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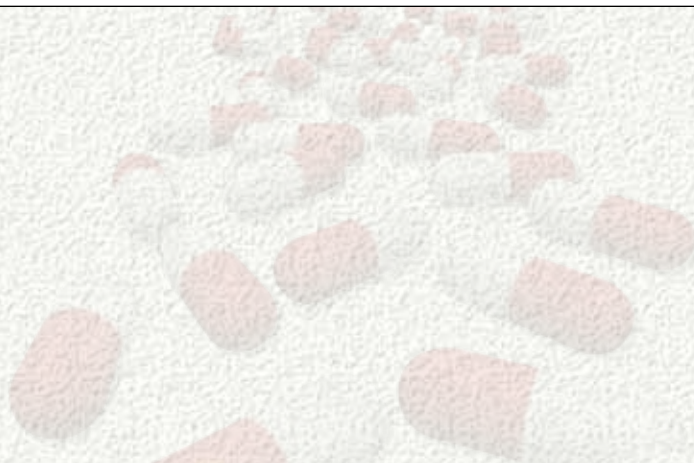
PHARMACY

Volume 25, No.2

May 2012

2012 NDPhA Award Recipients

Senator Jerry Klein, Dennis DelaBarre, Carolyn Mundahl, Dan Churchill, Harvey Hanel, Bobbie Hauck & Luci Koeplin of Irsfeld Pharmacy, Kristina Foster, Terry Kristensen, Mary Krogh, Jennifer Joyce, Susan Aurit, Mark Aurit





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ALLIED SCIENCES



CALENDAR

2012

June

June 9-13, 2012 ASHP Summer Meeting,
Baltimore, MD

October (October is Pharmacy Month)

October 13-17, 2012 NCPA Annual Convention,
San Diego

October 21-24, 2012 ACCP Annual Meeting,
Hollywood, CA

October 31 - November 3, 2012
ASCP Annual Meeting,
Boston, MA

November

November 15-17, 2012 NASPA Fall Symposium,
Loesx Ventana Canyon,
Tucson, AZ

December

December 2-6, 2012 ASHP Midyear Clinical
Meeting, Las Vegas, NV

April

April 26-28, 2013 NDPhA 128th Annual
Convention, Grand Forks
Lodge, Dickinson, ND



Jordan Wolf, PharmD Candidate (2012)

As I look back on the last several weeks, at my time on rotation with the North Dakota Pharmacists Association, I realize just how valuable this experience has been. Mike and Lori have both been very open to my presence and willing to facilitate my learning. This rotation provided me with an insight into some of the critical issues facing pharmacy, and has taught me how to most effectively combat those issues as an advocate. Advocacy is very important to me, because I know that if I do not defend what I know to be right, I will essentially be propagating the opposing view. At the end of the day, we as pharmacists must defend what is best for the health and welfare of our patients, and it is my opinion that if we do not speak against any existing threats against the future of pharmacy, we are not fulfilling our professional oath.

Ideally, I believe that some type of advocacy rotation should be required as part of the Advanced Pharmacy Practice Experience Standards. As it stands now, it is far too easy for young pharmacists to remain ignorant of what is happening politically with our profession. Unfortunately, ignoring the problems will not make them go away; in fact, it will essentially help those with vested agendas get what they want. This is not always in the best interest of the patient. An advocacy rotation serves to teach students how to effectively learn about the issues, understand the issues, and ultimately voice their stance on the issues. This rotation allowed me to make my opinions heard. I wrote letters to our state's US legislators, and composed several testimonies that I submitted to different groups.

The five weeks that I have spent with the North Dakota Pharmacists Association have been extremely educational. I have learned more about Pharmacy Benefit Managers (PBMs) and the legislation that the North Dakota legislature passed last year to control PBM audits. I also learned about various practices employed by PBMs, such as: price spreading, reclassification of rebates, offering egregious contracts to pharmacies, lowering the reimbursement to pharmacists for dispensing, etc. I believe that these tactics are one of the greatest threats to our profession that exist today. With that in mind, there are some important efforts that are being made to control these practices. Many states are following North Dakota in drafting audit legislation, and impressively most are turning to our Association for guidance. Moreover, there are currently multiple national bills that will help control PBMs. H.R. 1946 will give independent pharmacies more leverage when negotiating PBM contracts. H.R. 1936 will help to make diabetes testing supplies more accessible to the patient, and would help to overcome the use of PBM mail order pharmacy services. Moreover, the Federal Trade Commission continues to monitor the business practices of PBMs. There are currently congressional hearings that are investigating PBM practices, and federal plan sponsors and self-insured groups continue to monitor the activities of their contracted PBMs with a close eye.

Although important, PBMs were not the only focus of my rotation. I read up on various topics and sat in on various teleconferences and webinars that touched on issues that are pertinent to pharmacy. I learned about Advanced Care Organizations (ACOs) and Medical Homes, and gained some insight into the role that they will play as healthcare progresses. I learned about some concerns with counterfeit and adulterated medications, as well as some proposed changes to acetaminophen container labeling. Of particular importance, I learned more about mail order pharmacy,

and the threats that it poses to community pharmacy and access to pharmacy services. There was significant emphasis on furthering the provision of Medication Therapy Management (MTM) and Disease State Management (DSM) services, and I had the unique opportunity to learn about and contribute to ND's About the Patient program. Finally, I compiled updated information regarding the North Dakota pharmacy ownership law, and had the opportunity to present my personal opinion as a future pharmacist to the ND Chamber of Commerce Board of Directors, as they tried to determine their stance on the issue.

The North Dakota Pharmacists Association also provided me with the unique opportunity of attending the 2012 APhA Annual Convention and the Spring National Alliance of State Pharmacists Associations (NASPA) meeting in New Orleans, LA. I am extremely grateful to the Association and the NDPhA Board of Directors for facilitating this opportunity. During my time at these meetings, I had the opportunity to observe representatives from various states collaborate on some of the major pharmacy-related issues, which I found to be quite educational. The NASPA meeting allowed me to observe where each state's association fits in on a national level, and how the state associations can work together to protect and progress the profession. I also served as a delegate for ND in the 2012 APhA House of Delegates, where we discussed several policies and their implications to the profession. The APhA meeting also provided several educational sessions and an exposition, which I found to be extremely valuable. Finally, this rotation provided me with some great networking opportunities, which could be very valuable to my future career.

In order to get a complete view of pharmacy in North Dakota, the Association arranged for me to spend some time at the Board of Pharmacy. During my time at the Board, I learned about their administrative duties, and gained some valuable insight into their role in regulating pharmacy. They even allowed me to help revise a bill that they will be submitting to the ND legislature during the upcoming 2013 session, which concerned the Prescription Drug Monitoring Program and Controlled Substance Registration. Additionally, I attended a Board meeting, where I was able to listen in on discussions and observe the Board's decision-making process. I am very grateful to the Board, and Howard and Mark in particular, for welcoming me into their operations.

Before I started this rotation, I set out several goals to complete over the 5 weeks, without fully knowing what to expect. My goals were essentially centered on learning how to most effectively advocate for the profession, and on gaining some tangible advocacy experience. I also strove to learn more about my profession and the laws that dictate pharmacy. I found that all of my goals were not only met, but surpassed by this experience. I feel that I am prepared to impact the profession of pharmacy moving forward, especially as an effective advocate. As I hinted at previously, we cannot protect our patients if we do not pay attention to and speak out against those factors that threaten their health and well-being. This rotation has shown me how to fulfill my duties to my profession and patients, and I am now ready to move forward and become an effective pharmacist, who will continue to advocate for what is best for the profession of pharmacy.

