

NoDak Pharmacy Journal

Volume 30, No. 3 July 2017



**2017 ND
Annual
Convention
Recap**



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COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



2017 Calendar

JULY

Jul 22-26 AAPT National
Convention, Cincinnati,
OH

AUGUST

Interim Hearings will start

SEPTEMBER

Sept 4 Labor Day
Sept 6 NDPhA/NDPSC Joint
Board Meeting –
Hampton Inn, Bismarck
Sept 7 College of Health
Professions Career Fair,
Fargo Dome
Sept 9 Pharmacy White Coat
Ceremony, NDSU Festival
Concert Hall
Sept 11 Patriot Day
Sept 11 Grandparents Day
Sept 15-16 NAPT Fall Conference
Sept 29 NDSU Pharmacy
Homecoming Seminar
Sept 30 Homecoming 2017

NoDAK PHARMACY JOURNAL Submission Policy

The ND Pharmacists Association is pleased to accept submissions for the Journal. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDPhA at:
lgiddings@nodakpharmacy.net

The deadline for the Next Issue is:
September 6, 2017

NoDAK PHARMACY JOURNAL

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NDPhA President's Message



Colleagues,

As this is my first article as president of the Association, I would like to say how honored and humbled I am to be serving as your president. I know that the Association has been a tremendous asset for me throughout my career as a pharmacist in North Dakota and I am grateful for having this opportunity to give back to an organization that has served the profession of pharmacy so admirably throughout the history of pharmacy in the state.

With the completion of another legislative session I was inspired to see the efforts of so many of our colleagues in providing testimony before the various legislative committees. Even more so since it drew colleagues from both the community and health systems together in a common purpose, the advancement of our wonderful profession, particularly as it pertains to both our right and responsibility to care for our patients receiving specialty medications and provider status.

There's the classic quote, "with great power comes great responsibility." I believe that quote encapsulates what pharmacy is faced with when, not if, but when, we are granted provider status. With the recognition that pharmacists are full-fledged medical providers, who are a critical part of the healthcare system, also comes the expectation that we will be active participants in that system. Simply filling an Rx accurately will no longer be acceptable if we are to lay claim to being nationally recognized as healthcare providers. We must also be engaged in determining if that truly is the right drug for the right patient. This essentially is the argument that the PBM's have used to say that only their pharmacies and their pharmacists are qualified to treat disease states requiring complex, and often very costly, medication regimens. We heard that during this legislative session during testimony of SB 2301, the Specialty Pharmacy bill. Many of our colleagues testified that as pharmacists, licensed with the Board of Pharmacy, we have the right to provide those medications to the patients that we serve. This was a tremendous victory, and I would like to take this opportunity to especially thank our Executive

Vice President, Mike Schwab, for the tremendous job he did, not only on this piece of legislation, but also on the Claw-Back bill, and all the other bills that he fought for, putting in many long days.

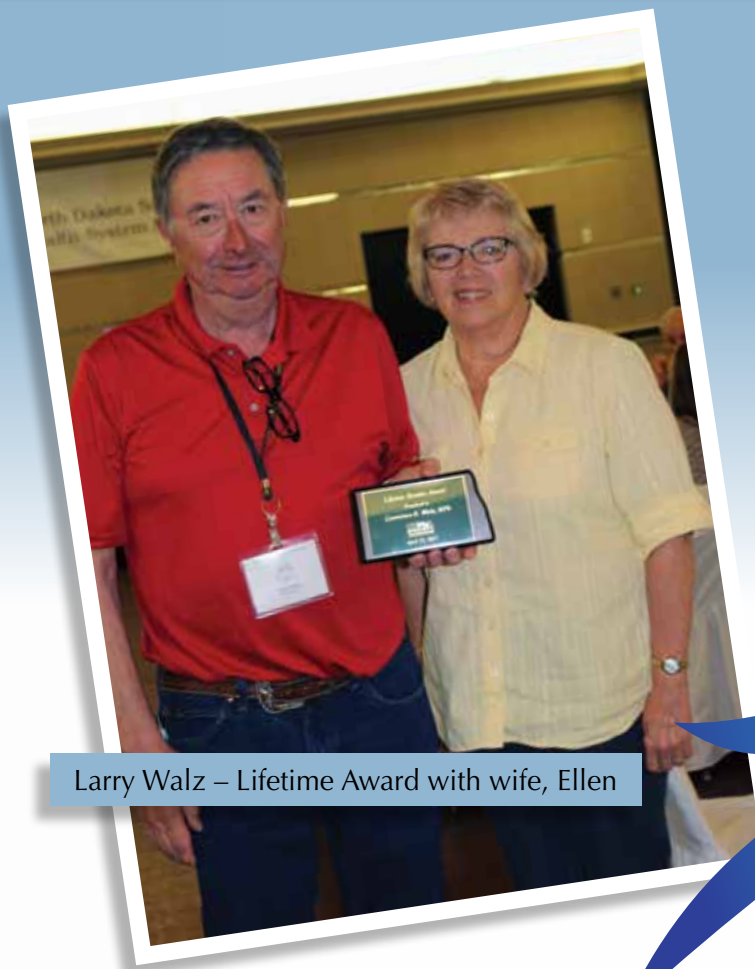
But, my friends, if we sit back and are not engaged in evaluating the appropriateness of that therapy, or if we fail to provide adequate consultation to ensure that our patients are fully educated on what and how to take those medications, or if we fail to monitor adherence and outcomes, then we will have failed in providing the level of care demanded of our status as providers. In order to do all of these we need to have the tools, resources, and education to support our patients with these complex regimens. I believe this is where the ABC's of pharmacy in North Dakota must step up to the plate and deliver. We need the help of the School of Pharmacy to develop educational materials and monitoring tools that we can use to evaluate when it is appropriate to use a costly biologic, to identify possible alternatives of care that may be less expensive and more affordable for our patients and plan sponsors, and direction on what are the critical monitoring parameters that we, as pharmacists, should be reviewing. Just as the best medication in the world is worthless if it is not taken appropriately, these tools will be worthless if we choose not to use them. This is what it means to be full-fledged medical providers. It goes well beyond just being able to participate and bill Medicare Part B, it is a commitment to providing the best patient care that we can.

