

NoDak Pharmacy

Volume 26, No.5

November 2013

Don't forget to
Nominate!
NDPhA & NAPJ are
accepting Nominations.
NOW!

Happy Holidays
To All Members
From
The Board &
Mike & Lorri

The Time is Near
Renew Your
NDPhA
Membership Dues!



Invoice for NDPhA Membership

January 1 – December 31, 2014

L I C E N S E #

Or Renew On-line at www.nodakpharmacy.net, select the Join tab on the Right

ND License # _____

Full Name: _____

Home Address: _____

City, St, Zip: _____

Email: _____

Would you like to receive email updates from NDPhA?

☐ Yes

☐ No

Legislative District _____

Practice Setting

☐ Chain

☐ Educator

☐ Hospital

☐ Independent

☐ Owner

☐ Employee

☐ Manufacturer/Distributor

☐ Non-Pharmacy

☐ Other

Academies

Select one:

☐ Community Practice Academy (CPA)

☐ Health-system Practice Academy (HPA)

I am interested in an academy for:

☐ Long-term Care/Consultant

☐ Nuclear

☐ Compounding

☐ Student

☐ Other _____

Membership Categories

☐ Active Member (ND Licensed Pharmacists) \$150

☐ Corporate Member (Having a business interest in Pharmacy, up to 5 Active memberships) \$750

☐ Associate \$50

☐ Student (No Fee)

Optional Association Support

☐ Contribution to NDPhA Political Action Committee (PAC)
(**Cannot be Corporate Checks AND must be a Separate Check**)
Amount _____

☐ Contribution to the Pharmacy Advancement Corporation (PhAC) NDSU Scholarship Fund (These funds are used entirely to provide scholarships to NDSU College of Pharmacy Students. Personal or Corporate Checks are accepted.)
Amount _____

Payment

Mail to:

NDPhA

1641 Capitol Way
Bismarck ND 58501-2195

Fax: 701-258-9312

☐ Check Enclosed Amount _____

Name on Card: _____

Street Address & Zip code billing address for card

Type (check one): ☐ Visa ☐ MasterCard

Credit Card # _____

Expiration Date _____

CVV

(3 digit code on the back of card)

**PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL OR FAX TO:
NDPhA, MEMBERSHIP BENEFITS, 1641 CAPITOL WAY, BISMARCK ND 58501-2195 FAX: 701-258-9312**

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COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



2013 Calendar

NOVEMBER

ASCP

November 20-22	Annual Meeting, Seattle, WA
November 21	National Rural Health Day

DECEMBER

ASHP

December 8-22	Midyear Clinical Meeting, Orlando, FL
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FEBRUARY 2014

Midwest Pharmacy Expo

February 7-9	Altoona, IA *NDPhA is a sponsor of the Expo. Details inside.
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NCPA Multiple Locations Conference

February 12-16	Waldorf Astoria Naples, Florida www.ncpanet.org
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MARCH 2014

NACDS RxImpact Day on Capitol Hill

March 12-13	Washington, D.C. www.nacds.org
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NASPA Meeting

March 28-29	Orlando, FL *In conjunction with APhA's Annual Meeting www.naspa.us
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APRIL 2014

NDPhA 129th Annual Convention

April 4-6, 2014	Ramada Plaza Suites Fargo, ND
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Fax to: (701) 258-9312 or email to: ndpha@nodakpharmacy.net by **February 3, 2014**. A list of past recipients can be found on our website at www.nodakpharmacy.net. Click on the "Awards" link on the right hand side of the home page.

Nominations should be submitted **along with biographical information**. The following awards will be presented.

AWARDS NOMINATIONS CRITERIA

AL DOERR SERVICE AWARD

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

Nominee: _____ Submitted by: _____

UPSHER-SMITH LABORATORIES EXCELLENCE IN INNOVATION AWARD

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

Nominee: _____ Submitted by: _____

PHARMACISTS MUTUAL DISTINGUISHED YOUNG PHARMACIST AWARD

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

Nominee: _____ Submitted by: _____

APHA/NASPA BOWL OF HYGEIA

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

Nominee: _____ Submitted by: _____

GENERATION RX CHAMPIONS AWARD SPONSORED BY THE CARDINAL HEALTH FOUNDATION

- ❖ This award was established to recognize a pharmacist for his or her work in prescription drug abuse.

Nominee: _____ Submitted by: _____

2014 NAPT Award Nominations

Please enter the name of the candidate and place of employment under the title of the award. The nominator must prepare a letter of recommendation listing the outstanding achievements of the nominee and send the letter to the Selection Committee, attention chairperson of such committee. such letter must arrive within the determined due dates as posted yearly by the Selection Committee. The criterion for each award is listed below.

DISTINGUISHED YOUNG PHARMACY TECHNICIAN

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. Practicing as a Pharmacy Technician for less than 10 years.
2. Registered as a Pharmacy Technician in North Dakota.
3. Practice sites shall include but are not limited to; Institutional, Managed Care, Retail, or consulting pharmacy in the year selected.
4. Nominee should demonstrate 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.

Nominee: _____

Submitted by: _____

Place of Employment _____

DIAMOND AWARD

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. Current or past registration as a N.D. pharmacy technician is required.
2. The nominee must be living, awards are not posthumously.
3. The nominee is not a past recipient of this award.
4. The nominee is not currently serving as an officer of the NAPT Association.
5. The recipient has demonstrated an outstanding record of community service such as; involved in church, community (scouts, school, PTA, Jaycees or other organizations). The recipient also demonstrates an outstanding service to the Profession of Pharmacy.

