

## Nation's Health 2000

The U.S. Department of Health and Human Services analyzed advances in the nation's health as well as trends in health care spending as part of Health, United States, 2002, the 26th annual statistical report compiled by the Centers for Disease Control and Prevention. Data from the year 2000 showed that the infant mortality rate has shrunk, the U.S. life expectancy has grown and the gap in life expectancy between ethnic groups has narrowed.

The proportions of American adults who are overweight or obese, however, are estimated at 60 percent and 25 percent, respectively. Overall, Americans spent \$1.3 trillion on health care in 2000—13.2 percent of the gross domestic product. HHS said the United States spent "far more" than any other nation on health care that year.

One-third of the U.S. health care dollar was spent on hospital care, one-fifth was spent on physicians and nearly one-tenth went toward prescription drugs. The cost of prescription drugs increased 15 percent annually from 1995 through 2000—faster than any other category of spending.

The average patient stay in U.S. hospitals was 4.9 days in 2000, down from seven days 20 years earlier. Approximately 63 percent of surgeries are now performed on an outpatient basis, up from 50 percent in 1990.

HHS also found that federal and state government health programs such as Medicare and Medicaid paid 43 percent of all medical bills in 2000. Private insurance covered 35 percent, while other private services paid approximately 5 percent of medical bills. Consumers paid 17 percent out of their own pocket.

"When you take the long view, you see clearly how far we've come in combating diseases, making workplaces safer and avoiding risks such as smoking," HHS Sec-

# Virginia Health-System Pharmacy News

January/February 2003

## Quality Improvement Makes Good Business Sense

Creating a set of clinical pathways allowed a hospital to ensure its pneumonia patients receive antibiotics more quickly, resulting in a sizeable average length of stay reduction and staff efficiencies. This simple intervention saved the facility more than \$30,000 annually.

### *Quality's business benefits*

Quality hospitals and physician offices do more for their patients' health. But can quality improvement activities have business benefits for health care providers? Yes, according to a Centers for Medicare & Medicaid Services' (CMS) special study, "Making the Case for Business Benefits of Health Care Quality Improvement Program Projects." Findings from this prominent national study, completed in July 2002 by the Virginia Health Quality Center (VHQC) in partnership with RAND Health, demonstrate that quality improvement projects can provide financial benefits, along with important non-financial benefits, to health-systems and physician offices beyond better patient care. These benefits, such as an increase in revenues or greater employee productivity, make practicing quality a more strategic business goal for these health care facilities.

### *Financial benefits*

Quality improvement projects provide both financial and non-financial business benefits to health systems and physician offices. Financial benefits deal with the effect of the quality improvement intervention on the health-system's bottom line and include such things as:

- Decreased costs through
  - improved efficiency
  - reduced average length of stay – *hospitals only*
  - decreased staffing costs

- Increased profits through
  - increased patient volume
  - increased reimbursement for appropriate higher level of service
  - increased use of ancillary services (i.e., pharmacy increases) – *physician offices only*

Health-systems can use tools developed during the study, such as Excel spreadsheets and internal surveys, to answer specific financial questions: What is this project going to cost? How long will it take to pay back our initial investment and increase our profitability? This emerging financial knowledge can help an organization better plan and allocate its resources to become more efficient and to reduce the cost of providing particular services.

The VHQC has also gathered a wealth of real-world examples from hospitals and physician offices throughout Virginia. These examples can help organizations see how facilities of similar size and focus are improving patient care through a variety of quality improvement projects while saving money.

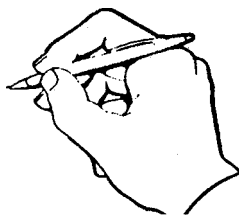
### *Other important benefits*

On the other hand, health care is a business with an emphasis on indirect financial goals. Some examples of indirect financial

