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Your next publish window will be from **01-May-15** to **30-May-15**. Click on the Production Calendar tab above for details.

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**Announcements**

**VSHP Spring Seminar—Mark Your Calendar**

![Image of Renaissance, Portsmouth, VA]

**Spring Seminar**

**April 17-18, 2015**

Renaissance, Portsmouth, VA

*Book your hotel room for the VSHP Spring Meeting*
The Virginia Board of Pharmacy is requiring all pharmacists to obtain at least 1 hour of continuing education (CE) in the subject of “opioid use or abuse” during the calendar year of 2015. VSHP will be working with the BOP to conduct the required CE at its Spring Seminar, April 17-18 at the Portsmouth Renaissance. More details to follow.

Agenda and further information, see "More Info" below.

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**VSHP News**

*Message from the VSHP President*

With the approach of the spring seminar, I’m looking forward to seeing colleagues I know from earlier in my working career, and others who I’ve met at previous seminars. Although the seminars are probably better known for the education which they provide, their networking and collegial qualities should really get more attention.

We hospital and health-system pharmacists and technicians work in a fairly small world, relatively speaking. We tend to think of the same neighboring
hospitals over and over when we encounter operational challenges such as shortages, and we often know classmates and former colleagues who work in other hospitals. One advantage to VSHP events is that they bring us together from many different places in a way which is not competitive; the VSHP banner is broader than that of a single health system or company. This spirit of cooperation not only lets us help each other, it also helps our patients through the sharing of ideas and solutions.

I can't recall how many times I've been discussing a problem with a pharmacist from another facility, only to find that they have already developed a solution which I likely never would have thought of. Some examples include barcoding challenges, formulary management, sterile compounding, medication safety issues, and many more which I've forgotten over the years. Some of these revelations have saved me a lot of time, and have given quick clarity to things which were very unclear. Sometimes it has been helpful to simply confirm that there is not an easy answer to a problem. The value of this networking would be hard to overstate.

Best of all, this networking is open to everyone who attends the seminars – right here in Virginia. If you haven't already signed up, consider attending either the spring or fall seminar for the reasons I've just listed. You won't be disappointed.

Warm regards,

Brian Baird
VSHP President

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**VSHP Call for Candidates**

The Committee on Nominations–2015 is pursuing members who wish to get or stay active and involved in VSHP. These candidates should exhibit qualities of leadership, vision and professional awareness that will sustain the enterprising and volunteering spirit that characterize VSHP.

**WHO:** Any pharmacist member of VSHP.

**WHAT:** Submit your name or another VSHP member's name to the Committee on Nominations for consideration as a candidate for the following offices:

- President–Elect
- Treasurer
- Board member at large
- Region President–elect

**Functions:**

**President Elect:** The President-elect serves as a member of the Executive Committee, Finance Committee, Board of Directors and as a non-voting ex-officio member of all standing committees and ad hoc bodies of the VSHP Board. Perform the duties of the President in the President's absence. Monitor progress of committees and individuals in addressing issues identified and charges assigned from the planning retreats. Succeeds to the offices of President and Immediate Past President. Your term of office would be from July 2015 to July 2016 as President–elect; July 2016 to July 2017 as President and July 2017 to July 2018 as Immediate Past–President.

**Treasurer:** The Treasurer shall serve as custodian of the State Society's funds. The Treasurer shall invest and disburse funds at the direction of the Board of Directors. The Treasurer shall submit a budget each fiscal year for approval by the Board of Directors. The Treasurer shall monitor the receipt of all monies The Treasurer shall be a member of the Board of Directors. Your term of office will be from July 2015 to July 2017.

**Board member at large:** The Member-at-Large shall be a voting member of
the Board of Directors and assume other responsibilities as directed by the President. Term of office will be from July 2015 to July 2017.

Region President: There is a region president in each of the VSHP seven regions. In addition to representing membership from the local district as a voting member of the Board, the Region President serve as membership liaison and coordinate local continuing education programming for VSHP. You would serve as Region President-elect from July 2015 to July 2016, and Region President from July 2016 to July 2017.

