NoDak PHARMACY

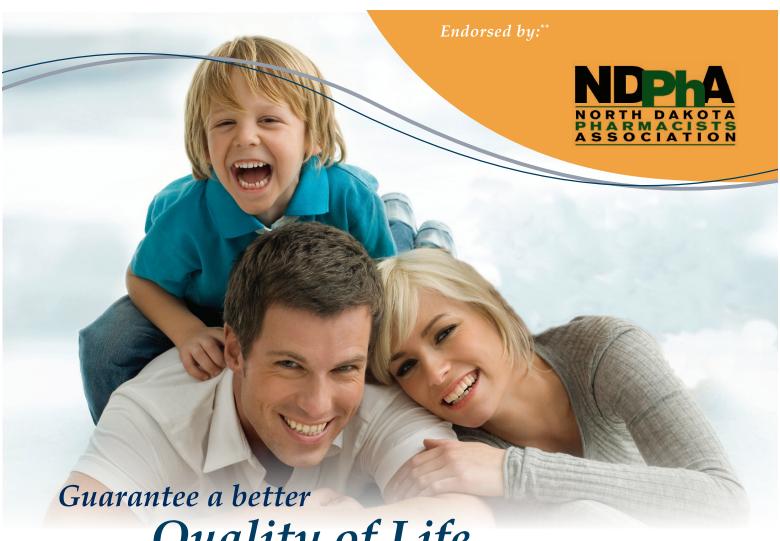
Volume 24, No.3

September 2011

Congratulations NAPT

Northland Association of Pharmacy Technicians was named the "Chapter of the Year" by the American Association of Pharmacy Technicians. This is the third time that NAPT has been awarded this distinction which honors NAPT's dedication to continuing support of education, training, and certification for pharmacy technicians.





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*Compensated endorsement

Not all products available in every state. The Pharmacists Life is licensed in the District of Columbia and all states except AK. FL. Hl. MA. ME. NH. NJ. NY and VT. Check with your representative or the company for details on coverages and carriers.

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COLLEGE OF PHARMACY, NURJING, AND ALLIED JCIENCEJ





CALENDAR

S	P	n	te	m	h	er
J	C	μ	u		W	CI

Sept 9 White Coat Ceremony Festival
Concert Hall
Sept 14 ND Opportunities Night,
Alumni Center

Sept 15 NDSU Career Fair, Fargodome
Sept 16 Pharmacy Interview Day, Great
Plains Room, Memorial Union,

NDSU

Sept 26-Oct 1 NDSU Homecoming &

Festivities

Sept 30 Homecoming Seminar Ramada

Plaza Suites, Fargo ND

October

OCTOBER IS PHARMACY MONTH

NCPA

Oct 8-12 Annual Convention Gaylord

Opryland Convention Center,

Nashville, TN

ACCP

Oct 16–19 Annual Meeting David L.

Lawrence Convention Center,

Pittsburgh, PA

AMCP

Oct 19–22 Educational Conference

Atlanta Marriott Marquis.

Atlanta, GA

Oct 25 Pharmacy Technician Day

November

ASCP

Nov 16–19 Annual Meeting Phoenix

Convention Center. Phoenix,

Α7

PMG

Nov 17 PMG Reception, Don Cesar

Hotel St. Pete Beach FL

NASPA

Nov 18-19 Fall Symposium, Don Cesar

Hotel St Pete Beach FL

December

ASHP

Dec 4-8 Midyear Clinical Meeting New

Orleans, LA

Pharmacists mutual companies



pharmacists mutual companies risk management

Volume 20, Issue 7
Spring 2011

Submit Your Ideas

Pharmacists Mutual is interested in risk management practices or programs you have implemented that have made a difference in either reducing or preventing losses. We will publish the top three examples in the next pharmacists mutual companies risk management newsletter.

E-mail your submissions with "newsletter" in the subject line to loss.control@phmic.com or mail to Risk Management Newsletter, P.O. Box 370, Algona, IA 50511.

Workers Compensation

Important information is available about workers compensation that can help you keep loss experience and premiums in check. Visit www.phmic.com to find out about:

- Pre-loss planning steps to keep injury costs low
- Steps you need to take when an injury occurs
- The importance of prompt injury reporting and how much costs can escalate with delays.
- · State first reports of injury
- Information on how to find a medical provider that understands workers compensation
- How you can control costs by offering transitional duty

www.phmic.com – See–Services, Workers Compensation

page

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2 Home Inventory - Protecting Your Valuables at Home

A completed home inventory is a valuable tool in the case of an insurance claim.

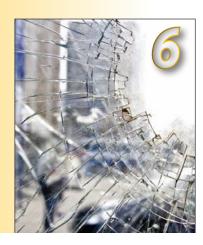
2 Partnering to Serve Our Customers
Pharmacy Quality Committment offers an
effective approach for minimizing pharmacy
error. Centice offers technology for spotting
errors before they go out the door.



3 Understanding the Data of Pharmacy Errors

The latest information about where pharmacy errors come from.

- 4 Keeping The Wheels on the Road
 The human element of fleet loss prevention.
- 5 Lessons Learned from High \$ Claims
 Mike Warren shares some of our recent large
 losses and what can be done to avoid them.
- 6 Pharmacy Crime on the Rise
 An interview with an industry security expert
 about trends in pharmacy crime



Pharmacists mutual companies



Home Inventory – Protecting Your Valuables at Home

Jennifer Swift, AIS, ACS, Form Analyst, Product Development/ Underwritina

When consumers think about homeowners insurance, most think about the value of their homes, not the possessions inside. In order to determine your coverage needs, you need to consider creating a home inventory.

Research suggests that 48 percent of consumers do not have an inventory of their possessions. Of those who do, 32 percent have no photos and 58 percent have no receipts. Everyone should have a home inventory to keep track of all their possessions in case of disaster. The list should be updated regularly and kept handy in case you need to evacuate your home. For more information and tips to get started on creating a home inventory, visit the National Association of Insurance Commissioners (NAIC) website: www.insureUonline.org.

This NAIC website has access to valuable insurance information including a home inventory checklist and the new FREE iPhone® app to help ease the process of creating a home inventory.

MyHOME Scr.APP.book easily lets you capture images, descriptions, bar codes and serial numbers of your prized possessions. You can then organize the information room by room and



create a back-up file for email sharing. The information this app allows you to store can help you determine how much insurance you really need or help you know what you have lost in the event of a claim. The app may be downloaded for iPhone® users by visiting the iTunes® App Store or searching 'NAIC' in the app store from your phone.

If making a hard-copy of your home inventory, be sure to store it in a safe, easily accessible place such as a secured site/file online, a fire-proof box or a safe deposit box away from the home. Also, you may want to share a copy with your insurance provider. Last but not least, remember to review and update your inventory annually or whenever you make a significant purchase.

Partnering to Serve Our Customers

Pharmacists Mutual continuously strives to partner with quality conscious organizations that mutually serve the needs of the pharmacy profession to reduce errors and improve patient outcomes through quality products and services. We're pleased to highlight partners Centice Corporation and Pharmacy Quality Commitment™ (PQC™) in

Centice Corporation creates and delivers advanced technology solutions to select markets in pharmacy operations, healthcare, manufacturing and homeland security. One of their newest product offerings, the PASS Rx®, is a tabletop system that provides solid dose medication verification. This technology scientifically verifies NDC barcode data on the prescription vial to the vial contents by using laser technology to chemically verify that the right drug and the right strength is in the vial. This system provides protection for pharmacy patients and pharmacies from quality related events that may occur due to human error.



Pharmacists Mutual business policyholders using Centice's PASS Rx® system are eligible for up to 10%

discount off their Pharmacists Mutual professional liability insurance premiums. Also, Centice Corporation is offering Pharmacists Mutual policyholders a discount of 10% off the price of a PASS Rx® system. For more information on the PASS Rx® system, visit www.centice.com.

Pharmacy Quality Commitment™ (PQC™) is a continuous quality improvement program for pharmacies. It promotes a non-punitive, team-oriented work environment. The program strives to reduce medication errors in the pharmacy by offering structured methods for improvement

and a feedback system that allows the pharmacist to elevate the quality of patient care by reporting and then analyzing the weak processes in the workflow of the pharmacy. Since data is reported



reduce medication errors

to a patient safety organization, the pharmacy is assured federal protections from legal discovery for the reported quality assurance data.

PQC[™] enables a pharmacy to identify and document quality-related events and analyze these events against a best-practices workflow. For more information on Pharmacy Quality Commitment™, visit www.pqc.net.

Understanding the Data of Pharmacy Errors

Don McGuire, R.Ph., J.D., General Counsel

Pharmacists Mutual started compiling its Claims Study in 1989. Since that time, it has been the subject of many talks and articles. You can take a look at the latest version on our website, www.phmic.com, under the Risk Management Services tab. Many of the statistics are well known in

pharmacy circles. For example, patients receiving the wrong drug remains the largest category at 50.6%. Mechanical error claims (claims where the patient didn't receive the prescription as ordered) account for almost 87% of claims reported. Compounding claims are only

The largest category of errors occurs during the actual measurement of components. This happens 33.6% of the time in compounding errors.

1.5% of claims currently, but they are the fastest rising category.

Work has begun to look more closely at the Claims Study data and integrate it with other data and research in the field in order to make the information more useful to you as you develop your own risk management programs. Compounding is our fastest growing category, but just saying, "be more careful when you compound" isn't very helpful. Drilling down on our data since 2000, we find that 31.5% of the time, the error is a calculation error. Knowing this, you can set up a process to double check those calculations. And don't forget to check those decimal points! The largest category of errors occurs during the actual measurement of the components. This happens 33.6% of the time. For sterile compounds, sterility is of the utmost importance. In this area, pharmacists are doing fairly well. Only 10.5% of the compounding claims result from compromised sterility.

Mechanical errors

In another area, the claims study examined the drugs involved in mechanical error claims and finds that warfarin is delivered in 7.4% of these claims. Knowing this helps you recognize warfarin prescriptions are a problem, but what aspect should you focus on? Looking at our data since 2000 again, we find that patients received the wrong strength of warfarin in 59.6% of those claims. This is many more than those who received

warfarin by mistake (28.1%) or who received their warfarin with the incorrect directions (12.3%). The more we can pinpoint the major problems, the more effective our controls can be.