NDPhA 2012 Convention Awards



Shane Wendel presents Pharmacists Mate Award to Susan Aurit, Bismarck



NDPhA President Mark Aurit, Bismarck



Sheila Welle, Pharmacists Mutual presents Distinguished Young Pharmacist Award to Carolyn Mundahl, Minot



Harvey Hanel, Bismarck recipient of the Upsher-Smith Laboratories, Inc. Excellence in Innovation Award and presenter Howard C. Anderson, Jr



Dan Churchill, Bismarck recipient of the Generation Rx Champions Award sponsored by Cardinal Health Foundation and presenter Lance Mindt.



Donna Kisse presents Friend of Pharmacy Award to representatives of Irsfeld Pharmacy, Dickinson Luci Koepplin and Bobbie Hauck



Donna Kisse presents Thrifty White Stores Diamond Award to Mary Krogh, Fargo



Senator Jerry Klein, Fessenden, ND recipient of the NDPSC Friend of Pharmacy Award and presenter Dave Olig



Donna Kisse presents Technician of the Year Award to Kristina Foster, Bottineau



Tony Welder presents Al Doerr Service Award to Terry Kristensen, Bismarck



Dennis DelaBarre, Bismarck recipient of the Bowl of Hygeia Award sponsored by the American Pharmacists Association Foundation and the National Alliance of State Pharmacy Associations with support from Boehringer Ingelheim and presenter Vern Dickerson



Sheila Welle, Pharmacists Mutual presents Distinguished Young Pharmacy Technician Award to Jennifer Joyce, Mapleton ND

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MISC0142-03-07



This material was prepared by North Dakota Health Care Review, Inc., Minot, ND, 701-852-4231, the Medicare Quality Improvement Organization for North Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. ND-10SOW-12-QP-62 May 2012

Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) Teamwork to Reduce Adverse Drug Events

By Beth VanDelinder, PharmD

Background

Among the many issues facing the pharmacy community, medication safety tops the list. In the United States, more than 133 million Americans live with a chronic illness¹, and 91% of all prescriptions filled are for chronic conditions.² Each year 1.5 million people are injured as a result of preventable adverse drug events (ADEs)³.

In order to improve medication safety in individuals with chronic illness, the Centers for Medicare & Medicaid Services (CMS) has contracted with North Dakota Health Care Review, Inc. (NDHCRI), the Medicare Quality Improvement Organization (QIO) in North Dakota. A primary goal in NDHCRI's current contract, which runs August 2011-July 2014, is reduction of ADEs.

PSPC: Patient Population of Focus (PoF)

The population of focus (PoF) for the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) will be Medicare beneficiaries that are considered to be high risk patients and take high risk medications.

High risk patients are defined as patients who have ≥ 5 medical conditions, take ≥ 8 medications on a weekly basis, or see ≥ 2 or more providers. High risk patients will likely derive the greatest benefit from coordination of care because they are dealing with multiple health conditions, take numerous medications and run the risk of polypharmacy when they see more than one provider.

High risk medications for the PSPC study include antipsychotic medications, medications with potential to induce hypoglycemia, and warfarin. These medications were determined high risk based on a study published in the New England Journal of Medicine, which showed that 67% of emergency hospitalizations in patients 65 years and older were due to these medications.⁵ These medications may be high risk because they require frequent monitoring or frequent dose changes. An opportunity to decrease the risk for patients includes additional education to ensure proper use and compliance. This study highlights how focusing safety efforts and education on a few medications can have a big impact on improving patient safety.

PSPC: An Interdisciplinary Medication Management Improvement Model to reduce ADEs

NDHCRI will assist teams to successfully participate in the Health Resources and Services Administration (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) in order to experience breakthroughs in population health status and medication safety, community capacity to build population-focused integrated delivery systems, and to bend the cost curve through cost savings and cost-effective care.

Since pharmacists are the experts on drug therapy and are the primary healthcare professionals to optimize medication use, North Dakota Health Care Review, Inc. (NDHCRI) is excited to announce a program to support community-based teams to provide clinical pharmacy services. Clinical pharmacy services promotes the appropriate selection, utilization, and monitoring of medications to optimize individual therapeutic outcomes. Any interested North Dakota pharmacists, across various practice settings (e.g., ambulatory care clinics, community health centers, community pharmacies, consultant pharmacists), are invited to participate in this exciting ADE reduction collaborative.

NDHCRI leverages technology to provide technical assistance and data support to help teams achieve the goals of the Clinical Pharmacy Services Collaborative (PSPC). For example, NDHCRI will help teams track changes in health status, adherence to quality measures, and monitor for existing or potential adverse drug events in each targeted patient group. This project offers a great opportunity for pharmacists to demonstrate the value of medication therapy management to improve patient outcomes.

North Dakota teams participating in PSPC

There are currently three teams in North Dakota participating in the PSPC study.

Missouri Slope Lutheran Care Center

The first team to join the PSPC effort was Missouri Slope Lutheran Care Center in Bismarck, a team based in the long-term care setting. The team members consist of the Consultant Pharmacist, the dispensing community pharmacists, the Director of Nursing, the Director of Staff Development, and numerous charge nurses from each wing of the facility. The Medical Director and the Nursing Home Administrator also support the overall goal of the PSPC team in their facility. There are approximately 100 patients in the population of focus (PoF) including patients on anticoagulation and/or antipsychotics.

One of the first opportunities identified by the team was in anticoagulation. The team noticed an increase in the number of patients outside of their prescribed INR range in the months of December and January. After investigation, the cause was determined to be the result of patients being put on antibiotics for seasonal infections. The team approached the facility's Medical Director with the patient data and requested a standing order to recheck the INR of patients placed on an antibiotic three days after the antibiotic was started. Implementation of this standing order decreases the chance of an adverse drug event for these patients.

The team is monitoring two safety measures for the anticoagulation population of focus: the percent of anticoagulation patients that are within their prescribed INR

range and percent of anticoagulation patients that have their monthly INR labs performed. At the beginning of the study period (December 2011), 42% of the anticoagulation PoF had their INR within the controlled range, and 18% of the PoF were not having the recommended monthly INR measurements. As of April 2012, 62% of patients are now within their prescribed INR range, and patients not receiving their monthly INR labs has dropped to 11%. In only three months, the PSPC team has been successful in implementing standard orders to address possible anticoagulation drug interactions and improved drug monitoring as evidenced by a 20% increase in the number of patients within their prescribed INR range and a 7% increase in the amount of patients having monthly INR labs.

The antipsychotic patient PoF is being followed to ensure appropriate diagnosis for use of these medications, appropriate behavioral documentation, regular side effect monitoring, and timely attempts to gradual dose reductions. This will not only ensure appropriate use of these medications, but will also help the facility to avoid State Survey deficiencies.

Trinity Nursing Home

The second team to join PSPC is Trinity Nursing Home in Minot, also a long-term care based team. Team members include consultant pharmacists from Velva Drug, the Director of Nursing, the Assistant Director of Nursing, and the Nursing Home Administrator. The population of focus includes approximately 50 patients being followed for anticoagulation and/or antipsychotic use.

The Trinity team is hard at work to establish baseline data. Benefiting from the experiences of Missouri Slope, one of the first opportunities already identified includes the possibility to implement a standing order for INR rechecks when a patient on warfarin is prescribed an antibiotic. The team hopes to have this standing order in place soon, after approval from the Medical Director.

The antipsychotic patient PoF will also be monitored for appropriate diagnosis, appropriate behavioral documentation, continuous side effect monitoring, and timely gradual dose reduction attempts.

