

# NoDak Pharmacy

Volume 28, No.1

February 2015

**FEB 25 | Legislative Day & Ice Cream Social**



**Scholarship Auction | APR 25**

**THROUGH FEB 27 |** Nominations for awards are being accepted

**2015 ANNUAL PHARMACY CONVENTION**  
APRIL 24-26, 2015

# PHARMACY RALLY '15

**GET INTO POLICTICS OR GET OUT OF PHARMACY**



**YOUR FUTURE IS  
BEING DECIDED...**



## **THE WHITE COATS ARE COMING!**

**WEDNESDAY ★ FEBRUARY 25TH, 2015**  
**LEGISLATIVE HALL ★ STATE CAPITOL**

**11 A.M.-1:30 P.M. ★ RALLY IN THE GREAT HALL**

★ PHARMACISTS, TECHNICIANS & STUDENTS IN WHITE  
COATS SHARING CONCERNS WITH YOUR SENATORS AND  
REPRESENTATIVES **ABOUT YOUR FUTURE**

★ **FREE HEALTH SCREENINGS TO DEMONSTRATE YOUR ROLE AS  
MEDICATION EXPERTS**

★ **ICE CREAM SOCIAL FOR ALL**

Pharmacy \_\_\_\_\_ City/Zipcode \_\_\_\_\_

Contact Phone Number (\_\_\_\_) \_\_\_\_\_ FAX \_\_\_\_\_

Names of Those Attending: 1) \_\_\_\_\_

**PLEASE WEAR  
YOUR PHARMACY  
NAME BADGE**

2) \_\_\_\_\_

3) \_\_\_\_\_

*Duplicate this form as needed.*

**Return by Friday, February 13, 2015 to NDPhA.**

Email: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) or FAX to (701) 258-9312

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## 2015 Calendar

**FEBRUARY 25TH IS  
LEGISLATIVE DAY**

### FEBRUARY

<b>Feb 2</b>	Ground Hog Day
<b>Feb 14</b>	Valentines Day
<b>Feb 16</b>	President's Day
<b>Feb 25</b>	Pharmacy Legislative Day and Ice Cream Social See you at the Capitol!

### MARCH

<b>Mar 4</b>	NDPhA/NDPSC Board Meeting
<b>Mar 8</b>	Daylight Savings Begins
<b>Mar 9</b>	National Nap Day
<b>Mar 17</b>	St Patrick's Day
<b>Mar 20</b>	Spring Begins
<b>Mar 29</b>	Palm Sunday

### APRIL

<b>Apr 5</b>	Easter
<b>Apr 24-26</b>	NDPhA Annual Convention Bismarck

**NDPhA/NDPSC Tentative Board  
Meetings all to be held in Bismarck:**  
**March 4, June 3, Sept 9, Dec 9**





I hope everyone had a Merry Christmas and Happy New Year. It is hard to believe it is 2015. I know 2014 was a very exciting and challenging year and I am sure 2015 will bring its own excitement.

There are a few things already showing up in the radar at the state and national level. The 2 biggest things nationally are Provider Status and Preferred Networks. It is amazing to me that it has taken this long for a pharmacist to be viewed as health care provider under Medicare. It will be very important

to follow this legislation as it progresses and to make sure that our state legislators are educated on this. Pharmacists play a vital role in healthcare and can be a valuable asset in multiple work environments. I think it will be critical to provide a unified voice across the profession that provider status is a must and can save a large sum of money to total healthcare spend. As a profession, pharmacy is always battling to be reimbursed for the services it provides. It is time for the profession to be reasonably paid for the time and effort put in to ensure safe and effective medication utilization.

Preferred Networks, especially under Medicare Part D, have proliferated and become a major detriment to pharmacy services both locally and nationally. Access to pharmacies and pharmacists have become a problem as seniors are being forced to travel long distances or go to mail order to get their prescriptions filled. There are also studies that show these "preferred networks" do not lower costs and in many cases actually increase them. This is another way of limiting consumer choice by forcing market share to certain businesses. I believe this will be a very interesting battle and one to keep a close eye on.

At the state level, there have been or will be a number of bills introduced that will impact the practice of pharmacy in North Dakota. Limited Prescriptive Practice, Good Samaritan, Medicaid Expansion are just a few. NDPhA will be closing watching for anything that might come up and will work hard to make sure that the profession is well represented.

This leads me to the last point. NDPhA and all that it does. I obviously believe that NDPhA is very valuable to the practice of pharmacy in ND. However, until being involved as much as I have over the last 3 years, I really did not understand all that the association does. It is amazing to me how much this association does for the practice of pharmacy and the dedication of the people involved. I think it is pretty easy to look back to 2014 and realize what NDPhA has done. The measure 7 battle was an incredible effort by so many people practicing the profession across the state. I have had the privilege of seeing firsthand what a leader this association is and how other states look to what gets done in ND and try to model after it. I would like to encourage all of you to join and support this organization. The practice of pharmacy in ND is one that is envied across the country and the association plays a large part in that. If you have not joined, please consider joining. If you have joined, please be active and encourage others to be part of an amazing group.

Sincerely,

*Steve Boehning R.Ph*

President NDPhA

Rx



## 2015 ANNUAL PHARMACY CONVENTION FRIDAY APRIL 24, 2015 TO SUNDAY APRIL 26, 2015

RADISSON HOTEL  
605 E BROADWAY AVE, BISMARCK, ND

PLEASE MAKE RESERVATIONS BY MONDAY, MARCH 23, 2015 BY CALLING (701) 255-6000  
ROOMS AVAILABLE FOR \$114.00+ TAX PER NIGHT

## NDPhA 130<sup>TH</sup> ANNUAL CONVENTION



APRIL 24 - 26, 2015  
RADISSON HOTEL  
605 E BROADWAY AVE, BISMARCK, ND

## STUDENT AUCTION DONATION FORM

PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:

PhAC AUCTION, NDPhA, 1641 Capitol Way, Bismarck, ND 58501-2195  
Fax: 701-258-9312 Ph: 701-258-4968 email: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net)

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ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE



**DELIVERY IS THE RESPONSIBILITY OF THE DONOR.**  
Items are appreciated by 10:00 AM-Saturday, April 25.  
The auction will be held on **Saturday, April 25, 2015.**

*The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday April 25, 2015 after the President's Banquet during the NDPhA convention at the Radisson Hotel, Bismarck. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 130 years so come on you woodcrafters, quilters, and other artisans help us celebrate this momentous occasion. As in years past, several items will be placed on a silent auction with the highlight of the evening being the "live" auction.*

*Please forward any questions to Lorri at [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) or call 701-258-4968.*

*Thank you for your participation in the past and we look forward to another outstanding auction.*



# 130th Annual *Convention Schedule*

## Thursday, April 23

6:00 PM-8:00 PM Registration

8:00 PM-10:00 PM **Event**  
**Pre-Convention Social**

## Friday, April 24



### NDSU BISON PRIDE DAY

Wear your Green & Gold or stop by the ASP booth. Pick up something new and support our future pharmacists.

