Great American Smokeout

Every year, smokers across the nation take part in the American Cancer Society’s Great American Smokeout® by smoking less or quitting for the day on the third Thursday of November. The event challenges people to stop using tobacco and raises awareness of the many effective ways to quit for good. In many communities, local volunteers support quitters, publicize the event, and press for laws that control tobacco use and discourage teenagers from starting.

In America, in 2004, there were 45 million cigarette smokers (about 20.9% of the population). The Healthy People 2010 goal is to decrease the percent of cigarette smokers to 12% by 2010. Research shows that smokers are most successful in kicking the habit when they have some means of support, such as nicotine replacement products, counseling, prescription medicine to lessen cravings, guide books, and the encouragement of friends and family members.

Despite that, only about 1 in 7 current smokers reports having tried any of the recommended therapies during his or her last quit attempt. And only about 5% of the people that quit ‘cold turkey’ are permanently successful.

The Smokeout has helped bring about dramatic changes in Americans’ attitudes about smoking, which have led to community programs and smoke-free laws that are now saving lives in many states. The event began in the 1970s when smoking and secondhand smoke were commonplace. The idea for the Great American Smokeout grew out of a 1974 event. Lynn R. Smith, editor of the Moticello Times in Minnesota, spearheaded the state’s first D-Day, or Don’t Smoke Day. The idea may have been inspired by Arthur P. Mullaney of Randolph, Massachusetts, who three years earlier had asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund.

Included in this edition of the Newsletter are two articles that should be of interest to all pharmacists.

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Virginia Health-System Pharmacy News

Fall Seminar: Another Success

Great location! Beautiful hotel! Gorgeous facilities! These were just a few of the comments from the over 200 attendees at the VSHP 2007 Fall Seminar. The remarks were about the new Hampton Roads Convention Center and the adjoining Embassy Suites Hotel located in Hampton, VA. Although the venue was superb, the programming was even better. However, the social and networking opportunities topped even that! Mixed in with the usual programming and exhibits were several new activities. This year marked the return of the poster session that will get bigger and better each year as pharmacists and technicians alike gear up for presentations.

Also new this year was the Political Action Committee [PAC] Silent Auction. Everyone loved this enhancement to the meeting! Bidding wars arose as attendees plied their skills at outbidding one another while trying to remain well below the actual retail value of the prize. Several vacation packages were included in the auction along with gift cards, gift baskets, paintings, antique pharmacy items, and bric-a-brac. In the end, everyone was happy and still friends, plus over $3,500 was raised for our PAC. VSHP is proud to say the every item up for auction sold. Not to be forgotten or shunned, the meeting program was exceptional too. VSHP provided 15 contact hours [1.5 CEUs], an increase from last year’s offering.

The meeting activities began on Thursday, October 4th with the PAC Board of Trustees Meeting. The Trustees reviewed all of the 2007 upcoming elections and approved contributions to select candidates that would further the VSHP mission. In addition, they approved a permanent home for the annual PAC Silent Auction to be held in conjunction each year with the Spring Seminar.

The VSHP Board of Directors Meeting began at 1:00pm and continued until 5:00pm. Per standing protocol, any person in the general membership is invited, and encouraged, to attend this meeting. Several members took advantage of this offer. At the Board of Directors meeting, the need for an individual to serve as Chair of Communications and to coordinate the submission of materials for the VSHP newsletter and website was identified. We are seeking a person to identify timely topics for incorporation into the website and newsletter. Please contact Michelle McCarthy (mm4tm@virginia.edu) if you are interested in this position. Also, members who have news items, either professional or personal, to contribute to the newsletter should send information to Carl Tullio (carl.tullio@pfizer.com). Our last newsletter highlighted 2007 appointments to ASHP Councils/Committees. However, we know that there are members who are already serving ASHP in other capacities. It was also decided to offer an electronic version of the newsletter. You will note on the December renewal notices, you have the opportunity to select which form of newsletter you would like to receive.

After the Board meeting, the Past- Presidents’ Cocktail Reception and Banquet was held. This incredible evening was sponsored by Roche and offered an elegant evening of fun and reminiscing designed to honor those pharmacy lead-
From The President

Michelle McCarthy

Professional Society’s Do Have An Impact

Changes relating to the requirement for tamper-resistant prescriptions for Medicaid beneficiaries came to the forefront during the last week of September. Recent actions by the U.S. government on this issue demonstrate the value of collaboration among professionals and professional societies.