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# From The President



*Mark S. Johnson, Pharm.D.*

With all of the wintry weather the state has experienced over the past month or more, I, for one, cannot wait until spring. I was subtly reminded of this the other day as I walked in from the parking deck and heard some birds chirping (even though they were probably inside the deck to take cover from the wintry elements outside). March 20, the first day of spring—a day I am looking forward to for many reasons, if nothing else but for a psychological boost. The beginning of spring as well always marks the coming of the annual VSHP Spring Seminar. This year the Spring Seminar will be held in Williamsburg on March 27-29. The education committee as usual has prepared another high quality continuing education program for many facets of pharmacy practice including general practice, practice management, and technician practice. The Spring Seminar will once again demonstrate that VSHP is the leader in providing quality continuing education in Virginia. Our exhibit program will feature 5 hours of the latest pharmaceutical developments, products, equipment, and services available. The meeting will kick off with the VSHP PAC Board of Trustees meeting and the VSHP Board of Directors meeting. All members of VSHP are invited and encouraged to attend the Board of Directors meeting to give input and see how key decisions affecting the Society is made. Finally, VSHP will host an Opening Night Banquet honoring Fred Chatelain for Lifetime Service Achievement. In all, I feel spring is in the air!

VSHP's fifth annual Lobby Day, which was held in Richmond on February 10, was overall successful. Although our member turnout was not as good as we would have hoped, our goals of dialoging with the legislators of the General Assembly and sharing our concerns on important issues affecting the profession were accomplished. VSHP's main legislative issue this year, HB 2206 Procedure for Dispensing in

a Hospital, was passed. In the future, VSHP would like to strengthen our Lobby Day and get more members involved in Richmond. Being effective on the legislative front is as important as our daily work back home. VSHP will be putting more in the newsletter in the future concerning legislative issues and Lobby Day. Likewise, through the help of VSHP lobbyist Teresa Gregson, VSHP would like each region to show the legislative video and invite a local member of the General Assembly to a regional meeting. Finally, I would be remiss if I did not thank Fred Chatelain for his many years of service to VSHP and to the Legislative Affairs committee. In fact, Fred shared with me the origins of our Lobby Day from a few years ago. We have Fred to thank for his vision in creating VSHP's Lobby Day and in many other facets of health-system pharmacy.

I would like to end with a final but very important message for our pharmacy technicians. Pharmacy technicians are truly the backbone of our profession. I was reminded of this at a recent Region VII meeting. One of our technicians came up to me to express her appreciation for my President's message in a recent newsletter, saying that she appreciated a recent message that I had written on the qualities of a good pharmacist and stating how my passion for pharmacy came through. After a moment, I told her that my words also apply to pharmacy technicians. In fact, our technicians were recognized that evening by our regional presidents and by the pharmaceutical representative sponsoring the program for all of the work that technicians do for our profession. This work does not go unnoticed. VSHP is discussing ways at the Board of Directors level to involve our technicians even more in our Society.

Good luck getting through the last few weeks of winter. Spring is around the corner!

## VIRGINIA HEALTH-SYSTEM PHARMACY NEWS

*Official Publication of the  
Virginia Society of  
Health-System Pharmacists*

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## Calendar

**January 8, 2003:** Virginia Pharmacy Congress Meeting hosted by VSHP, Richmond, VA

**February 10:** VSHP Lobby Day, Richmond, VA [www.vshp.org](http://www.vshp.org)

**March 8-10:** American Academy of Allergy, Asthma and Immunology, Denver, CO [www.aaaai.org](http://www.aaaai.org)

**March 16-22:** Poison Prevention Week

**March 27-29:** VSHP 2003 Spring Seminar, 19 Hours of CE offered, Williamsburg, VA

**March 30-April 1:** American Pharmaceutical Association, New Orleans, LA [www.aphanet.org](http://www.aphanet.org)

**April 10-11:** Academy of Managed Care Pharmacy, Minneapolis, MN, [www.amcp.org](http://www.amcp.org)

**May 14-16:** American Society of Consultant Pharmacists, Tampa, FL [www.ascp.org](http://www.ascp.org)

**June 2-4:** American Society of Health System Pharmacists, San Diego, CA [www.ashp.org](http://www.ashp.org)

## Welcome VSHP New Members

Maurice Allen	Dorothy Conner	Tina Krull	Nina Redlin
Pamela Bachman-Padula	Beth Days	Venita Mishra	Ruth Anne Sawyer
Hee Sook Bae	Shelly Dietz	Everett Mounts	Edbua Tucker
Junius Baugh	Thomas Garner	Muhammad Nasim	Joyce Wheeler
Renee Blakey	Crystal Hambrick	Rachelle Negroni	Mary Wolfe
Jean Brugh	Lisa Hayes	Donna Nock	Robert Woods
Robyn Bryant	Ralph Howe	Harold Petcher	Marsha Young
Kenneth Conner	Linda Johnson	Jane Polanek	
		Diana E. Rapp	