Data integration

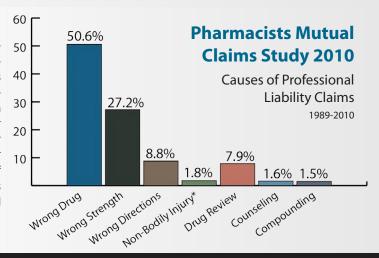
As an example of integrating our data with other data in the field, we looked at the wrong directions category. This category makes up 8.8% of our claims. Claims are a subset of Quality Related Events (QREs), also called Process Errors. In data from Pharmacy Quality Commitment, wrong directions are only 16% of the QREs reported. In a study of dispensing errors by Flynn, et al., the wrong directions category was 44% of their errors. What do these numbers mean? One conclusion is that the average pharmacy doesn't make a lot of errors when typing directions (only 16% of QREs), but many of these are not caught during the

pharmacist's final check of the prescription (44% of errors leaving the pharmacy). The good news is that perhaps many of these errors are not clinically significant since this category is only 8.8% of the situations where a patient is harmed resulting in a claim being reported to Pharmacists Mutual. This is an early

The average pharmacy doesn't make a lot of errors... but many... are not caught during the pharmacist's final check.

review and other conclusions might be reached as the data is being further reviewed.

These are examples of how Pharmacists Mutual wants to refine the Claims Study data to provide you with the most useful tools to start or improve your pharmacy's risk management program.



Keeping the Wheels on the Road

Mike Warren, ARM, CLCS, Risk Manager

Whether your employees are delivering prescriptions, seeing patients in their homes or transporting beds to customers, keeping vehicles on the road is vital to the success of the business. What kinds of things keep vehicles off the road? Certainly mechanical failures, but a greater concern are those situations where the vehicle is off the road and someone, an employee or someone else, has been injured. In the insurance world the "someone else" is usually referred to as the "claimant." Claimants unfortunately become claimants when the other driver, your employee, is found to



be at fault. Claims submitted by them can be very expensive when there is clear liability and injuries or fatalities are involved.

Admitting fault, leaving the scene, failing to report an accident, finding that the driver has an

invalid license or a history of poor driving all contribute to the size of the payments. Interesting that in professional safety practice and for many law enforcement agencies, the word "accident," as it relates to vehicles, has been replaced by "collision" or "crash." In almost every case, someone or something was at fault.

So what does a company need to do to prevent "at fault" crashes and to keep the cost of collisions to a minimum?

Select qualified drivers

Make sure that drivers are capable of safely driving company vehicles, or even (if permitted) their own vehicles while on company business. Part of this involves checking for past moving violations and crashes. Pharmacists Mutual can do this for you if you advise us about new hires. The other part is physically ensuring you are comfortable with how they drive. During probationary periods, many employers have supervisors accompany new drivers to verify skills and to get a sense of driving habits. Do they follow too closely, slide through stop signs, fail to signal turns? These "ride alongs" are especially important when the driver will be operating a vehicle that is larger or handles differently than one they have experience with.

If someone will be operating her own vehicle while on company business, ask that she provide a "certificate of insurance" from her personal auto insurer, and that the certificate or policy specifically permits operation while involved in commerce.

Be very careful about hiring drivers under the age of 18. Statistically, they have significantly higher rates of collisions and moving violations. While their reaction time is quick, their spatial awareness (knowing what's going on around them) is less than more experienced drivers. Maturity levels and the lack of experience in handling unexpected driving situations also play a role.

If you do hire drivers under 18, make sure they are in compliance with any state graduated license programs, follow or ride with them until you are comfortable and consider more frequent MVR (Motor Vehicle Records) checks.

What about hiring older drivers? While older drivers are involved in nine times as many fatal collisions than drivers age 25-70, there is no single criteria or characteristics that clearly define why the rate is elevated. Some drivers can be safe, others may be impaired by slower reactions, vision, strength and other factors.

The bottom line in driver selection – be consistent and know how they actually perform behind the wheel.

Monitor driver performance

Good drivers don't always stay good drivers and some types of moving violations, such as reckless driving or driving while intoxicated, represent a significant risk to your company. Here are some ways to stay on top of this:

Require employees who will be driving to agree to report any moving violation or crash, regardless of when they occur. Drag racing their personal vehicle on their own time does not put your company at risk, but the behavior can easily translate into things that might occur when they are on company business.

Check the driving records of your employees on at least

an annual basis to identify moving violations and at fault accidents. In most states, Pharmacists Mutual is permitted to obtain and review MVRs but is not allowed to share specific results. State regulations vary, but in some cases, you must obtain the employee's permission to

At fault collisions are associated with 37% of frequency and 64% of costs. These types of claims average 3x the cost of not at fault claims.

Source: Pharmacists Mutual claims data 2010

do so. This is best obtained during the hiring process.

Establish and enforce progressive discipline policies. As a minimum, this should include written warnings for tickets and chargeable accidents, with increasing penalties for multiple violations. Discipline should include conditions which will warrant immediate termination.

If you are interested in an unbiased assessment of driver skills, check out the National Safety Council Defensive Driving courses at www.nsc.org.

RISK MANAGEMENT

Lessons Learned from High Dollar Claims

Mike Warren, ARM, CLCS, Risk Manager

Attention getters – we've all experienced them. No matter what you are doing at the time, all your focus shifts to the attention getter. While on your way to an important meeting, a tire blows on the highway. Every ounce of your attention is focused on maintaining control, and then trying to remember how to change a tire.

In the category of attention getters are the very large claims that stop your day in its tracks. They change your focus from running the business to preparing to deal with an unfriendly claimant's attorney.

While the nature of the business sometimes keeps you from avoiding claims entirely, what you do in "pre-loss planning" can make the difference between a nightmare and a bump in the road. We've collected some examples of large claims from the home medical industry and some lessons learned that might keep you from experiencing one of these attention getters.

FALL FROM A WHEELCHAIR: \$550,000

What happened?

A patient fell from a wheelchair that was purchased from the HME company. The company tried to work things out, but negotiations failed. The claim was not reported to the insurance carrier until 21 months after the alleged fall occurred.

What went wrong?

One reason for the delay was the scramble to find documentation about the incident. The lack of documentation and the lapsed time as well as the inability to recall events contributed to the size of the judgment.

Lessons learned

- Demonstrate equipment to the patient and their caregiver if appropriate. Verify understanding.
- Provide manuals and written instructions.
- Obtain written signatures confirming understanding and receipt of the written materials.
- Maintain a paper trail of everything related to the equipment from delivery through any complaints, repairs or inspections.

BEDRAIL ENTRAPMENT: \$205,000

What happened?

A patient became trapped between the bed side rail and the mattress and died. Suit was brought against the manufacturer of the bed, the bed rail, the mattress and the home medical equipment company.

What went wrong?

The HME company mixed and matched parts. When the finger pointing started, everyone was found to have been responsible.

Lessons learned

Don't mix parts from multiple manufacturers. If renting beds, keep records of and be able to locate detachable parts.

PROPERTY LOSS: \$1,000,000+

What happened?

The HME owned an old downtown building with two floors and a basement. The second floor and basement were used primarily for storage. The basement was so infrequently accessed that when the retail area was renovated, power was disconnected in the basement. As it would happen, the owner was frantically searching for documentation

related to an "equipment defect" claim, and thought it was in the basement. The candle he used ignited papers in the basement, and the building went up in flames. While the building and all contents were lost, most of the damage occurred as a result of smoke and water damage to the adjacent businesses.



What went wrong?

Old buildings require maintenance. In this case, there was a major remodeling effort but rather than renovate the electrical service in the basement that was used infrequently, the plan was to use a flashlight. He never imagined the flashlight would not work, and one problem compounded another.

Lessons learned

While it may not make sense to restore an unused second floor or a basement, it is important to pay attention to basic maintenance. Provide sufficient electrical service for safe lighting, maintain heating to prevent freezing and keep mechanicals in working order.

Questions or requests concerning the contents of this newsletter or Safety Consultation Services? Call 800.247.5930 ext. 7229 or e-mail loss.control@phmic.com

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Pharmacy Crime on the Rise-Information the Pharmacist Needs to Know

We recently spoke with Bill Bell, Chief Operating Officer of PharmaSafe. Mr. Bell regularly communicates with national, state and municipal law enforcement agencies. Here are some excerpts from our interview.

Are pharmacy crimes increasing?

It is a very volatile and dangerous time for pharmacy employees and owners. There is an all out assault on pharmacies. We are seeing many different pharmacy crimes on the increase.

Has the nature of pharmacy crime changed over the past few years?

Recently we have seen an interesting change in pharmacy crime. In the past, a large majority of the crimes were initiated and perpetrated by drug users who needed a "fix." This is not the case anymore.

You don't see pharmacies blindly targeted any longer. Even when the perpetrator is a user, they do their homework. . . Crooks will visit 5 to 20 times before striking, know about prescription drugs and police response times. Career criminals and organized crime are moving from banks, jewelry and art to more lucrative and profitable pharmacies.

What are the crooks looking for?

In a robbery or burglary, the key for them is the ability to get in and out quickly. Robbers typically complete the crime in 2 to 3 minutes. They have every intention of getting away and choose the softest targets accordingly. Anything and everything you can do that is visible to the bad guys

and will slow them down is a tremendous deterrent.

What, in your opinion, are the most important things pharmacists should do to protect themselves?

The most important thing pharmacists need to do is educate themselves. With local budget cuts, many burglary alarms are not being responded to in a timely fashion.

- · Secure your site.
- Know who is targeting you and what you can do to get your store off the "soft" target list.
- Implement a comprehensive security strategy that starts with a training program for employees.

A few things that will help greatly are locally ringing alarms with strobe lights, a highly visible time delay capable safe with user access auditing and silent alarm capabilities, modern and visible digital security systems, security glass and glass break detection, motion detectors and good relationships with local law enforcement.

To view the full article, visit www.phmic.com, Services. Click on "Crime – Interview with Bill Bell" under the Risk Management section on the left side of the page.

To discuss your specific security concerns, contact Risk Management at loss.control@phmic.com.

For additional information about PharmaSafe or topics discussed in this interview, please visit PharmaSafe at www.pharmasafe.us or e-mail Mr. Bell at billbell@pharmasafe.us.



