



# PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Spring 2017

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## FEATURE ARTICLE



*From Left to Right: LT Rumany Penn, Pharm, FDA; LT Venus Uttchin, Nurse, CMS. Not pictured: LTJG Sara Richardson, Nurse, FDA; LCDR James Lee, Pharm, FDA*

## First Annual Nationwide USPHS “Great American Smokeout” Event Supporting the Surgeon General’s Promotion for Tobacco Free Living

*Contributed by LT Rumany Penn and LCDR James Lee*

U.S. Surgeon General Vivek Murthy made the Promotion for Tobacco Free Living a priority during his term, and Pharmacy Officers (medication experts trained on tobacco cessation aids) took the call to action to support this endeavor. Partnering with our cohorts, we are able to serve and spread this message of the National Prevention Strategy (NPS) goal to “increase the number of Americans who are healthy at every stage of life.”

Approximately 42 million Americans smoke cigarettes, and tobacco use remains the single largest preventable cause of disease and premature death in the US. Quitting marks an important step toward a healthier life that can reduce risks of cancer, chronic obstructive pulmonary disease, and periodontal disease. Although the Commissioned Corps policy already supports the cause with our ban on tobacco use while in uniform, we recognize an opportunity to further promote a smoke-free lifestyle among the public by educating members of our communities. Henceforth, the First Annual Nationwide Great American Smokeout (GASO) USPHS event was held in support by the GASO workgroup (stakeholders from JOAG’s NPS Subcommittee, Rx for Change and the Tobacco Cessation Service Access Workgroup, and NPS Prevention through Active Community Engagement). The American Cancer Society’s Great American Smokeout is an annual event held on the third Thursday of November to challenge Americans to stop the use of tobacco products. Volunteers use this event to publicize and advocate for tobacco control laws, discourage tobacco use initiation, and provide support to those who want to quit.

As the national event lead, the GASO Workgroup developed a toolkit consisting of Event How-to’s; Fliers and information for public display and dissemination; Rx for Change techniques; and nationwide tobacco cessation resources. Our officers came together across different geographic regions, agencies, and disciplines to answer the call to affect change within our local communities. At the San Francisco, CA, Federal Building, our officers met with over 200 individuals, provided tobacco cessation aid resources, and elicited pledges to quit tobacco use. What better community to first outreach to then to our federal colleagues! See our national results below!

Total Numbers	Totals	Locations in 11 Events		Partners
Individuals contacted	1055	Fort Defiance, AZ	2x Phoenix, AZ	CBP, IHS, CMS
Stating desire to quit	61	Long Beach, CA	San Diego, CA	FDA, ICE
Stating attempt to quit in the last 30 days	37	Los Angeles, CA	Ogema, MN	Local COA Branches
Requesting resources	148	Anadarko, OK	Agency Village, SD	
Requesting Rx for Change Resources	5	Miami Lakes, FL		

Thirty officers and twenty-six civilians volunteered over fifty hours to spread awareness, plus the countless preparation hours spent for each individual event. The event was a true collaborative practice between pharmacy and other categories. As a unit, we brought visibility to the uniform by representing the Commissioned Corps with pride and distinction. Thank you to all the officers who helped make this first event successful! The pre-planning phase for the 2017 event has begun, and we look forward to your continued support. Let’s show tobacco what we’re made of!



*Quit Like a Champion,  
American Cancer Society  
Great American  
Smokeout*



## CAREER DEVELOPMENT

**Becoming BLS Instructor**

*Contributed by CDR Tamy Leung  
and LCDR Sarah Pak*

*Reviewed/Edited by LT Daniil Marchuk.*



*LCDR Pak getting ready to demonstrate proper compression technique.*

Have you ever thought about becoming a Basic Life Support (BLS) instructor? Not only is it a rewarding experience, but it is a great way to keep up with lifesaving skills. CDR Tamy Leung and LCDR Sarah Pak received their certifications in 2015 and have been teaching the Healthcare Provider BLS class on a quarterly basis

at the Taos Picuris Indian Health Center. Becoming an instructor requires attending a 2-day instructor training class either through the American Heart Association (AHA) or the Red Cross. LCDR Pak and CDR Leung both attended the former one. After this, you will need to get familiar with the study material, course content and the teaching video. Once you feel comfortable teaching your first class, you will need to schedule another date to meet with your training site manager to teach your first class. Under the supervision of the manager, you will receive feedback on your performance and whether you pass this hands-on practical. Afterwards, you will also need to take a written exam to assess your knowledge of the material. When you pass both of these exams, you are certified for two years. Through the AHA, the

instructors are required to teach at least four classes every two years. Recently, CDR Leung and LCDR Pak expanded their reach to the local Tribal organizations and taught 10 community members these valuable lifesaving skills.