I know that working together we can achieve great things for our profession, but most importantly for the patients who have entrusted us with the health. I look forward to this year as your president. If there are issues which you feel are not being adequately addressed by the Association please contact either me or any of the officers or board members. This is your Association and we want to make sure that it is working for those issues which are important to you.

Harvey Hanel, PharmD, R.Ph.

President NDPhA

2017 ND Annual Convention Recap



Larry Walz – Lifetime Award with wife, Ellen



Diane Halvorson - NAPT Friend of Pharmacy with Donna Kisse



Terry Dick – Cardinal Health Generation Rx Award with Lance Mindt of Cardinal Health (L)

2017 ND Annual Convention Recap



Bonnie Thom - Al Doerr Service Award



Erik Christenson – Health System Pharmacist of the Year



John Olson – NDPSC Friend of Pharmacy



Tracy Krueger (R) – with Pharmacists Mutual Naomi Larson & Brad Morrison

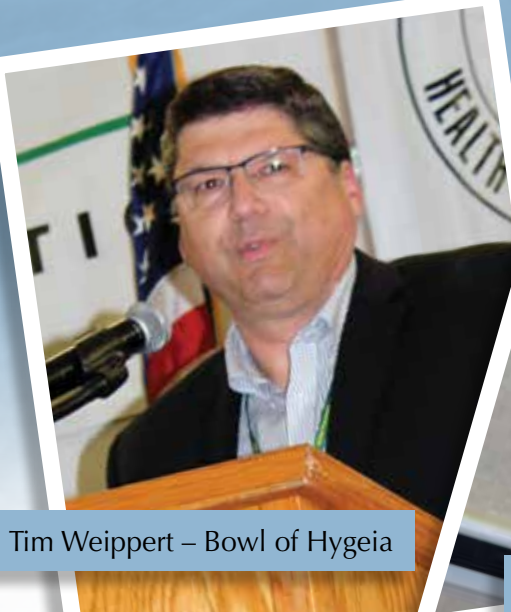


Family HealthCare Pharmacy NDSU – NDSHP Best Practices Award

2017 ND Annual Convention



Kerri Ring – Thrifty White Diamond Award



Tim Weippert – Bowl of Hygeia



Tracy Krueger – Pharmacists Mutual Distinguished Young Pharmacist Award



Heart of America Medication Reconciliation Technician Program – NDSHP Excellence in Medication Use Safety Award



Arlene Monson (R) – Dakota Drug Distinguished Young Pharmacy Technician Award with Carolyn Bodell



Nathan Leedahl – NDSHP Pharmacy Practice Literature Award with Erik Christenson

Thank you to all attendees, convention committee members, presenters, exhibitors & sponsors for helping make the 132nd Annual Pharmacy Convention a success.

A special Thank you goes out to Dakota Drug for your generous support of NDPhA 2017 Annual Pharmacy Convention.

STOP OVERDOSE

20
DEATHS
IN 2013

61
DEATHS
IN 2015

Overdose deaths in North Dakota increased from 20 deaths in 2013 to 61 deaths in 2015.

CDC/NCHS, National Vital Statistics System, Mortality

Naloxone competitively binds opioid receptors and is the antidote to acute opioid toxicity. With proper education, patients on long-term opioid therapy and others at risk may benefit from a naloxone prescription.