7:00 AM - 3:00 PM Registration

7:00 AM - 8:00 AM Breakfast Buffet

8:00 AM - 9:00 AM **Session**  
**Probiotics, Prebiotics, and the Host Microbiome**  
Bob Marshall

9:00 AM - 10:30 AM **Session**  
**Drug Induced Vitamin Deficiencies**  
Peter Ford

10:30 AM - 11:00 AM Coffee Break

11:00 AM - 12:00 PM **Concurrent Session**  
**New and Emerging Therapies to Treat Depression**  
Amy Werremeyer, PharmD

11:00 AM - 12:00 PM **Concurrent Session**  
**Legally Mine**  
Dan McNeff

12:00 PM - 1:00 PM Lunch

12:00 PM - 4:00 PM **Event**  
**Exhibitors**

1:00 PM - 4:00 PM **Session**  
**Public Health Poster Session**

3:30 PM - 4:00 PM **Event**  
**Ice Cream Social**

4:00 PM - 6:00 PM **Session**  
**First NDPhA Business Session**

6:00 PM - 7:00 PM **Event**  
**Social**

7:00 PM - 10:00 PM **Event**  
**NDPhA Opening Banquet and Awards Ceremony**  
**Apothecary Olympics**

## Saturday, April 25

7:00 AM - 8:30 AM Registration/Breakfast

7:30 AM - 8:30 AM **Session**  
**Amgen Product Theatre Presentation**

8:30 AM - 10:00 AM **Session**  
**Emily Jerry Foundation**

10:00 AM - 10:30 AM Coffee Break

10:30 AM - 12:00 PM **Meeting**  
**2nd NDPhA Business Meeting**

12:00 PM - 1:00 PM **Meeting**  
**NAPT/NDShP/NDPhA Meetings**

12:00 PM - 1:00 PM Lunch

1:00 PM - 2:30 PM **Session**  
**Epigenetics and Pharmacy**  
Charles Sefcik

2:30 PM - 3:30 PM **Session**  
**Pharmacy Security**  
Bis. Police

3:30 PM - 4:00 PM **Session**  
**Pharm Assist Committee**  
Tim Carlson

4:00 PM - 5:00 PM **Session**  
**Accreditation and National Standards**  
Barb Lacher

5:00 PM - 6:00 PM **Event**  
**Past President's Social/Phun Run**

6:00 PM - 7:00 PM **Event**  
**Pre-Supper Social**

7:00 PM - 11:00 PM **Event**  
**NDPhA President's Awards Banquet**  
**Scholarship Auction**  
**Apothecary Olympics**

## Sunday, April 26

7:00 AM - 8:00 AM Breakfast

8:00 AM - 8:45 AM **Event**  
**Memorial Service**

8:45 AM - 9:45 AM **Meeting**  
**3rd NDPhA Business Meeting**

9:45 AM - 10:00 AM Coffee Break

10:00 AM - 11:00 AM **Session**  
**Topic TBA**  
Mark Hardy

11:00 AM - 12:00 PM **Round Table**  
**Pearls Round Table Topics**



# Award Nominations *Criteria*

FAX to: (701) 258-9312 or

Email to: [ndpha@nodakpharmacy.net](mailto:ndpha@nodakpharmacy.net) by **FEBRUARY 27, 2015.**

A list of past recipients and awards criteria can be found on our website at [www.NodakPharmacy.net/awards](http://www.NodakPharmacy.net/awards).

Nominations should be submitted along with biographical information.

The following awards will be presented:

## **NDPHA 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: \_\_\_\_\_



## NDSHP AWARDS NOMINATIONS CRITERIA

### NORTH DAKOTA HEALTH SYSTEMS PHARMACIST OF THE YEAR

Established in 1998, this award is given annually to an individual of high moral character, good citizenship, and elevated professional ideals. The recipient has made significant contributions to health-system pharmacy, including sustained exemplary service, an outstanding single achievement, or a combination of accomplishments benefiting the profession and public health. These may include achievements or outstanding performance that relate to health-system pharmacy: Practice, education, or administration; Research or development; Organizational activities; Scientific or professional writing; Journalism; Public and/or inter-professional relations activities; or Law, legislation, regulation, or standards of professional conduct.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### NDSHP BEST PRACTICES AWARD

This award program has recognized outstanding practitioners in health-system pharmacy who have successfully implemented innovative systems that demonstrate best practices in health-system pharmacy. Eligibility: Applicants must be practicing in a health-system setting, such as an ambulatory care clinic, chronic care, home health care, inpatient care, or outpatient pharmacy. More than one successful program from a health system may be submitted for consideration. Applicants will be judged on based on the following criteria: Originality and innovative nature of the program, Significance of the program to the health system, Demonstration of improvements, Significance of the program to pharmacy practice advancement, and Quality of the descriptive report.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### AWARD OF EXCELLENCE IN MEDICATION USE SAFETY

The goal May be conferred annually to an individual or group of individuals in recognition of a specific recent contribution or achievement that has advanced the ability of hospital and health-system pharmacists in the United States to serve the needs of patients through improved medication safety processes. Pharmacists and nonpharmacists, are eligible. The award is intended to recognize an individual or group of individuals for a recent singular, significant achievement or contribution rather than for career-long contributions. Include the following information when submitting your nomination. Professional position of the nominee (or individuals in a group) at the time of the contribution or achievement; Current professional position of the nominee or individuals in a group; Summary of the contribution or achievement; Brief statement about how the contribution or achievement advanced the ability of hospital and health-system pharmacists to serve the needs of patients, and Brief statement about why the contribution or achievement is of significance.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

