U.S. PUBLIC HEALTH SERVICE

PharmPAC Perspectives

Pharmacist Professional Advisory Committee Winter 2018

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Section Editors:
RADM Pamela Schweitzer
CAPT Tia Harper-Velazquez
CDR Kiesha Resto
LT Tabitha Dillinger

Final Editor:
CDR Roney Won

Layout & Design:
CDR Juliet Jordan-Joseph

Issue PAC Lead:
LCDR Amy Luo

Find Us On Social Media:

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CPO MESSAGE

Reviewed/Edited by CDR Roney Won

I would like to welcome everyone to 2018! It's hard to believe it's been almost 3 ½ years since I started my term as Chief Professional Officer. The opportunity to serve you and our Nation has truly been the highlight of my pharmacy career. In reflecting back on my initial call to active duty to Pine Ridge, South Dakota (Indian Health Service), I never dreamed of being a career Commissioned Corps officer. My husband and I had planned for me to serve two years and then return to our "home" in California. What changed our mind during those two years was really about the people – the dedicated people I worked with (you); learning and having an appreciation for the Native American culture and their health care challenges and the commitment we all had to the mission. *Continued on next page*

We became lifelong friends with many of the staff at the hospital. It also helped that wherever we lived, we felt part of the community. We had a great support system and looked out for each other.

"Your friends should motivate and inspire you. Your circle should be well rounded and supportive. Quality over quantity, always." – Idil Ahmed

We're all part of the Commissioned Corps and public health family and with all the changes underway, it's super important to support and look out for each other.

In December 2017, the Commissioned Officer Training Academy (COTA) graduated the 100th Officer Basic Course (OBC 100) with our Surgeon General, VADM Jerome Adams presiding. For the past ten years, OBC has established a foundation of knowledge and training for all the new call to active duty officers. We have learned that being an officer is a "way of life." We have learned to live by Corps values, both on and off the job, of leadership, integrity, excellence and service.

There are several changes that have recently taken place and there are more coming in 2018. It is extremely critical that we support and help each other be successful. As officers and leaders, we are expected to set the example and keep current on the changes taking place and to provide support to peers and junior officers.

We should practice principles of being a servant leader – focusing on the strength of the team, developing trust and serving the needs of others. Servant leaders help others flourish.

- Have you checked/verified your "new" readiness status in the CCMIS RedDOG Self-service section? We are all expected to be either basic ready or have requested a medical waiver. https://dcp.psc.gov/ccmis/promotions/PROMOTIONS_force_readiness_m.aspx
- CCMIS eDOC-U – are you keeping your eOPF current? Have you used the eDOC-U system? https://dcp.psc.gov/ccmis/CCMIS_eopf_faqs_m.aspx
- Leave - Have you learned how to use the new eCORPS leave system? https://phsleave.lyceum.com/Login.aspx
- BRS - Blended retirement system – All other officers will automatically be grandfathered under the current retirement system unless you have less than 12 years of service on December 31, 2017 and elect to opt-in. The opt-in decision is irrevocable, so eligible officers should carefully consider their own personal circumstances, time in service, career intentions, and financial situation to determine which retirement system is best for them. https://dcp.psc.gov/ccmis/bulletin/Blended_Retirement_System.aspx
- Corps retention weight standards – are you familiar with the new weight standards? https://dcp.psc.gov/ccmis/weightstandards_m.aspx
- Updated CV and cover page format – have you updated your CV to the new format? This is especially important if you are up for promotion. https://dcp.psc.gov/OSG/pharmacy/sc_career_cvce.aspx

This is a lot to keep track of when we're busy in our "day" jobs. Let's support each other and flourish! I look forward to seeing you in 2018!

-RADM Pamela Schweitzer

READINESS APPLICATION UPDATE

There have been notable changes to readiness. Please click on the Readiness Application Update link for more information.

CAREER DEVELOPMENT

Board to Death? What Board Certification Means to Me (Part 2)

Contributed by CDR Susan Alu, PharmD., BCPS, BC-ADM, CPH, NCPS
Reviewed/Edited by CDR Kiesha Resto

"So that's it, right? National certification-check! Moving on to enrollment in a master's degree program? For some, possibly, but not for me… (stay tuned)."

