



Virginia Health-System
**Pharmacy
News**

SEPTEMBER – OCTOBER 2011

PLAN TO ATTEND THE VSHP FALL SEMINAR

When: October 27-29
Where: Sheraton Norfolk Waterside
Why: 13.5 Hours of Continuing Education for Technicians and Pharmacists to include:
PRACTICE MANAGEMENT FORUM
TECH SYMPOSIUM
CLINICAL SKILLS COMPETITION
POLITICAL ACTION COMMITTEE SILENT AUCTION
ANNUAL AWARDS BANQUET and
MUCH, MUCH MORE.

Tentative Agenda

Thursday, October 27

12:00-1:00 pm: Political Action Committee
& Board of Trustees Meeting
1:00-5:00 pm: VSHP Board of Directors
Meeting (Open to All Members)
5:30-6:00 pm: Cocktail Reception for
VSHP Officers and Past Presidents Only
6:00 pm: Past Presidents' Banquet
by Invitation only

Friday, October 28

7:00-8:15 am: Registration/Breakfast
8:15-9:15 am: Specialty and Oncology
Drug Pipeline (1.0)
9:15-10:15 am: Melanoma Update (1.0)
10:15-10:45 am: Melanoma (Personal
Perspective) (0.5)
10:45-11:00 am: **Break**
11:00-12:00 pm: HIV Update (1.0)
12:00-1:15 pm: **Lunch**
1:15-2:15 pm: MRSA Update (1.0)
2:15-3:15 pm: Rheumatoid Arthritis
Update (1.0)
3:15-3:30 pm: **Break**
3:30-5:00 pm: JCAHO Update (1.5)
5:00-7:00 pm: **Exhibit Program**
7:00-9:00 pm: Dinner Presentation and
Awards Banquet

Saturday, October 29

7:00-8:15 am: Breakfast Presentation
and Registration
8:15-9:15 am: Healthcare Reform (1.0)
9:15-10:15 am: Future Practice Model
(1.0)
10:15-10:30 am: **Break**
10:30-11:30 am: Ambulatory Care Update
(1.0)
11:30-12:30 pm: Hepatic Encephalopathy
(1.0)
12:30-1:45pm: **Exhibits and Lunch**
1:45-2:45 pm: Hepatic C Update (1.0)
2:45-4:15 pm: Hyponatremia (1.5)

TECHNICIAN SYMPOSIUM

Saturday, October 29

8:00-9:00 am: Practice Model
Transformation
9:00-10:00 am: STAT, STAT, Technicians
We Need Your Help
10:00-10:15am: **Break**
10:15-11:15 am: Medication Reconciliation
11:15-12:15 pm: New Drug Update

VSHP Annual Awards Nominations

VSHP is seeking nominations from our membership for the R.D. Anderson Distinguished Leadership Award, VSHP Pharmacist of the Year, Clinical Practice Achievement, New Practitioner of the Year and Technician of the Year Awards.

Please consider nominating a colleague(s) for these awards. Please submit your nomination(s) **no later than September 30th** by fax at (804) 594-7699 or by email to VSHP1955@gmail.com. Please write **Attn: VSHP Annual Awards** in the subject line.

R.D. Anderson Distinguished Leadership Award

- Excellence in health-system pharmacy practice leadership
- Pharmacist within the State of Virginia
- Led sustained, progressive improvements in pharmacy services within specific hospitals/health systems

VSHP Pharmacist of the year:

- Service to the profession of pharmacy, specifically health system pharmacy
- Contributions to pharmacy programs within the Commonwealth
- Cooperation and contributions to the health-care team
- Recognized by the profession as a leader within pharmacy
- Service to the community

Clinical Pharmacy Practice Achievement Award

- Presented to one or more VSHP members who have made a recent contribution (within the last two years) to the development and provision of a patient-oriented pharmacy service
- The contribution shall involve direct patient care and/or public visibility in some capacity
- The contribution shall have a measurable or predictable effect on patient care outcomes
- Contributions can represent the innovative efforts of an individual or a group of individuals (several individuals or a department)