### PHARMACY PRACTICE LITERATURE AWARD

The Pharmacy Practice Research Award recognizes an outstanding original contribution to the peer-reviewed biomedical literature related to pharmacy practice in hospitals and health systems. The award is given annually to the author(s) of an important contribution of original research relevant to health-system pharmacy practice published during the calendar year preceding the state convention. Eligibility: The article submitted for the Pharmacy Practice Literature Award must have been published in a PubMed-indexed, peer-reviewed biomedical journal in the last calendar year. This article will be included in the nomination. For this Award, the applicant must be a pharmacist. The applicant must be either the first or second author listed on the nominated article. To be eligible for this award, the applicant must have participated in each of the following: Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; Drafting the article or revising it critically for important intellectual content; and Final approval of the version to be published.

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_



## NAPT AWARDS NOMINATIONS CRITERIA

Nominations accepted from any member of NAPT, NDPhA or NDSHP

### DISTINGUISHED YOUNG PHARMACY TECHNICIAN SPONSORED BY PHARMACISTS MUTUAL

- Practicing as a Pharmacy Technician for less than 10 years.
- Registered as a Pharmacy Technician in North Dakota.
- Practice sites shall include but are not limited to; Institutional, Managed Care, Retail, or consulting pharmacy in the year selected.
- 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: \_\_\_\_\_

### DIAMOND AWARD SPONSORED BY THRIFTY WHITE STORES

- Current or past registration as a N.D. pharmacy technician is required.
- Must be living, awards are not posthumously.
- Must not be a past recipient of this award.
- Must not be currently serving as an officer of the NAPT Association.
- Must have 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: \_\_\_\_\_

### FRIEND OF NAPT SPONSORED BY NAPT

- Must not have been a previous recipient of this award.
- An advocate of NAPT & the Profession of Pharmacy Technicians.
- The nominee may include but 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: \_\_\_\_\_

### PHARMACY TECHNICIAN OF THE YEAR AWARD SPONSORED BY DAKOTA DRUG

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

Nominee: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Endorsed\* by:

A background image showing three pharmacists in white coats working in a pharmacy. A woman in the foreground is smiling at the camera, while two other people are blurred in the background.

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## Harm Reduction among Injecting Drug Users Through a Pharmacy-based Needle and Syringe Program

Sarah Anderson, *PharmD candidate* and Mark A. Strand, *PhD*,  
North Dakota State University, Pharmacy Practice

Contact: Mark.Strand@ndsu.edu



### Background

In the face of some public health risks that prove difficult to eliminate, harm reduction is an acceptable alternative.<sup>1</sup> This is the case with needle and syringe exchange programs (SNPs) for injecting drug users (IDUs). Sharing used syringes, needles, or other injectable drug equipment by IDUs poses a risk for contracting blood-borne diseases, such as HIV/AIDS. IDUs may be unaware they have such a disease and may unknowingly transmit it to other individuals who may or may not inject drugs. Once an HIV epidemic begins in a group of IDUs, it frequently spreads through injecting drug use to other IDUs as well as sexual contact to partners and then to society.<sup>2</sup> Therefore, needle and syringe programs can reduce the harm caused by the risky behavior, while simultaneously seeking to eventually eliminate the individual's high risk behavior altogether.

Since 1984, a total of 564 cases of HIV/AIDS have been reported in the state of North Dakota. As of 2012, a total of 297 individuals with HIV/AIDS currently live in ND, and of these individuals, 25 acquired the virus through injecting drug use.<sup>3</sup> Injecting drug use is considered a major risk factor for HIV/AIDS in ND, and 11% of all cases in the state are attributable to this cause.

By reducing the number of new HIV/AIDS infections through injecting drug use, individual and population health should be improved. Creation of a needle and syringe program would provide injecting drug users with sterile equipment to use regularly. As of 2009, 184 NSPs in 36 states were operational.<sup>4</sup> These programs have been repeatedly demonstrated to reduce HIV/AIDS-related risk behavior among IDUs by up to 80%. Furthermore, NSPs have not been found to solicit new IDUs or increase the frequency or duration of drug

use or availability of drugs. Additionally, they provide other services to IDUs, such as treatment referral.<sup>2,5-7</sup> In particular, one study compared HIV seroprevalence in 52 cities without a needle exchange program to 29 cities with such a program. The cities without a program had a 5.9% increase per year in seroprevalence compared with a 5.8% decrease per year in those cities with a program.<sup>8</sup> Overall, NSPs have been shown to benefit the community they serve.

Although NSPs exist across the country, there are no operational NSPs in North Dakota. Currently, it is illegal for a pharmacy to establish an NSP in the state.<sup>9</sup> However, with the recent population growth and demographic changes, especially due to the oil industry, injecting drug use in the state is more prevalent in comparison to previous years.<sup>10</sup> This is a concern as the health risks associated with injecting drug use are evident and pose a threat to the health of these individuals and the population; however, measures may be taken by pharmacies to prevent transmission in part by programs such as NSPs. Therefore, the potential impact of NSPs should be acknowledged and the legislation surrounding NSPs should be considered for further evaluation.

### Proposal

The purpose of a needle exchange program is to prevent the transmission of HIV/AIDS, and other diseases at risk of transmission by unsafe injecting practices. Such programs achieve this goal by increasing access to sterile injecting drug equipment, disposing of contaminated equipment, providing education on prevention of HIV/AIDS transmission and safer injecting practices, and delivering additional related services. An NSP should support harm reduction for IDUs, as it is unrealistic to expect elimination of all drug use; however, it should not support the use of



illegal injectable drugs. It should also refer IDUs to substance abuse treatment programs to help these individuals withdraw from their current practices.