First of all, I can't even tell you how many times I've been told that the benchmarks are not a checklist. Second, if I believed that they were, then I'd have to be rather silly to pursue additional board certifications instead of enrolling in a secondary education program.

Becoming a Board Certified Pharmacotherapy Specialist (BCPS) was one of the highlights of my professional career up to that point. Having utilized that certification to persuade my new supervisor and clinical director of my qualifications, they authorized a collaborative practice agreement for diabetes management.

With the clinic successfully established, the question became, "How do I establish success in the clinic?" How could I invest my time and energy to get the greatest return for myself, my patients, and my agency? I had a training certificate for pharmacy-based diabetes care, but how could I improve myself as a provider? While investigating (and rejecting) several options, I encountered Board Certification in Advanced Diabetes Management (BC-ADM) through the American Association of Diabetes Educators (AADE).

A provider who is BC-ADM certified manages the complex needs of patients with diabetes including adjusting medications, counseling on lifestyle modification, treating/monitoring acute and chronic complications, etc. Similarly to the Board of Pharmacy Specialty (BPS) certifications, there is a required experiential component which must be fulfilled prior to sitting for examination.

Once again, I found the kind of "everybody wins" alignment that inspired confidence in my investment. In order to master any subject, one must practice, and the prescribed practice was 500 clinical hours within 48 months. The hours spent developing skills directly benefited my patients' health, reduced burden on other providers in my institution, and gave me experiences to share with other practitioners.

After 32 months of clinic operations, I was eligible to sit for the BC-ADM examination. My anxiety prior to that exam rivaled that which I had felt sitting for licensure! I felt confident in my experiential knowledge, but I also needed to supplement my knowledge by studying therapies not on my site's formulary and patients not treated at my practice sites.

[*Continued on next page*]

I will still tell you that earning BC-ADM is one of my proudest professional achievements, and like other board certifications, the *maintenance* of board certification demonstrates a genuine commitment to ongoing growth as a clinician. To re-certify as BC-ADM after the 5 year certification cycle, I must complete a minimum of 1000 clinical hours within that period. There are also requirements for professional development activities which include continuing education, presentations, publications, research, and volunteering of professional services.

Clinical expertise validated by specialty board certification means that I can confidently present myself in service of my patients, my institution, my agency, and my professional category. I want to know it for myself, and I want to make sure that my skills are visible for anyone who may have use of them.

My hope is that you will find the pathway that brings you the joy and engagement that I have found in pursuing professional development that forwards your mission as a person, a professional, and an officer.

The Meanest 33 Miles of History

Contributed by LCDR Jessica Thompson and CDR Kara King
Reviewed/Edited by CDR Kiesha Resto

The meeting location was Skagway, Alaska. "Get there however you choose: take a float plane, drive through Canada, or take the ferry," encouraged LCDR Thompson. With six states being represented, our group makeup was extraordinary. Amongst the 12 of us, eight were PHS officers, some were friends, some strangers, a few husbands, and a mom; all of us with rather diverse backgrounds and levels of experience. Backpacking 33-miles on the historic Klondike Goldrush's Chilkoot Trail would be no easy task, but with a group like ours, anything was possible.

The Chilkoot Trail was established in August 1896, when three men found gold in a tributary of the Klondike River in Canada's Yukon Territory. This set off one of the largest gold rushes in history. Pack animals weren't ideal due to the steep slopes so men had to carry everything on their backs until the tramways were built years later. Nowadays, the Chilkoot Trail is known as the world's longest museum,

From Left to Right: LCDR Jessica Thompson, Jason King, LCDR Christine Corser, CDR Kara King, LCDR Stephanie Begansky, CDR Patricio Garcia, RADM Pamela Schweitzer, LCDR Jessica Fox, Paul Schweitzer, CAPT Elizabeth Helm, Joan Thompson and Matt Begansky in Dyea at the start of the Chilkoot Trail.

boasting thousands of artifacts along every mile.