VSHP New Practitioner of the Year

- Earned his/her first pharmacy degree within the previous 5 years
- Supports VSHP by membership, meeting attendance, and participation
- Promotes the pharmacy profession within the Commonwealth
- Provides service to community
- Demonstrates superior leadership, innovation, clinical skill or other talent compared to other new practitioners

VSHP Technician of the Year

- Service to the profession as a Pharmacy Technician
- Must be a Certified Pharmacy Technician
- Contributions to pharmacy programs within the Commonwealth
- Cooperation and contributions to the health-care team
- Recognized by the profession as a leader within pharmacy
- Service to the community

****All nominees must be current members of VSHP****

VSHP Management Transition Letter

July 21, 2011

Dear Colleagues:

The Virginia Society of Health-System Pharmacists (VSHP) Board of Directors would like to share information with you about upcoming management changes for VSHP. Kelly Gill, who has served as the Executive Director of VSHP for sixteen years, has decided to not renew her management contract at the end of this calendar year. Kelly has been a loyal and dedicated staff member for VSHP and has worked hard to help us become an outstanding state association. Kelly has given the association many years of service, and all of the current and past VSHP leadership truly appreciate what she has done.

The VSHP Board is committed to finding an exemplary management firm or individual replacement to continue to work with our Board of Directors and our members, enhance our member services, and grow our membership. The Board will be working with staff of the ASHP Affiliate Relations Division to create a request for proposal for new management, carefully evaluate all potential candidates, and contract with a new management firm or individual. The Board of Directors is committed to overseeing a smooth transition in staff services.

The VSHP Board of Directors appreciates your commitment as a member of our organization, and we are committed to continue to serve you. If you have any questions about the transition, please feel free to contact me at besime.d.brierton@kp.org.

Sincerely,

Besime (Bess) Brierton, VSHP President 2011-2012

Join VSHP Online!

You've been asking for it for years, now it is finally here!! Visit www.vshp.org to join VSHP online today.

2011 will only have one membership billing cycle. Whether you are usually billed in June or December, all members will be receiving dues notices in late September/early October.

CONGRATULATIONS:

In case you missed the earlier announcement, the results of the election have been tabulated. The new VSHP President-elect for 2011-2012 is: **Francine A. Farnsworth, PharmD, BCPS, CPE of the Salem VAMC.** Francine has been very active within VSHP. She is singularly responsible of the success of the Jennifer Stallings Clinical Skills Competition. See Francine's complete bio at www.vshp.org. Thank you to all those who participated in the electronic VSHP Officer Election process!

Paul W. Abramowitz, Pharm.D., FASHP, Named ASHP Executive Vice President and CEO-Designate

BETHESDA, Md.—The Board of Directors of the American Society of Health-System Pharmacists (ASHP) has selected Paul W. Abramowitz, Pharm.D., FASHP, as the executive vice president and CEO-designate. Abramowitz will succeed Henri R. Manasse, Jr., Ph.D., Sc.D., who will retire in December.

Abramowitz is currently the associate hospital director for professional services and chief pharmacy officer at the University of Iowa Hospitals and Clinics, Iowa City. He also holds appointments as assistant dean and professor at the University of Iowa College of Pharmacy. Abramowitz received his doctor of pharmacy degree from the University of Michigan and Bachelor of Science degree in pharmacy from the University of Toledo. He completed his

residency training at the University of Michigan Hospitals and Clinics, Ann Arbor.

Abramowitz has had a distinguished career of leadership, having held director of pharmacy and faculty positions at the University of Minnesota, Minneapolis, and **Virginia Commonwealth University, Richmond**. In addition to his contributions to pharmacy practice, he has served the profession in several capacities, including chair of the Iowa Board of Pharmacy and chair of the Board of the Iowa Statewide Poison Control Center. Abramowitz served as president of ASHP from 1993 to 1994 and as treasurer of ASHP and the ASHP Research and Education Foundation from 2007 to 2010. He has received many honors, including the Harvey A. K. Whitney Lecture Award in 2009, health-system pharmacy's highest honor.