Consider prescribing intranasal spray or auto-injector naloxone to patients who are:

- Taking high doses of opioids for long-term pain management
- Receiving rotating opioid medication regimens (at risk for incomplete cross-tolerance)
- Using opioids for legitimate medical need, coupled with a suspected or confirmed history of substance use disorder or non-medical use of prescription or illicit opioids
- Using a combination of opioids plus a benzodiazepine or other sedative
- Combining opioids with alcohol, OTC, or other central nervous system depressants
- Recently released from incarceration or an abstinent based program (and presumably with a reduced opioid tolerance and high risk of relapse)
- On certain opioid preparations that may increase risk for opioid overdose such as extended release/long-acting preparations

Most private health insurance plans, Medicare, and Medicaid cover naloxone for the treatment of opioid overdose.

LEGAL AND LIABILITY CONSIDERATIONS

Prescribing naloxone is consistent with the drug's FDA-approved indication, resulting in no increased liability so long as the prescriber adheres to general rules of professional conduct.

You are protected under North Dakota law:

North Dakota offers immunity from civil and criminal liability to individuals who prescribe, distribute, dispense, receive, possess, or administer an opioid antagonist under North Dakota Century Code 23-01-42.

Source: Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 16-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.



For more information, visit
prevention.nd.gov/stopoverdose

Created in partnership with the Reducing Pharmaceutical
Narcotics in our Communities Task Force

NORTH DAKOTA
PREVENTION
RESOURCE & MEDIA CENTER

NALOXONE PRESCRIBING FOR PHARMACISTS IN NORTH DAKOTA

Prescribing naloxone is a vital link in preventing overdose deaths from opioid pain medications and heroin.

FOLLOW THESE STEPS TO BECOME A NALOXONE PRESCRIBER

1

Review the revised North Dakota Board of Pharmacy rule at www.nodakpharmacy.com/pdfs/61-04-12.pdf.

2

Complete one of the available training programs:

- Pharmacist Letter: accessible to any NDSU preceptor or via a subscription to Pharmacists Letter: <https://pharmacistsletter.therapeuticresearch.com/logon.aspx?bu=/ce/ceCourse.aspx?pc=16-242>
- Boston College and SAMHSA Program: http://www.opioidprescribing.com/naloxone_module_1-landing
- College of Psychiatric & Neurologic Pharmacists: <https://cpnp.org/guideline/naloxone>
- California Society of Addiction Medicine: <http://www.csam-asam.org/naloxone-resources>
- Prescribe to Prevent Videos for Pharmacists, Prescribers and Patients: <http://prescribetoprevent.org/video/>
- Substance Abuse and Mental Health Service Administration SAMSHA: <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

3

Sign up as a trained pharmacist by visiting the ND Board of Pharmacy website: www.nodakpharmacy.com/naloxone.asp. Signing up allows the public to access you and your pharmacy when needing a prescription.

4

Help save lives. Prescribe naloxone.

For More Information Please Visit:
www.nodakpharmacy.com/naloxone.asp

Transfer Of Unfilled Epcs Prescriptions Between Pharmacies

By Mark J Hardy, PharmD
Executive Director ND Board of Pharmacy

The Board of Pharmacy Office has received questions on the ability and the procedures for transferring an unfilled Controlled Substances Prescription [a prescription that a pharmacy received but has not filled] to another pharmacy.

I requested an opinion from the Drug Enforcement Administration [DEA] and received the following response:

The Controlled Substances Act and its implementing regulations outline what can take place regarding prescriptions for controlled substances. In Title 21, Code of Federal Regulations, Section 1306.25 the DEA made a specific exception so that a DEA registered pharmacy can, once it has filled an original prescription for a controlled substance in Schedules III-V, transfer the original prescription information to another DEA registered pharmacy for the purpose of allowing that second pharmacy to then dispense any remaining valid refills still permitted by law and the prescriber's authorization. With one exception, such an allowance currently does not exist for the forwarding of an unfilled prescription from one DEA registered retail pharmacy so that it may be filled at another DEA registered retail pharmacy.


*Prescriptions can take the form of paper (including fax), call-in, or electronic prescription for controlled substances (EPCS). The DEA has addressed the forwarding of an EPCS prescription. The DEA published information in the preamble of the notice of proposed rulemaking (NPRM) on EPCS, 73 FR 36722, and the preamble of the interim final rule (IFR) on EPCS, 75 FR 16235. Note, because this was in the preamble and not in the EPCS regulations, it represents the DEA's policy. **As posted in the preambles of the NPRM and the IFR, an unfilled original EPCS prescription can be forwarded from one DEA registered retail pharmacy to another DEA registered retail pharmacy, and this includes Schedule II controlled substances.***

At the start of 2017, the DEA received inquiries from some pharmacists regarding this issue. The DEA was advised that these pharmacists had received notice from their management that they could not forward original unfilled prescriptions for controlled substances as there was no exception in Federal regulation that expressly allowed this activity. The pharmacists were provided with the above information. Although the DEA received several inquiries regarding this issue earlier in the year, these have now ceased.