Our journey began in Dyea where we set out with everything we would need for the next five days stuffed in our packs. Our packs ranged in weight from 35 to 60 pounds! Spirits were running high and we were thrilled to finally be on the trail after months of planning. Day 1 consisted of a 13-mile hike to the base of Chilkoot Pass. It was a gorgeous, [*Continued on next page*]

but a rigorous day so when we arrived at camp, we set our tents, ate dinner and listened to the Ranger deliver warnings about the day ahead.

Day 2 was touted to be the most difficult even though we only had 6.5 miles to hike. With an elevation gain of 3,000 feet in 3.5 miles, it's no surprise it was renamed the "Golden Staircase." In addition to this treacherous climb, we crossed several icy snow patches, scaled miles of boulders, and crossed multiple rivers.

The next two days brought additional stunning scenery, wildlife sightings, and sunshine. On the fourth day when we arrived at the end of the trail, we experienced a mixed-emotion celebration. We were all elated to have reached the finish, but we were disappointed that our

From Left to Right: Front Row: LCDR Jessica Thompson, LCDR Stephanie Begansky, LCDR Jessica Fox. Back Row: Joan Thompson, RADM Pamela Schweitzer, LCDR Christine Corser, Matt Begansky, Paul Schweitzer, CDR Patricio Garcia, CDR Kara King, Jason King, and CAPT Elizabeth Helm on the last day at Lake Bennett Campground.

adventure was coming to an end. The most cherished moment of the hike was our last evening together. We all sat in a circle and shared with one another what this journey meant to each of us. We cried, we laughed, and we recollected the numerous unforgettable moments we had created over the past four days. The lifelong friendships we established are priceless treasures that we will hold on to forever.

Much like that Golden Staircase we faced on Day 2, we all face obstacles in our personal lives and in our professional careers as PHS officers. They might be physical, financial, emotional, or based on our race or gender. Like mountains, obstacles don't move themselves and we must take action in order to overcome them.

The evening after our ascent up Chilkoot Pass, our team reflected on the day at the cleverly named Happy Camp. Despite our individual differences in hiking styles, we could all agree there was no magic formula for conquering that staircase. Rather, it was apparent that believing in ourselves, supporting each other, and never giving up was how we were able to succeed. These same strategies can be applied to any obstacles we face. This historic hike left a mark on all of us. Wisely, John Muir once stated, "In every walk with nature, one receives far more than he seeks."

Officers Represent and Collaborate at ASHP Summer Meeting

Contributed by CDR Ashley Schaber and CDR Renee Robinson
Reviewed/Edited by CDR Kiesha Resto

The American Society of Health System-Pharmacists (ASHP) held its annual Summer Meeting & Exhibition in Minneapolis, Minnesota, on June 3-7, 2017. ASHP's slogan, "pharmacists advancing healthcare", was apparent throughout the meeting. The meeting was divided into four tracks: Ambulatory Care, Informatics, Medication Safety, and [*Continued on next page*]

Pharmacy Practice & Policy. The United States Public Health Service (USPHS) had officer representation at the poster session as well as at ASHP's ConnectLIVE!, an innovative continuing education program where one officer served as a table catalyst/facilitator for group discussions and feedback solicitation. ASHP leadership and other participants appreciated USPHS presence and participation throughout the meeting.

The annual Summer Meeting & Exhibition also serves as the in-person meeting for ASHP House of Delegates. The House of Delegates serves as the ultimate authority over ASHP professional policies which express and represent the Society's position on key issues of pharmacy practice. There were several policies this year that impact public health including provider status, hazardous medication compounding and administration, FDA's role in restricted drug distribution, expiration dating, and competition among biosimilar manufacturers. There was also a policy on pain management that supported the Surgeon General's opioid crisis initiative. USPHS, along with support from other federal and state delegates, proposed an amendment to the pain management policy to include the stigma component of the Surgeon General's report. This was approved. The final document of ASHP 2017 Policy Recommendations can be found online here.

Overall, there were 22 new and updated policies approved. USPHS collaborated with the other federal and state delegates to propose recommendations regarding the role of pharmacists in mental health and sleep management which will be reviewed at future in-person and/or online delegate meetings.