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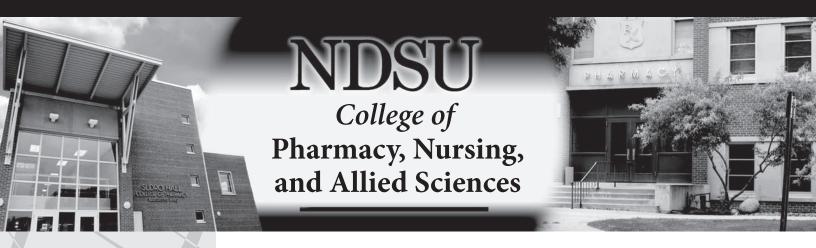
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MSKESSON

Empowering Healthcare



Dean's Report

Charles D. Peterson, Dean and Professor

126th NDPhA Annual Convention, June 9-12, 2011 Grand Forks, North Dakota

Executive Summary

The College has had another very busy and productive year. On September 18th, the College held its ninth Annual Career Fair at the Fargodome with numerous exhibitors representing the professions of pharmacy, nursing, and allied sciences including various healthcare facilities from the state, region, and nation. Both pre-professional and professional students as well as area high school juniors and seniors attended the event exploring careers in pharmacy, employment opportunities, and internships. It was a tremendous success and the day was capped by our Annual Scholarship Recognition program which the College disbursed \$196,694 in scholarships to deserving students. The College awarded 187 scholarships, from 99 total donors (63 private individual donors and 36 corporate donors), with the average scholarship award being approximately \$1,000 (range \$250 - \$13,600). I would like to thank all the alumni and corporate friends of our College who have given so generously to help us support our students. Thanks to you, our scholarship program is alive and well. Next fall, the 10th Annual Career Fair and Scholarship Recognition Program will be held on Thursday, September 15, 2011 at the Fargodome. So mark your calendars and plan to attend. Like last year, North Dakota Opportunities Night will be held the evening before the Career Fair on Wednesday, September 14th. Come join us for these awesome events! To register for any of these events or for more information, contact Sara Wald, Director of Advancement, at (701) 231-6461 or email at Sara. Wald@ndsu.edu.

On May 24, 2010, the North Dakota State Board of Higher Education named Dr. Dean L. Bresciani the 14th president of North Dakota State University. Dr. Bresciani served as vice president of student affairs at Texas A & M University from 2004-2008, and interim vice chancellor for student affairs at the University of North Carolina at Chapel Hill from 2002-2004. He also held student affairs and Residential Life positions at the University of Nebraska at Kearney. Dr. Bresciani is a native of Napa Valley, California. He officially started his position at NDSU on June 15. Dr. Bresciani is excited about his new position at NDSU and feels it's a good fit for him. He said he plans to be a highly visible representative of the university, meeting with people from across the state. Dr. Bresciani said he plans to hit the ground running as he starts his new job, and defined his immediate goal as being everywhere for everybody. As Dean of the College I have personally met and interacted with President Bresciani and can attest to the fact that he is a man with high energy and enthusiasm, a great communicator with strong interpersonal skills, who is highly motivated and committed to the cause. I believe he will represent NDSU well and I look forward to working with him to help advance NDSU to the next level of excellence. In the 21 years I have been at NDSU, I have been through the transition of 6 presidents, and our programs have continued to grow and excel. I see no reason that this will not continue under our new leader.

Dr. Craig Schnell, NDSU's long-serving provost and vice president of academic affairs, will be retiring from his administrative position on August 1st. Dr. Schnell will transition to a faculty position in the College of Pharmacy, Nursing, and Allied Sciences. Dr. Schnell came to the NDSU campus in August 1985 when he was named Dean of Graduate Studies and Research. He assumed the duties of interim Vice President in 1995, and was named Vice President in 1997. In August 2002, Dr. Schnell was named Provost/Vice President for Academic Affairs. Schnell previously served as chair of the Department of Pharmacodynamics and Toxicology in the College of Pharmacy at the University of Nebraska Medical Center in Omaha. He also was the chief of toxicology at the U.S. Army's Fort Baker from 1969 to 1971. Dr. Schnell earned a bachelors of science degree in pharmacy at South Dakota State University in 1965. He earned a master's in 1967 and a doctorate in 1969 in pharmacology/toxicology from Purdue University. Schnell's research publications include 74 journal articles, six review manuscripts, 66 abstracts, 12 invited presentations, four books or book chapters, and seven book reviews. He has served as a member of three editorial boards, as an associate editor, and as a reviewer for 20 scientific journals. Schnell and his wife, Carolyn, have two grown children and live in Fargo. Dr. Schnell has provided strong leadership and support for all academic programs on campus and he has contributed greatly to the advancement of our pharmacy program over the years. Our pharmacy program would not be where it is today without the strong leadership and support from Provost Schnell. Please join me in thanking him and wishing him the very best in his new career pursuits.

As a result of Dr. Schnell stepping down from his position as Provost and Vice President for Academic Affairs, the University conducted a national search during the 2011 Spring Semester for a new Provost. On April 29, 2011, out of a pool of four finalists, President Bresciani announced his selection of Dr. Bruce Rafert as NDSU's next provost. Dr. Rafert is Vice Provost and Dean of the Graduate School and Professor of Physics and Astronomy at Clemson University. Dr. Rafert earned his doctorate at the University of Florida, where he later was named an outstanding alumnus. He has a research portfolio of more than \$9 million in multidisciplinary research activities, spanning industry, state and federal agencies, including the National Science Foundation, National Park Service, United States Air Force and the private sector. He has produced more than 130 scholarly publications, and brings 25 years of academic and project administration, including, while at Florida Institute of Technology, serving as chief scientist at the U.S. Air Force Malabar Test Facility and as the founding Director of the Southeastern Association for Research in Astronomy Observatory, located at the Kitt Peak National Observatory in Arizona. Under Rafert's leadership, Clemson's graduate enrollment has grown from 2,300 to 4,100 students, Clemson's global reputation has increased, and the university's rising stature in national rankings has been widely noted. He oversees more than 130 graduate degree programs, including 40 doctoral programs. Rafert has had a key role in

elevating Clemson to one of the top doctoral public institutions in the nation and has helped build a portfolio of graduate programs of national distinction. The new Provost will serve as the chief academic officer of NDSU, and provide increased coordination of all university scholarly and instructional activities. The vice presidents for Research, Creative Activities and Technology Transfer; Agriculture and University Extension; Information Technology; and Equity Diversity and Global Outreach will report to the president through the provost. Dr. Rafert will begin work at NDSU in July.

North Dakota State University has joined the nation's prestigious top 108 public and private universities in the Carnegie Commission on Higher Education's elite category of "Research Universities/Very High Research Activity." NDSU's annual research expenditures as measured by the National Science Foundation exceeded \$114 million in 2008 and are anticipated to exceed that in upcoming 2009 NSF rankings. According to President Bresciani, NDSU is a student-focused, land-grant, research institution that has reached a level of contribution to our state and country on par with the nation's best universities. He said, we are honored by the Carnegie Foundation's acknowledgement of our achievements, and the opportunity for a North Dakota university to join the nation's most sought after higher education classification. Other universities in the "Very High Research Activity" category include Brown University, Columbia University, Cornell University, Dartmouth College, Georgetown University, Harvard University, Massachusetts Institute of Technology, Northwestern University, Ohio State University, Princeton University, Stanford University, Texas A&M University, University of Minnesota, University of North Carolina at Chapel Hill, University of Notre Dame, University of Southern California, University of Wisconsin, Vanderbilt University and Yale University.

Our new Master of Public Health degree program was approved on November 4, 2010 by the North Dakota State Board of Higher Education (SBHE). NDSU and UND were commended by the Board for the two institutions (Schools of Pharmacy and Medicine) working cooperatively and collaboratively together to offer this program. This new NDSU/UND Joint Master of Public Health degree program was approved for funding during the 2011 Legislature. NDSU is currently recruiting for an MPH program director and is also working with the offices of registration and records between the two institutions to finalize a collaborative approach to student admissions, tuition, marketing, and finances. If these details can be worked out soon, implementation of this new MPH program could be as early as Fall 2012.

In addition, on January 27, 2011, the SBHE approved the College's request to offer a new Minor in Vaccinology at NDSU. This is the first of its kind in the country, and it will help support, train, and supply a highly skilled workforce to attract vaccine and other biopharmaceutical companies to the Red River Valley and region to support our new Center of Excellence (CBRP) activities in vaccine research and development. NDSU's Vaccinology Minor is being offered and was developed in collaboration with MSUM and Concordia College through

the TriCollege University System. We are excited about these two new degree programs (MPH and Vaccinology) within our College which will offer even more opportunities for our students and faculty.

Dr. Satish Chandran, Director of our new Center of Excellence - the Center for Biopharmaceutical Research and Production (CBRP) has been working hard this past year in developing a vision for the Center, recruiting and attracting additional talent (staff, scientists, companies), and establishing collaborative partnerships with private sector biotechnology companies. In December 2010, Satish was successful in being awarded the College's second ND Department of Commerce Center of Excellence Award (\$2.0 million in 2008 and now \$3.0 million in 2010) in support of the College's CBRP goals and priorities. The CBRP is currently hiring employees with diverse talents to accomplish the Center's vision and goals. The College is in the process of securing permanent space to support the Center in the NDSU Research and Technology Park (Appareo Building).

A group of seven of us from the College this past year traveled the state to meet with alumni (see Fall '10 Alumni

College of

Pharmacy, Nursing,

and Allied Sciences

News story), practicing pharmacists, visiting pharmacies, to see what was currently happening across the state related to pharmacist practices and to gain their feedback regarding the future training needs/skills of pharmacy students, and conducting preceptor training.

It was a great trip with great meetings and interactions with alumni

and practicing pharmacists in the state. I was impressed with all the innovation, quality, and compassion and caring that pharmacists perform in their everyday practices. It truly represents the Pride of North Dakota. This trip resulted in the College's recent purchase of the Parata Max - TM automated dispensing system for our Thrifty White Concept Pharmacy instructional laboratory. This state-of-the-art technology was installed in March 2011 during Spring break. This is a great outcome to a wonderful visit for us this summer across the state, and has resulted in something that will greatly benefit our students and their training for many years to come. And it shows the importance of the College staying connected with the profession and learning what's going on with the latest advances in pharmacist's practices that can ultimately improve the quality of our program and student learning. I can assure you more visits are coming!

In January 2010, the College began a formal self-study process for the pharmacy program in preparation for its next accreditation visit by the Accreditation Council for Pharmacy Education (ACPE) which is currently scheduled for April 3-5, 2012. The Self-Study Steering Committee chaired by Dr. Cynthia Naughton our Associate Dean for Academic Affairs and Assessment is finishing the final self-study report which will be reviewed by the faculty at our faculty retreat in mid-August. Final

comments, revisions, and input will then be solicited during Fall Semester from faculty, staff, students, administration, and the College's various external constituents. These final comments and revisions will be incorporated into a final self-study report to be completed by January 1, 2012. The final self-study report will be submitted to Central Administration and to the faculty at a January faculty retreat for their review and approval. The final self-study report will then be submitted to ACPE by or before March 1, 2012. The ACPE Evaluation Team during their April 2012 site visit will meet with faculty, students, preceptors, Self-Study Steering Committee and various standing committees of the College, the College Administrative Council, the Dean, the Provost and President to validate the findings of the program's self-study and to provide its findings and recommendations to the ACPE Board of Directors regarding the status NDSU's pharmacy program in meeting the current ACPE accreditation standards. The ACPE self-study process takes approximately 18-24 months to complete and requires involvement of all faculty and key stake holders of the College (ie. students, staff, practitioners, alumni, Board of Pharmacy, State Association, Advisory Board). The process is facilitated by a Self-Study Steering Committee (chaired by Dr. Cynthia Naughton, Associate Dean for

Academic Affairs and Assessment) which ensures completion of the self-study

process and prepares a final selfstudy report that addresses how well we are meeting ACPE's current accreditation standards. Six self-study subcommittees have been created to work on each of the major sections of the ACPE standards including: Mission, Planning, and Evaluation

(chaired by Dr. David Scott); Organization and Administration (chaired by Dr. Robert Sylvester); Curriculum (chaired by Dr. Amy Werremeyer); Students (chaired by Dr. Daniel Friesner); Faculty & Staff (chaired by Dr. Sanku Mallik); Facilities & Resources (chaired by Dr. Stephen O'Rourke). The Self-Study process and report will take a critical look at our entire program and identify our strengths, our weaknesses, and areas needing improvement. This process is not only important for our continued accreditation with ACPE, but it will also be used to help lay the ground work and foundation for directing our future goals, priorities, and plans as a College. We invite the profession to participate in this very important accreditation process.