The creation of an NSP in North Dakota would require several steps. First, the policies and legal framework regarding NSPs in ND need to be considered. Per the state's drug paraphernalia laws, it is illegal to possess hypodermic syringes, needles, or other equipment that would be used to inject a controlled substance (North Dakota Century Code 19-03.4-03).<sup>9</sup> It is also illegal to deliver such paraphernalia to an individual if the pharmacist believes the purchaser will use the supplies to inject a controlled substance (19-03.4-04).<sup>9</sup> The law also prohibits open advertisement of syringe and needle sales to the public (19-03.4-06).<sup>9</sup> Federal funding is not available for these programs. Therefore, in order to establish an NSP in North Dakota, legislation allowing for the sale and delivery of needles, syringes, and related equipment must be passed.

If legality is established, pharmacists could institute NSPs in North Dakota. First, evaluation of the population served by the pharmacy should be completed to tailor the program to its clients. The program should provide sterile needles and syringes along with other equipment such as tourniquets, alcohol swabs, filters, sterile water, spoons, and condoms. IDUs may purchase a commercial disposal bin from the pharmacy or use a plastic capped bottle to safely discard the used equipment. The pharmacy may set up a contract with a disposal facility allowing IDUs to discard their used equipment at the pharmacy or information may be given to IDUs regarding proper disposal at a designated site. At the time of purchase, a brochure should be provided on relevant topics including HIV/AIDS and hepatitis transmission, safe injecting practices, condom use, and proper disposal of sharps and syringes. Once the pharmacist has built rapport with the IDU during their first contacts, other topics such as pre-counseling for HIV testing or referral to substance abuse treatment should occur. Hepatitis A and B vaccinations may also be administered at the pharmacy as both of these vaccinations are indicated for IDUs to help prevent disease.

When implementing a new program, the location is an important factor to consider. Pilot programs could be launched in regions with a higher number

of IDUs. The NSP should be located in an area that is frequented by IDUs and where they will come for service. It should have convenient hours for IDUs to purchase supplies, easy access to enter and exit quickly for IDUs who are new to the program and may be skeptical, a counseling room for private consultation, and a locked room for storage of equipment and records.

In terms of operating the NSP, the pharmacist is the most qualified, accessible community healthcare professional to manage the program. Pharmacists and pharmacy techs would be required monitor inventory, dispense equipment, counsel and refer clients, record interactions with IDUs, and provide other services. Pharmacists should work in pairs to provide services, and staff should undergo training sessions consisting of HIV/AIDS information, safe injecting practices, HIV testing, contaminated equipment protocol, needle stick injuries, and management of aggressive behavior.

Needle and syringe programs may achieve many positive outcomes throughout the duration of the service.<sup>2</sup> IDUs may learn about the transmission of HIV/AIDS, safe injecting practices, and condom use. Additionally, IDUs may be motivated to continually use sterile injecting equipment and to reduce the sharing of equipment. Also, a reduction in preventable HIV/AIDS cases due to injecting drug use may be noted, and access to HIV counseling and testing may increase. Pharmacists and pharmacy staff may increase their awareness of IDUs in the community, gain skills to interact with this clientele to provide services, and experience a change in attitude towards acceptance of IDUs and harm reduction through NSPs.<sup>11,12</sup>

## Conclusion

From an individual perspective, it is our goal that injecting drug users can be helped to withdraw from their addiction to injectable drugs. From a public health perspective, it is our goal that the services provided and the environment in which they are provided will help IDUs to withdraw from illicit drug use and thus reduce the risk of contracting diseases associated with the practice of drug injection. However, in the face of a growing problem of injecting drug use, it is important that we reduce the risks faced by IDUs while we work toward helping them address their



addiction. A needle and syringe program delivered by the community pharmacist is an evidence-based and humanistic way to achieve this harm reduction. Therefore, legislation surrounding needle and syringe programs in North Dakota should be re-evaluated to consider the legal provision of this service to benefit injecting drug users and the population of North Dakota.

## References

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## 2014 Medical Services Directory is Available!

The North Dakota Medical Association is thrilled to announce that the latest and greatest version of the Medical Services Directory is available for purchase. The Medical Services Directory is an invaluable reference for information on physicians and healthcare facilities in North Dakota. The 160-page, spiral bound directory provides an up-to-date source of information:

- Licensed physicians residing in North Dakota (pictorial)
- Ambulatory surgery centers
- Basic health care providers
- Clinics
- Physicians licensed to practice in North Dakota living out-of-state
- Home health care providers
- Hospice facilities
- Hospitals
- Health agencies & organizations
- Nursing homes
- Physician Assistants
- Public health units

You can order your directory online through NDMA's website or you can print an order form, complete it, and mail it to NDMA with payment.

Please contact NDMA directly any questions or concerns at **701-223-9475**.



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# Did You Know? Continuing Education Requirements Are Changing

PTCB will require continuing education (CE) hours to be pharmacy technician-specific beginning in 2015. This requirement will be implemented as follows:

- Any CE hours completed on or after January 1, 2015 will need to be in pharmacy technician-specific subject matter to count toward recertification.
- This new CE requirement will not apply to CE hours completed on or before December 31, 2014.

For example, if you are due to recertify in 2015, you may have already completed some CE hours during 2013 or 2014, and plan to complete your remaining CE hours during 2015. PTCB will continue to accept CE hours in pharmacy-related subject matter that are completed on or before December 31, 2014. PTCB will not accept CE hours completed in 2015 or later that are not pharmacy technician-specific.

## Example Scenarios

- You complete 15 hours of CE before December 31, 2014. Some of these hours are not pharmacy technician-specific. These hours do not present a problem and can be submitted with your 2015

recertification application. However, your remaining 5 CE hours to be completed in 2015 will need to be pharmacy technician-specific.

- You complete all 20 CE hours before December 31, 2014. You do not need to do anything else, even if some of your CE hours are not pharmacy technician-specific.
- You do not complete any CE hours before 2015. All of your CE hours will need to be pharmacy technician-specific.

In addition to this change, beginning in 2015, PTCB will reduce the number of allowable CE hours earned through in-service training from 10 to 5.

The updated requirements are part of a set of Certification Program changes announced by PTCB in early 2013 to advance pharmacy technician qualifications by elevating PTCB's standards for certification and recertification. The revised requirements are meant to ensure that CPhTs are continually educated through programs that are specific to the demands placed on CPhTs in today's pharmacy settings.