Abramowitz will join ASHP as executive vice president and CEO-designate in September, assuming full responsibility on January 1, 2012. "I am so pleased to have the opportunity to take the reins of such an effective organization, and I would like to thank President (Diane) Ginsburg and the Board of Directors for granting me this wonderful opportunity," said Abramowitz. "I am looking forward to working with Dr. Manasse, the Board, and staff on this well-planned transition beginning on September 1, 2011, and to hitting the ground running in January." Manasse will continue as ASHP's executive vice president and chief executive officer through December 31, 2011, and will serve as an outside consultant to ASHP through June 2012.

Reference Book:

VSHP Member and Past President, **Dr. Tom Reinders** recently updated *The Pharmacy Professional's Guide to Resumes, CVs, and Interviewing* to the 3rd Edition. Dr. Reinders has more than 30 years' of experience as a pharmacy practitioner, educator, and administrator. Currently he is the Associate Dean for Admissions and Student Services at VCU School of Pharmacy. The guide can be purchased online

(www.pharmacist.com/shop_apha) or by phone (800) 878-0729.

Board of Pharmacy Specialties [BPS] Update

The BPS recently approved role delineation studies in **pain and palliative care, critical care, and pediatrics**. The purpose of a role delineation study is to determine if a practice area is based on specialized knowledge and functions and is routinely performed by practitioners in the proposed specialties. This is a critical step in evaluating a proposed specialty for recognition. Role delineation studies usually take about nine months to complete. The entire process from beginning to examination takes over three years and goes through role delineation study; preparing, submitting, and reviewing a formal petition; and developing examination questions. Currently there are six BPS specialties recognized: nuclear pharmacy (1978); nutrition support (1988); pharmacotherapy (1988); psychiatric (1992); oncology (1996); and ambulatory care (2009).

News Alerts:

FDA warns that pharmacists should only dispense **Pradaxa** in the original manufacturer bottle with the original desiccant cap. Do not repackage Pradaxa capsules in standard amber pharmacy vials. Patients should not store or place Pradaxa capsules in any other container, such as pill boxes or pill organizers. Open only one bottle of Pradaxa at a time. The approved Pradaxa label states that once opened, the product must be used within 30 days. FDA is currently reviewing data that indicate no significant loss of potency up to 60 days after the bottle is opened as long as Pradaxa is stored in the original bottle and the handling requirements are met. Read the Medication Guide for Pradaxa for more information about these special storage and handling requirements.
<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm249005.htm>

Reports of potentially fatal adverse effect with the use of **OTC benzocaine gels and liquids** applied to the gums or mouth

The FDA is warning the public that the use of benzocaine, the main ingredient in over-the-counter (OTC) gels and liquids applied to the gums or mouth to reduce pain, is associated with a rare, but serious condition. This condition is called methemoglobinemia and results in the amount of oxygen carried through the blood stream being greatly reduced. In the most severe cases, methemoglobinemia can result in death. Benzocaine gels and liquids are sold OTC under different brand names such as Anbesol, Hurrricane, Orajel, Baby Orajel, Orabase, and store brands. Benzocaine is also sold in other forms such as lozenges and spray solutions. These products are used to relieve pain from a variety of conditions, such as teething, canker sores, and irritation of the mouth and gums.

<http://www.fda.gov/Drugs/DrugSafety/ucm250024.htm>.

Male Grandchildren of Women Who Took **DES** More Likely To Have Hypospadias.

Reuters (4/21, Grens) reports that, according to research published in the Journal Fertility and Sterility, the grandsons of women who took a drug that used to prevent pregnancy complications, diethylstilbestrol, are more likely than other men to hypospadias. For the study, researchers looked at the number of hypospadias cases among the sons and grandsons of a group of women who took DES. The researchers found that about three out of every 100 boys exposed to the drug while their mother was pregnant had hypospadias. DES was banned about forty years ago.