In the Summer of 2007, the College hired an outside consultant (Bernard Consulting, Group, Inc.(BCG), Kansas City, Missouri) to assist the College in the development of a new 2008-2013 strategic plan. The new plan was approved by the faculty on August 21, 2008. This document will pave the way for the future success of our College over the next 5 years. As we begin further developing and implementing our strategic plan including all the exciting new ideas that we want to be pursuing to keep NDSU students on the cutting edge nationally for pharmacy education, financial resources will be of critical importance to help us realize our goals and priorities for the future. The College recently launched a new annual giving

program called "Sudro Society". This new annual giving program replaces the previous Dakota 100 Club. Society recognizes individuals who make annual, unrestricted contributions to the NDSU pharmacy program of \$1,000 or more. The annual investment helps provide a critical base of funding which allows the College to respond to new initiatives, urgent program needs, and special projects that would not otherwise be funded through the College's annual budget. Funding from annual alumni giving supports many areas of the college including: College Student Ambassadors Program; travel expenses for students to attend regional and national pharmacy conventions; support and upgrades for the Concept Pharmacy; instructional technology; classroom innovations and renovations; faculty and staff development opportunities; recruitment of new faculty and staff; alumni relations activities including events and our alumni newsletter; annual career fair and scholarship program; computer and software upgrades; visiting scientist research lecture series; and many other areas. The financial support received from Sudro Society will help us sustain our tradition of excellence and it will also allow us to pursue new areas in need of funding. We would greatly appreciate it if you would consider partnering with us

by becoming a full Sudro Society member. Your support will have a great impact on our pharmacy students and will help us fulfill our dreams for the future. For more information about Sudro Society, including becoming a member, contact Sara Wald, via email at Sara.Wald@ndsu.edu or call Sara at (701) 231-6461.

Board of Higher Education recently approved a 8.8% tuition increase for the upcoming 2011-2012 academic year. This will result in the average student paying an additional \$500 per year in tuition to attend NDSU.

The College had two students graduate from the pharmacy professional program on December 17, 2010. We had 83 pharmacy students graduating during Spring Commencement on May 14, 2011 at the Fargodome. The NDSU Pharmacy Program Graduation Hooding Ceremony was held on Friday, May 13th at 10:00 am at Festival Concert Hall on NDSU campus. The keynote speaker for this year's hooding ceremony was Dr. Tom Johnson ('95 BS in pharmaceutical sciences, and '97 Pharm.D. from NDSU) Director of Hospital Pharmacy and Clinical Specialist in Critical Care and PGY2 Critical Care Residency Program Director at Avera McKennan Hospital in Sioux Falls, SD. This year, the University held one University commencement exercise at the Fargodome on Saturday May 14th which included the inauguration of President Dean Bresciani as the 14th President of NDSU and special keynote speaker Robert Gates, US Defense Secretary.

Noteworthy pharmacy awards from this past year include: <u>College Awards</u> – Dr.

Chengwen Sun, Assistant Professor of Pharmaceutical Sciences, received the 2011 Dean's Award for Excellence in Research; and Carla Gross, Associate Professor of Nursing, received the 2011 Mary Berg Award for Excellence in Teaching. and Pharmacy Program Awards – Dr. Aaron Anderson, a Lecturer

in the Department of Pharmaceutical Sciences and practicing pharmacist at White Drug in Valley City, ND, received the 2011 Teacher of the Year Award; Dr. Alicia Fitz, Assistant Professor of Pharmacy Practice and pharmacist-in-charge of the NDSU Student Health Service Pharmacy, received the 2011 Faculty Preceptor of the Year Award; and Dr. Joel Aukes, a clinical specialist practicing at Triumph Hospital Pharmacy in Fargo, received the 2011 Adjunct Preceptor of the Year Award. NDSU Awards - On May 12, 2011, Mike (1972 BS pharmacy) and Joanne Warner (1970 BS physical education) received the NDSU Development Foundation's Heritage Award for Alumni Service. Congratulations, to all these outstanding award recipients!

Dr. Daniel Friesner has accepted a position as Associate Dean for Student Affairs and Faculty Development for the College. Dr. Friesner is Professor of Pharmacy Practice at NDSU and has been serving for more than a year as the Interim Associate Dean for Student Affairs. Dr. Friesner will begin his permanent administrative duties on July 1, 2011.

College of
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Assistant Professor in-charge of the

The pharmacy program is currently in the process of evaluating applications for admission to the pharmacy professional program for the 2011 Fall Semester. There currently are 139 applications (down from 178 in 2010) in this year's applicant pool and 85 students are expected to be admitted for this coming 2011 Fall Semester. Of the 118 students recently invited for formal interviews, the average selected GPA was approximately 3.67; and the average PCAT score was approximately 59.75% for those interviewed. Preference is given to students with demonstrated leadership skills; work or volunteer experience in a health-related area; and residency in North Dakota. An ethics exam is now also part of the admission's assessment. Although, admissions to pharmacy schools remains fiercely competitive, students applying to NDSU currently have a much greater chance of being admitted to the pharmacy professional program than other schools in our region. Over the past two years, NDSU has admitted 56% percent of the total applicant pool, compared to an average of 20-25% for other pharmacy schools regionally and nationally. The pharmacy program has admitted more than 74% of North Dakota residents applying to the program. Student tuition and fees for students enrolled in the pharmacy professional program at NDSU for the current 2010-11 academic year are approximately \$12,299.56/ year. So NDSU continues to be one of best quality and best value programs for a pharmacy education nationally. The State

NDSCS Pharmacy Technician Program Report to the 126th Annual Convention of the NDPhA

Grand Forks, North Dakota

June, 2011

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

Once again we have 100% of our on-campus students passing the PRCB national certification exam. Additionally, 100% of applicable graduates have obtained employment.

We currently have twenty-four students enrolled on campus, of which sixteen are graduating this Spring and Summer. Twenty-nine PATSIM students completed the program in 2010, seven so far in 2011, and we have one hundred and eight enrolled at this time. Our on-line enrollment is difficult to pin down, since many on-campus and PATSIM students take some courses online, but we have nine students either completely or hybrid on-line. This gives us a total of one hundred and forty-one students in our programs at this time.

We have made several curricular adjustments and revised our Externship Manual after receiving input from our curriculum review conducted last year by NDSU's School of Education and a panel of pharmacists and pharmacy technicians. We are deeply appreciative of the effort and time these practitioners gave to this effort. It's always good to get quality input like this. Additionally, our advisory committee is fast becoming a closer partner in our ongoing activities, with our thanks to the members and new Chair, Tim Wieppert.

Due to popular demand we are now proctoring all PATSIM and on-line exams outside of the pharmacy. Students now take their exams on-line with proctors who are not externship preceptors; they can go to local high schools, libraries, colleges, commercial learning centers, the STTC in Fargo (which opens early for our people's convenience one day a week), and even some others that make arrangements with the college. There have been a few glitches like we often see with new initiatives, but in all it seems to be a very popular move with everyone; students get results either the same day or the next one, preceptors are no longer inconvenienced with this duty, and the college is assured of the integrity of the exam-taking process.

This September we will have an accreditation survey from the ASHP, which is the accrediting body for Pharmacy Technician programs. Our summer will be quite busy in preparation for this, although we expect no surprises or problems. The previously mentioned curriculum review will be very favorably noted by ASHP. In conjunction with the ASHP Model Curriculum, we feel we are far above the minimum accreditation requirements.

The Department participated in a number of outreach and recruitment activities this year. NDSCS Allied Health Departments held its 10th annual Health Career Fair last fall as well as a Career Exploration day for junior high students. Our college also hosted a "Scrubs Camp" and MarketPlace for Kids on campus. We participated in NDSU's Career Exploration day at the FargoDome as well as Career Fairs in Jamestown and Morris, Mn., and made two high school visits.

We continue to need and appreciate your support in encouraging people to pursue a career as a Pharmacy Technician. We have program options to fit almost anyone's personal situation from as short as two semesters on campus for a Certificate, four semesters for an Associate Degree, and off-campus programs of the paper-based PATSIM as well as the Associate Degree on-line with only a few Saturdays spent on campus. We have found that the vast majority of students stay in or return to their home areas, so your efforts to promote technician education can have a great impact in your community. Please do not hesitate to contact our office for assistance or more information.

We want to thank everyone who has contributed to the success of our programs, especially the Pharmacists and Technicians who participated in the comparative analysis focus groups last fall, our Advisory Committee, the State Board members, Dr. Peterson and the College of Pharmacy, our loyal faculty and those of you who serve as Externship preceptors for our experiential sessions. Without the support of all of you, our students and graduates would not enjoy the successes they have achieved. Thank you very much!

Also, congratulations to Diane Halvorson, the first Pharmacy Technician member of the ND Board of Pharmacy!

Ken Strandberg, MBA, RPh, Program Director Barb Lacher, BS, RPhT, CPhT, Assistant Program Director









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2010-2011 NDPhA Government Affairs Committee

NDPhA Convention Report Mark Hardy

The 62nd ND legislative session was another busy one for the NDPhA with some very contentious issues being examined by the legislature. Thank you to the Government Affairs Committee members for their time and commitment and taking an active role in their profession.

The session was very successful for the profession of pharmacy. A couple of the highlights include the passage of legislation which lowers the age of patients which pharmacists can immunize. Defeating legislation which would have eliminated the current ownership law. This was defeated by a larger margin than the previous session. Pharmacy audit legislation was passed nearly unanimously to regulate and change the way PBMs audit pharmacy records.

The Committee is very diverse in that it contains members from different practice settings. The committee met three times by teleconference before the legislative session.

A big THANK YOU goes out to Mike Schwab. He did a tremendous job during the legislature and the profession of pharmacy in North Dakota is lucky to have your leadership. THANK YOU to Lorri for all your time and efforts during the session.