The U.S. Troop Readiness, Veterans’ Care, Katrina Recovery, and Iraq Accountability Appropriations Act was signed into effect in May of 2007. Designed to reduce Medicaid prescription fraud, the act requires the use of tamper-resistant prescription pads for payment of Medicaid patients’ prescriptions. In August, the Centers for Medicare and Medicaid Services (CMS) distributed information about the requirements for tamper-resistant prescription pads to become effective on October 1, 2007.

For payment to be received for outpatient prescription drugs, including over-the-counter products, the law requires non-electronic prescriptions be written on a tamper-resistant paper. The law applies regardless of whether Medicaid is the primary or secondary payor of the prescription. The law does not apply when: a managed care entity pays for the prescription, the prescription is not electronic, or is communicated by telephone.

On October 1, 2008, for a prescription to be judged tamper-resistant, all three characteristics will be required. Many institutions and organizations spent the summer scrambling to identify a solution.

Pharmacists, prescribers, and several professional societies expressed their concerns regarding the limited timeframe for implementation. The primary concern was that Medicaid beneficiaries would not be able to obtain their medications. Along with the National Association of Chain Drug Stores (NACDS) and the American Pharmacists Association (APhA), members of the American Society of Health-System Pharmacists (ASHP) participated in a campaign requesting a delay in the implementation of tamper-resistant prescription pads. Additionally, members of ASHP worked with the offices of Representative Charlie Wilson and Senator Sherrod Brown, both from Ohio, to raise awareness among lawmakers. More than 90 legislators signed a “Dear Colleague” letter requesting a delay in the implementation.

The fruits of this campaign were first observed on Wednesday, September 26 when the U.S. House of Representatives passed a bill delaying implementation Later that day, the U.S. Senate passed a similar measure. ASHP members who participated in Legislative Day had the opportunity to thank their representatives on September 27. President Bush signed the legislation into law on Friday, September 28, 2007. This success resulted in a six-month delay allowing until March 31, 2008 for implementation of the tamper-resistant requirement.

The results of this campaign demonstrate the power of society membership and professional collaboration. It is imperative that we continuously work together in our practice settings and through our professional societies and legislative initiatives to improve patient care. In February, VSHP members will spend a day at the Commonwealth’s Capitol for our Annual Lobby Day. Consider joining us for your opportunity to make a difference.

Calendar

Dec 6–9: ASHP Midyear Clinical Meeting, Las Vegas, NV www.ashp.org
Dec 3: VSHP Midyear Clinical Meeting Reception, Las Vegas, NV www.ashp.org/meetings
Dec 7–9: Crohn’s & Colitis Foundation, Aventura, FL www.advancesinidb.com
Jan 18–21, 2008: Southeastern “Girls of Pharmacy” Weekend, Grove Park Inn, Asheville, NC www.ncp pharmacists.org
April 16–19: Academy of Managed Care Pharmacy, Annual Meeting, San Francisco, CA www.amcp.org
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*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 2567, Fairfax, VA 22031-2567.
Cigarette Use Among High School Students
United States, 1991—2005

Cigarette use is the leading preventable cause of death in the United States (1). A national health objective for 2010 is to reduce the prevalence of current cigarette use among high school students to <16% (objective no. 27-2b) (1). To examine changes in cigarette use among high school students in the United States during 1991—2005, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of that analysis, which indicated that, although lifetime, current, and current frequent cigarette use was stable or increased during the 1990s and then decreased significantly from the late 1990s to 2003, prevalence was unchanged during 2003—2005. To achieve the 2010 objective, the downward trend in youth smoking must resume.

The biennial national YRBS, a component of CDC's Youth Risk Behavior Surveillance System, used independent, three-stage cluster samples for the 1991—2005 surveys to obtain cross-sectional data representative of public and private school students in grades 9—12 in all 50 states and the District of Columbia. Sample sizes ranged from 10,904 to 16,296. For each cross-sectional national survey, students completed anonymous, self-administered questionnaires that included identically worded questions about cigarette use. School response rates ranged from 70% to 81%, and student response rates ranged from 83% to 90%; therefore, overall response rates for the surveys ranged from 60% to 70%.