WHERE: Submit names for consideration to: The Committee Nominations – 2015, c/o stephen_lahaye@bshsi.org

When: Before April 1, 2015

WHY: The future of our profession needs the participation and contribution of its leaders.

VSHP Poster Session at the Spring Seminar

Call for Posters-VSHP Spring Seminar, April 18, 2015

Did you present a poster at the ASHP Midyear Meeting? Complete an interesting project? This is your opportunity to share your results with pharmacy colleagues from around Virginia at the VSHP Poster Session during the Spring Seminar at the Renaissance in Portsmouth, VA on Saturday, April 18, 2015. The poster session is open to all VSHP members!

All poster presenters will need to register for the Seminar either as full registrants or for the day. Space is limited and the deadline for submission of abstracts is April 1.

Abstracts should be no more than 400 words and include a brief title, authors and the following headings: Purpose, Methods, Results and Conclusions. To submit your poster, or for questions, contact Rodney Stiltner, VSHP Poster Session Coordinator at: rstiltner@mcvh-vcu.edu

Please include your full name and contact information with the submission (as well as full listings for any co-authors).

Poster presenters must be VSHP members. Looking forward to seeing you there.

For agenda, meeting registration, hotel information, directions, etc
Clinical Article

E-Cigarettes for Smoking Cessation

Nellie Jafari, PharmD Candidate 2015 and Joanne Hawley, PharmD, TTS

Virginia Commonwealth University School of Pharmacy

Salem Veterans Affairs Medical Center

Smoking is the number one cause of preventable disease and death worldwide and can lead to many cancers and diseases including lung cancer, chronic obstructive pulmonary disease, coronary heart disease, and stroke. Smoking presents health risks to non-smokers as well; second hand smoke exposure results in approximately 42,000 deaths per year. Smoking bans implemented in public establishments have reduced the number of people hospitalized for hearts attacks, strokes and respiratory diseases. Smoking cessation has led to fewer hospital admissions and lower all-cause mortality. However, what should health care professionals do when patients want to turn to alternatives to smoking such as electronic cigarettes to circumvent smoking restrictions or to use them as a smoking cessation tool? Examining the current literature, it is a challenge to know if this effort should be supported as a healthier option to smoking or if it will result in even more detrimental outcomes.

Electronic cigarettes or e-cigarettes have gained substantial popularity since they were invented in the early 2000s. These devices utilize an atomizer, which heats a liquid containing nicotine. This is turned into vapor that can be inhaled, and therefore mimics the psychopharmacologic, social, and behavioral aspects of smoking a conventional cigarette. The safety and efficacy of electronic cigarettes is a subject of debate. Since they lack the combustion by-products of smoking, there is a perception that they are safer than conventional cigarettes. Others use them because they are cheaper than buying packs of cigarettes, or they want to use them as a smoking cessation aid. Health care providers should keep abreast of new data and literature that emerges on e-cigarettes as patients may be misinformed about the safety and efficacy of these devices.

Long term studies are lacking for e-cigarettes with the longest duration of systematic follow-up being 24 months. Bullen et al conducted a single blinded, randomized, crossover trial to measure the short-term effects of an electronic nicotine delivery device on desire to smoke. Secondary outcomes were withdrawal symptoms, acceptability, and adverse events. Forty adults aged 18 to 70 years old who smoked 10 or more cigarettes per day were recruited. They found that the 16mg electronic cigarette decreased the desire to smoke after overnight abstinence compared to the placebo electronic cigarette. The electronic cigarette also had a pharmacokinetic profile more similar to the nicotine inhalator than a conventional cigarette without producing excess adverse events.

In the Efficiency and Safety of an Electronic Cigarette trial (ECLAT), the participants were randomized to three groups based on nicotine content of the e-cigarette cartridge. Group A (n = 65) received 7.2mg cartridges for 12 weeks, group B (n = 63) received 7.2mg for 6 weeks then 5.4mg for 6 weeks, and group C (n = 55) received placebo cartridges for 12 weeks. The study found that electronic cigarettes, with or without nicotine, did decrease the use of cigarettes in smokers not intending to quit. Abstinence was also documented at week 12 and week 52 without causing significant side effects.