The Pharmacist's Role In Patient-Centered Medical Home

by Richard K. Byrd, Pharm.D Candidate
MCV/VCU School of Pharmacy

Patient-Centered Medical Home is a growing model of healthcare that gives pharmacists an opportunity to expand the

breadth and depth of their practices. Patient-Centered Medical Home, a concept begun in 1967 by the American Academy of Pediatrics, was created to promote quality, coordinated, and comprehensive care that focused on the patient¹. In 2006, The National Committee for Quality Assurance developed guidelines for healthcare practices to qualify as one of three levels of patient-centered medical homes.² Currently, the American College of Physicians defines Patient-Centered Medical Home as "a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes."³ This type of healthcare practice is gaining acceptance and has been adopted in both the public and private sector. The Patient-Centered Primary Care Collaborative is a group made up of over 260 organizations and businesses dedicated to advocating Patient-Centered Medical Home.⁴ The coming healthcare reform promotes the need for health care models that serve to minimize spending and improve patient health. The profession of pharmacy must position itself to be ready to assume responsibilities for promoting patient health and reducing costs in a Patient-Centered Medical Home.

Patient-Centered Medical Home is an approach that is physician driven, but health systems must also recognize the benefit of having a pharmacist involved in the process. Currently, there are few publications other than those written by pharmacy organizations that promote the use of a pharmacist in a Patient-Centered Medical Home. On the other hand, there are many publications that show improvement in outcome and cost saving when a pharmacist provides patient care. This

¹<http://apha.confex.com/apha/138am/webprogram/Paper224027.html>

²<http://www.annfammed.org/cgi/content/full/7/2/184>

³http://www.acponline.org/running_practice/pcmh/understanding/what.htm

⁴http://www.acponline.org/running_practice/pcmh/understanding/who.htm

documented benefit could be applied to Patient-Centered Medical Home because the job a pharmacist would provide in this arena is the same as in any setting. Pharmacists could be especially beneficial in the management of chronic conditions such as diabetes, hyperlipidemia, and anticoagulation therapy.⁵ This is due to the fact that pharmacists understand the importance of both drug treatment and patient counseling. Physicians who manage chronically-ill patients should utilize the knowledge and ability of pharmacists to help make their practices more successful.

The success of a patient's treatment is encouraged by a proactive approach to healthcare. However, this proactive nature can cause a patient to visit multiple providers who may provide multiple diagnoses and drug regimens. All of these changes in therapy are blinded to the various practitioners unless the patient provides this information to them. However, in a Patient-Centered Medical Home, all practitioners are connected and medical records are available to all providers within that system. While physicians may have their own specialty, so does the pharmacist; the special skill of drug therapy utilization. In a Patient-Centered Medical Home, the responsibility of understanding drug therapy ultimately lies on the supervising primary care provider. This would give the provider the incredible task of managing disease states and understanding the uses, risks, and interactions of drugs across all specialties. This skill is essential to the outcome of a Patient-Centered Medical Home model because many safety hazards associated with multiple providers come from drug interactions⁶. While physicians are capable of managing drug therapy, the inclusion of a clinical pharmacist to maximize outcomes and prevent medication interactions allows the physician more time with patients or the opportunity to see more patients.

With the increasing influence of accountable-care organizations stressing performance-based payment, pharmacy serves

as an essential tool for decreasing costs⁷. However, health care systems care about profit, and clinical pharmacists do not generate direct profit. Pharmacists provide drug reviews, which can prevent adverse events that cost the hospital money⁸. Accountable-care organizations have promoted the idea of not paying for adverse events or events that occur as a development of hospital stay. As a health system reforms into a Patient-Centered Medical Home, a pharmacist can help lessen costs from adverse events that could occur as a result.

Pharmacy professionals need to advocate their skills and abilities so that the profession may expand. This need expands as the health care system evolves. Many professionals are worried about the changes in regulations, scope, and compensation for their services that accompany healthcare reform. Patient-Centered Medical Home is an ideal situation to highlight the importance of utilizing the pharmacy profession. A pharmacist will have access to all of the patients' records and be in regular contact with patients' caregivers. This situation gives us the opportunity to show that pharmacists can and do make an impact on patient lives and, at the same time, save the health system money.

⁵http://news.walgreens.com/article_display.cfm?article_id=5371

⁶<http://www.pharmacytimes.com/publications/issue/2009/2009-01/2009-01-9968>

⁷<http://content.healthaffairs.org/content/29/5/906.short>

⁸<http://www.pharmacytimes.com/publications/issue/2011/May2011/The-Patient-Centered-Medical-Home-and-ACOs2026-What-Should-Be-the-Pharmacists-Role>