For this analysis, temporal changes for three behaviors were assessed: lifetime cigarette use (i.e., ever tried cigarette smoking, even one or two puffs), current cigarette use (i.e., smoked cigarettes on >1 of the 30 days preceding the survey), and current frequent cigarette use (i.e., smoked cigarettes on >20 of the 30 days preceding the survey). Race/ethnicity data are presented only for non-Hispanic black, non-Hispanic white, and Hispanic students (who might be of any race); the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates, and the statistical software used for all data analyses accounted for the complex sample design. Temporal changes were analyzed using logistic regression analyses, which controlled for sex, race/ethnicity, and grade and also simultaneously assessed linear and quadratic time effects. Quadratic trends indicate a significant but nonlinear trend in the data over time (e.g., a leveling off or statistically significant change in direction). Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time. Differences in lifetime, current, and current frequent cigarette use comparing 2003 with 2005 were assessed for statistical significance using t tests.

Significant linear and quadratic trends were detected for lifetime, current, and current frequent cigarette use. The prevalence of lifetime cigarette use was stable during 1991—1999 and then declined significantly from 70.4% in 1999 to 54.3% in 2005. The prevalence of current cigarette use increased from 27.5% in 1991 to 36.4% in 1997 and then declined significantly to 23.0% in 2005. The prevalence of current frequent cigarette use increased from 12.7% in 1991 to 16.8% in 1999 and then declined significantly to 9.4% in 2005. No statistically significant differences in lifetime, current, or current frequent cigarette use overall were detected between 2003 and 2005.

For current cigarette use, significant linear and quadratic trends were detected among all sex and grade subgroups and among white and Hispanic students, with patterns of use during 1991—2005 similar to those for current cigarette use overall. Among black students, a significant quadratic but not linear trend was detected. The prevalence of current cigarette use among black students increased from 12.6% in 1991 to 22.7% in 1997 and then declined to 12.9% in 2005. Current cigarette use among white females and males and Hispanic females and males demonstrated significant linear and quadratic trends, whereas among black females and males, only a significant quadratic trend was found. Comparison of current cigarette use between 2003 and 2005 for all subgroups revealed no significant differences, except among black males, whose current cigarette use declined from 19.3% to 14.0% (p<0.05).

Reported by: Office on Smoking and Health, Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note:

The findings in this report that the prevalence of lifetime, current, and current frequent cigarette use among high school students was unchanged from 2003 to 2005 is consistent with trends observed in other national school-based surveys, suggesting that the national decline in youth smoking observed during 1997—2003 might have stalled (2-3). Factors that might have contributed to this lack of continued decline include smaller annual increases in the retail price of cigarettes during 2003—2005 compared with 1997—2003, based on the Consumer Price Index (4); potentially less exposure or availability among youths to mass media smoking-prevention campaigns funded by states or the American Legacy Foundation (5); less funding for comprehensive statewide tobacco-use prevention programs (5); and substantial increases in tobacco industry expenditures on tobacco advertising and promotion in the United States from $5.7 billion in 1997 to $15.2 billion in 2003 (6). Additionally, after decades of decline, smoking in movies, which has been linked to youth smoking, increased rapidly beginning in the early 1990s and by 2002 was at levels observed in 1950 (7).

The findings in this report are subject to at least two limitations. First, these data only include youths who attend school and thus are not representative of all persons in this age group. Nationwide in 2001, approximately 5% of youths aged 16—17 years were not en-
rolled in a high school program and had not completed high school (8). Second, the extent of underreporting or overreporting behaviors cannot be determined, although the survey questions have demonstrated good test-retest reliability (9).

The national health objective for 2010 of reducing current cigarette use among high school students to <16% to reduce smoking-associated morbidity and mortality can be achieved only if the annual rate of decline observed during 1997—2003 resumes. Evidence-based strategies that can increase the rate of decline in youth smoking include greater exposure to effective media campaigns, comprehensive school-based tobacco-use prevention policies and programs in conjunction with supportive community activities, and higher retail prices for tobacco products (10).

References
3. CDC. Tobacco use, access, and exposure to tobacco in media among middle and high school students—United States, 2004. MMWR 2005;54:297—301.

Publication of Surgeon General’s Report

The Health Consequences of Involuntary Exposure to Tobacco Smoke


The six major conclusions of the latest report are as follows:

1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
4. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.


Reference
ers who have served our society as President.