The 2017 PHS delegate and alternate ASHP federal delegate will be reaching out to federal pharmacists across the country and abroad to both recommend and amend current policies and position statements to ASHP. They are also working on a max.gov page to better disseminate and share information. If you have questions, suggestions, and/or would like to be more involved please contact CDR Schaber (arschaber@anthc.org) or CDR Renee Robinson (rrobinson@southcentralfoundation.com)

COMMUNITY IMPACT

Role of Pharmacists in Remote Area Medical Missions

Contributed by CDR Rebecca Geiger, LCDR Song Lavalais, LCDR Donnie Hodge, and LCDR Katie Watson
Reviewed/Edited by LT Tabitha Dillinger

Remote Area Medical (RAM) is a non-profit organization that holds mobile clinics around the country providing free, high quality healthcare to impoverished communities. The Corps provided the majority of clinical providers for the 2017 RAM Oklahoma event held on August 5 and 6 in Idabel, OK. In two days, 339 volunteers, including 101 officers, served 579 patients and provided $249,762 in healthcare services.

RAM events provide a training opportunity for pharmacists to learn essential deployment skills, provide care to underserved and vulnerable populations, and engage in team camaraderie. Although the greatest needs are for dental and optometry clinicians, there are also opportunities for pharmacists to serve.[*Continued on next page*]

Officers are needed in administration to arrange transportation and maintain team accountability, planning to prepare for the event and obtain important clinic data, logistics to manage resources, and operations to augment critical roles.

At this RAM event, 31 pharmacy officers participated and served in various roles such as: team command, administration, hepatitis C educator, dental assistants, opticians, optometric technicians, and sterile processing technicians.

Hepatitis C

CDR Rebecca Geiger set up at a hepatitis C screening station.

Pharmacy and nursing officers were involved in screening patients for hepatitis C virus (HCV) and worked alongside Climbing for Carleen, a non-profit organization, to provide free screenings for more than 100 patients. At this RAM event, the prevalence of HCV antibody was 3.7%, which is more than three times higher than the National Health and Nutrition Examination Survey (NHANES) estimate of 1% in the US. Officers utilized a rapid screening method, which involves a small blood test and provides 98% accuracy for detecting the presence of HCV antibody. Patients with a positive test result were counseled by a hepatitis C educator, referred for further confirmatory testing, and provided resource information for follow-up care.

Optometry

Nine pharmacy officers assisted in optometry by measuring intraocular pressures and administering visual tests prior to eye exams. Officers helped patients select frames, then made the lenses and assembled the glasses in the RAM mobile lab. Approximately, 218 patients received eye exams and 220 pairs of glasses were provided. The optometry section did an outstanding job with its technical duties, but it's most important accomplishment was showing kindness and respect to each patient that came in for help.

Sterile Processing

Sterile processing plays a major role in infection control and is essential for patient safety. Five pharmacy and two HSO officers sorted used instruments for cleaning and discarded biohazardous waste. They cleaned instruments manually to remove debris, then disinfected them using an ultrasonic machine, and sterilized them using an autoclave. In the clean section, an officer sorted the instruments and set up clean trays for use.

CAPT Kelly Battese, serving as a Dental Assistant, turning in used instruments to be cleaned and sterilized by LCDR Katie Watson.

As a direct result of the successful RAM Oklahoma event last year, a memorandum of understanding was formed between

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RAM and the Corps. Officer participation is highly encouraged because without the Corps' support, this great act of human kindness would not be possible. RAM's mission to provide free, quality healthcare to underserved and vulnerable populations aligns with the Corps' mission to protect, promote, and advance the health and safety of the nation.

Community Health: Excellence in Interprofessional Education and Public Health

Contributed by: CDR Oluchi Elekwachi, CDR Renee Robinson, and LCDR Sadhna Khatri
Reviewed/Edited by LT Tabitha Dillinger

Public Health Excellence in Interprofessional Education Collaboration Award Ceremony.
From Left to Right: (back row) Dr. Lucinda Maine, IPEC VP and AACP EVP/CEO and CDR Oluchi Elekwachi, USPHS; (front row) 2017 Award Recipient Team from University of Central Florida (Patel, Diaz, Simms-Cendan and Peralta)

The United States Public Health Service (USPHS) and the Interprofessional Education Collaborative (IPEC) joined efforts to develop and co-sponsor an interprofessional award program aimed at nationally recognizing academic institutions that prepared future health professionals to address public health priorities such as the opioid crisis. This collaboration was facilitated by the American Association of Colleges of Pharmacy (AACP).