White Drug Telepharmacy

The third team to join PSPC includes a community pharmacy, White Drug Telepharmacy, based out of Fargo. The team includes four satellite pharmacies and their corresponding local clinics in the rural towns of Ashley, Maddock, Mohall, and Rolette. This telepharmacy team includes the pharmacist that verifies the prescriptions filled at the telepharmacy sites, the pharmacy technicians at each of the telepharmacy locations, one provider at each local clinic, and NDSU College of Pharmacy. The population of focus includes approximately 50 patients being followed for anticoagulation and/or diabetes.

NDHCRI drafted letters for White Drug to send to providers at the satellite clinics to introduce them to PSPC and invite them to join the collaborative. Physicians, Nurse Practitioners and Physician Assistants at the local clinics were very receptive to collaborating with pharmacists to maximize patient care and have requested

consideration of monitoring of disease states outside of anticoagulation or diabetes. A pharmacist will perform medication reconciliation and medication compliance for all patients in the collaborative during each patient visit. The patients will also be provided with disease state specific counseling as needed. The providers have agreed to share INR and HbA1c labs with the pharmacists and the pharmacists in turn will send medication reconciliation and medication compliance information to the providers. Patients were contacted via mail of the opportunity to have a one-on-one appointment with their pharmacist each month. The letters had great response and the first patient appointments are scheduled to begin in June.

The team has been actively collecting baseline data. For the anticoagulation patients, the team will make sure monthly INR levels are being performed and will review these INR levels to help the patients achieve their targeted INR range. For the diabetic patients, the team will monitor HbA1c with education to help patients regarding use and interpretation of the glucose monitor readings. For both groups, counseling will be provided regarding how certain foods and medications can interact with diabetes or anticoagulation medications, as well as stressing the importance of medication adherence.

Conclusion

Reducing adverse drug events is a major public health issue as we strive to optimize the care patients receive while avoiding excessive costs. Pharmacists have a great opportunity to participate in this ongoing quality improvement and safety project that truly highlights how the profession of pharmacy can improve patient health while reducing adverse drug events and health care costs.

For more information on how to participate in the PSPC Project, please contact Beth VanDelinder, PharmD, North Dakota Health Care Review, Inc., bvandelinder@ndhcri.org, 701-852-4231 or visit

<http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html>

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North Dakota Pharmacists Association Annual Convention Report

Prepared by: Michael D. Schwab, EVP

First, I would like to thank our board members and other NDPhA members who volunteered their time this past year. Your knowledge, insight and dedication are greatly appreciated. Once again, the profession of pharmacy encountered many new challenges, regulations and requirements this past year. I am amazed at how well all of you, our members, are able to adapt to an ever changing profession. You should be proud of yourself and your profession.

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

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

- 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, Hooding Ceremony and the Telepharmacy Project.
- Attended NDPhA District meetings.
- Liaison with the ND Department of Health.
- Liaison with the ND Department of Human Services. Represent the Association on the ND Medical Advisory Committee – Modernizing Medicaid and also attended Drug Utilization Review Committee meetings.
- Liaison with Blue Cross Blue Shield of North Dakota and Minnesota, which also includes Prime Therapeutics.
- NDPhA continued their involvement with the ND Rural Health Association. Currently, I am the President Elect for the ND Rural Health Association.
- Participated in a number of ND Chamber of Commerce events and meetings.

- Liaison with the ND Board of Pharmacy.
- Participated on various national conference calls and attended national meetings such as American Pharmacists Association, National Community Pharmacists Association, National Alliance of State Pharmacy Associations. Joined many webinars/conference calls hosted by CMS, FDA, DEA, NCPDP, PQC, etc...
- Continue to develop numerous national contacts in various areas of pharmacy.
- Partnered with ND Health Care Review, Inc. and their Reducing Adverse Drug Events project. We also participate on the ND Health Care Review's Quality and Safety Advisory Council.

Professional Development and Education:

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

- Provided ACPE accredited continued education programs during convention and in the Nodak Journal with the help of NDSU College of Pharmacy, Nursing and Allied Sciences.
- Helped in promoting innovative pharmacy practice initiatives such as the expansion of our About The Patient program. In 2011, we entered into a collaborative partnership with the NDSU College of Pharmacy and now have a shared Clinical Coordinator position for our About The Patient program. Dr. Wendy Brown was selected as the Clinical Coordinator. We are excited about this new partnership and the opportunities it presents. Welcome aboard Dr. Wendy Brown!
- NDPhA promotes and encourages pharmacies to not only participate in the About The Patient program, but to also participate in the MTM opportunities offered by Outcomes, Inc. The Outcomes program officially launched at the beginning of this year in partnership with Prime Therapeutics.

- NDPhA continues to hold discussions with ND Medicaid regarding the implementation of pharmacist lead MTM and DSM services for an identified Medicaid population base. These discussions are ongoing and will continue leading up to the 2011 legislative session.
- 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) DME National Mail Order Competitive Bidding process; (4) DEA and FDA alerts/updates; (5) changing of AMP definitions; (6) CMS updates; (7) Medicare Part D Standardized Notice and (8) LTC short cycle dispensing.
- Provided free and discounted certification and training programs.
- 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 2012, 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.
- NDPhA has entered into an agreement with NAPT as an academy of NDPhA. NDPhA will provide NAPT with office support, teleconferencing capabilities, website hosting, selected pages in the NDPhA's Nodak Pharmacy Journal, space for meetings and other support as necessary and appropriate.

Public Policy Advocacy and Education Efforts:

During the past year, the Association provided advocacy efforts regarding a number of federal and state issues. During 2011, the ND Legislature was in session. The 2011 Legislative Session was busy and involved as far as the profession of pharmacy was concerned. In addition, federally things have been extremely busy as well.

- NDPhA provided advocacy and education regarding a number of federal pharmacy related pieces of legislation such as:
 - H.R. 2674 – 340b program inpatient expansion legislation was dropped
 - H.R. 1946 – Preserving Our Hometown Independent Pharmacies Act of 2011. Hearings are currently being held federally. We encourage you to contact our delegation in DC.
 - H.R. 1936 – Medicare Access to Diabetes Supplies Act of 2011. Hearings on this piece of legislation are being considered federally currently. Again, please contact our delegation in DC.
 - H.R.1971/S.1058 – Pharmacy Competition and Consumer Choice Act of 2011. A general PBM hearing was recently held in DC. Please continue to be an advocate!
 - Numerous discussions and contacts regarding the ESI/Medco merger.
- NDPhA currently participates on an Interim Workgroup related to the passage of HB 1422 during 2011. We are currently looking at e-prior authorization and standards for implementation. The workgroup will continue to meet and report back during the 2013 legislative session.
- A lot of work was done during the 2011 legislative session. Numerous hearings and meetings with legislators and other public officials were held related to some of the following pharmacy legislation.
 - SB 2035, expansion of immunization authority for pharmacists.
 - SB 2259, related to records of sale of methamphetamine precursors and implementing the NPLex system in ND by November 1, 2011.
 - HB 1126, state health exchange legislation.
 - HB 1418, related to PBM audits of pharmacies.
 - HB 1434, related to pharmacy ownership law.
 - 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.

- 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. The planning is just getting started.

Looking ahead to the 2013 legislative session, NDPhA will be looking to introduce PBM MAC legislation, prohibition on mandatory mail order legislation and PBM transparency provisions will also be discussed and possible introduced. There will be a number of other pharmacy issues addressed or looked at during the 2013 legislative session.