Nominee: _____

Submitted by: _____

Place of Employment _____

FRIEND OF NAPT

Minimum Selection Criteria/ Nominations will be accepted from any ND Registered Pharmacy Technicians

1. The nominee has not been a previous recipient of this award.
2. The nominee has been an advocate of NAPT and the Profession of Pharmacy Technicians.
3. The nominee may include but are not limited to; Registered Pharmacy Technician, Registered Pharmacist, or any related Pharmacy Business. The recipient is not limited to a specific person; a company can also be noted as a recipient.

Nominee: _____

Submitted by: _____

Place of Employment _____

NAPT PHARMACY TECHNICIAN OF THE YEAR AWARD

Minimum Selection Criteria/ Nominations will be accepted from any member of NAPT, NDPhA or NDSHP

1. The nominee shall be a Registered Pharmacy Technician in North Dakota.
2. No nominee shall be a member of the Selection Committee or past recipient of the award.
3. Each nominee shall be actively practicing as a Pharmacy Technician in North Dakota. However, need not be actively involved with NAPT.

Nominee: _____

Submitted by: _____

Place of Employment _____

Award Nominations

NAPT would like to recognize technicians dedicated to patient care and the Pharmacy Technician Profession. If you work with a technician that does an outstanding job and goes above and beyond any expectations you had for them, take a minute and nominate the technician for one of the NAPT annual awards, awarded at the annual NDPhA spring convention.

The nominator shall send a letter of recommendation to the attention of NAPT Vice President Sharon Kupper via email: ndpha@nodakpharmacy.net or mail to NDPhA 1641 Capitol Way, Bismarck, ND 58501. You may also contact Sharon by phone at 701-570-3148.

The deadline for nominations is February 7, 2014.



8 STATE PHARMACY EXPO!

Attend the Same Great Expo - This year joined by colleagues from Illinois, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin!

MIDWEST PHARMACY expo

FEBRUARY 7-9, 2014

FRIDAY, FEB. 7, 2014

8:30am – 4:45pm

TOGETHER. PROVIDING QUALITY CARE TO PATIENTS IN PAIN

A DAY IN THE LIFE OF A PAIN PATIENT:

Join your colleagues and peers as we work through the most difficult pain management issues, together. As identified by clinicians throughout the Midwest, we will be discussing the challenging scenarios you face every day, including:

- Appropriate opioid prescribing, including adverse effect management
- Use of non-opioids and adjunctive therapy to treat non-malignant pain
- Patient engagement and the health care team's responsibility in pain management
- Identifying and taking action when a patient is misusing pain medication
- Pain management at the end-of-life

This interactive, interprofessional conference will present evidence-based data, best practices, and

innovative solutions to help you, as a primary care provider, safely and effectively manage your patients who live with acute or chronic pain.

5:00 – 7:30p

OPENING RECEPTION AND EXHIBIT

WELCOME TO THE MIDWEST PHARMACY EXPO! Network with your colleagues, peruse the exhibit hall, and enjoy dinner and a beverage before a weekend filled with best practice examples, clinical pearls, and professional engagement. We'll see you there!

SATURDAY, FEB. 8, 2014

7:00-8:15a Annual Pharmacy Political Leadership Breakfast

For 15 years, pharmacists have embraced the opportunity to participate in an annual fundraiser for their state association's Political Action Education Fund through participation in this educational breakfast. This year's discussion is especially important as we discuss the most current updates on the Affordable Care Act and pharmacist's provider status. You won't want to miss this informative annual favorite!

8:30-8:45a Welcome

8:45-9:30a 1st General Session: Personalized Medicine

9:30-10:30a 2nd General Session: The Lacks Family: An Onstage Interview



The Lacks Family has enthralled audiences across the country talking about their mother, grandmother and great-grandmother, Henrietta Lacks and

her important contribution to science. The international success of Rebecca Skloot's New York Times bestseller, **The Immortal Life of Henrietta Lacks**, has left people keenly interested in the Lacks Family and Henrietta's legacy. The family will share what it meant to find out—decades after the fact—that Henrietta's cells were being used in laboratories around the world, bought and sold by the billions. They will provide us with a sincere first-person perspective on the collision between ethics, race and the commercialization of human

tissue, and how the experience changed the Lacks family from generation to generation. Their discussion serves to honor Henrietta's unparalleled contributions to science, and above all—celebrates Henrietta's life and legacy.

Books are available for purchase on the registration form and the Family will be available for book signings during the morning break.