Loren T. Miller - Associate Section Chief
Liaison and Policy Section - Diversion Control Division
Drug Enforcement Administration

As you will note in the above opinion, the DEA does allow the transfer of an unfilled, original EPCS prescription from one pharmacy to another. Of course, assuming the pharmacies are DEA registered. It is also important to note that this does include a Schedule II controlled substance prescription.

If you have any questions, please feel free to contact the Board Of Pharmacy Office at 701-328-9535 or by email at Mhardy@ndboard.pharmacy.



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Project in Field of Pharmacology

Junior Division Winner:
**A cash award of \$75 and
a certificate.**

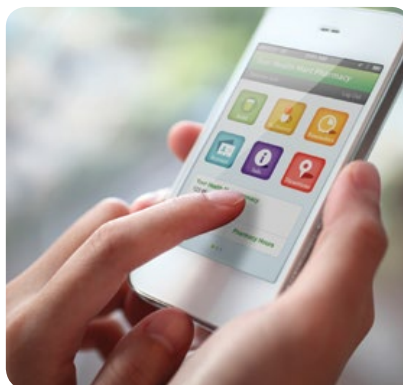
Ally Habib, Hankinson School District, "A Microbiological Analysis of Essential Oil Use"

Project in Field of Pharmacology

**Senior Division Winner: A cash
award of \$100 and a certificate.**

Britney Freund, Lakota School District, "Is Nanosilver Affecting Organisms Living in Water?"





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Message from the NAPT Chairperson

Greetings to you from the Northland Association of Pharmacy Technicians (NAPT) Executive Board. During the NDPhA Convention in April 2017, at the NAPT General Business Meeting, our 2017-2018 Executive Board was sworn into office. As we gather as a new board we hope to meet the needs of the members of our association.

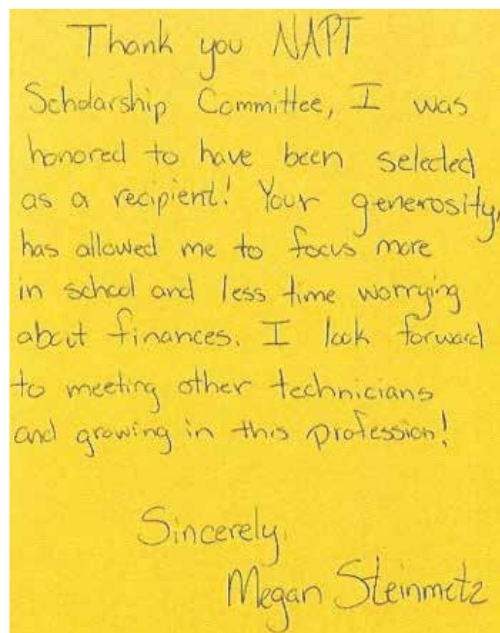
Let's take a moment to thank the 2016-2017 NAPT Executive Board for your dedication, it is through your time and talents that made a difference for the association and its members. Specifically, thanks to Donna Kisse, your leadership has kept NAPT on the right track and encouraged the board to aspire to our continued growth in the profession.

The Fall Conference 2017 will be held in Bismarck, ND at the Ramkota Hotel and Conference Center on September 15 and 16, 2017. Our theme this year is "Basic ABC of Pharmacy with the Goal of Patient Safety; Defining the Pharmacy Technician's Role." Please take a moment to review the fall conference speaker line up and registration form included in this publication. We are so excited to have our keynote speaker, Michael Mone, a nationally known speaker who delivered a keynote address at the 2017 Pharmacy Technician Stakeholder Meeting. His passion for pharmacy and the role the Pharmacy Technician plays is an inspiration to all in the profession of pharmacy. NAPT is so excited to extend a warm welcome to all individuals in the pharmacy practice, we do have ACPE CE accreditation for Pharmacy Technicians and Pharmacists, ALL are welcome!

On behalf of the NAPT Executive Board, we look forward to serving our members and encourage each of you to reach out to us if you have any questions or suggestions for the good of the association.

Diane Halvorson
RPhTech, CPHT

Chairperson



Thank you NAPT
Scholarship Committee, I was
honored to have been selected
as a recipient! Your generosity
has allowed me to focus more
in school and less time worrying
about finances. I look forward
to meeting other technicians
and growing in this profession!