## Changes in Recertification Requirements Take Effect in 2015

Beginning in 2015, PTCB is implementing changes in recertification requirements for CPhTs. The 2015 changes are intended to ensure that CPhTs are continually educated through programs specific to the knowledge required of pharmacy technicians in today's pharmacy settings. The new requirements apply to CPhTs who have a renewal date in 2015 or later.

### Pharmacy-Technician Specific CE

All recertification and reinstatement candidates eligible for recertification or reinstatement in 2015 and beyond are required to submit pharmacy technician-specific continuing education (CE) hours.

To facilitate the transition to this new CE requirement, PTCB will continue to accept CE hours in pharmacy-related subject matter that are completed on or before December 31, 2014.

Any CE hours earned after January 1, 2015 must be in pharmacy-technician specific subject matter. PTCB will not accept CE completed in 2015 or later that is not pharmacy technician-specific.

For example, if you are due to recertify in March 2015 and you already completed some CE hours before the end of 2014, the new requirements will not apply to those hours and you may submit them when you apply to recertify. Only hours earned after January 1, 2015 will be affected by the new requirements.

As before, CPhTs must complete 20 hours of CE. For recertification candidates, one of the 20 CE hours must be in the subject of pharmacy law, and one hour must be in the subject of patient

safety. For reinstatement candidates, two of the 20 hours must be in the subject of pharmacy law and one hour must be in the subject of patient safety. Pharmacy law CE and patient safety CE must be pharmacy technician-specific.

PTCB has determined that all CE programs offered by Accreditation Council for Pharmacy Education (ACPE)-accredited providers with the target audience designator 'T' satisfy the requirement of pertaining to pharmacy technician-specific subject matter. CE programs intended for pharmacists and pharmacy technicians will have an identical Universal Activity Number (UAN) with a target audience designator of either 'P' or 'T' as the last digit.

Non-accredited CE programs are accepted if PTCB determines that the program objectives assess or sustain the competency critical to pharmacy technician practice as stated in PTCB's Pharmacy Technician Certification Examination Blueprint.

### CE Hours Earned Through In-Service Projects or Training

Beginning in 2015, the maximum number of CE hours a CPhT may earn through in-service projects and training (earned at a certificant's workplace under the direct supervision of a pharmacist) is reduced to 5 hours from the previous level of 10. Credit for in-service projects is not awarded for the performance of a pharmacy technician's regular work duties. Credit is granted for the completion of specially assigned in-service projects or training outside of the certificant's regular responsibilities. Specific requirements are set forth in the Universal Continuing Education Form.

**Reprinted Courtesy of PTCB**





## Northland Association of Pharmacy Technicians

### *President's Report:*

Consider nominating a pharmacy technician for one of this year's Pharmacy Technician Awards. Watch for the WINTER MAILING detailing award nominations. It is a great opportunity to let a deserving pharmacy technician receive recognition for their work and dedication to their profession. The minimum selection criteria will be included in this mailing.

NAPT is also encouraging nominations for the award, "Friend of NAPT". Do you know of someone or a business that has been an advocate of NAPT and the profession of Pharmacy Technicians?

All the types of awards and specific information may be found on the NDPhA website, <http://www.nodakpharmacy.net/Awards.html>.

Another item to look for in your mailing is called "Convention Bucks"; a voucher worth money towards your convention registration. Make sure to send the voucher along with your convention registration for the NDPhA Annual Convention - 2015. This will be held April 24-26 in Bismarck. Excellent sessions have been lined up to offer great CE opportunities. Chris Jerry, founder of the Emily Jerry Foundation will be one of the speakers at this convention. It is a touching story about his daughter, Emily, and the treatment she received at a hospital. Whether you are a pharmacy technician or a pharmacist, teamwork helps prevent system errors. Plan to come to the Pharmacy Convention this spring.

### *Pharmacy Etiquette Corner*

Did you know one of the most important things to remember when answering the telephone in the pharmacy is to identify yourself and your title? In North Dakota it is a requirement. By identifying yourself, the caller will know to whom they are speaking and if they have reached the correct person.

Using conventional courtesy like "good morning" and "thank you for calling" are a polite way to begin and end a conversation on the phone. Always strive to be as professional and friendly as possible.

Lastly....all ND Registered Pharmacy Technicians are members of NAPT – Northland Association of Pharmacy Technicians. This organization's goal is to provide leadership, continuing education and interaction among technicians and other health care providers in all aspects of the profession of pharmacy. If you ever have questions or suggestions, please contact your Executive Board.

*Sharon Kupper, NAPT President*

## NAPT

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## Northland Association of Pharmacy Technicians Fall Conference Report

Submitted by: NAPT Fall Conference Committee

The 2014 NAPT (Northland Association of Pharmacy Technicians) Annual Fall Conference was held on October 17 and 18 at Minerva's/Kelly Inn in Bismarck ND.

With an attendance of 75 Pharmacy Technicians and Technicians in training, this event included Law and Patient Safety specific CE to meet the requirements of PTCB certified Pharmacy Technicians. Attendees were offered a total of 10 ACPE CEs, topics included; Work Safety, ND Health Information Network, ND

Law, Drug Diversion, Street Drugs, Medication Synchronization, Time Management and Career Building for the Pharmacy Technician.

In recognition of Pharmacy Week and Pharmacy Technician Day, each attendee was presented a decorated wine glass from the NAPT Executive Board as a way to express continued thanks for their hard work and dedication to the pharmacy profession.

Special thanks to the NAPT Executive Board and the Fall

Conference Planning Committee for their hard work to ensure this conference was a positive learning experience for all.

Planning is underway for the 2015 Annual Fall Conference. If you have a topic of interest please feel free to reach out to any NAPT Executive Board member. It is through the inspiration of our members that leads to a successful event. Watch your Nodak and mail for further details.

## Legislative *Update*

We know most of you are seasoned veterans at this process but we figured we would include the following link.

### **How a Bill Becomes a Law:**

<http://www.legis.nd.gov/files/resource/miscellaneous/bill-law.pdf>

The Legislative Council website has been re-done and it is very easy to navigate.