Academic institutions were eligible to receive the award for their innovative efforts in responding to a public health need and impacting the community by improving health awareness, health prevention practices, and health maintenance activities. Successful institutions addressed and promoted scholarship in IPEC Core Competencies of interprofessional collaborative practice and focused on community-based public health. Consideration was also given to the project's alignment with the USPHS mission to protect, promote, and advance the health and safety of our Nation. This inaugural Public Health Excellence in Interprofessional Education Collaboration Award was presented by representatives of the USPHS and IPEC on June 7, 2017, to the University of Central Florida (UCF) for their interprofessional program Harnessing the Strength of Inter-Professional Teams to Provide Comprehensive Care in Apopka, Florida. The awards ceremony was held at the headquarters of the Association of American Medical Colleges in Washington, DC.

The UCF program demonstrated interprofessional collaboration by utilizing multidisciplinary teams comprised of members of their schools of pharmacy, nursing, social work, physical therapy, and medicine. They also worked in collaboration with the Farmworkers Association of Florida to provide free primary care services to uninsured farmworkers and their families. Their population health-focused care promoted an excellent community integrated service to medically-underserved populations.

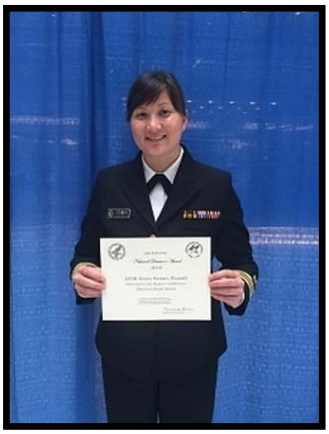
The USPHS/IPEC collaborative received many outstanding [*Continued on next page*]

application submissions from around the country before awarding the top honor to the UCF. In addition to an overall winner, the USPHS/IPEC collaborative also recognized an honorable mention winner in five categories: Health Communications and Health Technology; Behavioral Health; Public Health Infrastructure; Community Empowerment and Education; and At Risk/Vulnerable Communities. The universal message exemplified among all awardees was that "Public health begins with education".

In November 2017, the next call for application submissions will go out to all health professional schools and their accrediting associations. USPHS officers especially University Points of Contact are encouraged to motivate their partner schools concerning the value of being recognized for their impact around community health as well as sharing meaningful strategies to improve our Nation's health. For more information, please visit: https://www.ipecollaborative.org

Providing HOPE to the Community

Contributed by LCDR Jessica Steinert, LT Phuong Luong and LT Santhosh Thomas
Reviewed/Edited by LT Tabitha Dillinger



LCDR Jessica Steinert

The Public Health Service is no stranger to the opioid crisis that was just recently declared a National Emergency by the President of the United States. We have been dealing with the opioid crisis since its first stages of recognition. The Surgeon General has made public several resources for the healthcare system to utilize in addressing the crisis, but for lives to be affected, it cannot just be a national discussion. We must have local efforts and an active group within each healthcare facility addressing these individual patient cases.

At the Lawton Indian Hospital, our pharmacy team is proud to be a part of the Heroin and Opioids Prevention Efforts (H.O.P.E) Committee. This committee consists of the clinical director, administrative director, 4 physicians, 3 pharmacists, 2 nurses, and a behavioral therapy case manager. Together, we try to address this epidemic from a multi-disciplinary approachby reviewing the charts of patients taking the highest doses of opiates. We gather this information by utilizing thePrescription Monitoring Program (PMP) database in our state of Oklahoma and determining the total Morphine Milligram Equivalent (MME) the patient is currently prescribed. We look to see if the patient has a valid pain management contract, and check to see if they have had a behavioral management or physical therapy consult within the past year. We also monitor the results of their last urine-drug screen (UDS) to see if the results are consistent with what they are prescribed and to see if they are taking any illicit substances. If there are any discrepancies in these parameters, they are to be restricted on their opioid prescriptions from our facility.