I urge all members of the NDPhA to continue to take the time to educate all elected officials about the challenges you face in your practice. The pharmacy profession is continuously changing and we have to make sure our voice is heard!!

Below is a listing of the major bills the NDPhA was following during the 62nd ND legislative session.

HOUSE BILLS:

- **HB 1052 Failed on the House** This piece of legislation was related to information and analysis of managed care under the worker's compensation managed care program.
- **Failed on the House** Related to worker's compensation benefits for generic drugs and payment for treatments cannot exceed the cost of the generic or bioequivalent treatment.
- Passed the House but Failed on the Senate This bill would have created a new section to the Century Code related to worker's compensation coverage of prescription drugs as part of pain therapy. It would have created a formal process for coverage (short and long term), abuse, drug testing and required prescribers to adhere to certain treatment plan guidelines and coverage established under the legislation.
- This piece of legislation relates to the creation of a state health insurance exchange for ND. This bill was amended on the House and then passed 91-3. The bill was further amended on the Senate and also included an emergency clause. It passed the Senate 36-10 and sent back to the House to concur. The House refused to concur to the amendments the Senate made. Since the House would not concur, a conference committee was formed to work out the differences. The conference committee further amended the bill and it passed the House 90-0 and passed the Senate 31-15.
- HB 1152 This piece of legislation would have created a grant program for critical access hospitals and allowed for one-time funding to help critical access hospitals with funding needs for technology, infrastructure, etc...This bill was amended numerous times on the House and on the Senate. It was sent into a conference committee as well. The end result, an appropriation was granted to provide supplemental Medicaid payments to critical access hospitals for the coming biennium (one-time funding). Two other areas were added to the bill outlining Interim studies related to Patient-Centered Medical Homes and Health Care Delivery emphasis on rural areas. Amended version passed the House 92-2 and passed the Senate 47-0..

- Passed the House with amendments 93-1. It also passed the Senate with amendments 30-14. The House concurred with the Senate's amendments. This piece of legislation was turned into a study. It directs legislative management to study whether steps can be taken to improve health care service providers' access to third-party payer reimbursement network systems.
- HB 1418 Passed the House 92-2 as amended by the House IBL Committee and passed the Senate 47-0. This legislation establishes guidelines for PBM's when conducting audits of pharmacies and reaffirms the State Board of Pharmacy as the regulatory entity in determining what a valid prescription is.
- Passed the House as amended 91-2 and was further amended on the Senate. It passed the Senate 46-0. The House concurred to the Senate amendments. It was sent back to the House for a 2nd Reading and passed 89-1. This bill was pushed by Pfizer and opposed by the PBM's and some institutional pharmacy providers. It establishes guidelines for e-prescribing and electronic prior authorization.
- HB 1434 Failed on the House If passed, HB 1434 would have removed the current pharmacy ownership law requirements. This bill had an extensive hearing (over 4 hours long) and failed to pass the House IBL Committee 11-3 and received a Do Not Pass vote on the House floor 26-68. HB 1434 received 11 more votes supporting the current pharmacy ownership law compared to the 2009 legislative session.

SENATE BILLS:

- SB 2035 Passed the Senate 44-2 and Passed the House 93-0. SB 2035 related to pharmacist administered immunizations and vaccinations. It removed the 18 or older age restriction for pharmacists in providing immunizations. This legislation lowers the age restrictions to at least eleven years of age for all immunizations and vaccinations. It also provides for the administration of influenza vaccination by injection or by "live" for an individual who is at least 5 years of age.
- SB 2080 Passed the Senate 46-0 and passed the House 93-0. This bill is related to the practice of pharmacy and dispensing veterinary prescription drugs and to provide a penalty. It establishes minimum standards for veterinary retail facilities, additional educational requirements and registration requirements.
- Passed the Senate 45-0 and passed the House 93-0. As many of you know, the federal government updates the scheduling of controlled substances. This bill simply updates the ND Century Code as it relates to controlled substances and the scheduling of such.

- SB 2122 Passed the Senate 46-0 and passed the House 920. This bill has to do with electronic prescriptions and addressing "brand medically necessary", as it relates to the electronic transmission process. Practitioners must take a specific overt action to include "brand medically necessary" language with the electronic transmission.
- SB 2151 Passed the Senate 46-0 and passed the House 92-0. This piece of legislation as passed allows addiction counselors access to the prescription drug monitoring program as long as they are providing services for a licensed treatment program in this state.
- SB 2241 Passed the Senate 36-9 and passed the House 82-9 with an emergency clause included. This bill has to do with the grading of theft offenses for the theft of a prescription drug. Theft of a prescription drug is now considered a class C felony.
- SB 2259 Passed the Senate 45-1 and passed the House 87-6. Related to the sale of methamphetamine precursors, this bill establishes a real-time electronic recordkeeping system for sales of methamphetamine precursors. The electronic recordkeeping system must include a record of all the information in the written record, a unique identification number and certification that a signature has been obtained at the point-of-sale. The recordkeeping system has to be provided "free of charge" to all retailers.
- SB 2276 This piece of legislation would establish a universal vaccine program and purchasing board. This bill also addresses a health care provider that fails to submit an immunization report under the identified section may not order or receive any vaccines for the ND immunization program until the provider submits all the reports required under the identified section. SB 2276 was amended on the Senate and passed 28-19. The House amended the bill further and passed it 93-1. The Senate refused to concur and a conference committee was formed to further work on SB 2276. Conference committee amended the bill further and moved away from the universal vaccination program. Both the House and Senate agreed to the amendments.

As you can see, the session was a very busy one for the NDPhA! Again thank you to everyone who played an active role in the session. Remember your involvement is crucial to the future of the profession of pharmacy in North Dakota!

Respectfully submitted,

Mark Hardy
Mark Hardy

NDPhA Time Capsules



1986—Twenty-five years ago:

72 accredited US colleges of pharmacy graduated 10,685 students with entry level professional degrees (9,501 BS and 1184 PharmD)

1961—Fifty Years Ago:

75 accredited US colleges of pharmacy graduated 3,497 students with entry level professional degrees (3,395 BS and 102 PharmD).

1936—Seventy-five Years Ago:

Pentothal (thiopental sodium) is introduced by Abbott Laboratories. Ernest Volwiler, one of the inventors, went on to become president of Abbott. The American Association of Colleges of Pharmacy's premier research award is given annually in his name.

Hospital Pharmacists of Minnesota (HPM formed with the objective of extending and promoting hospital pharmacy.

1911—One hundred Years Ago:

Pharmacy education resumed its operation as The University of Tennessee School of Pharmacy, upon the transfer of the UT medical and dental schools to Memphis.

1886—One hundred twenty-five years ago:

John Pemberton, an Atlanta pharmacist, concocted a flavorful syrup which was added to carbonated water at Jacobs Pharmacy and Coke cola was born.

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

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<u>2010</u>		<u>2011</u>
854	Active Pharmacists	940
40	In-State In-Active Pharmacists	50
1102	Out-of-State Pharmacists	1097
111	Lifetime Pharmacists	129
2,107	A STATE OF THE STA	2,216
	Delinquent / yet to renew	64
624	Registered Pharmacy Technicians	645
	In-Active Registered Technicians	68
244	Technicians-In-Training	230
	Delinquent / yet to renew	38
381	NDSU PharmD Student Interns	345
99	Pre Pharmacy & Other PharmD Interns	136
241	In-State ND Pharmacies	245
438	Out-of-State Pharmacies	437
	Delinquent / yet to renew	50
774	Wholesale Licenses	766
	Delinquent / yet to renew	109





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Contacts: Sharon Corbitt, APhA

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Rebecca P. Snead, NASPA (804) 285-4431

Chrissy Kopple, NACDS

John Norton, NCPA (703) 600-1174

Pharmacy Groups File Brief in U.S. Supreme Court on Right of Pharmacies to Challenge Medicaid Cuts

APhA, NACDS, NASPA, NCPA File U.S. Supreme Court Legal Brief Challenging Reimbursement Rate Reduction for Medicaid Beneficiaries

Alexandria, Va. – Pharmacy groups filed a legal brief today with the U.S. Supreme Court supporting the right of pharmacies to challenge Medicaid cuts that violate a federal patient access law. The brief was filed by the American Pharmacists Association (APhA), National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), and the National Alliance of State Pharmacy Associations (NASPA) in the case of *Douglas v. Independent Living Center of California*.

The initial lawsuit – filed by pharmacies and other healthcare providers – argues that a 10 percent Medicaid reimbursement cut in California violates the federal patient access law which provides that Medicaid reimbursement rates must be "sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area..." The proposed cuts would threaten access to care for Medicaid patients.

Today's joint legal brief filed by the four pharmacy groups further argues that a long line of Supreme Court decisions support the right to challenge state actions that are inconsistent with federal laws, and challenges to inadequate Medicaid reimbursement rates must be allowed if they threaten patient access to pharmacy care.

"APhA is pleased to join with our colleague pharmacy organizations in challenging the actions of states that threaten to deprive patients of access to medications and pharmacists services that they desperately need," said Thomas E. Menighan, BSPharm, MBA, ScD, Executive Vice President and CEO. "While we recognize the budget constraints that states face, these proposed Medicaid cuts will exacerbate our medication use crisis by forcing more pharmacies out of Medicaid and disrupting patient/pharmacist relationships that are critical to effective medication use. The data show that poor medication use leads to higher costs in the form of Emergency Department visits and hospitalizations."

"Patients rely on their local pharmacists for expert medication counseling and advice on controlling healthcare costs, such as through the appropriate use of generic drugs," said NCPA Executive Vice President and CEO B. Douglas Hoey, RPh, MBA. "Independent community pharmacists in particular are often located in underserved rural and urban areas where there may be few, if any, other pharmacy options. These cuts clearly jeopardize pharmacy access for underserved patients and could ultimately increase costs."

"We are deeply troubled about the impact that such a drastic cut in Medicaid pharmacy reimbursement will have on patient access to pharmacy care," said NACDS President and CEO Steven C. Anderson, IOM, CAE. "This short-sighted proposal is not the solution to cutting spending and reducing costs. We have and will continue to urge the state to work with pharmacy and other provider groups to find cost-effective alternatives that do not jeopardize Medicaid beneficiaries' access to healthcare services."

"We share our colleagues' deep concern with Medicaid cuts that will dramatically impact patient access," said NASPA Executive Vice President and CEO Rebecca Snead, RPh. "Arbitrarily implementing reductions in Medicaid reimbursement without consideration of federal law, is a disservice to its beneficiaries who rely and depend on these services. Ultimately, these drastic cuts will put their health and lives at risk."

The Supreme Court will hold a hearing in the case on October 3, and may issue a decision later this year.