10:45-11:45a Breakout Sessions:

- Update in Anticoagulation
- Update in Autoimmune Diseases
- Update in Psychiatry
- Update in Cholesterol (Technician Activity)
- In-no-va-tion (Student Activity)

11:45-12:45p Lunch

12:45-1:45p Breakout Sessions:

- Difficult to Treat Diabetes
- Difficult to Treat Asthma
- Difficult to Treat Delirium
- Management of Hypo and Hyperglycemia (Technician Activity)
- State Pharmacy Law Exam: Plan to Pass! (Student Activity)

2:00-3:00p Breakout Sessions:

- Drug-Induced Kidney Injury
- Appropriate use of Medications in Pregnancy
- Balancing the Risks & Benefits of Pharmacotherapy for Insomnia
- Medications in the Aged (Technician Activity)
- Oh, The Places You'll Go! (Student Activity)

3:15-4:15p Breakout Sessions:

- The Case for Nutritional Supplements
- Electrolyte Management in Adult Parenteral Nutrition

- Integrating Natural Medicine in your Pharmacy Practice
- Nutrition's Impact on Medications (Technician Activity)
- Ask Not What Pharmacy Can Do For You... (Student Activity)

4:30-5:30p Breakout Sessions:

- Managing Change in Turbulent Times
- Managing The Patient Experience
- Managing Death and Dying
- The Art of Managing Up (Technician Activity)
- Managing NAPLEX – How to Start and What to Expect (Student Activity)

7:00p Leadership Pharmacy Conference Reunion

7:30p Exhibit Theaters

Theater times and topics to be announced

This year we are excited to offer

Presentation Theaters! Each Presentation Theater session provides attendees with an opportunity to ask product-specific questions of key experts and industry representatives, find out information on new pharmaceutical products and services, and learn the latest in data and research findings.

SUNDAY, FEB. 9, 2014

General Sessions:

8:00 – 9:00a Rooting out Errors in Your Pharmacy

9:00 – 10:30a New Drug Update

10:45a – 12:45p Gamechangers in Pharmacy 2013

12:45 – 1:00p Box Lunch Pick Up

1:00 – 2:00p State Law Outreach Sessions

REGISTER TODAY AT WWW.GOTOCEI.ORG

Hear it from participants

"I really appreciate how knowledgeable the presenters always are. The material is often complex and I always know more when I leave each year. Thank you for bringing these quality programs close to me!"

"The Expo is very well organized and I have been impressed by the importance, scope, and practicality of the topics included. The presentations, as well as the hallway discussions, are a positive learning experience."

"I've been attending Expo for almost 15 years. I can think of no other forum that offers as much timely, high-quality continuing education as Expo does and that includes many national pharmacy organization meetings."

"I highly enjoyed this session. It was technician based and I learned a lot from it. I felt like I could use the material in everyday cases and work." - Technician participant

let our experts *do the math*

Now more than ever, pharmacists are learning just how important it is to have not only proper insurance coverage, but the right amount of insurance. We understand the risks involved in operating a pharmacy practice and have coverage designed to ensure that you and your business are protected. We even provide policies specifically designed for practices that offer specialty services such as compounding or home medical equipment.

Trust the experts - our representatives can help you determine the right coverage for you. We offer products to meet all your needs; everything from business and personal insurance to life and investments. We're proud to be your single source for insurance protection.

Sheila Welle, CIC, LUTCF, LTCF
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Retention of Original Prescriptions

By: Molly Irsfeld, PharmD Candidate

Questions have been posed regarding the legal requirements of retaining original, non-controlled, legend prescriptions and whether or not a copy or scan of the original hard copy would suffice for record keeping. According to ND Century Code 43-15-31:

43-15-13. Prescriptions to be filed and preserved.

Every licensed pharmacist in the state shall file, or cause to be filled, any prescription, or a copy thereof, which has been compounded or dispensed in the pharmacist's pharmacy or drugstore. The prescription or a copy of the prescription must be preserved for at least five years after it has been filled. The pharmacist may furnish a copy of any prescription to the party presenting it on the request of such party only.

Based on this language, the copying or scanning in of the original hard copy would fall under "a copy thereof" and would be considered an appropriate record form, provided it is retained for five years. It should, again, be noted that this only covers original prescriptions of non-controlled prescriptions. Controlled prescription regulations still require that the original hard copy of this class of prescriptions is kept on hand for prescription record retention.

Additional questions regarding verbal prescriptions received over the telephone arise with pharmacies looking to keep only electronic records of all non-controlled original prescriptions. Good practice standards have any pharmacist, pharmacy intern, or registered technician reading back to the physician any verbal order that is received. If documentation within the electronic record notes that verbal confirmation was completed, all telephone orders could be directly input without a scanned in hard copy of the original phoned in prescription. This would only be appropriate for non-controlled substances, based on ND Century Code 19-03.3&4:

19-03.1-22 Prescriptions – Controlled Substance Act

3. ...a controlled substance included in schedule III or IV, which is a prescription drug as determine under this chapter or chapter 19-02.1, may not be dispensed without a written or oral prescription of a practitioner... Any oral prescription for such drugs must be promptly reduced to writing by the pharmacist, intern, or technician on a new prescription blank...

4. ...no controlled substance included in schedule V must be dispensed without the written or oral prescription of a practitioner... Any oral prescription for such compound, mixture, or preparation must be promptly reduced to writing by the pharmacist, intern, or technician on a new prescription blank...

Based on this wording, all verbal orders for controlled prescriptions, schedule III-V, are required to be converted to a written hard copy prescription. It would not meet law requirements if these types of telephone orders were directly input in the electronic system.

GET SIGNED UP NOW – OR ELSE!

By Howard C Anderson, Jr, R.Ph.

Prescription Drug Monitoring Program [PDMP] access is important for patient care. With all of the publicity about the overdose deaths from prescription drugs, it behooves us to run a PDMP report on each of our patients who meet the following categories:

- Chronic users of controlled substances
- New patients for controlled substance prescriptions lacking a recent injury
- Any patient exhibiting signs of drug seeking behavior

Each pharmacy should have several people signed up and authorized to access the Prescription Drug Monitoring Program [PDMP] at any time of the day. Each pharmacy must have access to the website for running PDMP reports.