Our H.O.P.E committee is also resolved towards helping these patients live without a chronic dependency. With this in mind, we are attempting to reduce their MMEs by 10-20%. This can get rather complex due to the variety of formulations and [*Continued on next page*]

prescription strengths available, so the pharmacy team works with the providers to help formulate a dosing regimen for the patient. It is important to be very careful not to reduce doses too quickly, which can set the patient into withdrawal and do more harm than good. Our committee meets weekly to address our most at-risk patients. As we move through this list, we will also be reviewing the progress made with the action plans we have created. The reason this committee is effective is because it has the full support of the leadership at our hospital. The H.O.P.E committee has been privileged with the authority to override and curb any individual physician's prescriptive practices within our facility. This committee thereby serves to both reduce our individual patients' prescription dependence and to educate and modify dangerous prescribing patterns within the walls of our hospital.

Our commanding officer, the Surgeon General, has directed us to serve our PHS mission by addressing the opioid addiction crisis in America. Trying to resolve this behemoth of a healthcare problem might seem impossible, but we have to start somewhere. Why not begin by helping our patients that are hurting the most?

Tips on Successfully Planning a State Pharmacy Conference

Contributed by LT Christopher Chong and LCDR Jessica Thompson
Reviewed/Edited by LT Tabitha Dillinger

Have you thought of planning or coordinating your state's pharmacy association conference? Although the task may initially seem daunting, planning your state's pharmacy association conference is definitely achievable with the right tools and mindset.

Here are some tips to keep in mind when planning the conference:

1) Review or establish the focus for the conference.
    a. One of the most important aspects of planning a conference is understanding your audience. There should be a needs assessment from the previous year's conference attendees. Review and identify the most requested topics. Review past conference schedules to avoid duplicating topics that were recently presented.
2) Be mindful of current health topics and bring them to the conference.
    a. With the recent Surgeon General's initiatives involving opioids, a request was made by the state pharmacy association to focus on advancing the pharmacist role in relieving the public health crisis.
    b. CAPT Rebecca Reyes and CDR Hillary Duvivier were invited to provide a naloxone CE for pharmacists in Alaska.
3) Establish and review the conference budget.
    a. Your state pharmacy association should provide the conference budget.
    b. Be mindful of the budget when scheduling out-of-state speakers, as there may be additional costs

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associated (e.g.travel, honorarium).

c. If current funds are insufficient, consider exhibitor booth fees, donations or sponsors as a way to raise money.

4) Recruit speakers.
   a. After identifying topics for the conference, it's time to recruit speakers!
   b. Reach out to professors from your state's school of pharmacy and to other Corps officers. Also, don't hesitate in inviting national subject matter experts.
   c. Reach out to other health professionals from different disciplines to speak at the conference. The more we understand each other's roles, the better we can provide optimum healthcare to our patients. For example, we invited a board-certified psychiatrist who specializes in addiction medicine to provide insight regarding the pathophysiology of addiction.
5) Delegate.
   a. There are strict deadlines when organizing a conference. Delegating roles and responsibilities will open up your time and ensure you meet deadlines.
   b. If your state pharmacy association does not have a conference planning committee, create one! You will then have a team dedicated to assisting with various tasks.
   c. Consider creating an e-mail template for your committee to recruit speakers.
   d. Using an internet-based shared document can be helpful to share your progress with your committee. Each person has access and can update/make changes as needed.
6) Frequently check in with the previous conference coordinator and the state pharmacy association's director/program coordinator.
   a. This keeps all parties up to date which ultimately ensures that your goals are aligned.
   b. You can receive feedback and guidance for success from those who planned the previous conferences.

By organizing your state's pharmacy association conference, you have the opportunity to advance and educate pharmacists throughout your state regarding current public health issues. Additionally, the opportunities for networking are vast, which will expand your circle for future opportunities.

From Left to Right: LT Christopher Chong and LCDR Jessica Thompson troubleshooting technical difficulties before a presentation.