The meta-analysis by McRobbie et al analyzed the efficacy of electronic cigarettes in helping smokers achieve long-term smoking cessation. They found evidence from two trials that electronic cigarettes help smokers in the long term compared with placebo electronic cigarettes. They did not find evidence for short-term health risk with the use of electronic cigarettes. However, it is important to note that the results have a wide confidence interval, and further research would impact the confidence in the estimate.

Although there is a need for more long-term safety studies for e-
cigarettes, there have been toxins and carcinogens found in the e-liquids that pose health risks. The FDA found variable amounts of nicotine and traces of toxic chemicals in two popular brands of e-cigarettes. Irritation to the lungs and other organs could result with propylene glycol being used as a base in e-cigarettes. Formaldehyde, a known carcinogen, is a breakdown product of propylene glycol. A study has also found an increase in lung airflow resistance after just five minutes of e-cigarette use. Furthermore, they are not approved by the FDA for smoking cessation, and there is also no oversight in their manufacturing. As of now there are seven first-line products approved by the Food and Drug Administration (FDA) that are available as smoking cessation aids, including nicotine replacement therapies (NRTs), bupropion SR, and varenicline.

In conclusion, there needs to be long-term data to confidently know if e-cigarettes have a place in smoking cessation. There are studies that show it can help reduce the number of cigarettes, but the safety of its use needs to be fully investigated. Also, the variety of e-cigarettes available on the market makes it difficult to effectively counsel patients on them. From the current literature, it is appropriate to tell patients that e-cigarettes are not an FDA approved medication for smoking cessation, their long-term health risks are unknown, and there are data that demonstrate safety concerns such as carcinogens and toxins as well as airway reactivity.

References


News Pearls

Article on Pharmacists’ Expanding Role Published in Richmond Times-Dispatch

Pharmacists today are perfectly positioned and equipped to expand their patient care roles, according to ASHP member Joseph T. DiPiro, dean of the Virginia Commonwealth University School of Pharmacy. In an opinion piece published February 7, DiPiro said pharmacists’ education and training allow them to move beyond traditional medication therapy management, wellness counseling, and disease prevention into chronic disease management roles.

Provider Status:

As noted in last month’s Newsletter, the Provider Status bill has been introduced in both houses of Congress this year. Join the grassroots effort to gain your
congressional representatives’ support for this bill. This is your chance to talk about the role you play on the healthcare team and how provider status and the Pharmacy and Medically Underserved Areas Enhancement Act, also known as H.R. 592 and S. 314, will improve care for Medicare beneficiaries in your community. Personalize the e-mail provided in ASHP’s Grassroots Advocacy Center and request a meeting at your member of Congress's district office or invite him or her to visit your practice site.

**2015 Dietary Guidelines Advisory Committee submits report**

*HHS News Release (02/19/15)*

The 2015 Dietary Guidelines Advisory Committee has submitted its recommendations to HHS Secretary Sylvia Burwell and Agriculture Secretary Tom Vilsack in order to inform the 2015 edition of the Dietary Guidelines for Americans. HHS and the U.S. Department of Agriculture (USDA) will consider the report, along with input from other federal agencies and comments from the public as they develop the guidelines, to be released later this year. The HHS Office of Disease Prevention and Health Promotion has the administrative lead for the guidelines, which it carries out in partnership with the USDA Center for Nutrition Policy and Promotion and with support from USDA’s Agricultural Research Service. The independent advisory group's report can be viewed at [http://www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov).

**CDC Updates 'Recommended Adult Immunization Schedule'**

All adults 65 years of age or older should receive a dose of 13-valent pneumococcal vaccine, according to the Centers for Disease Control and Prevention. Another change to this year’s *Recommended Adult Immunization Schedule* is the addition of recombinant influenza vaccine as an option for all adults.