You will find the homepage at:

<http://www.legis.nd.gov/>.

If you don't know who your Legislators are, or you want to help someone else find out who their Legislators are, there is a nifty "Legislator Locator" which you can find at:

<https://www.legis.nd.gov/lcn/assembly/constituentViews/public/findmylegislator.htm>.

You will need only your address and zip code. Pretty slick!

**GO TO THIS WEBSITE TO SEE THE STATUS AND BILL LANGUAGE  
BY SIMPLY INSERTING THE BILL NUMBER:**

<http://www.legis.nd.gov/assembly/64-2015/bill-inquiry>



## 2015 Pharmacy-Related Legislation Grid

Bill	Description	House Committee	House Hearing	Committee Action	House Action
HB 1003	University Systems Budget Bill (NDSU Budget)	Education Approp	1-21-15		
HB 1038	Relating to NDPERS coverage of telemedicine	Gov't & Veterans Affairs	1-22-15 8:00 AM		
HB 1041	Relating to PBM services for the Medicaid Expansion Program	Human Services	1-12-15 9:30 AM		
HB 1149	Relating to rules governing the PDMP	Human Services	1-19-15 9:00 AM	<b>DO PASS 12-0</b>	<b>DO PASS 91-0</b>
HB 1072	Relating to coverage of cancer treatment medications	Human Services	1-19-15 11:00 AM		
HB 1102	Relating to the definition of health care provider for WSI	Industry, Business and Labor	1-13-15 8:00 AM	<b>DO PASS 11-2-2</b>	<b>DO PASS 76-17</b>

Bill	Description	Senate Committee	Senate Hearing	Committee Action	Senate Action
SB 2070	Relating to immunity from criminal liability for individual who reports medical emergency involving drugs	Judiciary Committee	1-13-15 9:15 AM	<b>DO PASS 6-0</b>	<b>DO PASS 46-0</b>
SB 2086	Relating to wholesale drug distribution and third-party logistic providers	Industry, Business and Labor	1-14-15 11:00 AM	<b>DO PASS 7-0</b>	<b>DO PASS 47-0</b>
SB 2100	Relating to the scheduling of controlled substances	Judiciary Committee	1-14-15 9:30 AM	<b>DO PASS 6-0</b>	
SB 2104	Relating to immunity to liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits	Human Services	1-20-15 11:00 AM	<b>DO PASS 6-0</b>	<b>DO PASS 46-0</b>
SB 2121	Relating to Medical Peer Review records - pharmacists	Human Services	1-28-15 11:00 AM		
SB 2173	Relating to the Governance of prescriptive practices for pharmacists	Human Services	1-28-15 10:30 AM		
SB 2194	Relating to the regulation of Naturopaths	Human Services	1-19-15 11:15 AM		
SB 2320	Relating to the creation of an MTM program for Medicaid patients	Human Services	1-28-15 10:00 AM		



# 2014 Recipients of the “Bowl of Hygeia” Award



Mike Mikell  
Alabama



Scott Watts  
Alaska



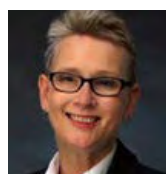
Crane Davis  
Arizona



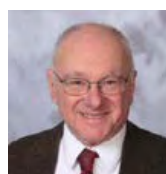
Eric Shoffner  
Arkansas



Walter Cathey  
California



Wendy Anderson  
Colorado



Philip Bunick  
Connecticut



Donald Holst  
Delaware



Norman Tomaka  
Florida



Robert Bowles  
Georgia



Jeani Jow  
Hawaii



Susan Cornell  
Illinois



Sean McAlister  
Indiana



Craig Clark  
Iowa



Richard Bieber  
Kansas



Jerrold White  
Kentucky



Robert Hollier  
Louisiana



Mark Polli  
Maine



Donald Taylor  
Maryland



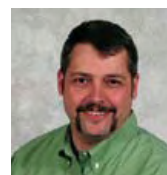
*The “Bowl of Hygeia”*



Erasmo Mitrano  
Massachusetts



Joseph Leonard  
Michigan



Brent Thompson  
Minnesota



Carter Haines  
Mississippi



Kenneth Michel  
Missouri



Mark Donaldson  
Montana



Christopher Shea  
Nevada



Lawrence Routhier  
New Hampshire



Maria Leibfried  
New Jersey



Stephen Burgess  
New Mexico



Karl Fiebelkorn  
New York



Ronald Maddox  
North Carolina



Charles Peterson  
North Dakota



James Liebetrau  
Ohio



Henry Roberts  
Oklahoma



Larry Cartier  
Oregon



Julie Gerhart-Rothholz  
Pennsylvania



Blanca Delgado-Rodriguez  
Puerto Rico



Katherine Kelly Orr  
Rhode Island



Gene Reeder  
South Carolina



Earl Hinricher  
South Dakota



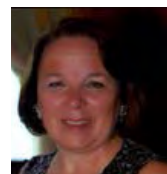
Robert Shutt  
Tennessee



May Jean Woo  
Texas



Brent Olsen  
Utah



Cynthia Warriner  
Virginia



Patricia Slagle  
Washington



Wallene Bullard  
Washington D.C.



Arlie Winters  
West Virginia\*



Nicole McNamee  
West Virginia



Terry Maves  
Wisconsin



Ardis Meier  
Wyoming



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to [awards@naspa.us](mailto:awards@naspa.us). The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.

**Boehringer Ingelheim is proud to be the Premier Supporter of the Bowl of Hygeia program.**

\* 2013 recipient not previously pictured.

## Lawmakers speak at provider status-focused MRMs

DIANA YAP

Advocacy is a skill—just like anything else. When student pharmacists gain the basic understanding behind advocacy and its components, they have not only the power to further the profession of pharmacy, but also any other cause they feel strongly about, according to APhA Academy of Student Pharmacists (APhA-ASP) National President Nicholas A. Capote.

That was a takeaway from the 2014 APhA-ASP Midyear Regional Meetings (MRMs), representing eight regions across the country. Focusing on provider status recognition, this year's MRMs included presentations on provider status, and the MRMs for regions 1 and 3 featured talks by Rep. Paul Tonko (D-NY) and Buddy Carter, BSPHarm, the Republican Georgia state senator who became the only pharmacist elected to Congress in November's elections, respectively.