The educational portion of the meeting began with a CE breakfast sponsored by sanofi-aventis. Greg Morrow, PharmD, Regional Medical Liaison for sanofi-aventis updated everyone on stroke morbidity and mortality, [Stroke Overview: Stroke Knowledge is Power] the latest in treatment modalities, and the need for multidisciplinary stroke care teams. Two topics related to Women’s Health were next; Gynecologic Malignancies: A Treatment Overview and Ovarian Cancer: A Patient’s Prospective were presented by Doug Smith, PharmD, Associate Professor, Shenandoah University and Treacy Mallon, PharmD, Bioniche Development Inc, respectively. In a surprise ‘guest appearance’, Erika Bredner, Associate Professor, VCU School of Pharmacy filled in very capably and kept the audience’s undivided attention with her topic Update on the Treatment of Bipolar Disorder.

Exhibit programs were held twice on Friday, during the lunch break and, again, in the evening before the Annual Awards Reception. These sessions allowed all attendees to meet and greet the exhibitors and to learn about the latest in medicines, dispensing systems, and technology advances. Additionally, this relaxed setting provided an excellent opportunity for renewing old friendships and networking with new friends. The Poster Session ran concurrently with the evening exhibit session.

With lunch over, the educational programming resumed. Elizabeth Dodds Ashley, PharmD, Clinical Associate, Department of Medicine, Division of Infectious Disease, Duke University gave her An Update on Antifungal Therapy. Finishing the afternoon schedule were Nicole Metzger, PharmD, Adult Internal Medicine Specialty Resident, VCU discussing Emerging Safety Issues with Erythropoiesis-Stimulating Agents and Martin Terey Heim, PharmD, Assistant Professor of Pharmacy Practice, University of Appalachia College of Pharmacy outlining An Evaluation of New Treatment Options for Type II Diabetes. Following this presentation, the exhibit hall opened. After a leisurely stroll through the Exhibit Hall and just prior to the Annual Awards Banquet [see companion article], Gregory Chenault, PharmD, Clinical Specialist Critical Care, VCU Health System, captivated attendees with Management of Acute Agitation.

In a new wrinkle for VSHP, Saturday morning started with a CE breakfast sponsored by Ortho-McNeil. Respiratory and Gram-Negative Pathogen Surveillance, Antimicrobial Use and Collateral Damage was the topic detailed by John Schaef er, MD, Associate Professor, Eastern Virginia Medical School. Following him, Shelly Collins, PharmD, Coordinator, Clinical Pharmacy Services, Chesapeake General Hospital detailed solving a problem at her hospital with a presentation entitled Protecting Our Patients with Sleep Apnea. Renee Ahrens Thomas, PharmD, Associate Professor, Shenandoah University had attendees feeling uneasy and squirming in their seats with her excellent presentation entitled Management of Obesity. Leading into lunch, Rodney Stiltner, PharmD, Director of Pharmacy, and Ian Orensky, PharmD, Pharmacy Supervisor, both from VCU Health System presented pearls in Technology Update. While the pharmacists were enjoying their morning program, the technicians, with their program running concurrently, were being equally treated. Gayle Scott, PharmD, Medical Communications & Consulting, with her usual gusto, entertained and educated that audience with Mechanisms of Drug Interactions. Only Gayle, with her enthusiasm and energetic manner, can bring life into a potentially boring topic keeping the audience engaged until lunch.

The ASHP Lunch Symposium provided additional CE opportunities. While attendees feasted on a hot lunch, Sarah Spinler, PharmD, Professor of Clinical Pharmacy, Philadelphia College of Pharmacy, University of the Sciences in Philadelphia described Evidence-based Strategies for Improving Patient Outcomes: Focus on Antithrombotic Therapy in the Management of Acute Coronary Syndrome. The meeting closed with two exceptional talks. Punam Patel, PharmD, Clinical Specialist, Drug Information, VCU Health System and Kristin Miller, MD, Fellow, Pulmonary/Critical Care Medicine, VCU Health System presented Don’t Get Caught Breathless: An Update on Asthma Management and Update on Chronic Obstructive Pulmonary Disease respectively.

With the end of the meeting and the city of Hampton in everyone’s rearview mirror, all thoughts were the same. What a great meeting! YOU should plan to attend the Spring Seminar being held at the Williamsburg Marriott on March 27-29, 2008. Mark your calendar now!