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The American Pharmacists Association, founded in 1852 as the American Pharmaceutical Association, is a 501 C6 organization, representing more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians and others interested in advancing the profession. APhA, dedicated to helping all pharmacists improve medication use and advance patient care, is the first-established and largest association of pharmacists in the United States.

The National Association of Chain Drug Stores (NACDS) represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies. Chains operate 39,000 pharmacies, and employ more than 2.7 million employees, including 118,000 full-time pharmacists. They fill nearly 2.6 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States. The total economic impact of all retail stores with pharmacies transcends their \$830 billion in annual sales. Every \$1 spent in these stores creates a ripple effect of \$1.96 in other industries, for a total economic impact of \$1.57 trillion, equal to 11 percent of GDP. NACDS represents 137 chains that operate these pharmacies in neighborhoods across America, and NACDS members also include more than 900 pharmacy and consumer packaged goods suppliers and service providers, and over 60 international members from 23 countries. For more information about NACDS, visit www.NACDS.org.

The National Alliance of State Pharmacy Associations (NASPA) promotes leadership, sharing, learning, and policy exchange among state pharmacy associations and pharmacy leaders nationwide, and provides education and advocacy to support pharmacists, patients, and communities working together to improve public health. NASPA was founded in 1927 as the National Council of State Pharmacy Association Executives (NCSPAE).

The National Community Pharmacists Association (NCPA®) represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies, pharmacy franchises, and chains. Together they represent a \$93 billion health-care marketplace, have more than 315,000 employees including 62,400 pharmacists, and dispense over 41% of all retail prescriptions. To learn more go to www.ncpanet.org or read NCPA's blog, The Dose, at http://ncpanet.wordpress.com.









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NDPhA Annual Convention Report

Annual Convention Report Prepared by: Michael D. Schwab, EVP

It is hard to believe another year has gone by already. First, I would like to thank our board members and other NDPhA members who volunteered their time this past year. The profession of pharmacy encountered many new challenges and requirements over the past year, but once again all of you took everything in stride and made your voices heard. All of you have a lot to be proud of. From developing new partnerships, to collaborating on new program initiatives, to expanding your role as healthcare providers, to providing education and advocacy, the profession of pharmacy in ND is alive and in good hands! I am proud to be working for an Association whose members are actively engaged and make their voice heard.

Below is a summary of the activities, services and opportunities made available to you and completed on your behalf, through the ND Pharmacists Association.

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

- Attended NDPhA District meetings
- Liaison with the NDSU College of Pharmacy, Nursing and Allied Sciences including but not limited to the Career Fair, Opportunities Night (sponsor), White Coat Ceremony, Student Scholarship Awards, pharmacy student rotations, and the Telepharmacy Project (all are ongoing).
- Liaison with the ND Department of Health. NDPhA partnered with the Department of Health in holding an immunization focus group related to a Health and Human Service Interim Committee immunization study.
- Liaison with the ND Department of Human Services. Represented the Association on the ND Medical Advisory Committee Modernizing Medicaid (ongoing) and also attended Drug Utilization Review Committee meetings.
- Liaison with Blue Cross Blue Shield of North Dakota and Minnesota, which also includes Prime Therapeutics (ongoing). Also participate on ND BC/BS Pharmacy Advisory Work Group.
- NDPhA continued their involvement with the ND Rural Health Association. Recently, I (Mike Schwab) was nominated as the Vice President of the ND Rural Health Association.
- Participated on the ND Chamber of Commerce's Healthcare and Insurance Task Forces in preparation for the 2011 legislative session. We were in agreement regarding the majority of the position statements prepared by the Task Force.
- Liaison with the Board of Pharmacy, and collaborated on projects, programs and activities throughout the
 year. Some of those collaborative efforts include developing a TV and radio ad for the Prescription Drug
 Repository Program, and promoting National Pharmacists Month in October. NDPhA also attend various
 Board of Pharmacy functions. NDPhA partnered in rolling out a Drug Take Back Program which has had
 tremendous success throughout the state.
- Participated on various national conference calls and meetings such as American Pharmacists Association, National Community Pharmacists Association, National Alliance of State Pharmacy Associations, and CMS webinars/conference calls.
- Attended the National Alliance of State Pharmacy Association's Fall Symposium in conjunction with Pharmacists Mutual Group's Annual Meeting. Continue to develop numerous national contacts in various areas of pharmacy.
- Attended the ND Department of Health's Immunization Conference.
- Partnered with ND Health Care Review and their Drug Safety Projects.
- Participated on the Advisory Committee for the Catholic Health Initiatives 24/7 Telepharmacy Project for rural critical access hospitals. This is a continued effort to expand Telepharmacy services when and where appropriate in the state.

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

- Provided ACPE accredited continued education programs with the help of NDSU College of Pharmacy, Nursing and Allied Sciences. THANK YOU TARA AND CAROL from the College!
- Helped in promoting innovative pharmacy practice initiatives (ex: further expansion of DSM and MTM services). In 2010, NDPhA helped secure a contract with WSI for Pain Management services. Thanks to all the pharmacists who have completed the necessary training to provide pain management services for WSI. Your participation in the About The Patient Program activities and services is greatly appreciated! NDPhA would like to personally thank the ND Board of Pharmacy and the College of Pharmacy, Nursing and Allied Sciences for their support and help.

NDPhA Annual Convention Report

- In 2010, UND released their NDPERS study related to disease state management services provided by pharmacists in ND to eligible NDPERS members who have diabetes. NDPERS decided to renew their contract for another two years.
- District meetings utilized as a support and services outlet and opportunity to advance to board leadership positions.
- Provided opportunities to elect or participate in leadership roles for the Association and its committees.
- Provided important information and updates on some of the following topics and/or updates to our Association members: (1) Fraud, waste and abuse training for Medicare Part D; (2) DME accreditation and attestation requirements; (3) Red Flag Rule; (4) DEA and FDA alerts/updates; (5) changing of AMP definitions; (6) OTC coverage under flexible spending accounts; and (7) NDPhA's Drug Take Back Program and Drug TakeAway Program.
- Provided free and discounted training programs that are required by CMS (ex: Learn Something Network, which also provides revenue to the Association).
- Aired announcements via a number of radio stations throughout the year promoting the profession of pharmacy and the value of pharmacy services.
- Continued to promote and expand the Pharmacist Quality Commitment Program in ND and its use by ND pharmacies. This will be a big focus during 2011, especially with the direction CMS is going with Medicare Part D plans and pay for performance initiatives being put into place in the coming months and years.

<u>Public Policy Advocacy and Education Efforts</u>: During the past year, the Association provided advocacy efforts regarding a number of federal and state issues. During 2010, the ND Legislature was not in session. There was a great deal of education and advocacy that needed to be completed during the 2010 Interim session in preparation for the 2011 legislative session. Some of the activities and opportunities NDPhA participated in included but not limited to:

- NDPhA provided advocacy and education regarding a number of <u>federal pharmacy related pieces of legislation</u> such as:
 - o HR 5234, the PBM Audit Reform and Transparency Act of 2010;
 - o HR 5235, the Medicare Access to Diabetes Supplies Act;
 - o HR 3590; the Patient Protection and Affordable Care Act;
 - o S. 3217, the Restoring American Financial Stability Act
 - o S. 3397, the Secure and Responsible Drug Disposal Act
- NDPhA participated in various legislative socials and fundraisers during the year to promote the role of pharmacists as active healthcare providers. The Association also provided advocacy and education on various other pharmacy issues and concerns to non-profit organizations, ND State Departments, and social clubs regarding the value of pharmacist delivered care and other pharmacy issues and concerns.
- NDPhA participated in a number of Interim Committee hearings during 2010. The Interim Health and Human Service Committee met several times and actually passed and introduced SB 2035 during the 2011 session, which was related to the expansion of immunization authority granted to pharmacists. SB 2035 passed during the 2011 session.
- NDPhA held meetings with the Insurance Commissioner's Office, ND BC/BS and ND Board of Pharmacy regarding HB 1418 related to PBM Audits of pharmacies. HB 1418 passed during the 2011 session.
- NDPhA worked with the ND Attorney General's Office, the ND Board of Pharmacy, the Retail Association and ND Grocers Association related to records of sale of methamphetamine precursors. SB 2259 passed during the 2011 session.
- NDPhA also prepared for a possible Initiated Measure which would have tried to overturn our current
 pharmacy ownership law by a vote of the public. This effort failed due to unconstitutional gathering of
 signatures by the organizers of the effort and the ND Supreme Court ruled in favor of the ND Secretary of
 State and threw the petition signatures out.
- A lot of work was done during 2010 in preparation for the 2011 legislative session. Numerous meetings with legislators and other public officials were held related to pharmacy legislation. Some of those included but not limited to:
 - o SB 2035, expansion of immunization authority for pharmacists.
 - o SB 2259, related to records of sale of methamphetamine precursors.
 - o HB 1126, state health exchange legislation.
 - o HB 1418, related to PBM audits of pharmacies.
 - o HB 1434, related to pharmacy ownership law.
 - o There were at least another dozen pharmacy related pieces of legislation we worked on during 2011. The Governmental Affairs report outlines each of them in more detail.

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

- Promotion of Pharmacists Mutual Group as a preferred vendor.
- Promotion and outreach activities regarding PACE Alliance Buying Group.
- PharmAccount Financial Services.
- Email and fax blast Alerts and Updates.
- Publication and distribution of a Bi-Monthly Nodak Pharmacy Journal.
- Helped to facilitate member communications.
- Added the PharmAssist Program information to our website and took over the finances of the program.
- NDPhA website received a face lift as well. Online credit card processing was added as well as a Legislative Alert section.
- Provide systems and individual advocacy and education on behalf of the profession at a local, state and federal level.
- "About the Patient" website was given another face lift and a "pain management" section has been added to the website for providers and patients. This website is owned by the Pharmacists Association.
- Ability to participate in Academies such as the Community Practice Academy and the (NAPT) Pharmacy Technician Academy.

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

- 2010 was the first full year of operations without integrated membership. There were a few unknowns with regards to the actual number of pharmacists who would join NDPhA, which made budgeting difficult. We were pleasantly surprised to have almost 400 pharmacists join NDPhA and over 600 pharmacy technicians during 2010.
- NDPhA budgeted roughly \$178,000 in total general fund revenue. We ended up with actual general fund revenues of more than \$174,000 in 2010.
- NDPhA budgeted roughly \$170,000 in general fund expenses and had general fund expenses of \$168,000 in 2010.
- Excess or (deficiency) of support and revenue over expenses was just over \$6,000. Keep in mind this financial information is for the "general accounts." We also have "restricted" monies not included in this information. Overall, we were on target and did not spend more general fund dollars than we took in.
- Net assets at the beginning of the year were \$184,000 and net assets at the end of 2010 were \$179,000. This is a \$5,000 reduction associated with restricted monies being spent out of our education fund and legal defense fund.