PHS IN ACTION

RADM Schweitzer Offers Keynote Address at 2017 Tri-Regulator Symposium

Contributed by CDR Eleni Anagnostiadis
Reviewed/Edited by RADM Pamela Schweitzer and CAPT Tia Harper-Velazquez

RADM Pamela Schweitzer

It was an honor and a privilege to witness the visibility of the USPHS as our Chief Professional Officer, RADM Pamela Schweitzer, presented the Keynote Address to more than 150 leaders of the state boards of medicine, nursing, and pharmacy. The Tri-Regulator Leadership Collaborative met to discuss ways to address the opioid epidemic, expand inter-professional team-based care, and identify areas of ongoing collaboration between the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP), and National Council of State Boards of Nursing (NCSBN). Collectively these three organizations regulate more than 5 million healthcare practitioners in the United States, significantly impacting national health policy.

"Addressing Challenges Together, One Rock at a Time" was the theme of the Admiral's message. She began by sharing a recent experience of hiking the 33 mile historic Chilkoot Trail in Alaska with fellow PHS Officers focusing on not only the physical but also the mental strength needed to complete the treacherous journey. Focusing on "one rock at a time" versus the number of miles ahead was the key to a successful completion of the journey. She wove in the analogy of focusing on "one rock at a time" to break down the complex and multifaceted problem related to opioids.

"Action" was another key takeaway message from the presentation. The Admiral encouraged audience members to identify concrete steps they can take as healthcare professionals, to help make a difference based on what is within their scope of control and sphere of influence. The opioid crisis did not occur overnight nor will it be solved as quickly, however small steps over time will yield great results in the future.

RADM Schweitzer shared the Health and Human Services Opioid Strategy as well as information on the Surgeon General's Turn the Tide Initiative since opioids were a key discussion topic at the symposium.

As healthcare professionals, we believe we have the unique power to end the opioid crisis. We pledge to:

1) Educate ourselves to treat pain safely and effectively;

2) Screen our patients for opioid use disorder and provide or connect them with evidence-based treatment; and,

[*Continued on next page*]

3) Talk about and treat addiction as a chronic illness, not a moral failing.

In her closing remarks, the Admiral discussed collaboration. "Coming together is a beginning. Keeping together is progress. Working together is success." FSMB, NABP, and NCSNB are to be commended for breaking down the silo barriers and creating a forum for these stakeholder groups to discuss issues of mutual interest. This Symposium was an ideal venue to address an audience that spanned medicine, pharmacy, and nursing on a topic as critical as the opioid epidemic. RADM Schweitzer communicated with the audience in an authentic manner, formed connections, and received a standing ovation. At the conclusion of her presentation, several people approached me and said, "the Admiral is smart yet down to earth," "she is authentic," and "she has the uncanny ability to inspire." My response was "I totally agree!"

From Left to Right: David Benton, CEO, NCSBN; CDR Eleni Anagnostiadis; RADM Schweitzer; Humayun J. Chaudhry, President and CEO, FSMB; Carmen A. Catizone, Executive Director/Secretary, NABP

RADM Schweitzer, thank you for being a strong and courageous leader and a positive role model for our profession and the USPHS. You make us proud!

Editorial Note: PharmPAC approved the NABP liaison position in January 2017 and the results of the collaboration have provided new opportunities for USPHS. RADM Schweitzer's invitation to speak at the Tri-Regulator Symposium was a direct result of the new liaison relationship between PharmPAC and NABP. The timing is perfect because it takes all stakeholders working together to solve big challenges. As PHS Officers, we should strive to find new opportunities to develop relationships with healthcare providers beyond the Commissioned Corps and federal government who share our mission in protecting public health.

Pharmacist's Emergency Intervention Prevents Detrimental Outcome at 40,000 Feet

Contributed by CDR Oluchi Elekwachi, LCDR Sadhna Khatri and LCDR Rodney Waite
Reviewed/Edited by CDR Roney Won

With eight hours remaining in her 13-hour international flight from Washington, D.C., to Abu Dhabi, LCDR Sadhna Khatri responded to an opportunity to safeguard health and safety by using her clinical pharmacy skills and knowledge. When there was an overhead announcement asking if there was a doctor on board the plane, LCDR Khatri responded after hearing no volunteers. The flight crew was also unsuccessful in contacting the medical team on the ground.