Unless we step up to the plate and help prescribers take care of these patients, it is likely that the Legislature will mandate reporting under certain conditions.

Please see www.nodakpharmacy.com – right-hand side the large Prescription Drug Monitoring Program icon and follow the instructions to apply for direct access – now.

Note from the President

Greetings,

With the summer behind us and thoughts of Christmas preparations becoming a priority it is important to take a few minutes and put some thought into a few important Pharmacy Technician topics.

The time is upon us to start thinking about NAPT award nominations for the upcoming NDPhA Annual convention. Take a minute and review the criteria for the different awards and determine if you know of someone that merits one of these awards. Send in a nomination with a letter of recommendation of the individual's outstanding achievements.

The deadline of March 1, 2014 is fast approaching for the new Pharmacy Technician certification requirements. If you are a ND Registered Pharmacy Technician that needs to become PTCB certified by March 1, 2014 and you would like some help with preparing for your test, NAPT (Northland Association of Pharmacy Technicians) would like to offer assistance. For further details please contact me at dkisse@thriftywhite.com or call me at 701-269-8747.

PTCB certification is required and must be obtained before registration for new technicians, who graduated from an ASHP accredited program, and must be obtained, by current technicians by March 1, 2014. The only exception to this requirement will be for those technicians registered on or prior to August 1, 1995, these technicians will be grandfathered. You can find information about the certification test at www.ptcb.org.

A friendly reminder: Don't miss out on valuable CPE Credit. Set up your NABP e-profile and register for CPE Monitor Today! Visit www.MyCPEmonitor.net to set up your NABP e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

The Annual NAPT Fall Conference was held the beginning of October in Fargo and was a big success. A BIG Thank You to the fall conference committee for all their hard work and time planning a successful conference!

NAPT receives Chapter of the Year!

This past year NAPT led the nation in advancing our profession! I was very excited, on behalf of NAPT, to accept the "Chapter of the Year" award in August at the Annual AAPT Convention held in Bloomington, MN. The award is given out each year to the Chapter that meets all standards set by AAPT for the past years work and progress in their organization.

The Executive Board of NAPT has worked very hard throughout the past year to not only meet the standards of AAPT but also be a viable, productive organization and meet the needs of our own members.

I would like to extend a BIG "Thank You" to the Executive Board members and all individuals who have offered help, input and support to NAPT.

Submitted by:
Donna Kisse
NAPT President

NAPT

Board of Directors

NAPT President

Donna Kisse
Employer: Thrifty White Drug, Fargo
Work #: 701.269.8747
Email: dkisse@thriftywhite.com

NAPT Vice-President

Sharon Kupper
Employer: Workforce Safety & Insurance, Bismarck
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Tamara Link
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NAPT Parliamentarian

Barbara Lacher
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NAPT Member-At-Large

Brittany Butler
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NAPT Member-At-Large

Kiah Erdmann
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Immediate Past President

Kristina Larson
Employer: White Drug #50, Rugby
Work#: 701.776.5741
Email: kristinafoster23@yahoo.com



AAPT National Convention

Update by: Donna Kisse, NAPT President

This summer I had the opportunity to attend the 31st Annual AAPT National Convention in Bloomington, MN. There were about 80 technicians that joined together in fellowship and networking from across the United States. The theme for the weekend was "NURTURING THE GROWTH OF PHARMACY TECHNICIANS" it was an exciting convention providing 15 continuing education credits.

The weekend started out with the AAPT House of Representatives Meeting. The meeting consisted of the AAPT Executive Board and Chapter officers/representatives from around the country. After a productive meeting covering various topics, in closing each Chapter representative gave a brief report on the progress in their respective state.

The three day weekend provided a variety of continuing education credits focused on changes in pharmacy practice and the importance of the pharmacy technician's role in pharmacy. Some of the CE topics included: Hormone Replacement Therapy, Update on Federal Pharmacy Law, Management Strategies for Technical Staff, Pharmacy Tech Roles in the new Pharmacy Practice Model Initiative, Advancing Your Career: Grow in the Profession, Medication Therapy Management: The Pharmacy Team, PTCB News on Certification changes, Sterile Compounding: USP <797> updates and Changes in Minnesota Technician Requirements.

At this year's convention NAPT was awarded the "Chapter of the Year" award. The award is based on standards set forth by AAPT for the previous years' work/progress by a Chapter in their respective state. This is the 5th time NAPT has received this award since becoming affiliated with AAPT in 1992.

The Convention was a great weekend of fellowship, networking and continuing education. My Thanks to Northland Association of Pharmacy Technicians for sponsoring me and allowing me to represent the Technicians of North Dakota. I encourage all technicians to attend a National convention and experience the fellowship with technicians from around the country.

NAPT Fall Conference

Submitted by: Diane Halvorson, NAPT Fall Conference Planning Committee Chair

The Annual NAPT Fall Conference was held on October 11 & 12, 2013 in Fargo, ND. With an attendance of 57 on Friday and 63 on Saturday, the NAPT Executive Board felt this conference was an overall success. Those in attendance had the opportunity to obtain a total of 11 hours of Continuing Education.