Moving Forward in 2011 and Beyond!

I want to thank all of you for your time commitments and hard work throughout the past year. It is greatly appreciated. We encourage you to become active, get involved and make your voice heard! If you are not a member, we invite you to become a member. We have various levels of membership.

Moving forward, your Association will continue to build on relationships and promote the profession of pharmacy when ever the opportunity presents itself. NDPhA will continue to provide state and federal education and advocacy. NDPhA will provide professional development and education opportunities for its members and will continue to be fiscally responsible. We will also hold firm to our commitment to advancing the ABC's of pharmacy (Association, Board and College).

I look forward to working with all of you moving forward. It is truly a pleasure working for all of you.

Respectfully Submitted,

Michael D. Schwab NDPhA - EVP

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Smart Mouth

Alcohol has been used for many years by leading oral care manufacturers as a way to "kill the germs" that people at one time associated with bad breath. However recently, research has shown that it is not really the bacteria that we want to kill, but rather what is known as the "volatile sulfur compounds" produced by this bacteria as they feast on protein particles in our mouths from the foods we eat. For too long people have been using alcohol mouthwashes as a way to eliminate bad breath; but once that initial fresh burst is gone, you are typically left with that same bad breath (sometimes worse) within an hour.

Alcohol can cause a burning sensation in the oral cavity tissue. Most people believe that this is actually helping eliminate bad breath and also leading to better oral health. The truth is that the "burn" we experience is actually a bad thing, especially for chronic bad breath sufferers (otherwise known as halitosis) who use mouthwash many times a day and for people who have been using an alcohol mouthwash for many years. Long term exposure to alcohol can potentially lead to oral sores or even oral cancer. Of course there is a variety of mouthwash products available to consumers that don't contain alcohol, but again these products only provide short term relief of foul smelling breath. With all of this in mind, I would like to present to you the next generation in mouthwash technology; allowing the consumer to achieve a new level of oral hygiene and wellness, far above and beyond what they thought was possible: SmartMouth Advanced Clinical Formula Mouthwash (www.smartmouth.com).

SmartMouth Advanced Clinical Formula (ACF) uses a patented, dual-solution technology that has two ingredients which are kept separate until just prior to rinsing. Like the Original SmartMouth Mouthwash, the oxidizer in Solution 1 eliminates existing bad breath. Smart-Mouth's Smart-Zinc technology, created by the combination of Solution 1 and Solution 2, prevents germs from producing new bad breath gases for at least 12 hours. Rinse in the morning for fresh breath all day; rinse at night and wake up without morning breath! No other mouthwash can do this! SmartMouth ACF also contains an FDA-approved active ingredient (in Solution 2) which helps prevent plaque that leads to bleeding gums or Gingivitis, which is an early form of gum disease.

Let's break it down:

The Problem: The American Academy of Periodontology (AAP) estimates that approximately 75% of Americans suffer from some form of gum disease which is the leading cause of tooth loss in adults. The symptoms of gum disease include:

- Gums that bleed during and after tooth brushing
- Red, swollen, or tender gums
- Persistent bad breath or bad taste in the mouth
- Receding gums
- Formation of deep pockets between teeth and gums
- Loose or shifting teeth
- Changes in the way teeth fit together upon biting down, or in the fit of partial dentures

The Solution: SmartMouth Advanced Clinical Formula (ACF) is the first and ONLY mouthwash to combine advanced germ-killing, anti-gingivitis and anti-plaque benefits with 12 HOUR FRESH BREATH! Just to clarify, no other mouthwash can provide longer than one hour of fresh breath (as confirmed by the Better Business Bureau's National Advertising Division, whose sole purpose is to foster truth in advertising) and no other alcohol free mouthwash provides the same antiseptic benefits as SmartMouth ACF. These claims as well as the efficacy of SmartMouth ACF have been clinically proven as well as independently verified.

SmartMouth Advanced Clinical Formula Mouthwash is available in a fresh mint flavor and can be purchased for approximately \$11.99 at Target and Walgreens, online at www.smartmouth.com and other select retailers nationwide. For the confidence of fresh breath anytime, with the added anti-plaque and anti-gingivitis benefits, the smart choice is SmartMouth Advanced Clinical Formula!

I would love the opportunity to work with you on a review of this truly "breathtaking" product! As always, please feel free to contact me with any questions, or if you require any additional information, images, or a sample to test and review first hand. Thank you in advance for your time and consideration, I am looking forward to hearing back from you with your thoughts.

Have a great day! ☺

Best, Seth Menacker



About Triumph Pharmaceuticals and SmartMouth

SmartMouth's technology was invented by the Chairman of Oral Biology and Pathology at the State University of New York, Stony Brook campus. In 1999, they launched groundbreaking TriOral mouthwash on QVC – the first mouthwash proven to eliminate and prevent bad breath for 12 hours -- where it became the second highest re-order in QVC history. Building on that success, Triumph launched a sister brand, SmartMouth, in 2005, which is now available in more than 50,000 retail stores nationwide. Dr. Marvin Cohen, Chairman of the Board and Co-Founder of Triumph, is the driving force behind their commitment to education about and resolution of bad breath. He is recognized as a leading authority on the etiology, diagnosis and

treatment of halitosis and most notably, he is the author of the bad breath (halitosis) section of the Encyclopedia Britannica 1998 Medical Edition. Dr. Susanne Cohen is the CEO and Co-Founder of Triumph Pharmaceuticals as well. She has combined her dental and business experience to launch industry leading, cutting edge products for Triumph such as SmartMouth Mouthwash, toothpaste, gum and mints and now serves as the company's primary spokesperson.

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Independent Community Pharmacists Will Meet. Learn. Succeed--at the 2011 NCPA Annual Convention and Trade Exposition

Alexandria, Va. (June 8, 2011) — The National Community Pharmacists Association (NCPA) will present the latest in pharmacy education, case studies, and real world, business-impacting information for the independent community pharmacy industry at its 113th Annual Convention and Trade Exposition at the Gaylord Opryland Resort & Convention Center in Nashville from October 8-12, 2011.

"NCPA is committed to the success of community pharmacists by providing practical business solutions and by advocating for their best interests in legislative, regulatory, and legal arenas," said NCPA President and Waterloo, Iowa pharmacy owner Robert Greenwood, RPh. "And for over 100 years, our convention programming and first-rate trade exposition continues to reflect those values."

The convention theme of *Meet. Learn. Succeed.* reflects the top goals of the meeting for the representatives of over 3,000 community pharmacies who attend each year. When surveyed, participants cited the benefits of networking with their peers, learning from experts in the industry and using that knowledge to sharpen their patient care skills and improve their pharmacy's performance throughout the following year. Over 70 percent of those surveyed said what they learned during the convention would "pay for the trip" when they returned to their stores.

The NCPA Annual Convention and Trade Exposition will feature nearly 20 hours of continuing education credits on topics including 340B, medication therapy management (MTM), adherence, technology and pharmacy-sustaining niches, including long-term care, immunizations, compounding, and more. The NCPA Trade Exposition is the most powerful and productive trade show in the independent pharmacy industry with hundreds of companies offering attendees the best opportunity to secure the latest in products and services from a variety of vendors not available at other shows in the pharmacy industry. Companies interested in exhibit opportunities can click here.

The four-day event will officially begin on Saturday, October 8, with an opening night celebration and the NCPA Foundation's Silent Auction. This year's keynote speaker is former Arkansas governor Mike Huckabee. Country singer Sara Evans will perform at our closing night party on Tuesday, October 11.

For more information and to register, visit <u>www.</u> ncpanet.org

The National Community Pharmacists Association (NCPA®) represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies, pharmacy franchises, and chains. Together they represent a \$93 billion health-care marketplace, have more than 315,000 employees including 62,400 pharmacists, and dispense over 41% of all retail prescriptions. To learn more go to www.ncpanet.org or read NCPA's blog, The Dose, at http://ncpanet.wordpress.com.



NDPhA Convention Wrap Up

The North Dakota Pharmacists Association held their Annual Convention June 9-12, 2011 in Grand Forks. The following officers were installed: President Mark Aurit; President Elect Shane Wendel; Vice President Joel Aukes; Chairman of the Brad Morrison.

The Convention was dedicated to Pharmacist Frank Bures, Grand Forks and the following awards were presented:

Gary Boehler of Maple Grove, MN was the recipient of the Bowl of Hygeia. The award is presented to a pharmacist having compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

Judith Swisher of Grand Forks was the recipient of the Al Doerr Award. The Al Doerr Award is presented annually by the NDPhA to recognize a pharmacist who has provided outstanding service to pharmacy and the community. It commemorates the memory of Dr. Al Doerr, the long-time Secretary of the North Dakota State Board of Pharmacy, who was responsible for many of the advances in pharmacy practice that we have in North Dakota.

Randy Habeck of Hillsboro received the Pharmacists Mutual Distinguished Young Pharmacist of the Year Award. 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, have practiced retail, hospital, or consulting pharmacy in the year selected, have participated in national pharmacy associations, professional programs and/or community service.

Kerstin Sand of Minot received the Thrifty White Stores Diamond Award.

The recipient must have demonstrated an outstanding record of community service, involvement in church, community, or fraternal organizations. The recipient must also demonstrate an outstanding service to the Profession of Pharmacy.

Christina Bohl of Upham received the Pharmacists Mutual Distinguished Young Pharmacy Technician Award. The recipient must have demonstrated an outstanding work experience in the Profession of Pharmacy. Participation in national technician association, professional programs, state association activities, and or community services is not required but would be good examples of dedication to the profession.

Howard C. Anderson, Jr of Turtle Lake was the 2011 recipient of the Friend of NAPT Award. The recipient of this award has proven to be an advocate of NAPT & the Profession of Pharmacy Technicians.

Representative George Keiser and Senator Jerry Klein were the 2011 recipients of the North Dakota Pharmacy Service Corporation Friend of Pharmacy Award. This award is presented in Appreciation for outstanding support, advocacy and commitment to the profession of pharmacy in North Dakota.

The following individuals were awarded Lifetime Memberships in the NDPhA: John Fleck of Rochester, MN and Lloyd Schnaidt of Dickinson, ND.





Dave Olig and Chuck Peterson



Jocelyn Mohs, Pharm D, speaker



Aloha Howard



Mandy Eastman, Barb Wessling, and Jana Hanson Convention Committee members



Corey Mock, Judy Swisher and Wayne Swisher



Al Doerr Award recipient Judy Swisher with presenter Howard C. Anderson, Jr.





Joel Aukes, Melissa Halvorson & Diane Halvorson



Out-going NDPhA President Brad Morrison receives the Leadership Award from incoming President Mark Aurit



Regulatory scorecard:

What is happening NOW!

