.....	Mandan			

AL DOERR

1977.....	Doerr, Al.....	Bismarck	1994.....	Zueger, Jr., Emil E.....	New England
1978.....	Grosz, William J.....	Wahpeton	1995.....	Anderson, Jr., Howard C.....	Turtle Lake
1979.....	Forbes, David.....	Fargo	1996.....	Aipperspach, Loretta.....	Jamestown
1980.....	Mayer, Gordon.....	Harvey	1997.....	Dewhirst, Gary W.....	Hettinger
1981.....	Bernardy, Jack.....	Fargo	1998.....	Haroldson, Laurel.....	Jamestown
1982.....	Schuld, John F.....	Dickinson	1999.....	Treitline, Bob.....	Dickinson
1983.....	Lee, John.....	Forman	2000.....	Tharaldson, Tom.....	Fargo
1984.....	Krohn, Odell.....	Harvey	2001.....	Bilden, Paul.....	Northwood
1985.....	Rogers, Riley.....	Valley City	2002.....	Birkmaier, George (Skip).....	Grand Forks
1986.....	Haakenson, Philip N.....	Fargo	2003.....	Abrahamson, Earl.....	Dickinson
1987.....	Welder, Anton P.....	Bismarck	2004.....	Oberlander, Kevin.....	Bismarck
1988.....	Olig, Herman J.....	Hankinson	2005.....	Buchholz, Dennis.....	Lisbon
1989.....	Irsfeld, James.....	Dickinson	2006.....	Churchill, Patricia.....	Bismarck
1990.....	George, Clarence T.....	Wahpeton	2007.....	Detwiller, Rick.....	Bismarck
1991.....	Link, Raymond.....	Bismarck	2008.....	Hanel, Harvey.....	Bismarck
1992.....	Schlittenhard, Duwayne.....	Fargo	2009.....	Baillie, F. Duane.....	Rugby
1993.....	Olig, David J.....	Fargo			

2009 (Fourth Quarter)

1984 — Twenty-five years ago:

The 50th anniversary of the APhA headquarters building on Constitution Avenue was celebrated.

Drug Price Competition and Patent Term Restoration Act (*Waxman-Hatch*) simplifying the Abbreviated New Drug Application process and extending patent life for exclusivity lost as a consequence of FDA delays was signed into law.

FDA approved Nicorette 2mg on January 13, 1984, for prescription use only. One of only three NDAs classified as 1-A in 1984.

1959 — Fifty years ago

Bill Apple became secretary of APhA replacing Robert Fischelis.

Alaska and Hawaii become the 49th and 50th states.

1934 — Seventy-five year ago

North Carolina pharmacist and University of Maryland graduate, Caleb Bradham died. Bradham developed a soda drink that incorporated vanilla, essential oils, and kola nut that he named Pepsi-Cola.

There was an open protest against the sale of grocery items in drugstores at the annual meeting of the South Dakota Pharmaceutical Association.

A number of states still licensed pharmacy assistants allowing pharmacy assistants to operate a drugstore in the temporary absence of a registered pharmacist. Temporary defined as short as 2 consecutive hours (Indiana) to no more than one-third of the time per week that the store is open (Tennessee).

1909 — One hundred years ago

Founded by pharmacist Al Falkenhainer, Druggists Mutual Insurance Company (now Pharmacists Mutual) was chartered by Iowa on October 16.

University of Tennessee moved its pharmacy program from Knoxville to Memphis.

1859 — One hundred fifty years ago

Chicago College of Pharmacy formed; later merged (1896) with the pharmacy program at the University of Illinois.

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

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

Immunization Protocol, Authority to Immunize Authority to Initiate Immunization Standing Prescription Order to Administer Immunizations

_____, ND License # _____, acting as an authorized pharmacist on behalf of the undersigned physician, according to and in compliance with the North Dakota State Pharmacy Practice Act, may administer the medications listed below to patients ages 18 and older on the premises of _____ (address), or elsewhere upon notification of sponsoring physician for a time period equal to two years from the date this document is signed.