Our learning objectives offered a wide variety of topics to ensure a broad learning environment for our attendees. Offering standard lecture presentations, but adding a series of round tables that promoted an experience of information sharing and dialogue between the attendees. Highlights of the round tables and any questions that arouse from them will be published in the next Nodak.

Special thanks to the following; to the presenters who shared their knowledge, to the NAPT Fall Conference Planning Committee, and to the NAPT Executive Board and Alex who offered their time as round table moderators. Truly it is through the dedication of each of those listed above that helped make the NAPT Annual Fall Conference the best it could be. Lastly, special thanks to all the attendees for taking time out of your weekend and attending this event.

At this point it is still undetermined of a location for the 2014 NAPT Annual Fall Conference. If you are interested in hosting the event please contact Donna Kisse, NAPT President or one of the NAPT Executive Board members.

Assistance in preparing for the PTCB exam

Are you a ND Registered Pharmacy Technician that needs to become PTCB certified by March 1, 2014?

Are you a Pharmacy Manager/Director and one or more of your employees need to become PTCB certified by March 1, 2014?

If you answered yes to one of the above questions and you would like some help with preparing for your test, NAPT (Northland Association of Pharmacy Technicians) would like to offer assistance. For further details contact Donna Kisse, NAPT President.

Donna Kisse
dkisse@thriftywhite.com
701-269-8747

California provider status bill becomes law

Sara Wettergreen and Diana Yap

For California pharmacists, the dream of being recognized as health care providers by the state became a reality on October 1 when Gov. Jerry Brown signed SB 493 into law. State Sen. Ed Hernandez, OD, (D-24) wrote the legislation, which will go into effect January 1, 2014. Gaining provider status will expand roles for pharmacists and increase access to pharmacists' patient care services for Californians.

- Gov. Jerry Brown of California signed the pharmacist provider status bill into law.
- Pharmacists came together in support of the legislation.
- The new law is a model for other states and the nation.

The new law declares pharmacists are health care providers. It gives new authorities to all licensed pharmacists, establishes an Advanced Practice Pharmacist (APP) recognition, gives new authorities to APPs, and specifies requirements for pharmacists seeking recognition as APPs. It does not address payment. (See page 70 of October's *Pharmacy Today* for more information on the new authorities.)

"We appreciate the Governor's signature on this landmark legislation," Jon R. Roth, CAE, CEO of the California Pharmacists Association, said in an October 1 statement. "With the implementation of the Affordable Care Act at a time when the number of primary care physicians continues to shrink, we believe this legislation will help ensure that the millions of new patients receiving insurance will be able to access health care services through their local pharmacist."

Unified pride

Pharmacists from many areas of practice came together in support of

this important piece of legislation. The success of these efforts brought a sense of unified pride.

APhA Trustee Nancy A. Alvarez, PharmD, BCPS, FAPhA, felt "pleased and proud of the efforts of the many pharmacists from various sectors of the profession in the state who worked tirelessly in support of the legislation." Alvarez is Assistant Dean of Experiential Education and Continuing Professional Development at Chapman University's new School of Pharmacy in Orange, CA.



Pharmacists came together in support of the legislation. The success of these efforts brought a sense of unified pride.

"You have to give tremendous credit [to those] who showed incredible trust in pharmacists to help create the means by which the level of care

available to patients will rise significantly," said APhA Trustee Michael A. Pavlovich, PharmD, owner of Westcliff Compounding Pharmacy in Newport Beach, CA.

Future prospects

As pharmacists in California look forward to using their expanded roles, the state's provider status legislation serves as a model for other states, as well as the nation.

The success in the state of California, Pavlovich predicted, "will eventually lead to the changes in federal statutes necessary to move us from a product-centered profession to a knowledge-centered profession."

"APhA could not be more excited with the progress on provider status being made at the state level. These state successes are incredibly valuable to pharmacy's pursuit of coverage of pharmacists' patient care services across the country," said Stacie Maass, BSPharm, JD, APhA Senior Vice President of Pharmacy Practice and Government Affairs. "California's new law recognizes the services pharmacists are trained and qualified to provide and the importance of having pharmacists as part of the health care team."

Maass continued to *Today*, "APhA is extremely appreciative of the California Pharmacists Association, California's pharmacists, and the hard work being done by state associations and pharmacists around the country to advance our profession. You are making a difference to patients, to our health care system, and to our profession."

In a time when health care is evolving rapidly, much remains to be done regarding the concurrent evolution of the roles of the pharmacist. Provider status in California serves as a stepping stone to future efforts. Each step along the way deserves celebration.

Sara Wettergreen

APhA Experiential Intern

Diana Yap

Senior Assistant Editor

APhA provider status activities: An update

Diana Yap

The profession's effort to gain recognition of pharmacists as providers in the health care system is the Association's number one strategic priority. A massive undertaking on many fronts, APhA's provider status activities are under way in areas including the federal, state, and private pathways; work with a coalition of 14 pharmacy organizations; and communications.

A sampling of recent activities ranges from a fruitful meeting with executives from 11 state associations hosted at APhA headquarters on September 23, the approval of provider status principles by the pharmacy organizations, continued advocacy for provider status, and the ongoing publication of issue briefs on accountable care organizations (ACOs) for APhA members on pharmacist.com.



- Executives from 11 state pharmacy associations met with APhA on September 23 to discuss provider status.
- The Association is publishing a series of eight issue briefs on ACOs for APhA members.