2007 VSHP Award Winners

Pharmacist of the Year:
Arash Dabestani, PharmD, MHA, is the pharmacy director at Potomac Hospital. He recently completed the daunting task of designing pharmacy facilities and services for the new Potomac hospital. These responsibilities included concepts for introducing automation using the McKesson Robot and Acudose-RX machines, devising methods for providing medications to patients via labor intensive Nurse Servers, and undertaking the design and implementation of policies and procedures to assure U.S.P. 797 compliance. Arash established regular meetings for pharmacy leaders in the Washington, D.C. area to discuss common areas of concern, complete with speakers on a myriad of timely topics. However, his greatest accomplishment was establishing www.Pharmacydirectors.com, the first web based comprehensive resource for Directors of Pharmacy worldwide. Through various links, topics such as Robotics, Patient Safety, Disaster Preparedness, Legal Issues and, of course, Joint Commission, are addressed to assist practitioners worldwide and save them from having to re-invent the wheel. Now the experience of others can be shared instantly with those facing the same challenges in the ever changing world of Pharmacy.

R.D. Anderson Distinguished Leadership Award:
Janet Silvester is the Director of Pharmacy at Martha Jefferson Hospital in Charlottesville, Virginia, where she has worked to advance pharmacy practice by
expanding inpatient clinical programs and establishing medication therapy management services based in physician prac-
tices. Janet has focused on the application of technology and automation to enhance medication safety and has pre-
vented often on this topic. Janet Silvester holds a B.S. in Pharmacy from the Medical College of Virginia, a Masters in Business Administra-
tion from James Madison University, and is currently enrolled in an ex-
ternal Doctor of Pharmacy program through Creighton University. Janet has served ASHP as a member of the Board of
Directors, Foundation Development Committee, Chair of the Council on Legal and Public Affairs and as a Virginia delegate.
Janet is the current ASHP President. She is also a past-president of VSHP. Janet has received several honors including the Virginia Society’s Health-System Pharma-
cist of the Year award.

Clinical Pharmacist of the Year: Shelly Collins currently serves as Clinical Pharmacy Coordinator at Chesapeake General Hospital in Chesapeake, VA. As a side job, she works as an expert defense witness for various legal firms. She graduated with a PharmD and completed a clinic-
apharmacy residency in California. Shelly is responsible of monitoring all adverse drug reactions that occur with the hospital. A ‘near miss’ in a young healthy patient that underwent elective surgery but experienced respiratory arrest from narcotics and nearly died led her to do a root cause analysis of this event. She found similar events, including death, occurred in usually obese patients with ob-
structive sleep apnea that had a history of snoring. Shelly spearheaded a drive to increase awareness of this problem, pur-
chase End Tidal CO2 monitors, and had all post-op patients at risk monitored to prevent respiratory arrest. To date, seven pa-
tients were provided intervention to avoid respiratory arrest.

New Practitioner of the Year Award: Margaret (Meg) Taylor received her Doctor of Pharmacy degree from Virginia Com-
monwealth University in 2003. She completed a pharmacy practice residency at the University of Virginia Health System in 2004. After completion of her residency training, Meg joined the pharmacy staff at
Martha Jefferson Hospital in Charlottesville. Meg serves as the residency program coor-
dinator for the post-graduate year 1 - pharmacy residency program at MJH and has been essential in initiating this new training program. She attended the ASHP Preceptor’s Conference and Residency Learning System training in 2006. Meg has been an an active member in Region 1 of VSHP since her graduation and is currently serving as the President of that Region. She actively participated in VSHP’s strategic planning by attending the 2006 and 2007 VSHP Board of Directors’ retreats. Meg is highly motivated and demonstrates her commitment to pharmacy practice with her daily activities. She strives for excellence; her positive attitude and strong work ethic encourage others to do the same. In addition to being an extremely dedicated pharma-
cist practitioner, Meg is actively involved in a number of volunteer activities in her church. Her commitment to furthering the pharmacy profession in the Commonwealth is refreshing and makes her a deserving recip-
ient of the first VSHP New Practitioner of the Year Award.

Special Recognition Award: The VSHP Board of Directors presented a special award of recognition to our lobbyist, Teresa Gregson, for her outstanding contribu-
tions and dedicated service in the legislative and regulatory arenas. Teresa is the principal partner of Vantage Point Consulting, LLC, and has over two decades of government relations experience, having exclu-
sively lobbied the Virginia General Assembly since 1988. With her experience, Teresa has been able to assist VSHP with legislative and regulatory initiatives by lobbying legislators, members of the State’s regulatory boards and commissions and working with key mem-
ers of the Executive Branch.