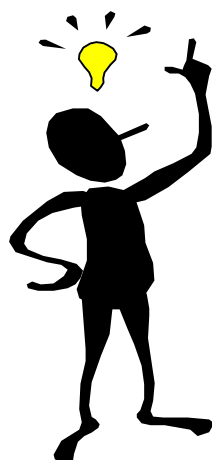


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## 2003 Spring Seminar Agenda

### Thursday, March 27

- |  |  |
|--|--|
| 12:00-1:00 pm VSHP PAC Board of Trustees Meeting   | 3:00-3:15 pm Break   |
| 1:00-5:00 pm VSHP Board of Directors Meeting<br>(Open to all members)                                  | 3:15-4:15 pm Pharmacists' Role in Emergency<br>Preparedness and Response<br>ACPE #108-000-03-006-L04 (.10 CEU) |
| 5:30-6:00 pm Cocktail Reception  | 4:15-5:15 pm Management of Acute and<br>Post Traumatic Stress Disorder<br>ACPE #108-000-03-007-L01             |
| 6:00-7:00 pm Fluoroquinolones:<br>New Facts, New Focus, New Data<br>ACPE #108-000-03-020-L01 (.10 CEU) | 5:30-7:30 pm Reception/Exhibit Program<br><br>Dinner on your own   |
| 7:00-9:00 pm Opening Night Banquet<br>honoring Fred Chatelain for<br>Lifetime Service Achievement      |  |

#### RAFFLE DRAWING

### Friday, March 28

- 7:00-8:00 am Continental Breakfast

<b>8:00-2:00</b>	<b>Practice Management Forum</b>
8:00-10:00	JCAHO Update: Medication Management 2003 ACPE #108-000-03-017-L04 (.20 CEU)
10:00-10:15	Break
10:15-11:15	Increasing Patient Safety through Automation ACPE #108-000-03-018-L04 (.10 CEU)
1:00-2:00	Leadership ACPE #108-000-03-019-L04 (.10 CEU)

- 8:00-9:00 am Dementia and Associated Behavioral  
Symptoms: Medication Management  
ACPE #108-000-03-001-L01 (.10 CEU)
- 9:00-10:00 am Updates in the Treatment of Chronic  
Obstructive Lung Disease  
ACPE #108-000-03-002-L01 (.10 CEU)
- 10:00-10:15 am Break
- 10:15-11:15 am Update in Antifungal Therapy  
ACPE #108-000-03-003-L01 (.10 CEU)
- 11:15-1:00 pm Lunch/Exhibit Program
- 1:00-2:00 pm New Developments in  
Psychotropic Medications  
ACPE #108-000-03-004-L01 (.10 CEU)
- 2:00-3:00 pm Impact of HIPAA on  
Confidentiality and Privacy Issues  
ACPE #108-000-03-005-L03 (.10 CEU)

### Saturday, March 29

- 7:00-8:00 am Christian Pharmacists Fellowship  
International Prayer Breakfast

<b>8:00-11:15</b>	<b>Technician Symposium</b>
8:00-9:00	Pharmacy Law ACPE #108-000-03-014-L03 (.10 CEU)
9:00-10:00	A Review of the JNC-VI on Prevention and Treatment of High Blood Pressure ACPE #108-000-03-015-L01 (.10 CEU)
10:00-10:15	Break
10:15-11:15	Overview of Diabetes Mellitus ACPE #108-000-03-016-L01 (.10 CEU)