**58 Million Nonsmokers in US are Still Exposed to Secondhand Smoke**

Although secondhand smoke (SHS) exposure in the United States dropped by half between 1999 to 2000 and 2011 to 2012, one in four nonsmokers -- 58 million people -- are still exposed to SHS, according to a new Vital Signs report from the Centers for Disease Control and Prevention.

**Company Resubmits Women's Libido Pill to FDA**

*Agency petitioned to reconsider twice-rejected flibanserin*

The makers of a twice-rejected pill designed to boost sexual desire in women are hoping a year-long lobbying push by politicians, women's groups, and consumer advocates will move their much-debated drug onto the market. The ongoing saga of Sprout Pharmaceutical's female libido drug illustrates the complicated politics and unresolved science surrounding women's sexuality. For decades, drug-makers have tried unsuccessfully to develop a female equivalent to Viagra (sildenafil, Pfizer. But disorders of women's sexual desire have proven resistant to drugs that act on blood flow, hormones, and other simple biological functions. Supporters of Sprout's drug say women's sexual disorders have been overlooked for too long by regulators at the FDA. But critics argue that women's sexuality is too complex to be addressed by a single pill.

Sprout’s drug, flibanserin, is the first attempt to increase libido by acting on brain chemicals linked to appetite and mood. Flibanserin is a multifunctional serotonin agonist antagonist (MSAA) and, if approved, would be the first postsynaptic 5-hydroxytryptamine (5HT1A) receptor agonist and 5HT2A receptor antagonist available for the treatment of premenopausal women with hypoactive sexual desire disorder (HSDD). According to Sprout, it is believed that flibanserin helps restore prefrontal cortex control over the brain’s motivation and rewards structures, thereby allowing sexual desire to manifest. This is thought to be accomplished by the rebalancing of neurotransmitters that influence sexual desire. Specifically, flibanserin increases dopamine and norepinephrine (both responsible for sexual excitement) while transiently decreasing serotonin (responsible for sexual satiety/inhibition) in the brain's prefrontal cortex. This is likely accomplished by reduced glutamate transmission, Sprout says.

But the FDA has already rejected the drug twice because of lackluster effectiveness and adverse effects, including fatigue, dizziness, and nausea. In an effort to break the regulatory logjam, groups sponsored by Sprout and other
drug-makers have begun publicizing the lack of a “female Viagra” as a women’s rights issue. Drug-makers often cite a 1999 survey published in JAMA, which found that 43% of U.S. women had some type of sexual dysfunction.

The FDA first rejected flibanserin in 2010 after an advisory panel unanimously voted against the drug, saying its benefits did not outweigh its risks. The drug’s initial developer, Boehringer Ingelheim, abandoned work on the treatment in 2011 and sold it to Sprout, a startup company in Raleigh, North Carolina. Sprout resubmitted the drug with additional effectiveness and safety data, but the FDA again rejected it in October 2013. After Sprout filed a formal dispute over the decision, FDA regulators requested the driving study and other details on the drug’s interactions with other medications.

As Sprout gathered those data, the company also enlisted support from allies in Washington. Last January four members of Congress, including Rep. Debbie Wasserman Schultz, D-Florida, sent a letter to the FDA, urging a careful reassessment of the drug and lamenting the lack of drug options for low female libido.

The talking point about the imbalance of drugs for men versus women was picked up by a coalition of seven women’s and consumer health groups, who met with the FDA early last year. Then, last October, the FDA held a 2-day meeting at its headquarters to obtain public input on the problem of female sexual dysfunction and the challenge of developing treatments. Because so many factors affect female sexual appetite, doctors must rule out a number of other possible causes before diagnosing HSDD, including relationship problems, hormone disorders, depression, and mood issues caused by other drugs, such as sleeping aids and pain medications.

Sources: Medical Xpress; February 17, 2105; and Sprout Pharmaceuticals; February 17, 2015.