Products and Additional Services: Over the past year the Association continued to expand the products and services that are offered to members of the Association. We created a document that outlines the benefits of becoming or staying a member of the Association, which can be found on our website (www.nodakpharmacy.net). Some products and 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.
- The PharmAssist Program is maintained by the Association.
- Drug TakeAway program discounts for NDPhA members.
- NDPhA website - online credit card processing, Legislative Alert section and convention section are some of the features.
- Provide systems and individual advocacy and education on behalf of the profession at a local, state and federal level.
- Ability to participate in Academies such as the Community Practice Academy and the (NAPT) Pharmacy Technician Academy.
- Pharmacy Quality Commitment program (PQC) and Compounding Adverse Drug Event Reporting (CADER) discounts for NDPhA members.

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 brief overview is below:

- NDPhA budgeted roughly \$188,000 in total general fund revenue. We ended up with actual general fund revenues of more than \$195,000 in 2011.
- NDPhA budgeted roughly \$182,000 in general fund expenses and had general fund expenses of \$185,000 in 2011.
- Excess or (deficiency) of support and revenue over expenses was just over \$9,000. Keep in mind this financial information is for the general accounts. Overall, we were on target and did not spend more general fund dollars than we took in.
- Total Net assets at the beginning of the year were \$180,000 and net assets at the end of 2011 were \$191,000.

Moving Forward in 2011 and Beyond!

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. 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 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

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The 2011-2012 year is an interim year for the ND Legislature. Your Government Affairs committee did not hold any meetings during the last year. Even though things at the capital are fairly quiet, there are still discussions with Interim committees that pertain to health care and the profession of pharmacy.

One of the most active committees is the Interim Health Care Reform Committee. The task of the committee was to develop an action plan for the state to address the national health care reform bill. One of the specific issues is to determine if the state should run its own insurance exchange or participate in the federal exchange. A bill was drafted for consideration to the full legislative assembly when they met during the fall. Having a state run exchange, NDPhA would have actively ensure their voice is heard in the guidelines specific to pharmacy benefits set forth by the legislature. The full legislature defeated the bill determining it is more financially feasible to participate in the federal exchange. As you are aware, much has been made of the Supreme Court's pending decision and its implications on all parts of the health care reform bill. There is still much uncertainty surrounding this and time will tell the issues that need to be addressed at the state level.

Another issue the Interim Health Care Reform Committee has been discussing is the increase in abuse and addiction to opioid prescription medications. They have asked for information pertaining to the Prescription Drug Monitoring Program and have discussed if any issues need to be done legislatively to tackle this issue.

A few of the major bills that were passed in the previous legislative session are included below for your review.

HB 1386 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.

HB 1422 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.

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 2122 Passed the Senate 46-0 and passed the House 92-0. 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 licensed addiction counselors access to the prescription drug monitoring program as long as they are providing services for a licensed treatment program in this state.

As the next election and legislative session move closer, the Government Affairs Committee will become more active. As a result of beginning my position with the Board, I stepped down as the chair of the committee so if you are interested in chairing or being a member of this committee contact Mike for more information. Remember your involvement is crucial to the future of the profession of pharmacy in North Dakota!

Respectfully submitted,

Mark Hardy

NDPhA Community Page

"NDPhA is going to be creating a community page inside of the Nodak Journal. This page will be designated for members who would like to share something important that has happened or is happening in their life. Maybe a local pharmacist in your community made a difference or received an award and should be recognized. Maybe you want to share the arrival of a new baby into the pharmacy community or maybe you have an announcement to share. Do you have something you would like to submit?"

Please submit to the NDPhA office at: 1641 Capitol Way, Bismarck, ND 58501, fax to 701-258-9312 or email: ndpha@nodakpharmacy.net





We ask Members of Congress to please support your neighborhood community pharmacy and the patients that we serve by...

☐

Joining the Congressional Pharmacy Caucus

The Congressional Pharmacy Caucus educates Members of Congress and staff about issues affecting community pharmacies and patient access to prescription drugs and pharmacy services.

☐

Reforming PBMs for Patients and Pharmacies

- **Cosponsoring the Pharmacy Competition and Consumer Choice Act (S. 1058/H.R. 1971)**
The bill would result in greater choice of pharmacies for consumers. It would provide vital information to health plans to help them better assess whether their PBM is doing all it can to lower prescription drug costs. It would also create fair standards for PBM audits of community and long-term care pharmacies that are understandable and consistent with state laws governing pharmacy practice.
- **Cosponsoring the Medicare Pharmacy Transparency and Fair Auditing Act of 2012 (H.R. 4215)**
The bill would require Medicare Part D plans and PBMs to disclose in pharmacy contracts the source for generic reimbursement (MACs) as well as update MACs on a weekly basis. It would also reform the Medicare Part D auditing process by prohibiting PBMs from requiring pharmacies to keep more stringent records than required under Federal and state law; limit the ability of the PBM to audit around clerical errors unless there is proof of intent to commit fraud; and prohibit extrapolation.
- **Cosponsoring the Preserving Our Hometown Independent Pharmacies Act of 2011 (H.R. 1946)**
The bill would create a more competitive marketplace for the delivery of pharmacy services by allowing independent community pharmacies to collectively negotiate the terms and conditions of insurance contracts to produce plan designs that better protect the patients' choice of pharmacy and are fairer to pharmacy providers.

☐

Cosponsoring the Medicare Access to Diabetes Supplies Act (H.R. 1936)

Concerns have been raised that expanded competitive bidding will include diabetes testing supplies. H.R. 1936 would ensure that Medicare beneficiaries will be able to continue to obtain diabetes testing supplies and counseling services they receive from community and long-term care pharmacies by exempting these pharmacies from the DME competitive bidding program. Seniors would also be able to continue to obtain home delivery of their testing supplies from these same pharmacies.

☐

Preserving Military Families' Access to Community Pharmacies, Oppose Mail Order Proposals

Oppose efforts to unfairly force our servicemen and women, military retirees and their families to use mail order to fill their prescriptions in TRICARE. TRICARE's prescription drug benefit's costs could be lowered through increasing the use of generic medicines, while maintaining access to the community pharmacies that so many TRICARE beneficiaries depend on.

Thank you for your support of community pharmacy!



For more information call NCPA at 703.683.8200 and ask for Government Affairs

Dean's Report – College of Pharmacy, Nursing, and Allied Sciences
Charles D. Peterson, Dean and Professor
127th NDPHA Annual Convention, April 13-15, 2012
Jamestown, North Dakota

Executive Summary

The College has had another very busy and productive year. On September 15th, the College held its tenth 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 \$226,617 in scholarships to deserving students. The College awarded 195 scholarships, from 89 total donors (43 private individual donors and 46 corporate donors), with the average scholarship award being approximately \$1,100 (range \$250 - \$14,250). 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 11th Annual Career Fair and Scholarship Recognition Program will be held on Thursday, September 13, 2012 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 12th. 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 July 29th, 2011, Dr. Bruce Rafert officially began his duties as the Provost and Vice President for Academic Affairs at NDSU. Prior to NDSU, Dr. Rafert was Vice Provost and Dean of the Graduate School and Professor of Physics and Astronomy at Clemson University. Dr. Rafert has established the following college-level strategic goals for the next 3-5 years for NDSU: (a.) triple graduate student applications, (b.) double undergraduate applications, (c.) double enrolled Ph.D. students, (d.) double Ph.D.'s awarded, (e.) increase faculty scholarship (refereed publications) by 150% in 2 years, (f.) increase doctoral graduate student stipend and tuition support, (g.) sustain MS programs and pursue self-funded options, (h.) increase per capita external grant and contract expenditures by 2+% annually, and (i.) pursue funding for international fellowships. These goals will increase our national rankings and status with the National Research Council (NRC), US News and World Report, and other national reports comparing Universities within

the US. In October, Provost Rafert requested each College to develop Academic Roadmap Proposals which focus on ideas and plans for strengthening academic programs within the Colleges. These Academic Roadmap Proposals will be used as a guide for the Provost and President in making future decisions on allocation of resources if additional funding becomes available to the University. Pharmacy program proposals included: additional funding to expand the new MPH degree program from 4 to 7 specialization tracks, development of a nation-wide non-credit CEU certificate training program in public health for practicing pharmacists, expansion of ambulatory care faculty and practice sites, and creation of a new Center of Natural Products and Disease Prevention.