- 8:00-9:00 am Pharmacologic Management of  
Pulmonary Hypertension  
ACPE #108-000-03-008-L01 (.10 CEU)
- 9:00-10:00 am COX 2 Inhibitors - Helpful or Harmful?  
ACPE #108-000-03-009-L01 (.10 CEU)
- 10:00-10:15 am Break
- 10:15-11:15 am Acute Pain Management  
ACPE #108-000-03-010-L01 (.10 CEU)
- 11:15-12:15 pm "Club" Drugs of Abuse  
ACPE #108-000-03-011-L01 (.10 CEU)
- 12:15-1:45 pm Lunch/Exhibit Program
- 1:45-2:45 pm Hormone Replacement Therapy: Who  
Should Take It and Who Should Avoid It?  
ACPE #108-000-03-012-L01 (.10 CEU)
- 2:45-3:45 pm Advances in Contraception  
ACPE #108-000-03-013-L01

## Continuing Education Learning Objectives:

### Fluoroquinolones: New Facts, New Focus, New Data

Allan J. Morrison, Jr., MD

Private Practice

Infectious Diseases Physicians, Inc.

- Describe fluoroquinolone toxicity as it pertains to FDA methodology.
- List and describe the new indications for fluoroquinolones that expand the use of these products in the critical care arena.
- Summarize the dynamics and importance of local anti-biogram data as it pertains to fluoroquinolones formulary status.

### Dementia and Associated Behavioral Symptoms: Medication Management Strategies

Harley Edward Davidson, Pharm.D., MPH, FASCP

Partner, Insight Therapeutics, LLC

Editor-in-Chief, The Consultant Pharmacist

- Describe the "evidence" supporting the use of medications in behavior management.
- List and describe dosing and monitoring issues for medications.
- Present typical scenarios where medications may be useful for the management of behavior.

### Updates in the Treatment of Chronic Obstructive Lung Disease

Kathryn Strong, Pharm.D.

Assistant Professor

Hampton University School of Pharmacy

- Describe the newly emerging concepts concerning the nature of the inflammatory response found in chronic obstructive pulmonary disease (COPD).
- List and describe pertinent points from the Global Initiative for Chronic Obstructive Lung Disease (GOLD).
- Debunk some of the myths associated with corticosteroid use in COPD.
- Identify the role of long-acting bronchodilators in the treatment of COPD.
- Describe issues related tiotropium bromide and its use in COPD.

### Update in Antifungal Therapy

Kimberly L. Varney, Pharm.D.

Critical Care Clinical Pharmacist

Medical College of Virginia Hospitals and Physicians

Virginia Commonwealth University

- Understand the rising impact of fungal infections in the health care setting.
- List and describe common fungal infections in hospital and community settings.
- Identify traditional and newer antifungal agents; including indications, adverse effects, drug interactions, and cost.
- Describe the pharmacist's role when choosing appropriate antifungal therapy.

### New Developments in Psychotropic Medications

Douglas D. Brink, Pharm.D., BCPP

Clinical Pharmacy Specialist for Psychiatry

Medical College of Virginia Hospitals and Physicians

Virginia Commonwealth University

- Describe the potential role of injectable forms of atypical antipsychotics with focus on ziprasidone mesylate.
- Compare and contrast the pharmacology of the new antipsychotic aripiprazole (Abilify) and its potential clinical differences from other atypical antipsychotics.
- Describe the recent development of marketing single isomer psychotropic medications such as escitalopram and dexmethylphenidate.
- Summarize the available data on atomoxetine (Strattera), a new agent for the management of ADHD.
- Describe the use of the new dosage forms of buprenorphine, Subutex and Suboxone, which the FDA approved for the treatment of opiate addiction.

### Impact of HIPAA on Confidentiality and Privacy Issues

Diane B. Ginsburg, M.S., R.Ph., FASHP

Clinical Associate Professor

College of Pharmacy, The University of Texas at Austin

- Cite healthcare professionals who must comply with HIPAA standards.
- Describe what information is protected under HIPAA.
- Identify the rights of patients under HIPAA.
- Discuss HIPAA's impact on pharmacy practice.