Sincerely,
Megan Steinmetz

NAPT Executive Board

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NAPT 2017 Annual Fall conference

NORTHLAND ASSOCIATION OF PHARMACY TECHNICIANS
2017 ANNUAL FALL CONFERENCE
SEPTEMBER 15 & 16, 2017



RAMKOTA HOTEL AND CONFERENCE CENTER, BISMARCK ND

“Basic of Pharmacy with the Goal of Patient Safety; Defining the Pharmacy Technician's role”

TARGET AUDIENCE: PHARMACISTS, PHARMACY TECHNICIANS, AND STUDENTS

FRIDAY, SEPTEMBER 15, 2017

4:30 – 5:05 **Registration (*Meal will be provided*)**

5:05 - 5:15 **Welcome**

5:15 - 6:15 **Mark Hardy, PharmD, R.Ph. North Dakota State Board of Pharmacy Executive Director**

Topic: *Updates on Drug Abuse Trends, the PDMP and Medical Marijuana*

0047-9999-17-023-L05-P/0047-9999-17-023-L05-T (Knowledge) 0.1 CEU

1. Discuss trends and statistics on Drug Abuse across the state and nation.
2. Examine the opportunities for the PDMP as a tool to provide better patient care in pharmacies.
3. Describe the current status of the implementation of Medical Marijuana in North Dakota.

6:15 – 6:45 **Fran Gronberg, North Dakota State Board of Pharmacy Public Member**

Topic: *The Public Member Perspective*

0047-9999-17-030-L04-P/0047-9999-17-030-L04-T (Knowledge) 0.1 CEU

1. Describe the reason why a public member on a licensing board is an integral part of a Board's membership.
2. Offer the knowledge of patient driven policies which are integral between the profession of pharmacy and the patient.

6:45 – 7:00 **Break**

7:00 – 7:30 **Gary Anderson, Epileptic Patient**

Topic: *Living with Epilepsy. How Does Your Role as a Pharmacy Technician Affect Me?*

0047-9999-17-024-L04-P/0047-9999-17-024-L04-T (Knowledge) 0.1 CEU

1. Recognize the life challenges patients struggle with daily.
2. Demonstrate how epilepsy has impacted the speaker's life.

7:30 - 8:30 **Melissa Halvorson, NDSU PharmD Candidate**

Topic: *OTC Medications and the Red Flags*

0047-9999-17-022-L01-P/0047-9999-17-022-L01-T (Knowledge) 0.1 CEU

1. Discuss the importance of OTC counseling.
2. Review OTC categories and medication basics.
3. Discover potential red flags indicating the need for pharmacist intervention.

North Dakota State University College of Health Professions, School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Attendance at the session and completion of the evaluation form will be required to receive CE credit. Pharmacy professionals can now obtain CE statements of credit on the CPE Monitor website.



Non-pharmacists will receive a noncredit transcript within 4-6 weeks of receipt of all evaluation materials.