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**ASHP News**

*Heritage Recalls Colistimethate, Rifampin Vials*

BETHESDA, MD 26 Feb 2015 - Heritage Pharmaceuticals Inc. on Tuesday announced it was recalling 10 lots of colistimethate and 3 lots of rifampin vials because an FDA inspection of the manufacturer’s site revealed practices that could affect product sterility.

The recall pertains to colistimethate for injection vials in lots VCOA002, VCOA003, VCOA004, VCOA005, VCOA006, VCOA007, VCOA008, VCOA009, VCOA010, and VCOA011. Heritage said these vials were distributed nationwide from December 2012 through January 2015.


Bipartisan, Bicameral Bill Would Add Pharmacist Services to Medicare

Cheryl A. Thompson

BETHESDA, MD 26 Feb 2015 - On back-to-back legislative days in late January, Democratic and Republican representatives and senators in Congress introduced the Pharmacy and Medically Underserved Areas Enhancement Act.

The bill would authorize Medicare coverage of “pharmacist services furnished by a pharmacist, as licensed by State law, individually or on behalf of a pharmacy provider” when the following three criteria are met:

**Sagent Recalls Atracurium Vials**

Cheryl A. Thompson

BETHESDA, MD 24 Feb 2015 - Sagent Pharmaceuticals Inc. on Monday announced it was recalling six lots of atracurium besylate 10-mg/mL injection vials because an FDA inspection of the contract manufacturer's site revealed practices that could affect product sterility.

The six lots are VATA012 and VATA015, which are 5-mL single-dose vials, and VATB012, VATB013, VATB014, and VATB017, which are 10-mL multidose vials.

Read more

**ASHP Announces 2015 Awards**

Pharmacy Organization Honors Practice Excellence, Outstanding Contributions to Healthcare

2/23/2015

ASHP will recognize the achievements of an accomplished group of healthcare practitioners with the organization’s 2015 Board of Directors’ Awards. The following awards will be presented during ceremonies at ASHP’s national continuing education meetings:

**Honorary Membership** *(ASHP Summer Meetings, June 2015)*

Honorary membership in ASHP is bestowed upon individuals who are or have been especially interested in or have made outstanding contributions to pharmacy practice in health systems.

Read more

**FDA Releases Draft Guidance on Sterile Product Compounding**

2/13/2015

The Food and Drug Administration (FDA) today released four draft guidance documents about sterile product compounding as well as a draft Memorandum of Understanding (MOU) between the agency and state regulatory bodies. One guidance clarifies the conditions and activities under which an entity should register as an outsourcing facility under section 503B of the Food Drug and Cosmetic Act.

Read more

**Pharmacy News**

**Oregon Hospital Adds $1.6 Million in Billables via MTM**

*Pharmacy Practice News (02/19/15) Wild, David*

An inpatient medication therapy management program at Asante Rogue Regional Medical Center, located in Medford, OR, generated more than $1 million in billable pharmacy services last year. The number of MTM consultations increased from about 4,200 in 2009, with $224,000 in added claims, to 8,090 billable MTM claims in 2014, with related charges of $1.6 million. The program uses CMS Evaluate and Manage codes 99211–99215, which require a pharmacist to provide an order or have a protocol in place for each MTM consultation, and they must have a face-to-face visit. For private insurers, Asante uses Revenue Code 940, for “other therapeutic services,” for both inpatient and outpatient...
MTM care. The Oregon Board of Pharmacy also requires that each consultation be documented and traceable, a requirement Asante fulfills using electronic medical record progress notes. Asante's MTM program was first used for patients requiring pharmacokinetic dosing, falls consults, or renal dosing, but its success led to the addition of automatic consults for patients on vancomycin, aminoglycosides, warfarin, and parenteral nutrition. "The program has even grown to encompass antimicrobial stewardship, a critical care collaborative agreement and multiple educational protocols," said Sarah White, PharmD, RPh, a member of the pharmacy management team at Asante.