"This is just the beginning of the activities," said APhA Senior Vice President of Pharmacy Practice and Government Affairs Stacie Maass, BSPharm, JD. "Although unified and coordinated involvement of the pharmacy organizations is critical for success, equally—if not more—important is the involvement at the grassroots level."

Back in January, the Association first announced the launch of the provider status effort and then announced a \$1.5-million allocation by the APhA Board of Trustees toward the multimillion-dollar, multifaceted, long-range effort.

APhA views provider status as a means to promote patient access to, and coverage of, pharmacists' patient care services. The cornerstone of the effort includes recognition of the pharmacist's critical role in providing patient care ser-

vices in collaboration with other health care providers on the patient's health care team, according to Maass.

Meeting with state execs

Executives from 11 state pharmacy associations met with APhA on September 23 to talk about what their successes, opportunities, and challenges at the state level might mean for the national effort to pursue provider status.

APhA worked closely with the National Alliance of State Pharmacy Associations (NASPA) in organizing this year's annual state meeting—a full day of information and idea sharing.

While most of the afternoon centered on a free-flowing discussion of state-level activities, successes, barriers, opportunities, and needs, the morning included Maass's update on APhA provider status activities and three presentations by Leavitt Partners—a health care intelligence firm.

Leavitt Partners' first two presentations were on health care system and policy changes at the federal and state levels. Leavitt Partners' third presentation was on health care innovation and trends at the state level.

Working together

APhA has worked diligently with the other national pharmacy organizations on provider status since the beginning of 2013—first developing principles and now developing language for possible federal legislation or a legislative "ask."

The Association also is working with other pharmacy organizations to highlight the current evidence supporting the value of pharmacists' patient care services. Demonstrating the value of pharmacists and their patient care

services is central to the work being done in the federal, state, and private pathways, according to Maass.

Political advocacy

APhA is pursuing advocacy activities, including educating and lobbying regulators and Members of Congress. Each time APhA goes to Capitol Hill on pharmacy-related issues, provider status also is discussed. The Association is using the APhA Political Action Committee to support provider status activities.

APhA has worked closely with the House Community Pharmacy Caucus, co-chaired by Reps. Austin Scott (R-GA) and Peter Welch (D-VT). With other pharmacy organizations, the Association held a Hill briefing on provider status in June and is organizing a Hill health fair scheduled for November 19. With student pharmacist participation, the health fair is an opportunity to highlight pharmacists' patient care services.

Helpful resources

APhA is developing a series of eight issue briefs on ACOs for APhA members to assist members in identifying opportunities and implementing new services. The ACO briefs are being published at www.pharmacist.com/apha-accountable-care-organization-briefs.

In coordination with NASPA, APhA also helped develop data sheets on the pharmacy environment within each state to highlight innovation and successes at the state level and changes necessary to advance pharmacists as providers. A project supported by the Community Pharmacy Foundation, all 51 of these four-page resources are available at www.pharmacist.com/mtm-state-advocacy-fact-sheets.

For information on progress, news, a question-and-answer document, a one-pager to guide policy makers and payers, and ways to get involved, visit APhA's special provider status section on its website at www.pharmacist.com/providerstatusrecognition. Sign up for APhA communications or send questions to providerstatus@aphanet.org.

Diana Yap

Senior Assistant Editor

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NDHIN

The Health Information Technology Advisory Committee, which is made up of healthcare stakeholders, is implementing a statewide, secure health information network known as the North Dakota Health Information Network (NDHIN). The NDHIN is a simplified and robust infrastructure allowing providers to securely exchange health information. Providers using the NDHIN will be able to share information through a secure simplified process known as NDHIN Direct and through the Clinical Portal which is a more robust query exchange of health information.

NDHIN Direct allows a provider to send information to another provider through a secure electronic system. It allows providers to exchange unstructured documents or structured files with other providers through a secure email service. Essentially, pushing protected health information to another provider securely.

The Clinical Portal which is a more robust exchange of health information, also known as query technology includes the capability to find information on a patient needed to provide good quality healthcare. Information that may be obtained includes, but is not limited to medications, allergies, lab results, and advance directives. Essentially, the query technology is another tool that a provider can use to push information to another provider, or if necessary, pull information from other providers as they are providing medical services to the patient.

The NDHIN is in the process of onboarding many facilities, which includes the six large hospitals. One hundred and six (106) healthcare organizations have signed participation agreements to be a part of the network, thus far, and approximately 500 users have been enrolled in NDHIN Direct. In efforts to educate providers and healthcare staff, we are offering several webinars to provide information and answer questions about the NDHIN and how to communicate this information to your patients. The webinar information is available on our website at www.ndhin.org/news-and-events. Another great resource is a short video on the NDHIN that can be found at www.ndhin.org/video/provider-education-video.

To find out more information about the NDHIN, visit www.ndhin.org.

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Pharmacy Students Provide Medication Therapy Management Services to North Dakota State University Employees.

Since 2010, third year professional pharmacy students have been conducting a medication therapy management (MTM) clinic to provide comprehensive medication reviews (CMR) to NDSU employees. This activity is part of their Pharmaceutical Care Laboratory IV course which takes place in the Thrifty White (TW) Concept Pharmacy. Although, the TW Concept Pharmacy is a fully licensed pharmacy, this is the first time non-simulated patients have been brought in to receive health screenings and MTM reviews. .