### Pharmacists' Role in Emergency Preparedness and Response

William K. Ginnow

Program Manager

Hampton Roads Metropolitan Medical Response System

- Describe the possible roles and responsibilities of pharmacists in emergency preparedness and response.
- Name four ways in which pharmacists can assist in disasters as part of a national, regional or local response team.
- List the key steps in the receipt, breakdown, distribution and dispensing of the National Pharmaceutical Stockpile.
- Explain the purpose of Metropolitan Medical Response Systems and summarize current pharmacist involvement in Virginia.

### Management of Acute and Post Traumatic Stress Disorder

Sheila Botts, Pharm.D., BCPP

University of Kentucky Mental Health Research Center

Eastern State Hospital

- Describe the role of pharmacotherapy and psychotherapy in the management of Acute and Post Traumatic Stress Disorder.
- Summarize selection of pharmacotherapy, length of treatment, and assessment of response.
- Identify treatment strategies for patients with partial or no response to initial drug selection.

### Pharmacologic Management of Pulmonary Hypertension

Barbara S. Wiggins, Pharm.D., BCPS

Pharmacy Clinical Specialist, Cardiology

University of Virginia Health System

- Describe the pathophysiology of pulmonary hypertension.
- Compare and contrast the different therapeutic treatment options for management pulmonary hypertension.
- List and describe the advantages and disadvantages between the various treatment options.

### COX 2 Inhibitors- Helpful or Harmful?

Ralph E. Small, Pharm.D.

Professor of Pharmacy

Virginia Commonwealth University

- Name the indications for the use of COX 2 inhibitors.
- Identify the risk factors for NSAID induced gastrointestinal disease.
- Compare and contrast the COX 2 inhibitors for efficacy, contraindications, adverse effects, and drug interactions.
- Discuss the evidence-based trials that address cardiovascular, gastrointestinal and renal complications of COX 2 inhibitors.
- Describe the future considerations for development of NSAIDs.

### Acute Pain Management

George K. VanOsten, MD

Anesthesiologist

Winchester Medical Center

- Describe how an acute pain service functions in a hospital setting.
- Identify JACHO standards regarding pain control for the hospitalized patient.
- List and describe current techniques and drugs used for acute pain management.
- Summarize the importance of pain control in the discharged post-operative patient.

## Continuing Education Learning Objectives:

### “Club” Drugs of Abuse

Carl Rollynn Sullivan, III, MD, FACP  
Professor, Vice Chair and Psychiatry Section Chief  
West Virginia University School of Medicine

- Identify most prevalently used club drugs.
- Describe the history and current trends of club drug abuse.
- Understand how club drugs act on the brain and how they produce behavioral effects.
- Define treatment strategies targeted to the populations that abuse club drugs.

### Hormone Replacement Therapy:

#### Who Should Take It and Who Should Avoid It?

Dale W. Stovall, MD  
Department of Obstetrics and Gynecology  
Virginia Commonwealth University Health System

- Summarize the findings of the Women's Health Initiative (WHI) and the Heart and Estrogen/progestin Replacement Study (HERS) hormone replacement trials.
- List and describe the relative risks and benefits of taking hormone replacement therapy (HRT).
- Identify the patient for whom HRT is best suited.

### Advances in Contraception

Julie J. Kelsey, Pharm.D.  
Clinical Pharmacy Specialist, Women's Health  
University of Virginia Health System

- Identify alternative methods of hormonal contraception delivery.
- Recognize the newest non-hormonal contraceptive methods.
- Evaluate the trends in new oral contraceptives.
- Discuss research in male methods of contraception.
- Review ongoing research for new contraceptives.

## Practice Management Forum

### JCAHO Update: Medication Management 2003

Sonja A. Nisson, Pharm D.  
Joint Commission Surveyor  
Regional Manager, Asante Health System

- Perform a self-assessment to determine their state of readiness to meet the intent of the JCAHO medication management standards.
- Apply the proactive risk assessment process (FMEA) to medication management processes or sub-processes in their organization.
- Integrate medication management standards, national patient safety goals and recommendations, and proactive risk assessment strategies into their organizational safety program.