NDPHA Immunization program 11/18/2001

Influenza Vaccine, IM or IN	Meningococcal conjugate (MCV-4) Vaccine, IM
Hepatitis A Vaccine, IM	Pneumococcal polysaccharide (PPV-23) Vaccine, IM or SC
Hepatitis B Vaccine, IM	Tetanus, diphtheria, pertussis (Td/Tdap) Vaccine, IM
Human papillomavirus (HPV-4) Vaccine, IM	Varicella (chickenpox) Vaccine, SC
Measles, mumps rubella (MMR) Vaccine, SC	Varicella zoster (shingles) Vaccine, SC

To protect people from preventable infectious diseases that cause needless death and disease, the above pharmacist may administer the following immunizations to eligible adult patients, ages 18 and older, according to indications and contraindications recommended in current guidelines from the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and other competent authorities:

All IM injectable vaccines will be given in the deltoid muscle. All SC injections will be given in the fatty tissue over the triceps muscle. IN influenza vaccine will be given by intranasal route.

Other vaccines may be added or deleted from this list by supplementary instruction from the undersigned.

In the course of treating adverse events following immunization, the pharmacist is authorized to administer epinephrine (in the form of an Epi-Pen at 0.3mg per dose) and diphenhydramine (at a dose of 1mg/kg; maximum 50-100 mg per dose) by appropriate routes as necessary. The pharmacist will maintain current certification in CPR.

In the course of immunization, the pharmacy will maintain perpetual records of all the immunizations administered. Before immunization, all vaccine candidates will be questioned regarding previous adverse events after immunization, food and drug allergies, current health, immunosuppression, recent receipt of blood or antibody products, pregnancy, and underlying diseases. All vaccine candidates will be informed of the specific benefits and risks of the vaccine being offered. All vaccine recipients will be observed for a suitable period of time after the immunization for adverse events.

All vaccine recipients will be given a written immunization record. The immunization will be reported to their primary care provider by fax or mail within 48 hours if pursuant to an order. The immunization will also be reported to the North Dakota Immunization Information System (NDIIS) within 14 days of administration per 61-04-11-06(1) (b).

The pharmacist will not endeavor to disrupt existing patient-physician relationships. The pharmacist will refer patients needing medical consultation to a physician. The pharmacist will make special efforts to identify susceptible people who have not previously been offered immunizations.

The pharmacist shall submit evidence of adequate liability insurance (a claim limit of \$1 million and an aggregate limit of \$3 million) upon signature of this agreement.

Immunization Protocol, Authority to Immunize Authority to Initiate Immunization Standing Prescription Order to Administer Immunizations

The authorization will be valid two years from the date indicated below, unless revoked in writing.

Pharmacist Name: _____

Pharmacist Signature: _____

Pharmacy License #: _____

Date: _____

Physician Name: Terry Dwelle, MD _____

PHYSICIAN SIGNATURE: _____

Address: 600E. Boulevard Ave

City: Bismarck State: ND Zip: 58505

Medical License #: 7469 **DATE:** _____

Reminder: Submit evidence of adequate liability insurance.

NDPhA *Board of Pharmacy*

Howard C. Anderson, Jr., R.Ph., Executive Director

Recently I received a question regarding refilling of controlled prescriptions. The pharmacy's software was not stopping refills at 5 for controlled substances if there was a quantity remaining on the prescription. Example: The MD wrote the prescription for 90 with 5 refills and the patient only had 30 filled each time. The software allows the prescription to keep refilling after 5 refills because the total number of tablets has not been dispensed. The vendor wanted documentation of state law that stated partial fills count as a refill.

The Federal Uniform Controlled Substances Act limits controlled prescriptions to 5 refills. This is also found in NDCC 19-03.1-22 (5 and 6) on page 156 of the ND law book.

Here is what the DEA Pharmacists Manual and Question and Answer publication says:

Question: Is it permissible to dispense a prescription for a quantity less than the face amount prescribed resulting in a greater number of dispensations than the number of refills indicated on the prescription?

Answer: Yes. Partial refills of schedules III and IV controlled substance prescriptions are permissible under federal regulations provided that each partial filling is dispensed and recorded in the same manner as a refilling (i.e., date refilled, amount dispensed, initials of dispensing pharmacist, etc.), the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and no dispensing occurs after six months past the date of issue

This information is available at: <http://www.deadiversion.usdoj.gov/faq/general.htm#rx-6>

Until 2004, we interpreted this as no refills past five and the computer vendors used that interpretation. In response to pharmacy and practitioner requests, DEA broadened this interpretation to allow the above, necessitating that computer vendors change their programming to accommodate this interpretation.