"I believe the benefit student pharmacists gain from hearing about issues such as provider status is greatest when it comes from an individual working for the issue every day," said Capote, who is a 2015 PharmD candidate at the University of Tennessee College of Pharmacy. "Throughout this APhA-ASP MRM season, student pharmacists across the United States have not only been able to revisit the issue, but learn about it from those pharmacists with 'boots on the ground' every single day."

### Learning about H.R. 4190

MRMs are held every fall for each of the APhA-ASP regions across the country. The MRMs are the only meetings in the United States designed exclusively for student pharmacists. The total number of attendees at the 2014 MRMs was 3,012, according to APhA Director of Student Development Crystal Atwell, PharmD.

On October 17–19, the MRMs for regions 1 and 6 were held in Albany, NY, and Austin, TX, respectively. On October 24–26, the MRM for region 3 was held in Atlanta. On October 31–November 2, the MRMs for regions 4, 5, and 7/8 were held in Lexington, KY; Omaha,

NE; and Scottsdale, AZ, respectively. On November 14–16, the MRM for region 2 was held in Morgantown, WV.

"Since the announcement of H.R. 4190, student pharmacists around the United States have been learning and getting excited about the transformational role this could play for the profession of pharmacy," Capote said. "During each APhA-ASP MRM, student pharmacists had the opportunity to learn about the different components of the bill—in addition to the thought process pursued by the bill's creators."

H.R. 4190 was introduced in the U.S. House of Representatives on March 11, 2014, by Reps. Brett Guthrie (R-KY), G.K. Butterfield (D-NC), and Todd Young (R-IN). H.R. 4190 amends Title XVIII of the Social Security Act to enable patient access to, and coverage for, Medicare Part B services by state-licensed pharmacists in medically underserved communities.

As *Pharmacy Today* went to print, the bill had amassed a total of 122 cosponsors, including Tonko. The legislation will need to be reintroduced in the new Congress.

"Prior to the meetings, if I asked student pharmacists about their confidence level in educating a physician on the components of the bill and what it could do for health care, several would shy away from the opportunity," Capote said. "Now that students have learned from experts in the field, I find they are much more comfortable in their advocacy efforts."

### Provider status: Congressional perspective

In his talk, Carter discussed the importance of advocacy; reaching out and

### Provider status in this issue

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Are there enough jobs for pharmacists, or is supply and demand just leveling out? .....	36
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getting to know one's representatives in Washington, DC, and home districts; making sure pharmacists are on the health care team; provider status; and how he is looking forward to representing the profession in Washington, DC, according to APhA Senior Lobbyist Michael Spira.

"Congressman-elect Carter spoke about three main audiences we must reach out to as a profession: the general public, our colleagues in health care, and those lawmakers who have the ability to advance health care through the laws they write," said Capote, who attended Carter's talk at the MRM for region 3. "Congressman-elect Carter helped student pharmacists understand that advocacy is essential to furthering our own causes here in the United States, and also a privilege that not a lot of other countries enjoy to the same extent."

Tonko focused on provider status and the importance of the pharmacy profession as a resource for our nation, according to APhA Senior Director of Student and New Practitioner Development Keith Marciniak, BSPHarm.

"Congressman Tonko's inspiring presentation to the students was a great opportunity to hear directly from the people we are trying to convince about how to convince them," said APhA-ASP National President-elect Lucy West, who is a 2016 PharmD candidate at Northeastern University School of Pharmacy.





Rep. Paul Tonko (D-NY)

Both Carter and Tonko were asked about their previous experience during their question-and-answer sessions. Both described their involvement on the state level—Carter's work with the state senate and Tonko's work with the state assembly, Marciniak said.

Carter and Tonko also mentioned how they worked with families that had health-related issues.

Tonko told an affecting story about a family whose son committed suicide as a young teenager because of serious depression, Marciniak said. Tonko talked about how the federal and state governments aren't doing enough to help families and how health care providers and our federal, state, and local governments need to focus efforts on funding and resources for the growing issues of mental illness, depression, and



Representative-elect Buddy Carter (R-GA)

substance abuse in this country.

### Provider status recognition explained

Every MRM this year also included an APhA provider status presentation. The presentation—Your Future in Pharmacy: Provider Status—explained pathways to provider status recognition and collaboration among pharmacy organizations on the issue.

The three pathways are the federal sector, including Social Security, Medicare, the CMS Center for Medicare & Medicaid Innovation, and accountable care organizations (ACOs) under the Affordable Care Act's (ACA) Medicare Shared Savings Program; the state level, including Medicaid, ACA's health insurance exchanges and state health plans, and existing provider status and

collaborative practice; and private payers, including ACOs, private or employer-based insurers, and patient-centered medical homes.

The presentation also noted that APhA is part of a broad coalition of pharmacy organizations and stakeholders united in promoting patient access and coverage for pharmacists' patient care services. The collaboration, known as the Patient Access to Pharmacists' Care Coalition (PAPCC), advocates for consumer and patient access and coverage for pharmacists' patient care services; payers and policy makers to recognize pharmacists as health care providers who improve access, quality, and value of health care; and inclusion of pharmacists as members of patient health care teams. PAPCC supports H.R. 4190.

"Provider status is the future of our profession," West said. "By providing those student pharmacists at MRMs with programming dedicated to provider status, they heard from an expert about the topic and our message while brainstorming and discussing with other student pharmacists about how they can engage as future professionals in the Pharmacists Provide Care campaign to achieve provider status."

Diana Yap, Editorial Director

## Changes to incident-to billing a win for pharmacists

LOREN BONNER

The Physician Fee Schedule final rule for CY 2015 that CMS released in late October includes changes to incident-to billing for chronic care management where pharmacists are seen as clinical team members. Under the updated guidelines for incident-to billing, physicians can bill Medicare for a pharmacist's services under their own provider number.

"It finalizes changes that were made in the proposed rule that really loosen restrictions on incident-to billing and make it good for nonphysician providers," said Jillanne Schulte, JD, APhA Director of Regulatory Affairs.