Proposed regulations receiving public comments:

- ☐ HHS: Comments due by August 1 on a proposed rule that would amend the Health Insurance Portability and Accountability Act of 1996 to provide individuals with the right to receive a report detailing who has accessed their protected health information
- ☐ CMS: Comments due by August 1 on a proposed rule that would implement section 10332 of the Affordable Care Act, which directs the HHS Secretary to make available to qualified entities data for the evaluation of the performance of providers of services and suppliers

Requests for information for which comment periods have closed:

- ☑ FDA: Public workshop, "Determination of System Attributes for the Tracking and Tracing of Prescription Drugs"
- AHRQ: Request to the Office of Management and Budget to approve a survey to measure community/retail pharmacy staff perceptions about organizational priorities and patient safety attitudes/behaviors

Etc.:

- ✓ DEA: More than 188 tons of unused medications were turned in during the second National Prescription Drug Take-Back event on April 30
- ✓ For a complete list of all the issues and regulations being monitored and acted on by APhA, access the Government Affairs section of pharmacist.com. Also, print readers of the Hub should know that hyperlinks to pharmacist.com, Federal Register notices, and other useful websites can be accessed in the online version of the Hub, located at www.pharmacytoday.org.

hubonpolicyandadvocacy

Exhibit ACO: Carilion pharmacists set example

promoting the success of his accountable care organization (ACO) is part of this pharmacist's job.

"This is kind of like being pregnant or not. Either we are going to be successful at this or we will fail," said L. David Harlow III, BSPharm, Director of Pharmacy Operations at the Carilion Clinic's New River Valley Medical Center in Christiansburg, VA, and Tazewell Community Hospital in Tazewell, VA. He expects to earn his PharmD in 2012.

Carilion Clinic is the largest of the participants in the Brookings/Dartmouth ACO Project, which is working with private insurers and federal agencies such as CMS to secure similar payment methods. The 3-year pilot starts at the beginning of 2012, when the first ACOs under a proposed rule CMS issued on April 7 are also supposed to roll out. (See the September 2010 **Pharmacy Today** for an initial article on Carilion.)

Harlow stopped by APhA headquarters on May 25 to give a talk on the topic of pharmacy's place in an ACO.

"An accountable care organization is really a type of payment and delivery reform model that ties provider reimbursement and quality metrics to the total cost of care for some population of patients," Harlow said. "The payments are going to be directly linked to quality improvements that reduce overall costs."

So the clinical business model will change and evolve, he said. "Can I stand here today and tell you exactly what that looks like? No. Can I guarantee you that it's going to change drastically? Yeah, pretty much. We're going to be faced with difficult decisions."

Thinking differently

Pharmacists in an ACO have to think outside of their department.

Harlow said that he could impress his Chief Financial Officer by decreasing the cost of his goods. But "in an ACO, I have to think beyond those boundaries," he explained. "I have to get outside of that silo"

For instance, take dabigatran (Pradaxa—Boehringer Ingelheim). "Brand-new product," Harlow said. "The beauty of this blood thinner is it doesn't require much lab monitoring. And it's oral." Older options include warfarin, an



oral version that requires heavy monitoring, or an injectable product that's expensive and that patients don't like.

Pradaxa costs \$4 to \$5 a tablet. Warfarin costs 5 cents. But maybe the patient who comes to Harlow's facility is from the hills of western Virginia, with no real ability to get labs drawn except through home health.

"We're building in cost of care," Harlow said. "I can make my spreadsheet look really good by saying Pradaxa's not on my formulary. But if I look beyond the scope of that in an ACO structure," given that ACOs eventually "get nailed for readmission" with penalties for hospital readmission rates, "I look at my formulary and say this extra cost is worth it in this product because the outcomes are better" for the patient and for the ACO.

Patient care

Patients with chronic conditions represented 78% of health care spending in 2000, Harlow said. Pharmacists can make an impact on chronic diseases, and therefore on the entire conversation of health care reform.

"There is no better place for a good clinical pharmacist than a chronic disease whose primary means of treatment is a drug: diabetes, COPD [chronic obstructive pulmonary disease], CHF [congestive heart failure]," he said. "So if I combine this with the ACO mentality and start talking to the C-suite about it, then pharmacy has the potential to impact these chronic diseases across the continuum of care."

"In a rapidly changing health care environment, the reimbursement landscape and the relevant success of pharmacy will largely depend on our ability to move into direct patient care roles that are easily tied to monetary benefit and

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increased positive qualitative and quantitative measures that support scorecard metrics in an accountable care organization," Harlow said. "It's a brand-new world, at least where I live. ... It is a little scary, though, to be honest with you, because the road map is not completely written out."

Harlow also said that in the future, there will be less reimbursement for institutions, so that all providers, including pharmacists, will have to work with fewer resources; and that pharmacists have to see themselves as providers. "We have to sell it," he said. "Nobody's going to believe that pharmacy is a direct patient care provider unless we believe it ourselves."

Emerging structure

In an e-mail to **Today** after his talk, Harlow described pharmacy-related pilot initiatives that Carilion has adopted in the process of ramping up to become an ACO.

In one initiative, pharmacists are embedded in selected primary care clinics and patient-centered medical homes, focusing on chronic diseases and polypharmacy patients. In another initiative, the information technology department has begun creating the capability for virtual consults for other clinics that don't have a pharmacist physically on site but that would benefit from a pharmacist's work in a patient's chart.

"Because of the lack of realistic reim-

bursement models, we are actually subsidizing those positions from our current pharmacy staff, which of course can only be a temporary and limited answer to the issue," Harlow told *Today*. "Pharmacy is trying to make certain that all levels of the organization understand how we can impact the big picture and allow opportunities to come forward as the ACO's real structure begins to emerge."

Although Harlow said that in principle the ACO concept is the future, he cautioned that no organization, including his, would adopt the April 7 ACO proposed rule as written. "The bottom line is the bottom line," he said. (See sidebar.)

-Diana Yap

Pharmacy to CMS: Explicitly include pharmacists in ACOs

In June 6 joint comments to CMS on the April 7 proposed rule on accountable care organizations (ACOs), the Health Care Reform Pharmacy Stakeholders recommended that CMS clarify in the final rule that pharmacists are among the health professionals eligible to serve as full members in ACOs.

"Pharmacists can help patients better manage their medications and chronic conditions, thereby reducing hospitalizations and rehospitalizations," the group wrote. "Pharmacists' participation in ACOs will help ACOs reach CMS-determined clinical and financial performance targets that will show improved patient results and lower health costs."

The proposed rule implemented section 3022 of the Affordable Care Act (ACA), which established the Medicare Shared Savings Program that is intended to encourage the creation of ACOs. (See page 19 in the May *Pharmacy Today*.)

The Health Care Reform Pharmacy Stakeholders group comprises 14 pharmacy organizations, including APhA. The group supported CMS in the development of ACOs and commended the aims of the proposed rule.

Other recommendations were that CMS reconsider the extensive administrative requirements that may limit formation of ACOs, include pharmacists in data sharing through ensured access to electronic health information, and consider gradually phasing in the proposed quality provisions.

The administrative requirements—which were intended to counter fraud, waste, and abuse—may present too much of a burden for potential ACOs, according to the stakeholder group.

"We understand from national dialogue that the current proposal presents challenges that may prevent organizations from participating," the joint comments said. "Much of the success of ACA implementation is based on the uptake of the ACO concept and the willingness to take on risk."

In the national dialogue on ACOs, the proposed rule has not been well received.

The American Hospital Association (AHA) released on May 13 a study estimating that the start-up investment

required to establish and sustain an ACO was \$11.6 million to \$26.1 million, instead of the \$1.8 million suggested by CMS in the proposed rule for start-up and 1 year of operation. Seven Republican senators signed a May 24 letter asking CMS to withdraw the proposed rule and "craft a new rule that fulfills the promise of ACOs." According to the letter, which cited the AHA study, nationally known integrated health providers "have expressed serious concerns with the details of the proposed rule."

On May 17, as the national reaction to the proposed rule was gathering steam, CMS announced three new initiatives related to ACOs.

The Pioneer ACO Model is intended to provide a faster path for mature ACOs that have already begun coordinating care on a track consistent with, but separate from, the Medicare Shared Savings Program. Also, an Advance Payment Initiative was proposed to authorize specified ACOs to access a portion of their shared savings up front to help with infrastructure and staff investments. Third, a series of free Accelerated Development Learning Sessions for executive leadership teams from existing or emerging ACO entities kicked off with a June 20–22 session in Minneapolis.

What will be the fate of the ACO proposed rule? "I think the rule will be changed to remove some of the administrative burdens in the final rule," Brian Gallagher, BSPharm, JD, APhA Senior Vice President of Government Affairs, told *Today*. "The big question is whether it's going to go far enough so ACOs will form, because people are saying they can't make it work" under the proposed rule.

Pharmacists interested in participating in ACOs should still be talking to people thinking about forming ACOs. "If the rule changes, then they'll be in a position to partner with them to save money," Gallagher said. "Pharmacists are in a great position in terms of being able to contract with an ACO and avoid the administrative burdens. What pharmacists need to be able to do is show how they can help the people forming the ACOs save money by appropriately managing people's medications."

HUB ON POLICY AND ADVOCACY

provides readers with practical information on health care reform issues, what APhA is doing to keep pharmacists' important role front and center with decision makers, and simple ways for pharmacists to participate in the processes that will determine the structure, function, and processes of a reformed

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PEER Portal Data Report

September 2011

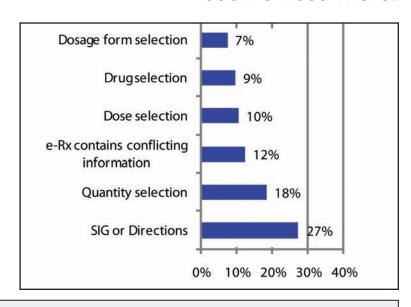


E-Prescribing Experience Reporting

- The pharmacist was the FIRST person to identify the error in 78 percent of reports
- The majority of reports involved problems with SIG/directions and quantity selection (see figure to right)
- In 38 percent of the reports the incidents reported were "near misses" but in 5 percent the incident REACHED patients
- On average, reporters spent 12 minutes initially resolving each incident and 8 hours until fully resolved

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We have received almost 200 reports, but we need more!



Some comments received through PEER Portal:

"Wrong strengths, wrong quantities, wrong directions. We are also receiving multiple copies of the same script. This is costly and adding up."

"We received a prescription for the wrong patient. In counseling the patient on how to use the gout medication we had filled, she said she was not to have anything for gout as she doesn't suffer from gout."

"We received a faxed prescription for this medication at 3:07 p.m. An e-Rx for the same medication was received at 4:48 p.m. This creates extra work for pharmacy staff. It also risks one of the prescriptions being misrouted and ending up with active prescriptions at two pharmacies."