Pharmacy Technician of the Year: Pat Clements has worked as a hospital Pharm-
acy Technician in Region V for over 25 years. Pat obtained her PTCB certification in 1995 (the first year of PTCB) and became a registered tech in 2003. She has been a VSHP member for 14 years during which time she has consistently attended both regional and state meetings. At Bon Secours Maryview Medical Center she was promoted to Senior Lead Tech in 2001 and a year later took on the additional challenge of Network
Specialist. In that capacity she has been responsible for system integration of all Pyxis applications (including MedStation, Connect and Consultant) as well as trouble shooting all hardware (318 devices in 86 locations) across the 4 facility Bon Secours Hampton Roads Health System. She has won Maryview’s Pharmacy Technician Intervention of the Month six times and was selected as Maryview’s first Intervention of the Year winner. In 2005, Pat was named as one of Maryview’s Employees of the Month.

President’s Award: This award, presented by ASHP, was given to Bob Stoneburner for his service to VSHP during his term of office.

Student Leadership Award: This award was presented to the outgoing President of the Student Chapters of VSHP.

Hampton University: Julie Hughes Shenandoah University: Lauren Hammen
University of Appalachia: Aimee Gibbs Virginia Commonwealth University: Lisa Yo

Student Excellence in Health-System Pharmacy Award: This award was pre-
sented to the graduating fourth year student who demonstrated excellence and a commitment to health-system pharmacy practice and was accompa-
nied by a $500 Scholarship Award.

Hampton University: Julie Hughes Shenandoah University: Rebecca Williams
Virginia Commonwealth University: Stacey Dean
Virginia Pharmacy Loses

A Dedicated Friend

Annalisa Barrameda-Bass, 40, of Tidewater, Virginia, died Oct. 24, 2007. Anna was a dedicated member of VSHP and worked as a pharmacy technician for Chesapeake General Hospital for over 11 years. Her unexpected death has shocked and devastated her family and friends.

Anna was born in Manila, Philippines, the daughter of Ernesto Barrameda and Sabiniana Bejasa Barrameda. She was a member of Prince of Peace Catholic Church in Chesapeake and a member of the Local Pharmacy Technician Association. In addition to her parents, Anna is survived by her husband, David Lane Bass Jr.; her son, Connor Bass. Anna was dedicated to family, especially to Connor. She always put herself last, she would go out of her way and was always willing to talk to and help others. She would always try to make others happy and would liven up any function.

Anna attended our 2007 Fall Seminar in Hampton, Virginia. Anna will be missed by all who knew her.

In the News . . .

Hearing Examines Proposal for FDA Regulation of Tobacco

The House Energy and Commerce Health Subcommittee held a hearing on October 3 to hear testimony on legislation calling for the FDA to regulate tobacco. “The Family Smoking Prevention and Tobacco Control Act” (H.R.1108/S.625) would, among other things, create new user fees to fund FDA activities related to regulating tobacco, and would impose a range of new restrictions on advertisements and labeling of cigarettes. Also of note, this legislation would require the FDA to consider “fast track” approval of nicotine replacement products, as well as other provisions aimed at expanding availability of nicotine replacement therapies. FDA Commissioner Andrew von Eschenbach does not support the bill, saying it would undermine the public health role of FDA, given that it would tie FDA’s mission to tobacco products, which are harmful. The Senate HELP Committee approved the companion bill in the Senate in August, though the bill has not been considered by the full Senate.

Member News . . .

Cindy W. Hamilton, PharmD, was recently voted president-elect of the American Medical Writers Association (AMWA), an international organization founded in 1940 by physicians interested in improving medical writing and editing. It is now the leading international professional association for biomedical communicators, with more than 5000 members. Cindy has been treasurer of AMWA for 4 years and will become president in the fall of 2008.

Deb Saine, MS, RPh, Winchester Medical Center is a member of the ASHP Council on Pharmacy Practice, and serves as the Chair of the Section Advisory Group on Medication Safety. Other 2007 activities include serving on the ASHP Foundation Development Committee and on the Committee on Nominations for the Section of Inpatient Care Practitioners.

IF YOU HAVE a news item or tidbit that you want to get out to VSHP’s membership, please send the information to the Newsletter Editor, Carl Tullio, at carl.tullio@pfizer.com.