Ecumen Bethany Project Connects Patients With Pharmacists
Echo Press (02/18/2015) Fugina, Blaze
The Ecumen Bethany Community in Alexandria, MN, launched a new project in November that aims to reduce accidents and hospitalizations from medication mismanagement. The project connects Bethany patients with pharmacists at Alexandria's Thrifty White, using $1.7 million in funding from the Minnesota Department of Human Services. The funding will be divided among nine Ecumen Collaborative facilities in the state. The project allows pharmacists to review prescriptions and proper medication use. Pharmacists will also speak with patients when they are discharged from Bethany, 3 days after discharge, and then again 3 weeks later. Staff members are already reporting a difference. In one case, a pharmacist caught a dialysis patient with the wrong medication that could have caused a potentially dangerous imbalance of electrolytes. Ecumen's project will measure effectiveness by monitoring the amount of rehospitalizations within 30 days of discharge.

CPNP Position Paper: Value of Psychiatric Pharmacists as part of the Health Care Team
CPNP.org (02/11/15) Goldstone, Lisa, MS, LPC, PharmD, BCPS, BCPP
A new CPNP position paper addresses both the need and benefit of having a psychiatric pharmacist as part of the health care team. The paper outlines the current unmet needs of patients and qualifications of psychiatric pharmacists, reviews studies examining the impact of psychiatric pharmacists in both outpatient and inpatient settings, and describes current practice models with an emphasis on Comprehensive Medication Management (CMM). The paper also presents challenges to the provision of CMM by a psychiatric pharmacist to all patients with psychiatric or neurologic disorders. CPNP concludes that all patients with psychiatric and neurologic disorders should have access to comprehensive medication management provided by a psychiatric pharmacist. It notes the demand for psychiatric services to treat psychiatric and neurological disorders has dramatically increased. CPNP supports legislation and actions that allow for the provision of comprehensive medication management services by Board Certified Psychiatric Pharmacists to all patients with psychiatric and/or neurological disorders.

New Manual Helps Hospitals Improve Medication Reconciliation
AHRQ Electronic Newsletter (02/10/15)
A new manual can help hospitals enhance their medication reconciliation practices. The manual was produced by the Multi-Center Medication Reconciliation Quality Improvement Study, which looked at five hospitals participating in a three-year project conducted by the Society of Hospital Medicine. The report identifies best practices for medication reconciliation processes throughout hospital admission, transfer and discharge. In addition, the MARQUIS manual describes how hospitals can implement a bundle of interventions by using a quality improvement process to improve medication reconciliation. There also is a site assessment, which site leaders or pharmacists can use to help measure how patient-centered the institution's medication reconciliation process is and start implementing the various components of the bundle.
Healthcare Technologies to Improve Adherence to Pediatric Asthma Treatment

JAMA Pediatrics (02/09/15) Bender, Bruce G.; Cvietusa, Peter J.; Goodrich, Glenn K.

Most patients with asthma do not take all of their prescribed medication, but new research shows that speech recognition (SR) adherence programs could improve this. In the 24-month Breathe Well study, researchers tested an SR intervention to improve adherence to asthma controller medication. The study included 1,187 children, aged 3 to 12 years, with a persistent asthma diagnosis and prescription for an inhaled corticosteroid. Patients were randomized to either the computerized SR intervention or usual care. The intervention involved SR telephone calls made to parents when a refill for the asthma medication was due or overdue. The calls were automatically tailored with medical and demographic information from the patient's electronic health record and from parents' answers to questions regarding recent refills, a need for assistance in refilling, learning about asthma control, or speaking with an asthma nurse or pharmacist. Results showed that inhaled corticosteroid adherence was about 25% higher in the intervention group compared with the usual care group. Asthma-related urgent-care events did not differ between the two groups, but the researchers suggest the intervention may have a greater impact in a population with less-controlled asthma.

Medication-Related Emergency Department Visits in Pediatrics

Pediatrics (02/02/15) Zed, Peter J.; Black, Karen J. L.; Fitzpatrick, Eleanor A.