Dr. Craig Schnell, NDSU's long-serving provost and vice president of academic affairs, officially retired his administrative post on August 1st. Dr. Schnell returned to our College as a full professor with tenure in the department of pharmaceutical sciences where he will teach courses in toxicology, pharmacy calculations, and medical terminology. From 1997 through July of 2011, Dr. Schnell was the NDSU Vice President for Academic Affairs (1997-2001), and Provost and Vice President for Academic Affairs (2002-2011). Under his administrative leadership as Chief Academic Officer, NDSU achieved unprecedented growth and became a nationally recognized and competitive Division I Research University. As Provost, Dr. Schnell led and managed an institution with a portfolio involving >\$108 million general fund budget, 9 academic deans and Colleges, 14,407 students (11,977 undergraduate/2,084 graduate/346 professional), 6,208 employees, 700 faculty, 108 undergraduate programs, 46 doctoral programs, 66 master's programs, an education specialist degree, nine certificate programs, and \$126 million in annual research expenditures. Dr. Schnell was also administratively responsible for the Upper Great Plains Transportation Institute, North Dakota Water Resources Research Institute, and the NDSU Division of Distance and Continuing Education. 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.

North Dakota State University is a student focused, land grant, research University catapulting to new heights. NDSU has joined the nation's

prestigious top 108 public and private universities in the nation in the Carnegie Commission on Higher Education's elite category of "Research Universities/Very High Research Activity." NDSU's annual research expenditures this past year exceeded \$126 million. This has placed NDSU on a very prestigious list with other universities in the "Very High Research Activity" category include Cornell University, Georgetown University, Harvard University, Massachusetts Institute of Technology, 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. In addition, NDSU was recently awarded \$1.35 million from the State of North Dakota to develop a new Center of Research Excellence (CORE) called the Center for Life Sciences Research and Applications. Based at NDSU, the Center will conduct life sciences research with private partners, including Sanford Research and the RJ Lee Group, Inc. Sanford Research, headquartered in Sioux Falls, S.D., and Fargo, N.D., plans to partner with the new Center for Life Sciences Research and Applications at NDSU for research on human genomics and bioinformatics. Initial focus is expected to include breast cancer research and research into certain rare diseases in children. NDSU is also making plans to develop a Genomics Institute and a Global Institute for Food Science & Integrated Agriculture. In addition to these achievements, NDSU won the Football Championship Subdivision (FCS) national championship in January against Sam Houston State. So things are alive and well at NDSU. Go Bison !

On April 3-5, 2012, the pharmacy program was visited by a six member evaluation team from the Accreditation Council on Pharmacy Education (ACPE) for the purposes of evaluating NDSU's Doctor of Pharmacy degree program for re-accreditation of the program. The six member evaluation team included Dr. Gary H. Smith, ACPE Evaluation Consultant, Dr. Donald E. Letendre, Professor and Dean of the University of Iowa College of Pharmacy, Dr. Kathleen Besinque, Associate Professor, University of Southern California School of Pharmacy, Dr. Peggy Piascik, Associate Professor, University of Kentucky College of Pharmacy, and Mr. Howard Anderson, Jr., RPh, (state board of pharmacy observer). The pharmacy program completed an 18-month comprehensive self-study involving students, faculty, staff, administration, and various external constituents (i.e., alumni, preceptors, practitioners, advisory board), evaluating program strengths, weakness, and areas needing improvement related to the new ACPE's accreditation standards for pharmacy schools. The self-study process was led by a Steering Committee under the direction and

leadership of Dr. Cynthia Naughton, Associate Dean of Academic Affairs and Assessment, and was finalized at the January 5, 2012 faculty retreat. The final self-study report was submitted to ACPE on February 22nd. During their April visit, the ACPE Evaluation Team met 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 self-study, to collect information for the Evaluation Team's report, and to make recommendations based on their findings to the ACPE Board of Directors for its action and recommendations at their June 2012 meeting. The College will be notified in June by the ACPE Board regarding the status of its accreditation. The input and recommendations received will help us further strength our pharmacy program including the quality of education and training delivered to our students. It will also be used to help lay the ground work and foundation for defining our future goals, priorities, and plans as a College. We thank those of you who help us with this very important accreditation process.

Our new Master of Public Health degree program is currently on track to be implemented for the 2012 Fall Semester. NDSU will be accepting applications annually for this new MPH degree program in four specialization tracks initially including health promotion, pharmacy and public health, infectious disease management, and emergency management and disaster preparedness. Additional specialization tracks are currently being planned. The MPH application deadline is April 1st. There will be 20 students initially admitted to NDSU's MPH program for Fall 2012. Additional information can be obtained by visiting our new North Dakota MPH website at <http://www.ndsu.edu/pubweb/ndmph/index.html>. The College is also currently working on developing a certificate training program in public health for practicing pharmacists to be delivered by NDSU to pharmacists nationwide. This 20-hour noncredit CEU certificate training program is being targeted for implementation for January 2013 and is being developed in partnership by NDSU, University of Maryland, and the American Association of Colleges of Pharmacy (AACP). In addition, on September 30, 2011, Dr. Donald Warne, MD, MPH, accepted a position with the College as the Program Director for NDSU's new MPH program. Dr. Warne was formerly Director of the Office of Native American Health Affairs, at Sanford Health in Sioux Falls, SD. Dr. Warne earned his MD from Stanford University, his MPH from Harvard, and a BS degree in Kinesiology from Arizona State University. He also completed a postdoctoral fellowship in Minority Health Policy from Harvard Medical School. Please join me in welcoming Dr. Warne to NDSU and to our public health team.

This past fall semester, NDSU launched its new

Minor in Vaccinology. Eight students were initially admitted to the program. This is the first training program 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 for Biopharmaceutical Research Center of Excellence (CBRP) focused on vaccine and other biopharmaceuticals 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 within our College (MPH and Vaccinology) which will offer even more opportunities for our students and faculty.

We are also very excited and pleased about the new collaborative partnership between our College, NDPhA, and NDPSC regarding the statewide About the Patient Program. In November of 2011, our College entered into a formal agreement with NDPhA/NDPSC to provide a NDSU faculty clinical coordinator for the state's About the Patient Program. Dr. Wendy Brown, Associate Professor of Pharmacy Practice, was selected as the new clinical coordinator for the NDPhA/NDPSC's About the Patient Program. This new collaborative partnership between the State Association and the College will help further build and expand medication therapy management (MTM) opportunities and services for practicing pharmacists across North Dakota, but it will also allow the College to build an education and research component into the program including residencies, student rotations, and explore research opportunities in MTM, telepharmacy, public health, and other areas. This shows that the ABC's of pharmacy in North Dakota are alive and well. Please join us in congratulating Dr. Wendy Brown in her new role as the clinical coordinator for the About the Patient Program. Congratulations, Wendy!