### Increasing Patient Safety through Automation

Janet A. Silvester, R.Ph., MBA  
Director of Pharmacy  
Martha Jefferson Hospital

- List the hospital's goal for pharmacy automation and why they chose a bar code solution for medication administration.
- List and describe the benefits of bar coding and how it prepares you for a point-of-use system (bedside scanning medication administration system).
- Describe the process and explain the benefits with implementing bar code technology within the pharmacy.
- Describe operational impact of instituting pharmacy automation.

### Health System Pharmacy:

#### How We Got Here and Why We Came?

Debra S. Devereaux, MBA, R.Ph.  
ASHP President  
DUR Manager, University of Wyoming School of Pharmacy

- Describe two reasons for the specialized role formation for hospital phar-

macy after World War II.

- List two of the federal laws that regulated drugs before 1960.
- Describe how the evolution to the entry level Pharm.D. degree has changed the pharmacy profession.
- Which states have Collaborative Drug Therapy Management (CDTM) legislation? How will CDTM authority apply to provider status recognition?
- List three examples of technology now used in health systems in the medication use process.

## Technician Symposium

### Pharmacy Law

Donna M. White, R.Ph., CDE  
Clinical Pharmacist, Ambulatory Care  
University of Virginia Health System

- Describe the classification of drug schedules.
- Summarize the approval process for a new drug.
- List and describe the requirements for registered pharmacy technicians.

### A Review of the 6<sup>th</sup> Report of the Joint National Commission on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure

Ashley A. Schields, Pharm.D.  
Drug Information Resident  
University of Virginia Health System

Alley J. Killian, Pharm.D.

Critical Care Resident  
University of Virginia Health System

- Provide an overview of JNC-VI guideline development.
- Outline blood pressure goals and stratification of patient specific risk factors.
- Describe strategies for the primary prevention of high blood pressure.
- Describe the use of oral antihypertensive agents and the applications to specific patient populations.
- Explain the management of hypertensive emergencies.
- Describe the impact of the release of the JNC-VII update.

### An Overview of Diabetes Mellitus and its Management

Angie Wilson, Pharm.D.  
Internal Medicine Pharmacy Resident  
Virginia Commonwealth University

- Describe the pathophysiology and classification of diabetes mellitus.
- Describe diagnosis and screening of patients with diabetes mellitus.
- Identify non-pharmacological and pharmacological treatment strategies for patients with diabetes mellitus.
- List and describe signs and symptoms of patients with uncontrolled diabetes mellitus.
- Summarize major complications associated with diabetes mellitus.
- Identify strategies used to prevent major complications of diabetes mellitus.

The Virginia Society of Health-System Pharmacists is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education. Registrants may obtain up to 14.0 contact hours (1.4 CEUs) at the VSHP 2003 Spring Seminar. Attendees must attend the entire time allotted for each session, complete a Speaker and Program Evaluation Form on-site for each session attended, and present it at the registration desk at the conclusion of the program for validation. VSHP will provide validated Statements of Continuing Pharmaceutical Education to meeting participants no later than 30 days after the completion of the program. This program is directed toward all individuals actively engaged in the practice of pharmacy.

# MEMBERSHIP APPLICATION

## Personal Data

Name \_\_\_\_\_  
(First) (MI) (Last) (Jr/Sr/III)

Address \_\_\_\_\_  
(Street Address) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code plus four)

Home Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M / F  
(MO) (DA) (YR)

VA State License Number \_\_\_\_\_ Recruited By: \_\_\_\_\_

## Practice Site

Name \_\_\_\_\_  
(Name of Practice Site)

Address \_\_\_\_\_  
(Street Address) (Suite)

\_\_\_\_\_  
(City) (State) (Zip Code plus four)