The ND Board concurs with the DEA interpretation of the law, thus allowing the patient to obtain all of the medication allowed by the practitioners prescription, as long as the total quantity dispensed does not exceed the total of the original amount plus refills and, of course, the time frame cannot exceed the 6 months limit. Since Schedule V prescriptions come under the ND Controlled Substances Act, we extend the interpretation to Schedule V, as well.



North Dakota Institute for Pharmaceutical Care (NDIPC) Annual Report 2008-09

Since 2003, Dr. David Scott has been the Director of the NDIPC. Two faculty members were added in 2008 [Dr. Daniel Friesner (economics) and Dr. Christian Albano (management)] have strengthened the Institute's economic and management assessment capabilities. The mission statement, action plan steps and status is described next.

Mission Statement

The North Dakota State University's (NDSU) College of Pharmacy, Nursing, and Allied Sciences serve the state and region through its programs in pharmaceutical education, research, patient care, and public services. The North Dakota Institute for Pharmaceutical Care is an outreach arm of the College. The Institute exists for the purpose of helping pharmacists improve their practice and providing them with a ready source of health and drug information and assessment skills.

For drug information questions, contact Donald.Miller@ndsu.edu, phone 701-231-7941.

For assessment questions, contact NDIPC Director David.Scott@ndsu.edu, phone 701-231-5867.

Action Plan Steps: The status of each action step follows.

1. Assess the current level of pharmaceutical care and technician use in ND
 - a. Assess the need for pharmaceutical care and training areas in ND
 - b. Compare rural vs. urban areas

Status: Pharmacist's needs were assessed by the **North Dakota Pharmaceutical Care Survey** described in Action Steps 1a and 1b. The survey was mailed to 686 pharmacists registered and living in North Dakota and 412 (60.0%) surveys were returned. The technical report was submitted (12/11/06). A manuscript has been submitted for publication ([J Rural Health](#), 2009).

On a second project to measure the current level of technician use in ND (Action Step 1), the director has worked with the Northland Association of Pharmacy Technicians (NAPTA) to conduct the **ND Pharmacy Technician Wage, Benefits and Responsibilities Survey**. A manuscript has been published ([J Pharmacy Technology](#), 2007 23:148-57) and reprinted in the [NoDak Pharmacy](#), 2008 21:19-28.

On a third project, the director conducted the **ND Pharmacist Salary and Workforce Survey** (Action Step 1). Pharmacy settings were compared on pharmacist wages, benefits and workload indicators. A \$3,000 grant (3-1-06) from NDSU Department of Pharmacy Practice Research Grant Program and a \$2,500 grant (7-1-06) from the NDBOP were obtained to fund this project. A manuscript has been published ([J Pharm Technology](#), 2009 25:14-23).

2. Respond to the needs of practicing pharmacists in North Dakota by working with them to upgrade their knowledge, skills, and practices through the Institute's outreach programs.
 - a. Identify existing national and regional training programs that meet pharmacists' needs (i.e., asthma, diabetes).

Status: Ongoing process – National training programs have been identified and pharmacists are referred to them, unless there is a substantial group to train.

- a. Develop and implement disease state management certificate programs in areas where there is a significant number of pharmacists with a need, or in areas where programs are not yet developed.

Status: In 2007, the North Dakota House of Representatives Bill 1433 was passed that allows pharmacists to provide Disease State Management (DSM) to public employees that suffer from diabetes. The Institute has worked with a planning group to develop a **Pharmacist Diabetes Management Program for the NDPERS Project** to assess the outcomes. While the UND Center for Rural Health was awarded the contract to evaluate the project, the Institute will also conduct an independent assessment.

On a second project, Dr(s). Scott and Friesner worked with Dr. Dewey in the evaluation of the **Medication Therapy Management (MTM) in Assisted Living Facilities**. The project was supported by a \$50,000 grant from the Minnesota Department of Health (subcontract \$7,000 for assessment). A technical report was submitted (6-30-09) and a manuscript will follow.