In December, a landmark report was released, *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General 2011*. This report provides a comprehensive review of pharmacist-delivered patient care services through collaborative practice agreements in 43 states across the US which demonstrates the importance and impact of pharmacists in improving quality, containing costs, and increasing access to health care. The top studies published to date showing the value and impact of pharmacists on improving patient and health system outcomes are listed in this historic report. Most importantly, this report to the US Surgeon General summarizes and cites (page 65) the work of one of our faculty (Dr. David M. Scott, professor of pharmacy practice at NDSU) as one of several landmark studies demonstrating the benefit of pharmacist-delivered patient care services. This report will likely become the gold standard for use

by the profession and health care policy makers in Congress which will hopefully lead to new health care policies and practices across the country which focus on the role of the pharmacist in improving health care delivery and access. This is a great acknowledgment of Dr. Scott's expertise and excellent work and also a great acknowledgment of the quality of our people and programs here in North Dakota and at NDSU. Please join me in congratulating Dr. Scott in this outstanding achievement.

In 2012, we celebrate our 10th anniversary of telepharmacy in North Dakota. Over the past ten years, North Dakota has established a total of 81 telepharmacies across the state (53 community sites and 28 hospital sites), many states now have adapted telepharmacy rules similar to North Dakota, it is estimated that our community pharmacy telepharmacy sites have filled over 4,639,000 prescriptions to patients in medically underserved rural communities, national medication error rate is approximately 2% vs medication error rate in North Dakota telepharmacies 1% or less, has received more than \$3.3 million in federal grant support from HRSA, has generated at least 23 publications to date in various formats, has received the Outstanding Rural Health Program Award from the Annual Dakota Conference on Rural and Public Health, has been featured in over 100 national media outlets including CBS news, US News & World Report, USA Today, Modern Medicine, ND Blue Book, AJHP, J Pharm Technol, Telemed J E Health, The Common Wealth Fund, and Medpac Commission, and has been established or pursued in several other countries including Australia, Canada, UK, including having our entire North Dakota telepharmacy website recently translated/converted into Ukrainian. On behalf of the College, I want to thank everyone who has played a part in making our North Dakota telepharmacy program such a smashing success, and making it a program that has brought both national and international recognition to the profession of pharmacy in North Dakota. Because of this tremendous team effort, we can all now celebrate this wonderful milestone.

The College recently reorganized its Sudro Society annual giving program. Sudro Society recognizes individuals who make annual contributions to the NDSU pharmacy program of \$1,000 or more. These annual investments help 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: the College Student Ambassadors Program; travel expenses for students to attend regional and national pharmacy conventions; support and upgrades for the Concept Pharmacy; the latest advances in instructional technology; classroom innovations

and renovations; student scholarships; faculty and staff development opportunities; recruitment of new faculty and staff; alumni relations activities including reunions, social events, and our alumni newsletter; computer and software upgrades; our visiting scientist program; and many other areas. The financial support received from Sudro Society helps us sustain our tradition of excellence and it also allows 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 it 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.

The pharmacy program is currently in the process of evaluating applications for admission to the pharmacy professional program for the 2012 Fall Semester. There are currently 162 applications (up from 139 in 2011) in this year's applicant pool and 85 students are expected to be admitted for this coming 2012 Fall Semester. Of the 126 students recently invited for formal interviews, the average selected GPA was approximately 3.71 (up from 3.67 in 2011); and the average PCAT score was approximately 60.38% for those interviewed (up from 59.75 in 2011). Preference is given to students with demonstrated leadership skills; a commitment to community service; completion of some or all pre-professional coursework at a North Dakota University System (NDUS) institution; and residency in North Dakota. One notable change from previous years is that the ethical reasoning test previously administered to applicants on interview day has been replaced with a critical thinking test whose questions are specifically geared towards health professions careers. To ensure that ethical reasoning continues to be an integral part of the admissions process, interview questions have been re-designed to give greater emphasis to pharmacy professionalism and ethics. Although admission to pharmacy schools remains fiercely competitive, students (and especially North Dakota residents) 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 five years, NDSU has admitted between 50-60% 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 67% 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 2011-12 academic year are approximately \$13,309.56/year. So NDSU continues to be one of best quality and best value programs for a pharmacy education nationally.

Based on a survey of 67 (73%) of our 2011 pharmacy program graduates, the following are the most recent employment statistics of our graduates: 40.3% North Dakota placement, 27.4% Minnesota placement, 11.3% other state job placement, 21% had no job offer or placement at the time of graduation, 59.7% become licensed in North Dakota, 67.7% became licensed in Minnesota, size of community they will be practicing = (6.45% <5,000; 17.74% between 5,000-24,999; 27.42% between 25,000-99,000; and 27.42% > 100,000; and 21% no current job offer), type of practice setting = (8.06% Independent; 40.3% Chain; 12.90% Institutional (previously 35.5%!); and 14.52% residency), starting salary = (19.35% <\$50,000; 3.23% between \$50,000-74,000; 19.35% between \$75,000-99,000; 32.26% between \$100,000-124,000; and 4.84% >\$125,000).

Dr. Daniel Friesner accepted a position this past year 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 began his permanent administrative duties on July 1, 2011.

Noteworthy NDSU Awards - On April 26, 2012, Kristina (Tina) L. Schlecht, 1997 BS in Pharmaceutical Sciences and 1999 Pharm.D. graduate of our College, will be receiving NDSU's prestigious Horizon Award from the NDSU Alumni Association at a University awards luncheon on campus. The Horizon Award honors individuals who have graduated within the past fifteen years and have distinguished themselves in their professional fields and /or service to their community. Congratulations, Tina !

The NDSU Pharmacy Program Graduation Hooding Ceremony will be held on Friday, May 11th at 10:00 am at Festival Concert Hall on NDSU campus. The keynote speaker for this year's hooding ceremony will be Kristina (Tina) L. Schlecht, 1997 BS in Pharmaceutical Sciences, 1999 Pharm.D. graduate of our College, and 2012 NDSU Horizon Award recipient. NDSU will hold two commencement exercises at the Fargodome this year, one will be held on Friday, May 11th at 4:00 pm for graduate and professional students, and the other will be held on Saturday, May 12th at 10:00 am for undergraduate students. We invite everyone to come join us for these celebrations to honor this year's graduating class.

April 13-14-15, 2012 JAMESTOWN ND

Resolution 1. Convention Committee.

Submitted by the Resolutions Committee.

WHEREAS, the Members of the North Dakota Pharmacists Association gathered at this 127th Annual Meeting in Jamestown, North Dakota on April 13-14-15, 2012 recognize the exceptional work of the convention committee, and

WHEREAS, the success of this event is only possible through the coordination of numerous details by the committee members and the chairpersons who have orchestrated a extraordinary convention on our behalf,

BE IT RESOLVED, that the Members of this association extend our heartfelt thanks and enthusiastically applaud the efforts of the convention Chairperson Laurel Haroldson and all the District 7 pharmacist and technician members of the convention committee.

Resolution 2. Convention Contributors.

Submitted by the Resolutions Committee.

WHEREAS, many of the activities and events at the 127th Annual Convention of the North Dakota Pharmacists Association are made possible through the generous support from pharmaceutical manufacturers, wholesalers, suppliers, and contributors, and

WHEREAS, without such support we would be void of this outstanding opportunity for education and fellowship,

BE IT RESOLVED, that the Members of the North Dakota Pharmacists Association extend special thanks and appreciation for all the contributions provided to ensure the success of this event.

Resolution 3. Leadership.

Submitted by the Resolutions Committee

WHEREAS, the Board of Directors of the North Dakota Pharmacists Association under the Chairmanship of Pharmacist Brad Morrison, R.Ph., has diligently served in the best interest of the Association this past year; and

WHEREAS, our President Mark Aurit, R.Ph., has served the Association faithfully and effectively this past year.

BE IT RESOLVED, that the North Dakota Pharmacists Association at this 127th Annual Meeting assembled on April 13-14-15, 2012 in Jamestown, North Dakota, hereby thank them, the Officers and Board of Directors for their dedicated service; and

BE IT FURTHER RESOLVED, this Annual Meeting of members does hereby ratify and confirm all lawful actions of the Officers and Members of the Board of Directors on our behalf since the last convention.