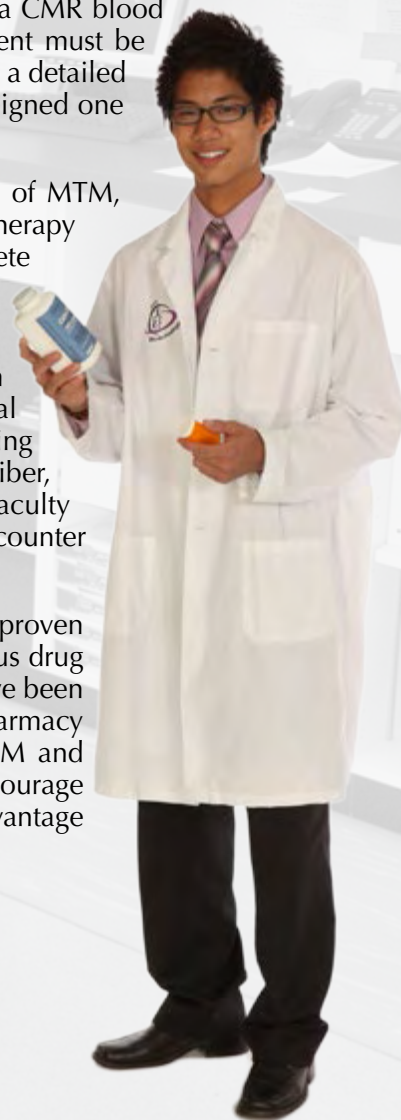
Employees are invited to receive a free health screening and MTM review including: a CMR blood pressure, blood glucose, and cholesterol screenings. In order to volunteer, each patient must be taking a minimum of 3 medications. After volunteering for the services, patients complete a detailed health information form and medication list. Students are partnered with a peer and assigned one of the patient cases.

In the weeks prior to the MTM patient appointment, students learn the core elements of MTM, discuss practice-based topics related to MTM, and learn a system for identifying drug therapy problems. Students also participate in a simulated MTM encounter in which they complete a case review and CMR for a peer acting as a patient. This simulation allows students to gain confidence and practice their communication and documentation skills.

During the one-hour MTM encounters, students discuss health information with participants, assist them in filling out a medication action plan, complete a personal medication record for patients to keep with them, and provide the additional screening services. If drug therapy problems are identified that require notification of the prescriber, students compose a recommendation and fax it to the prescriber. A pharmacy faculty member mentors students through the case review, provision of MTM services, and encounter documentation.

Over the past four years, the NDSU Thrifty White Concept Pharmacy MTM clinic has proven to be a beneficial service for campus employees and pharmacy students alike. Numerous drug therapy problems have been identified each year and many improvements to therapy have been made due to the recommendations of student pharmacists. Fourth-year professional pharmacy students on rotations often state that this experience broadened their passion for MTM and allowed them to actively participate in MTM encounters while on rotations. I would encourage practicing pharmacists who serve as preceptors for NDSU pharmacy students to take advantage of our students' MTM knowledge, skills, and abilities to benefit your patients.

Heidi Eukel, Pharm.D.



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'We are highly trained': Q&A with Scott Giberson

Diana Yap

In an inspiring development for the profession of pharmacy, RADM Scott Giberson, BSPharm, PhC, NCPS-PP, MPH, U.S. Public Health Service (USPHS), was named Acting Deputy U.S. Surgeon General and RADM Boris D. Lushniak, MD, MPH, USPHS, was named Acting U.S. Surgeon General after Regina Benjamin, MD, MBA, the 18th Surgeon General, stepped down July 16.

Giberson is the primary author of the USPHS report Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the Surgeon General 2011, which Benjamin backed in a letter of support. He was presented with the APhA Distinguished Federal Pharmacist Award at

■ Giberson encourages pharmacists to be confident in their ability to improve care, solve problems, and become great leaders.

the 2013 APhA Annual Meeting & Exposition in Los Angeles. At APhA2012, in New Orleans, Giberson and Lushniak keynoted the Second General Session.

Following is an e-mail interview with Giberson:

Could you describe your new role and responsibilities?

I support the Acting Surgeon General in communicating the best available scientific information to the public regarding ways to improve personal health and the health of the nation.

In addition, I help oversee the operations of the Commissioned Corps, which include more than 6,700 uniformed health officers who serve in locations around the world to promote, protect, and advance the health and safety of our nation.

What are your thoughts on working with Benjamin?

Dr. Benjamin and I worked closely on multiple public health initiatives and the operational oversight of the Com-

missioned Corps. We also worked specifically on multiple pharmacy-related topics, including the Report on Advanced Pharmacy Practice. During her tenure, she was an advocate for pharmacists serving as essential members of the health care team.

With every leader whom I have had the privilege to serve with, I was able to learn and develop additional perspectives on how to lead and Dr. Benjamin was no exception. From a personal perspective, she is a compassionate professional who truly cares about the people she serves.

What are your thoughts on the push for pharmacist provider status?

As stated in the Report on Advanced Pharmacy Practice, pharmacists provide care to patients in many settings and serve as one of the primary access points to address many health issues. Pharmacists are highly educated, understand the treatment of chronic conditions, build trust and rapport in the communities and with the patients they serve, and work in collaboration with physicians in many health systems to improve quality and access to care. There are many evidence-based models that exist (and have existed for decades) in which pharmacists successfully function in these expanded roles.