- a. Assess the impact of the ND pharmaceutical care services through the ECHO (economic, clinical, humanistic outcomes) model approach.
 1. Economic outcomes
 - a. Assist development of business plans
 - b. Reimbursement for pharmaceutical care

Status: The pharmacist's level of reimbursement was assessed by the Pharmaceutical Care Survey and is also incorporated into the NDPERS Diabetes Program.

To address the economic outcomes, several projects have been either initiated or completed.

Dr. Khan assessed community telepharmacy services and a manuscript titled "Is There a Successful Business Case for Retail Telepharmacy" has been published (Telemedicine and e-Health. 2008 14:235-244).

Dr. Friesner assessed the economic impact of the Pharmacy Ownership Law in a manuscript titled "Institutional Policy Making in (In) Action: **The Case of Pharmacy Ownership in North Dakota**" which is forthcoming in the Journal of Economic Issues.

Dr. Friesner and Ms. Samantha Buck (a NDSU Pharm.D. student) successfully obtained a \$9,000 grant from the North Dakota Board of Pharmacy to estimate the **economic impact of community telepharmacies** in North Dakota and northwestern Minnesota.

1. Clinical outcomes
 - a. To measure medication dispensing accuracy rates in remote telepharmacy sites and compare to pharmacies in a comparison group

Status: The Director conducted the **Medication Dispensing Error Study** in 14 community pharmacies remote sites in the North Dakota Telepharmacy Project and 8 comparison pharmacies. Quality related events (QREs) is the number of mistakes (includes "near misses" that are caught before they get to the patient and "errors" – those discovered after the patient receives the medication). At 45 months, there were

600 QREs reported in the remote telepharmacy group (45,134 prescriptions) and 1,017 QREs reported in the comparison group (126,950 prescriptions). Results for near misses and errors for remote and comparison sites were: pharmacy discovery (524 vs. 883) and patient discovery (76 vs. 134), respectively. Later category of patient discovered mistakes resulted in an error rate of 0.0017 (0.17%) for remote group and 0.0011 (0.11%) for comparison group. Previous results have found a 1.7% error rate for 50 pharmacies (Flynn et al., JAPhA. 2003;43:191-200). At 45 months, the North Dakota study reports a lower overall rate and a slight difference in medication dispensing error rates between remote sites and comparison sites. Despite the possible limitation of pharmacists' underreporting, the findings suggest that the error rate of telepharmacy is similar to comparison pharmacies, and both are less than the previous national reported level. A manuscript will be submitted.

Dr(s). Scott and Friesner are working on a project, **Medication Adverse Drug Event (ADE) and Error Reporting Network in Rural Hospitals**. This study is being conducted in conjunction with the North Dakota Telepharmacy Project and rural hospital (n=17) including 10 in ND in the North Region Health Alliance (NRHA), and possibly another 7 owned by the Catholic Health Initiative (CHI). The plan is to establish a reporting system for all rural hospitals participating in the Project, beginning with the nine initial remote hospital pharmacy sites. We are working with Tara Modisett at NASPA to develop web-based reporting for two programs based on the PQC model: one to detect ADEs/ medication errors and the second to track quality indicators. Funding includes the \$7,500 earmarked for ADE/medication error reporting and a \$2,700 NDBOP grant to fund the project for 36 months. Rates and types of ADEs and medication errors and quality indicators (standard measures) will be monitored for 36 months.

Dr. Scott is conducting the **ASHP Survey of Hospital Pharmacy Services in Rural Hospitals**. The plan is to use the ASHP national hospital pharmacy survey to assess the small rural hospitals in North Dakota and components include: dispensing, monitoring, and patient education. This survey was sent to all critical access hospitals (CAH) in ND and repeated at 36 months. Response rate is 59.0% (23 of 39). Results will be compared with national data.

3. Humanistic outcomes

Status: Dr(s). Friesner and Scott conducted the **Patient Satisfaction Survey with the North Dakota Telepharmacy Project**. Two central pharmacies each with four remote telepharmacy sites administered the satisfaction survey (50/ site) to patients who received one or more prescriptions. Overall, 111 of 400 surveys (27.8% response rate) were obtained. A manuscript (JAPhA. 2009 49:48-5) will be published. A new study is planned to include telepharmacy sites and a comparison group.

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