Resolution 4. Drug Distribution

Submitted by the Board of Directors

WHEREAS, the Board of Directors of the North Dakota Pharmacists Association encourage pharmacists to enhance their role in protecting the integrity of the medication supply; and

WHEREAS, the members of the North Dakota Pharmacists Association recommends that all individuals and entities of the pharmaceutical supply system adopt appropriate business practices and other initiatives to protect the integrity of the drug supply.

BE IT RESOLVED, the members of the North Dakota Pharmacists Association support public education about the risk of using medications who production, distribution, or sale does not comply with U.S. federal and state laws and regulations.

BE IT FURTHER RESOLVED, the members of the North Dakota Pharmacists Association urge pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.



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Annual Board of Pharmacy Report

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127th Annual NDPhA Convention April 13-15, 2012 - Jamestown Civic Center

Mark J. Hardy, PharmD, R.Ph.
Assistant Executive Director
Howard C. Anderson, Jr, R.Ph.
Executive Director

Greetings pharmacist, pharmacy technicians, family and friends.

The first thing I would like to do today, is officially introduce you to my new Assistant Executive Director of the Board of Pharmacy Mark Hardy, PharmD. Dr. Hardy is a 2007 NDSU Grad and may already be well known to many of you through his activities with the North Dakota Pharmacists Association. I have told Dr. Hardy, that if he lives long enough, he will be my successor.

Dr. Hardy has taken over the Chief Compliance Officer position, the supervision of the Prescription Drug Monitoring Program and the Disciplinary Actions portfolio at the Board of Pharmacy.

There is a potential downside to having more help at the Board Office, I have more time to write rules and laws, which are, of course, designed to protect the patient, but may sometimes cause you a little more work. One such new rule is that which will require a pharmacist's first dose review in all of our hospitals. We have gotten some research from the NDSU Institute for Pharmaceutical Care on this topic and are also working with the American Society of Health Systems Pharmacists to gather the research and background which is used to substantiate their position at ASHP, as well as background information which has been used to establish criteria used by the Joint Commission on Accreditation of Healthcare Organizations. The advances in hospital telepharmacy are the tools which will allow us to accomplish this patient centered focus, giving the pharmacist the opportunity to weigh in on each order, before administration to a patient.

As we look into the future, we see physicians entering orders through their iPads and pharmacists will be able to review those same orders through their iPads. The nurse then provides administration and care of the patient, based on a true team approach to medication usage in all of our healthcare facilities.

We all continue to spend money on technology, connectivity and online services. We continue to upgrade and update the Board of Pharmacy Website, database and will soon be seamlessly receiving and storing applications online, and making those applications accessible to the Board staff and others when needed.

As you may know, the Board of Pharmacy has been running the Prescription Drug Monitoring Program [PDMP], first with grant funds from the

Bureau of Justice Assistance and in the past couple of years, with the reserve funds the Board of Pharmacy had built up over the years. Now, it is time to design a funding source. Dr. Hardy has written a Controlled Substance Registration Legislative Bill, which will be introduced in the 2013 Legislative Session.

As I have often said before, it is imperative, that you as a pharmacist, consider every prescription that you fill to be in the best interest of your patient. When this does not appear to be the case, it is your responsibility to contact the prescriber and or the patient, to provide your expertise in the equation, in the best interest of your patient.

The public continues to demand more information in general, and more specifically about their healthcare. If we do not step up and provide that information to the public, they will get it elsewhere. The laws and rules can only protect us so long. We must provide a valuable service to the public, even though the characteristics of that may change over time, or we will become irrelevant.

As I have said before in this report, "if the patient cannot tell the difference, what difference does it make"?

CURRENT STATISTICAL DATA

<u>2011</u>		<u>2012</u>
940	Active Pharmacists	951
50	In-State In-Active Pharmacists	51
1097	Out-of-State Pharmacists	1060
129	Lifetime Pharmacists	102
2,216		2,164
	Delinquent / yet to renew	84
645	Registered Pharmacy Technicians	656
68	In-Active Registered Technicians	78
230	Technicians-In-Training	230
	Delinquent / yet to renew	53
345	NDSU PharmD Student Interns	360
136	Pre Pharmacy & Other PharmD Interns	91
245	In-State ND Pharmacies	248
437	Out-of-State Pharmacies	385
766	Wholesale Licenses	926



BOARD OF PHARMACY
State of North Dakota
Jack Dalrymple, Governor

North Dakota State College of Science
Pharmacy Technician Program Report to the
127th Annual Convention of the North Dakota
Pharmacists Association

Jamestown, North Dakota

April 2012

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 PTCB national certification exam. Additionally, 100% of applicable graduates have obtained employment. We are currently working with the Pharmacy Technician Certification Board in an attempt to track our various delivery methods. In other words, track the on-campus students vs the on-line students vs the module students. If we can identify areas of weakness in one delivery method over another we will be able to better modify our curriculum in those areas.

We currently have 22 students enrolled on campus, of which nine are graduating this Spring and Summer. 28 PATSIM students completed the program in 2011, 5 so far in 2012 we have another 5 on the last module or with only one module left, and we have approximately 95 enrolled at this time. Our on-line enrollment is difficult to pin down, since many on-campus take some courses online, but we have 25 students either completely or hybrid on-line. We also have 28 military students completing our AAS degree option under the SOCAD agreement we have with the army. This gives us a total of approximately 160 students in our programs at this time.

Last September we had an accreditation survey from the ASHP, which is the accrediting body for Pharmacy Technician programs. Our summer was quite busy in preparation for this, although we expected no surprises or problems. Our curriculum review was very favorably noted by ASHP. The surveyors were very complimentary, and their written report mentioned only some minor recommendations.

The Department participated in a number of outreach and recruitment activities this year. NDSCS Allied Health Departments held its 11th 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 Career Fairs and high school visits. We are also one of 4 Allied Health departments to participate in a week long Career Awareness seminar for high school counselors and instructors.

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 begun discussions on expanding our on-campus program as a hybrid format to the Fargo NDSCS location with the overall idea of a similar expansion in the western part of the state. While these discussions are only preliminary, we are hopeful in the near future we could be operating from three campuses, providing we receive the support from the industry that such an expansion would require. 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 of 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!

Ken Strandberg, MBA, RPh, Program Director

Barbara Lacher, BS, RPhT, CPhT, Assistant
Program Director

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Message from the NAPT President

Greetings to All!

As the incoming President, I would like to say, "Hello." I am very excited to take over the role of NAPT President and I will dedicate my time and abilities to continue to make this association one that we are all proud to be members of. With this position comes a big responsibility and much to learn, and I welcome each of you to contact me if you have any questions, concerns or comments about NAPT business.

Through the years, I have seen the growth of our profession and our association and it is very exciting to be part of this progression. I have thought about serving on the NAPT Board for many years and I finally did it and it has been nothing short of rewarding. I served one year as member at large and last year as Vice President. If you are considering running for an office now or in the future I would encourage you to go for it. It will be a fulfilling experience! I look forward to continued professional and personal growth through NAPT.

I have been employed with Thrifty White Drug for the past 32 years. I started working in pharmacy in 1995 and enrolled in the PATISM program through NDSCS. I am a certified pharmacy technician and have worked retail pharmacy providing medication for the general public and Long Term Care facilities. For the past 7 years I have been a trainer for Thrifty White Drug, traveling to various locations and training new pharmacy staff members. Currently I am a Regional Pharmacy Support Manager, which involves managing a regional area of our pharmacies. The duties involved are always changing as we strive to meet the needs of the changes in the pharmacy profession.