CMS has always placed strict rules around incident-to billing services,

which allow physicians, clinical nurse specialists, nurse practitioners, and physician assistants in a private medical office practice, or noninstitutional setting, to bill Medicare for services that are provided by nonphysician personnel. The visit, or what the patient is there for, is billed as incident-to.

The final rule relaxes some of those restrictions and makes it possible for medical practices to bill Medicare for services of a pharmacist on an incident-to basis during care coordination management services. According to Schulte, the pharmacist does not need to have a direct employment relationship, and there does not have to be a physician or practitioner directly supervising the nonphysician.

In addition, Schulte said services provided at an outpatient hospital or critical access hospital that are "integral, though incidental" to a patient's treatment may also be billed as incident-to services, although supervision and other requirements could vary.

Loren Bonner, MA, Reporter

## Provider status would allow pharmacists to expand services

SONYA COLLINS

As a pharmacist care coordinator in Kroger Pharmacy's Columbus–Ohio division, Brigid Long, PharmD, MS, oversees the pharmacy's transitions of care programs. It's her job to help ensure that patients recently discharged from the hospital stay at home and don't return to the hospital. She provides in-person and telephone-based medication reviews and reconciliations to eligible patients who accept the service.

"Community pharmacists really are your health care provider in the community," Long said. "We're ideal to improve access and resolve medication issues just because of our location, our constant contact, and our ability to work with that patient."

Long helps resolve numerous potentially dangerous medication issues for patients when she has access to their health information and cooperation from their health care providers. But until Long, like the other pharmacists profiled in this series, gets federal recognition as a health care provider, there will always be barriers to providing optimum care for her patients.

### Postdischarge consultation

In a postdischarge consultation, Long learned that her patient was preparing to return to the hospital in the coming weeks for a scheduled hip replacement—a procedure unrelated to the patient's most recent hospitalization. She had been taking Tylenol 1,000 mg every 4 hours for the last 2 days to preemptively address pain and swelling. The patient was following what she believed were her doctor's orders. Knowing that this was well over the recommended limit for acetaminophen, Long called the physician and discovered that the orders had been to take Advil,

not acetaminophen.

"A family member had inadvertently gotten her acetaminophen instead of Advil because they both began with 'A,'" Long said. "So I was able to clarify everything with the physician and with the patient and make sure that she stopped taking acetaminophen and didn't harm herself or her liver."

### Spending more time with patients

Long's transitions of care program has helped her identify patients with chronic obstructive pulmonary disease who were discharged from the hospital without a rescue inhaler. She has prevented patients from taking duplicate blood pressure medications, among other drugs. And she's helped patients get prescriptions for affordable medications when the original prescription was too far out of their budget.

"These are issues that the community pharmacist is clearly able to resolve, but some of these things don't come up until you take the time to sit down face to face with the patient or talk to them on the phone," Long said. "I was actually calling the woman who was having hip replacement surgery about a different unrelated discharge."

But without provider status, Long can only spend the necessary time



Brigid Long

with a small fraction of the patients who could use her help. Through an agreement with a local hospital and health plan, Kroger pharmacists in her region receive eligible patients' discharge summaries and are reimbursed for reviewing and reconciling the patients' medications after a hospital discharge. Yet when Long has tried to take this model to other facilities, they've turned her away.

"Even though I have these examples of how a community pharmacist can improve a patient's care, they've told me that we aren't seen as health care providers, since we work in a grocery store, for example," Long said. "And therefore there's no way for them to share any information through their EMR [electronic medical record] with us."

### Facing prejudice

Until pharmacists gain federal recognition as health care providers, Long believes she and her colleagues will continue to face prejudice when they attempt to expand patient care services.

"If pharmacists had provider status, more payers would see the benefits of pharmacist-provided care and justify including extra pharmacy services in the benefits provided for their patients," Long said. "It would also encourage other providers in different settings to recognize that pharmacists in all different areas are providers, and it would motivate them to participate and try different service delivery models for our patients."

### Provider status stories

Pharmacists are health care providers. In a series of profiles appearing in *Pharmacy Today* and on [pharmacist.com](http://pharmacist.com), pharmacists explain how their patients would benefit from provider status. And as part of our campaign for provider status, APhA has asked pharmacists to share their story of how they provide care to their patients and how provider status will improve health care. These stories are collected on the APhA YouTube channel at <https://www.youtube.com/user/aphapharmacists/playlists>. If you would like to share your story, please visit [PharmacistsProvideCare.com](http://PharmacistsProvideCare.com).

Sonya Collins, MA, MFA, contributing writer



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### FRIDAY, FEBRUARY 13

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### SATURDAY, FEBRUARY 14

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**7:00-8:00a** Product Theater Breakfasts

**9:00-10:00a** Keynote: A Never Event: Don't Let it Happen in Your Facility!

**10:15a-12:30p** Concurrent CPE Programming for Pharmacists, Technicians and Students

**12:30-2:00p** Lunch & Exhibits Program

**2:00-5:30p** Concurrent CPE Programming for Pharmacists, Technicians and Students

### SUNDAY, FEBRUARY 15

**7:30-8:30a** Keynote: Obtaining Provider Status for Pharmacists — Yes, It's Important!

**8:45-10:15a** New Drug Update

**10:30a-12:30p** Game Changers in Pharmacy

**12:30-2:00p** State Law Updates



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## Snap-on Tools Donates \$3,000

Ben Pesek, Authorized Franchisee for Snap-on Tools, and Joey McRoberts of Snap-on Tools hold a check in the amount of \$3,000 donated to the Help of Hope and Healing Cancer Support Group, to be used to help cancer patients in their franchise trade area with travel expenses. The area extends from New Rockford to Ellendale to Oakes. HHH group members pictured are Beth Dewald, Eileen Lisko, and Laurel Haroldson. If you know of someone who might qualify please contact Laurel Haroldson for information at 701-269-9543.



## Dakota Drug's Ted Scherr Named HDMA Chairman

Ted Scherr, President/CEO of Dakota Drug, Inc., was elected as Chairman of Healthcare Distribution Management Association's Board of Directors at the 5th Annual Board & Membership Meeting in Laguna Beach, California





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