SATURDAY, SEPTEMBER 16, 2017

7:30 – 8:00	Registration (<i>Breakfast provided</i>)
8:00 – 8:10	Welcome
8:10 – 9:10	Keynote Speaker-Michael Mone, Vice President Associate General Counsel – Regulatory Cardinal Health Topic: The Basic ABC's of Pharmacy: Why We Do What We Do 0047-9999-17-020-L04-P/0047-9999-17-020-L04-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Identify opportunities for excellence in pharmacy technician practice.2. Identify behaviors essential to achieve patient care objectives.3. Describe characteristics of effective teamwork.
9:10 – 10:10	Bonnie Thom, R.Ph., FASCP, CGP, North Dakota State Board of Pharmacy Compliance Officer Topic: <i>The Role of the Pharmacy Technician from a Compliance Perspective</i> 0047-9999-17-029-L03-P/0047-9999-17-029-L03-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Review the role of the pharmacy technician in the Telepharmacy setting.2. Review the tech-check-tech role in North Dakota pharmacy.3. Discuss the role of the pharmacy technician in patient counseling.
10:10 – 10:25	Break
10:25 – 11:25	Panelists; Lynn Rud, RPhTech; Tracy Lindsey, RPhTech, CPhT; Kristi Shae, RPhTech, CPhT Topic: <i>Pharmacy Technician Panel Discussion</i> 0047-9999-17-027-L04-P/0047-9999-17-027-L04-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Discuss the expanding role of a Pharmacy Technician in research of medications.2. Discuss the expanding role of a Pharmacy Technician can play in an anticoagulation clinic.3. Discuss the expanding role of a Pharmacy Technician in a community setting as a manager
11:25 – 12:25	Richard Hillbom, R.Ph., PTCB Associate Director of Strategic Alliances Topic: <i>Pharmacy Technician Practice: Advancements and Opportunities</i> 0047-9999-17-028-L03-P/0047-9999-17-028-L03-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Describe examples of expanding roles and responsibilities for pharmacy technicians across various practice sectors.2. Summarize the closed claim findings for the HPSO CNA report entitled "2013 Pharmacist Liability: A ten-year Analysis" and describe how the results may justify expanded technician responsibilities.3. Identify key recommendations from the 2017 Pharmacy Technician Stakeholder Conference that gained the greatest agreement from across practice sectors.4. Describe state-based pharmacy law variations that may help and/or impede the growth of pharmacy technician advanced roles/responsibilities.
12:25 – 1:30	Lunch/NAPT General Business Meeting
1:30 – 2:30	Panelists; Donna Kisse, RPhTech; CPhT, Danika Braaten, RPhTech, CPhT; Nicole Bernabe CPhT Topic: <i>Pharmacy Technician Panel Discussion</i> 0047-9999-17-026-L04-P/0047-9999-17-026-L04-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Discuss the impact of being involved and engaged in the profession. How it helps pave the way for the future of the profession.2. Discuss the expanding role of a Pharmacy Technician in education.3. Discuss the expanding role of a Pharmacy Technician in the leadership of Telepharmacy.
2:30 – 2:45	Break
2:45 – 3:45	Tyler Rogers, PharmD, R.Ph. Topic: The increasing Role of ND Pharmacy Technicians in Prescription Counseling 0047-9999-17-021-L01-P/0047-9999-17-021-L01-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Examine the new North Dakota counseling laws and regulations.2. Differentiate between the role of a technician and pharmacist in counseling.3. Review patient scenarios and the appropriateness of technician screening.
3:45 – 4:45	Lindsay Cizek-Cribb, RPhTech, CPhT Topic: <i>Putting Customers First, Even in Difficult Situations</i> 0047-9999-17-025-L04-P/0047-9999-17-025-L04-T (Knowledge) 0.1 CEU <ol style="list-style-type: none">1. Describe ideal customer service skills for a professional pharmacy technician.2. Identify why customers sometimes behave in challenging ways.3. Review techniques to utilize in handling stressful and difficult situations in the pharmacy.

GOING GREEN

To minimize paper waste, all speaker handouts will be available on the NDPhA website for each attendee to print as desired prior to the meeting.

Directions on how to access this information will be provided upon receipt of your registration.

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McPherson and Werremeyer named Preceptors of the Year

By Carol Renner, Office of the Dean
Communication Specialist, NDSU College of Health Professions



North Dakota State University Associate Professor of Pharmacy Amy Werremeyer was named Pharmacy Teacher of the Year and Faculty Preceptor of the Year for 2017.

Amy Werremeyer, associate professor of pharmacy practice in the NDSU School of Pharmacy, was named Pharmacy Teacher and Faculty Preceptor of the Year for 2017. Daniel McPherson, critical care pharmacist at CHI St. Alexius Health in Bismarck, North Dakota was named Adjunct Preceptor of the Year.

NDSU fourth-year pharmacy students on clinical rotations nominate and choose the award recipients for Preceptor of the Year.

Werremeyer's expertise includes patient education and medication experiences with psychotropic medications, photovoice and psychopharmacology. She serves as associate professor of practice in the NDSU School of Pharmacy, as well as clinical specialist in psychiatry at Sanford Health. She received her bachelor's of science and doctor of pharmacy degrees from NDSU.

In the Preceptor of the Year nomination of Dr. Werremeyer, one student noted her teaching commitment.

"The amount I learned on this rotation, both relating to patient care and dealing with stress and loss was unreal," said the student. "I was able to learn just how impactful these diseases are on patients, family members, and the health care workers helping difficult patients."

Students noted that Werremeyer encouraged them to make recommendations to the medicine team and gave them autonomy to learn on their own. One student said her assistance was invaluable. "She helped explain ways she deals with stress and loss at work and ways to cope with handling patients in such a difficult field."

The rotation experience with Werremeyer impacted students. "Psychiatry is definitely my strongest concept area because of this rotation," said one student.

Students also shared experiences in clinical rotations with Dr. Daniel McPherson who serves as critical care pharmacist/nutrition at CHI St. Alexius Health in Bismarck. McPherson received his doctor of pharmacy degree from the University of Nebraska Medical Center in Omaha and completed a two-year residency at the Albert B. Chandler Hospital at the University of Kentucky in Lexington.

Students found that McPherson embraces teaching future pharmacists. "He includes the student in every single aspect of his work," said one student.

"He also will actively look for opportunities for you to do work on other units... He looks for those situations and is proactive about obtaining that work for you to do in order to help you get more experience," said another student.

Students found value in the clinical rotation with Dr. McPherson. "He forwards on any physician question he receives to you and has you follow up with the physician yourself. This gives you practice addressing these questions in a timely manner and interacting with other health care professionals," said one pharmacy student.