I grew up on a farm by South Heart, ND. I started working for Thrifty White Drug a week before high school graduation and have been with them ever since. I am married to Gary for 25 years and we live in Fargo. We have two children and three grandchildren; Christopher and Cheray, Jourdyn, Taylor and Hunter of Hill Air force Base, Utah. Erica of Layton, Utah.

I look forward to the upcoming year and hopefully meeting some of you at the fall conference. I encourage all fellow technicians to come and join in celebrating our 20th Anniversary at the Fall Conference in Bismarck in October.

Have a great summer!

Donna Kisse

NAPT President

NAPT Technician of The Year Award

Congratulations to Kristina Foster!

Kristina is this year's recipient of the "Technician of The Year" Award.

Kristina is a Registered, Certified technician employed with White Drug Telepharmacy in Mohall, ND as the lead technician.

Congratulations Kristina!

NAPT Annual Fall Conference 2012

Come join us at the Fall Conference on October 5 & 6 at the Doublewood Inn in Bismarck, ND. We will be celebrating the 20th Anniversary of NAPT's Fall Conference. The conference is a great opportunity to get continuing education and meet your fellow technicians. In honor of The 20th Anniversary of NAPT Fall Conference the registration fee will be \$20.00. Your involvement is what makes the conference a great success.

Mark your calendars!

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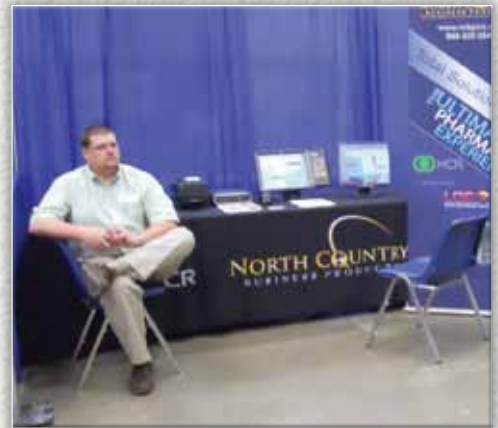
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Newsline

THE NEWSLETTER OF PAAS NATIONAL®

Medicare DME Audits are Increasing

Over the past month, PAAS has seen a significant increase in Durable Medical Equipment (DME) audits. If you are a DME supplier, your documentation will be scrutinized to verify the medical necessity of the product being dispensed. Below are two examples of **SOME** of the documentation needed to bill Medicare for a DME product.

Glucose test strips:

- detailed written order
- a signed signature log or delivery sheet
- documentation of refill request
- documentation to show the patient's supplies were nearly exhausted
- patient testing logs
- statement of training form signed by the patient or their authorized representative
- prescriber chart notes indicating the patient was seen in the last 6 months, the need to continue therapy and additional information if testing exceeds standard Medicare allowances

Immunosuppressive medication:

- detailed written order
- a signed signature log or delivery sheet
- documentation of refill request
- documentation to show the patient's supplies were nearly exhausted
- Certificate of Medical Necessity signed by the prescriber
- documentation showing transplant facility name, date of transplant and diagnosis code
- prescriber chart notes corroborating
 - o necessity of the medication being prescribed
 - o the need for ongoing utilization

The above information is just a sample of documentation that may be required to show necessity of a product for Medicare Part B.

PAAS recommends that pharmacies be aware of the current Local Coverage Determination (LCD) for their area and contact their DME Medicare Administrative Contractor with any questions regarding proper documentation.

Region A (National Heritage Insurance Company)—866-590-6731—
Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont

Region B (National Government Services)—866-590-6727—
Illinois, Indiana, Michigan, Minnesota, Ohio, Kentucky and Wisconsin

Region C (Cigna Government Services)—866-270-4909—
Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia

Region D (Noridian Administrative Services)—866-243-7272—
Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming

Reporting Fraud, Waste and Abuse Employees' Responsibilities

A Texas Pharmacist/Pharmacy Owner pled guilty to committing health care fraud. The pharmacist defrauded Texas Medicaid by submitting false claims for medications not dispensed. The patients never saw the prescribers, prescriptions were written for unnecessary treatment and the medications were never picked up. Other co-conspirators also forged Rx's, doctors' signatures and patients' signatures. The pharmacist now faces up to 10 years in prison and \$250,000 in fines.

Pharmacy employees have a responsibility to report any suspected fraud, waste or abuse (FWA). Not reporting any suspicious activity makes you as guilty as those actually committing the fraud, waste or abuse.

PAAS recommends pharmacies have Internal Employee Reports to report suspected FWA. Employees should report FWA to their Compliance Officer or Manager, and have an option for anonymous reporting if they don't feel comfortable approaching that person. Pharmacies should also have the OIG's hotline (800-447-8477) posted for employees to report suspected fraud, waste or abuse.

The PAAS National® Fraud, Waste and Abuse Compliance Program has all this information available for the entire pharmacy team! If you have questions on your requirements to reduce FWA, or are interested in the PAAS FWAC Program, please call PAAS at 888-870-7227 or email info@paasnational.com.

New Insulin Device—V-Go Possible Audit Flags

An insulin device called the V-Go could cause some possible audit flags. This device allows for simple delivery of basal-bolus insulin therapy for patients having Type 2 diabetes. The V-Go has three devices; the V-Go 20, V-Go 30 and V-Go 40. The V-Go 20 uses 2 vials of fast-acting insulin and the V-Go 30 and 40 use 3 vials of fast-acting insulin for a 30 day supply.

When pharmacies are dispensing insulin for this device, the prescription from the prescriber may have a sticker from the V-Go company indicating what the pharmacy should dispense according to the V-Go device being used. This is where pharmacies need to be careful and calculate the proper amount of insulin to dispense according to the prescriber's directions.

Example:

A pharmacy had a prescription written by a doctor to dispense three vials to a patient for a 30 day supply. The doctor used a sticker that the V-Go company provided indicating the company's calculations on what to dispense. The calculation on the sticker was not in agreement with the directions the provider had indicated on the hard-copy. The pharmacy calculated that two vials could be dispensed based on the plan limitations of day supply.

PAAS recommends that pharmacies calculate the proper day supply and dispense according to the directions given by the prescriber on the prescription.

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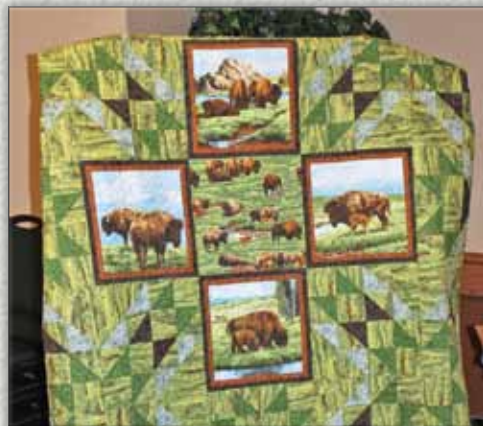
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Senior Division: *Sadie Sondeland, Valley/Edinburg School District, "Don't Doubt the Doctor's Dose: The Effect of Dosage on Antibiotic Resistance"*

NDPhA Sponsors Awards

The 2012 North Dakota State Science and Engineering Fair was held March 29-30, 2012 on the campus of the University of North Dakota. The North Dakota Pharmacist Association sponsored two awards in the pharmacology category. The award categories and recipients were:

Junior Division: Betsy Asp, Hankinson School District, "The Inhibitory Properties of Herbs on Pathogenic Bacteria"

Senior Division: Sadie Sondeland, Valley/Edinburg School District, "Don't Doubt the Doctor's Dose: The Effect of Dosage on Antibiotic Resistance"

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