A team of Canadian researchers conducted a study to evaluate pediatric medication-related visits (MRVs) to the emergency department (ED). The study included 2,028 patients with a mean age of 6.1 years. The researchers identified medication-related ED visits by using pharmacist assessment, emergency physician assessment, and an independent adjudication committee. An MRV was found in 163 patients, of which 106 (65%) were deemed preventable. Most of the cases (86%) were considered moderate in terms of severity. The most common events involved adverse drug reactions (26.4%), subtherapeutic dosage (19%), and nonadherence (17.2%). The researchers report that medication-related causes were found in about 1 in 12 ED visits by children, of which two-thirds were considered preventable.

Program Uses Pharmacists to Help Manage Complex Health Needs

Association of Health Care Journalists (01/30/15) Seegert, Liz

The Comprehensive Health Management program developed by Martin Health System in Stuart, FL, establishes a progressive role for pharmacists to work directly with older, chronically ill patients. Integrating these neighborhood-based professionals into the system's primary care practices improves management of patients with chronic diseases such as diabetes, obesity, heart and lung disease, according to David Harlow, PharmD, assistant vice president for professional services, clinical imaging, clinical laboratory, clinical pharmacy and disease management at Martin. "Physicians in today's fee-for-service world simply do not have the time to devote to them," Harlow says, noting there is "little incentive for them to do so." The health management program enables pharmacists to meet with patients in person and speak regularly by phone to educate them about proper use of medications and devices, provide in-network and community resource referrals, and work with patients and family members to identify needs – with the goal of reducing readmissions and improving overall outcomes. The pilot program began in mid-2014, and is underway in two of the system's locations, managing about 100 of the most at-risk patients. Martin Health is working with researchers at Virginia Commonwealth University to collect and quantify outcomes data for the fledgling initiative.
Maine Medical Center Opens State's Only 24-Hour Pharmacy
Portland Press Herald (Maine) (01/26/2015) Lawlor, Joe
Maine Medical Center on Monday opened the state’s only 24-hour pharmacy, which for the first time will allow patients to fill their prescriptions at the hospital before being discharged. The Portland hospital will be hiring 10 pharmacists and 25 pharmacy technicians. Michael Baumann, MD, chief of emergency medicine at Maine Med, says it will be convenient for many patients as they are being sent home after surgery – some will even have their prescriptions delivered to them at their bedside before they leave. Until Monday the hospital did not have a way of filling prescriptions in-house. Medical professionals concluded that was leading to patients being more likely to miss doses or not bother getting their medications filled at their neighborhood pharmacy.

Survey Evaluation of Pharmacy Practice Involving Deaf Patients
Journal of Pharmacy Practice (01/22/15) Ferguson, McKenzie C.; Shan, Leah
In an effort to better understand pharmacists’ means of communicating with people who are deaf, surveys were distributed to pharmacists in areas with large populations of deaf patients. More than two-thirds of the 73 respondents said they interact with at least one to five deaf patients each month. The method they use most often to communicate with deaf patients was by providing written material. Accessibility of interpreters was cited as the biggest barrier to communication, and none of those surveyed thought they had a legal obligation to supply and pay for an interpreter. The researchers suggest that pharmacists familiarize themselves with their legal obligations to the deaf and work to appropriately communicate with their deaf patients.

Promoting and Maintaining Diversity in Pharmaceutical Education
Diverse: Issues in Higher Education (01/20/15) North, Henry
Today's pharmacists are essential health care providers placed in more diverse environments than in the past. In contemporary practice, they need to possess knowledge and communication skills unprecedented in the history of pharmaceutical care. In many communities, the community pharmacist is spearheading wellness programs to assist patients with immunizations, diabetes, HIV/AIDS, and cholesterol screenings. The demographic composition of the United States is rapidly changing, indicating a pivotal shift of the minority population to majority. The increasing numbers of minority persons should give rise to a new generation of pharmacist leaders to create social and political changes throughout society. To produce the next generation of minority pharmacists and pharmacy educators, more students must be recruited into pharmaceutical programs. A solid investment in the promotion of diversity in pharmaceutical education is crucial to strengthen the pipeline and ensure the growth and enhancement of the pharmaceutical sciences for many years.