Others found ways to integrate the rotation with another important goal.

"He suggested bringing my NAPLEX review book and doing the questions together for whichever topic we discussed that day," said one student. "This has been a phenomenal tool to me as a student, as it incorporates studying for my boards directly into my rotation."



Dr. Daniel McPherson of CHI St. Alexius Health in Bismarck was named Adjunct Preceptor of the Year for 2017. As a critical care pharmacist/nutrition, McPherson has served as a preceptor for much of his career.

Such rotation experiences are integral to educating future pharmacists, as summed up succinctly by a student who worked with Dr. McPherson. "He clearly wants to ensure that you are getting the most out of your rotation and have no questions unanswered."

McPherson, who has served as a preceptor for much of his 30-year career, said it's a two-way street. "The students learn and I learn at the same time," he said, noting ongoing, rapid changes that occur in the pharmacy profession.

He also wholeheartedly recommends being a preceptor to other pharmacists. "It's important to have good communication skills and understand where they are and try to get them though," said McPherson. "The key is seeking and providing information for improved patient care."

"Our partnerships with pharmacists from around the region are invaluable to prepare the next generation of pharmacists," said Charles D. Peterson, dean of the College of Health Professions at NDSU. "Preceptors are valued partners to deliver real life pharmacy practice experiences for students to become practice ready and team ready pharmacists."

For more information on how to become a pharmacy preceptor, visit www.ndsu.edu/pharmacy and click on Experiential Education.

Family HealthCare Pharmacy, NDSU receives awards

By NDSU College of Health Professions



Family HealthCare Pharmacy, NDSU received awards for best practices and for medication therapy management services from the North Dakota Society of Health-System Pharmacists and from Cardinal Health.

Family HealthCare Pharmacy, NDSU was recognized as the top provider of medication therapy management services in North Dakota. The recognition is through the Outcomes platform of Cardinal Health.

Patient insurance companies use clinical pharmacy platforms such as Outcomes to provide direct patient services from a pharmacist. These services can include assessment of a patient's medication regimen, opportunities for the pharmacist to work with the patient to increase adherence to their medication regimens or advice to help the patient manage side effects or any other problems they may have related to their medication, said Susan Wolf Nelson, pharmacy director of the Family HealthCare Pharmacy, NDSU.

NDSU pharmacy students often assist the pharmacist in preparing the cases. Pharmacy technicians can assist with contacting patients and record keeping.

"The fact that our pharmacy has been named the top performer is a great achievement," Wolf Nelson said.

"Being named one of the best in the industry's larger, most engaged provider network is a testament to the organization's outstanding work," according to an Outcomes news release.

Family HealthCare Pharmacy also received the Best Practices Award from the North Dakota Society of Health-System Pharmacists. The award, presented at the North Dakota Pharmacists Association convention in April, recognizes outstanding practice, demonstrating best practices in health-system pharmacy.

The staff of Family HealthCare Pharmacy, NDSU works closely with the staff and medical providers of the Family HealthCare Center, a federal community health center located in downtown Fargo, which is a primary care facility, open to all patients. The pharmacy and clinic provide additional services to assist uninsured and underinsured patients and provide healthcare to persons who are homeless.

The pharmacy is a department in the NDSU College of Health Professions and is contracted to provide pharmacy services to the Family HealthCare Center in Fargo.



"We like to think we are on the cutting edge and it's gratifying that others recognize that. This award is a testament to the continuous dedication and hard work of the entire staff," said Wolf Nelson.

Family HealthCare Pharmacy also assisted NDSU nursing students in May by partnering with students participating in a self-funded medical mission trip to Belize. Family HealthCare Pharmacy, NDSU helped to provide vitamins and OTC medication for families receiving limited health care. Tubs of supplies were shipped as part of the medical trip. The students gained experience in transcultural nursing and Mayan culture while helping to treat 1,506 indigenous Mayan people in remote villages during their 17-day practicum.

Pancreatic cancer symposium scheduled at NDSU on Aug. 10

By Carol Renner, Office of the Dean
Communication Specialist, NDSU College of Health Professions

Learn about new developments in pancreatic cancer diagnosis and drug delivery at the NDSU Pancreatic Cancer and Related Diseases Symposium to be held on Thursday, Aug. 10 in the Great Plains Ballroom of the Memorial Union at 1401 Administration Avenue from 9 a.m. to 5 p.m. in Fargo. Visitor parking lots are available directly south of the Memorial Union and one block north.