Anything else?

Throughout my career as a Commissioned Corps officer, I have utilized the education and training we receive as pharmacists to improve the health of the people we serve. We are highly trained to communicate, collaborate, prevent complications, and solve problems. Some of the best leaders I have ever

Scott Giberson's provider status elevator speech

We might agree that the majority of health care in the United States statistically continues to be postdiagnosis. Over 76% of physician visits are chronic care. It can also be said the primary treatment method in the nation is likely through the use of medications. This incurs many costs.

Keep that in mind as decision makers think about potential solutions to improve the health of the nation:

- Pharmacists are the second most highly trained health care professional (behind only physicians) based on years of formal education.
- The focus of our curriculum is mainly "postdiagnosis" including treatment of multiple chronic conditions where medications are the primary form of treatment.
- We are a primary key to cost containment and we have demonstrated an average return on investment of 4:1 over the last 2 decades.
- We are accessible just about everywhere; 270 million people visit a pharmacy each week. We are on every street corner in every town, city, and state across the nation.
- We have decades of factual evidence demonstrating we perform when given the opportunity to expand our scope.
- There is far less evidence that refutes this data or that expanded scopes are ineffective.

Yet pharmacists are likely the most underutilized health care providers in the nation. We may be missing an opportunity to improve and advance the health of the nation with one of our most capable professions.

known—regardless of profession—have been trained as pharmacists. I encourage everyone to be confident that you have the ability to improve care and solve problems. However, you also have the ability to become great leaders outside your more traditional roles. I look forward to the challenges and experiences in this acting position and hope to represent our profession as best possible.

Diana Yap
Senior Assistant Editor

Opposition dropped to California pharmacist provider status bill

Megan Henney

After several amendments to a California bill (SB 493) that specifies and expands the role of the pharmacist and includes future provider status if passed, all organized opposition has been dropped. The bill has passed the California Senate but still needs to be considered by the State Assembly.

The California Pharmacists Association (CPhA) said in a statement that the California Medical Association (CMA) had delivered a letter to state Sen. Ed Hernandez, OD, the author of the bill, removing its opposition to the bill. CPhA said other physician specialty groups would also be announcing their neutrality soon.

"This exciting development reflects the recognition in the provider community of pharmacists' high level of training and expertise, and of the contributions that pharmacists can

make to patient care," CPhA said in its statement.

The withdrawal of opposition was a "product of long negotiations," Jon R. Roth, CAE, CPhA CEO, told *Pharmacy Today*, including the agreement to remove prescriptive authority for antidepressant smoking cessation from the bill.

The bill, if signed into law, would provide new authorities for pharmacists in California, including ordering and interpreting tests to monitor and manage the efficacy and toxicity

of drug therapies and initiating and administering routine vaccinations, as previously reported.

SB 493 is currently in the Assembly, Roth said. It passed the Assembly Business, Professions, and Consumer Protection Committee on August 6 and the Assembly Health Committee on August 13 with unanimous votes.

CMA's Juan Thomas, Associate Director of the Center for Governmental Relations, wrote in a letter to Hernandez that the CMA was thankful for the amendments that could possibly improve vaccine access for children and access to nicotine-based smoking cessation products for adults.

"The bill as proposed to be amended also enables pharmacists, with the appropriate education and training, to attain an Advance Practice Pharmacist designation," Thomas wrote. "This will help improve the communication and coordination between the patient, their physician and their pharmacists."

Megan Henney

2013 APhA Intern in Political Journalism

Pharmacy champion: Rep. Peter Welch (D-VT)

This profile of Rep. Peter Welch (D-VT) is part of an occasional series in *Pharmacy Today* on Members of Congress who are champions of pharmacy. Welch is a new Co-Chair of the Congressional Community Pharmacy Caucus. Following are his responses from a recent e-mail interview:

Vermont is a small state made up of many tight-knit, rural communities, and pharmacies are often a main hub of activity in our downtowns. We have relationships with our pharmacists that go well beyond the important care they provide. They are small business owners, Little League coaches, and community volunteers. It's impossible to put a value on the positive impact pharmacies and pharmacists have in their towns and cities.

Through visits to my local pharmacy and those around Vermont, I have seen firsthand the vital role community pharmacies play in our health care system. From filling prescriptions, to



helping a mother or father find the best medicine for their sick child, to working with a senior to improve medication adherence, pharmacists are on the front lines in their communities working to improve the health of their friends and neighbors. The role of our caucus is to highlight the important work of community pharmacies and advocate for policies that recognize the role they play in the delivery of health care.

The Affordable Care Act gives us the opportunity to rethink how we deliver health care. We know that coordinated care that focuses on outcomes rather than volume improves patient health and reduces costs. It requires all types of providers—from nurses to pharmacists—to be active in coordinating a patient's care. Pharmacists play a particularly important role in prevention and adherence, helping patients understand how to best manage their conditions.

Accountable care organizations [ACOs] are showing real promise as a way to reform health care delivery. Recent results released by [CMS] show that Pioneer ACOs are improving care and lowering costs for beneficiaries. As new ACOs form and existing ACOs evolve, I hope to see increased collaboration with pharmacists. Medication therapy management, which has proven to provide a return on investment of 13 to 1, is a natural role for pharmacists within ACOs.



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