The flight attendants informed Khatri that this middle-aged passenger seemed panicked, but they could not determine why because she barely spoke English. Khatri was fluent in the patient's native language, Urdu, and able to translate and surmise that the patient was diabetic and

[*Continued on next page*]

suffering from hyperglycemia.

The orange juice that the flight crew attempted to offer the patient would have made matters worse. LCDR Khatri recognized the issue and stopped the patient from drinking it. LCDR Khatri, used her diabetic mother's glucometer to discover the patient's elevated blood glucose level of over 500. The patient was also experiencing extremely elevated blood pressure and anxiety over her condition. LCDR Khatri successfully calmed down the patient and helped her to locate and take diabetes medications including insulin. LCDR Khatri instructed the flight crew to obtain a syringe to inject the proper insulin dose.

LCDR Khatri provided on the spot diabetes care and management to the patient telling her that traveling can throw a wrench into diabetes management. For example, patients often sit for prolonged periods of time, which can elevate blood glucose levels. As a result, more frequent blood glucose testing is necessary.

Upon arrival in Abu Dhabi, Etihad Airways presented a formal letter of appreciation to LCDR Khatri for her life-saving emergency medical service aboard the plane. The letter stated that, "The medical aid you gave may have helped to avoid what could have turned into a more serious situation for the guest, and we gratefully acknowledge your help."

Although pharmacists go on vacation, medical emergencies never do. Fortunately, LCDR Khatri was willing and able to provide leadership and expert pharmacy knowledge to help the patient obtain a positive outcome.

LCDR Sadhna Khatri receiving a formal letter of appreciation from Etihad Airways for her life-saving measures while on the plane.

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PHARMPAC UPDATES

Process for Requesting PharmPAC Social Media Postings

Contributed by CAPT Diem-Kieu Ngo

Did you know posting content and photos to the PharmPAC social media sites is as easy as sending an email? It's true! USPHS officers can now request PharmPAC social media postings on Facebook, Instagram, and Twitter by sending an email to: PHARMPAC-SOCIALMEDIA-REQUESTS@LIST.NIH.GOV.

What should you include?

1) Information about you (rank, first and last name, email, and telephone number)
2) What you want to post (we love photos!)
3) Where you want it posted (Facebook, Instagram, Twitter, or a combination)
4) When you want it posted (if you don't care, just ignore this)

…And don't forget to keep using our USPHS hashtags!
#USPHS, #USPHSPharmacy, #PHSAthletics

Questions?

Use the same address to reach the PharmPAC Social Media Workgroup Co-Leads: CAPT Diem-Kieu Ngo and LCDR Lindsay Wagner at: PHARMPAC-SOCIALMEDIA-REQUESTS@LIST.NIH.GOV.

Corrections

The Commissioned Corps Pharmacy Mentoring Network (CCPMN) has designed an infographic to highlight the benefits of becoming a mentor or a mentee. In the previous issue (Summer/Fall 2017), the link to the infographic was inactive. Please click on Mentor or Mentee Benefits to learn more about the program.

JOIN OUR MEETINGS

PharmPAC meetings are held on the first Thursday of the month at 1:00pm EST. Please Join us via teleconference, in person or on WebEx.

By Conference Call:

Phone: 301-796-7777

or 855-828-1770

Meeting ID: 744 171 156

Meeting Password: 123456

In Person: FDA White Oak Campus Bldg 22, room 1419

WebEx link:
https://fda.webex.com/mw3100/mywebex/default.do?siturl=fda

This newsletter has been provided by the PharmPAC Communications Section. For more information on contributing to future editions, please contact the Co-Leads:

LCDR Amy Luo
Amy.Luo@ihs.gov
LCDR Steven Rodgers
Steven.Rodgers@ihs.gov
CAPT Diem-Kieu Ngo
Diem.Ngo@fda.hhs.gov
Dr. MaryJo Zunic
MaryJo.Zunic@ihs.gov

For PharmPAC information and updates, **join the PHS Listserv** by clicking here and hitting the "subscribe" button on the far right corner of the webpage.

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