There is no fee to attend but online registration is required. Invited guest speakers include:

- Randall E. Brand, M.D., Division of Gastroenterology, Hepatology and Nutrition and director of the GI Malignancy Early Detection, Diagnosis and Prevention Program of UMPC – Shadyside in Pittsburgh, Pennsylvania
- Adrienne Cox, Ph.D., Associate Professor in Radiation Oncology at the University of North Carolina at Chapel Hill School of Medicine
- Michael A. Hollingsworth, Ph.D., Professor at the Eppley Institute for Research in Cancer and Allied Diseases at the University of Nebraska Medical Center
- Michael Lotze, M.D., Professor of Surgery and Bioengineering at the University of Pittsburgh and Director of Strategic Partnerships at the University of Pittsburgh Cancer Institute
- Samir Mitragotri, Ph.D., Professor of Chemical Engineering, University of California, Santa Barbara
- Gloria Peterson, Ph.D., Professor of Epidemiology, Mayo Clinic



Learn, network and explore new research directions in pancreatic cancer.

For more information and to register, go to <https://www.ndsu.edu/centers/pancreaticcancer/>.

The symposium is sponsored by the Center for Diagnostic and Therapeutic Strategies in Pancreatic Cancer at NDSU. It is funded under the Center of Biomedical Research Excellence Program (1P20GM109024) from the National Institutes of Health.

Sanku Mallik, professor of pharmaceutical sciences and D.K. Srivastava, a James A. Meier Professor of chemistry and biochemistry at NDSU, lead the Center. A competitive grant of up to \$9.62 million from NIH funds the first disease specific research center at NDSU.

The five-year survival rate for pancreatic cancer patients is approximately 8 percent, according to the National Cancer Institute. Life expectancy after diagnosis is often six months or less, Mallik said. A lack of early symptoms, short survival time and resistance to therapy are hallmarks of this deadly disease. The NDSU Center's research is aimed at early diagnosis and treatment of pancreatic cancer.

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By Don. R. McGuire Jr., R.Ph., J.D.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

INDEMNIFICATION

John from Anytown Pharmacy is negotiating to become the supplier of prescriptions and other pharmacy services to the county jail. As a possible vendor to the county, John is presented with a contract covering this relationship. One of the paragraphs is entitled, "Indemnification." John reads through the paragraph, but he doesn't really understand it. In his eagerness to win the contract, John signs it and returns it to the county. What is Indemnification and was it wise for John to agree to it before he understood it?

Indemnification is "...the obligation [or duty] resting on one person to make good any loss or damage another has incurred or may incur by acting at his request or for his benefit." It is also known as a Hold Harmless agreement. What it boils down to is if the county gets sued for something Anytown Pharmacy has done wrong; Anytown Pharmacy will defend the county. This can account for significantly higher defense costs, such as attorney fees, to be incurred by Anytown Pharmacy. The pharmacy may also be paying the county's portion of any judgment in the case.

Indemnity agreements can be one-sided or mutual. A mutual indemnity agreement provides for each party to protect the other. However, a one-sided agreement requires only one party has to protect the other. This is a very important distinction and could result in significant costs for the indemnifying party. Anytown Pharmacy should review the agreement to ascertain what it provides. Many vendor agreements as presented do not provide for mutual indemnity.

Another important part of the review is to know what acts qualify for indemnification. Most commonly, indemnification is provided for breach of contract. Other actions that can be covered by indemnification include negligent acts, grossly negligent acts, wanton & reckless acts, intentional acts, and criminal acts. These are listed in an ascending order of seriousness under the law. Part of the pharmacy's negotiations should be the types of acts that are covered by the indemnification agreement. This is important because many parties entering into such agreements assume that their insurance will take care of this indemnification. However, this is not always true as most insurance policies will likely not provide any coverage for breach of contract, intentional acts or criminal acts. The insurance policy is a contract between the pharmacy and the insurance company and it is unaffected by any contract between Anytown Pharmacy and the county. Any promises to indemnify made by the pharmacy that are not covered by insurance will have to be paid by the pharmacy.

The acts are not the only key element in the Indemnification agreement. The types of indemnity payments provided can also be listed. Examples of these payments include: any and all losses, claims, expenses, fines, penalties, damages, judgments or liabilities. Again, there may be payments promised within the Indemnification agreement that are not covered by insurance, such as fines and penalties.

The Indemnification agreement may also provide the procedure that the party requesting indemnification has to follow in order to qualify contractually. This usually involves promptly notifying the other party and providing relevant documents to them. The party asking for indemnification has to cooperate in the defense of the claim with the other party and may have input into the choice of the lawyer who will defend the case. The choice of lawyer can be critical to the success of your case, but this language has the potential to create a disagreement when it comes time to make the choice.

Depending on the language contained in the county's contract, John may have made an expensive promise because he didn't fully understand what he was agreeing to in promising to indemnify the county. Obviously, if nothing goes wrong, the issue is moot. But hope is not the best risk management strategy. Careful review of the content of the entire contract, including indemnification requirements, before signing it is a more reliable strategy.

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