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

<b>Type of Practice Site</b> <small>(please select one)</small> <input type="checkbox"/> Hospital <input type="checkbox"/> Managed Care <input type="checkbox"/> Home Health Care <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Community Pharmacy/Retail <input type="checkbox"/> School of Pharmacy <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____	<b>Job Title</b> <small>(please select one)</small> <input type="checkbox"/> Director of Pharmacy <input type="checkbox"/> Assistant or Associate Director <input type="checkbox"/> Staff Pharmacist <input type="checkbox"/> Clinical Coordinator <input type="checkbox"/> Other Supervisory Position <input type="checkbox"/> Clinical Pharmacist - Specialist <input type="checkbox"/> Consultant Pharmacist <input type="checkbox"/> Faculty <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Technician <input type="checkbox"/> Student/Intern <input type="checkbox"/> Other: _____	<b>Specialty Area of Practice</b> <small>(please select one)</small> <input type="checkbox"/> Acute/Critical Care <input type="checkbox"/> Admin/Management <input type="checkbox"/> Ambulatory Care <input type="checkbox"/> Clinical <input type="checkbox"/> Consulting <input type="checkbox"/> Disease Management <input type="checkbox"/> Drug Information <input type="checkbox"/> Endocrinology <input type="checkbox"/> Geriatrics <input type="checkbox"/> Home Health/Infusion <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Inpatient <input type="checkbox"/> Long Term <input type="checkbox"/> Mental Health <input type="checkbox"/> Nuclear Pharmacy <input type="checkbox"/> Oncology <input type="checkbox"/> Pediatrics/Neonatology <input type="checkbox"/> Pharmacotherapy <input type="checkbox"/> Research <input type="checkbox"/> Sales <input type="checkbox"/> Women's Health/OBGyn <input type="checkbox"/> Other: _____
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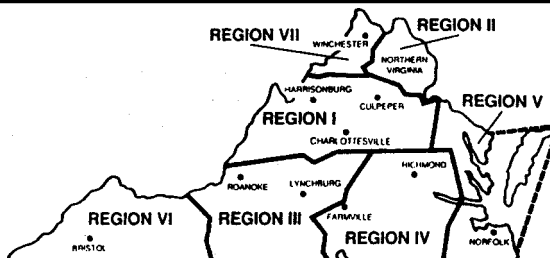
## Membership

### Membership Category

- (please select one)
- Active \$ 75.00
  - Joint\* \$125.00
  - Associate \$ 75.00
  - Resident/Fellow \$ 35.00
  - Technician \$ 25.00
  - Retired \$ 25.00
  - Student\* \$ 10.00
- Anticipated year of graduation: \_\_\_\_\_

### Local Chapter

- (please select one)
- Region 1
  - Region 2
  - Region 3
  - Region 4
  - Region 5
  - Region 6
  - Region 7
  - Region 8 (Students)



\*If applying for joint membership, please complete an application form for self and spouse. If applying for student membership, please include a photocopy of current student I.D.

Send completed application and check made payable to VSHP to P.O. Box 2344, Falls Church, VA 22042.

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benefits reported by health-systems and physician practices are:

- enhanced community reputation
- improved employee cooperation, satisfaction and retention
- improved physician satisfaction
- satisfied accreditation requirements for quality improvement
- reduced liability as a result of reduced errors

Many of these benefits are at the core of what health care providers do and may, over time, lead to improved financial performance.

## INVESTING IN HIGHER QUALITY

The VHQC can provide assistance to health-systems and physician offices in using materials from the "Making the Case for Business Benefits of HCQIP Projects" study to evaluate the financial benefits of their own health care quality improvement projects or to understand the benefits others have experienced.

For more information on the study, contact your VHQC project manager at (804) 289-5320, or visit the VHQC web site at [www.vhqc.org](http://www.vhqc.org).

Janet Lynch, Ph.D., CPHQ, is Chief Quality Initiatives Officer for the Virginia Health Quality Center. The VHQC, winner of the 2002 U.S. Senate Productivity and Quality Award Plaque for Progress in Performance Excellence, is a health care quality improvement organization that offers services to a wide range of clients who are interested in assessing and improving the quality of health care for a variety of populations. Its current clients include the U.S. Department of Health and Human Services, the Commonwealth of Virginia State Corporation Commission, the States of Maryland, Indiana and Washington, the University of Virginia and multiple private employers.

**2003 Spring Seminar  
March 27-29**

**Williamsburg Marriott  
13 Hours of  
Continuing Education**

**Visit [www.vshp.org](http://www.vshp.org)  
on January 15 for  
Registration Information**

Address Service Requested

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HEALTH-SYSTEM PHARMACISTS  
VIRGINIA SOCIETY OF

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