### **Force Readiness Roundup: Are you Basic Ready?**

*LCDR Hai Lien Phung, CAPT Bill Pierce,  
CAPT Tim Murray*

*Reviewed/Edited by LT Daniil Marchuk.*

Basic readiness is not just for promotion eligibility. It is a condition of service. Your current readiness status and your history of basic readiness is maintained in Direct Access and may be reviewed for PHS deployment opportunities, selection criteria for committees, or for other PHS activities.

*“Maintaining Basic Readiness is critical and more emphasis will be put on this in the future.” - RADM Pamela Schweitzer*

As a reminder, the DCCPR Readiness and Deployment Operations Group (RedDOG) performs quarterly Readiness checks at the end of March, June, September and December. Be proactive and not reactive. Add a calendar reminder and check your projected readiness status at least once a month.

- To check your projected readiness status, login into Direct Access, and click on the “Readiness Status” link in the “Self Service” menu. From there, select the appropriate “Start Date” and then “Projected Status” tab to see if you are



- basic ready during the next official readiness date. See example print-screens below:



Board Type Code	Active Duty Reserve Indicator	Sequence Number	Start Date	Board Candidate Status
PHSCMP	Active	32	04/01/2017	Basic
PHSCMP	Active	31	01/01/2017	Basic

Current Readiness Status
Projected Status

**Name:** ██████████

**List:** PHS Readiness Compliance

**Next Official Readiness Date:** 04/01/2017

- If your projected readiness is not qualified (i.e., “Not Qualfd”), click this link to see why, and promptly take the actions required to meet the basic readiness standards.

PHSCMP	Active	22	10/01/2014	Not Qualfd
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Remember: YOU are responsible for ensuring that each readiness requirement is met and updated in Direct Access BEFORE the current requirement expires. The “Down to Basics” document is a great reference to quickly address many of your readiness needs.

Your PharmPAC Readiness Sub-Committee is also committed to assisting with your basic readiness. Email us (CAPT Bill Pierce, CAPT Tim Murray, LCDR Hai Lien Phung) if we can help keep you basic ready or to share your challenges and readiness experiences.

You can also email your questions, comments, inquiries, and concerns about Response Readiness-related matters directly to [RedDOG@hhs.gov](mailto:RedDOG@hhs.gov).



## USPHS Pharmacists Attend USAID Interagency Humanitarian Assistance / Disaster Relief Course

*Contributed by* By LT Karla Valles & LCDR Kent Bui  
*Reviewed/Edited by* LT Daniil Marchuk

On February 9-10, 2017, eight Commissioned Corps officers joined fellow healthcare professionals from a wide range of federal agencies to attend the USAID Interagency Humanitarian Assistance / Disaster Relief Course (HA/DR). This course has been attended by a number of USPHS officers in the past; however, this time it boasted the highest attendance of officers in its history. The officers who attended the February training traveled from across the United States and represented five agencies: BOP, DoD, FDA, HRSA, and NOAA.

LCDR Bui, Deputy Director of the Standards Engagements Division at the Department of Defense (DoD) and Department of Veterans Affairs (VA) Interagency Program Office and member of the National Incident Response Team C stated his enthusiasm about the course, "This is a great opportunity to expand our breadth of knowledge on international humanitarian disaster assistance. The training helps us to gain a better understanding of the complexity of international humanitarian missions, the collaboration of multinational governmental and nongovernmental organizations, and the coordination and partnership between USAID, FDA, DoD and other USG agencies in responding to a manmade or natural disaster.

In addition, it is a great venue to network with other officers and healthcare professionals who have been/are involved in humanitarian



*From Left to Right: Front Row: L to R – LT Sharon Downey, CDR Martin Hamilton, LT Karla Valles, LCDR Kent Bui) Standing, L to R – CDR Robert Windom, LCDR Nathan Caulk, LCDR Margaret Caulk, LCDR Peter Hughes)*

response and disaster relief. As a pharmacist assigned to the DoD, one of key active supporters for international humanitarian aids, I highly recommend this course for PHS officers detailed to the DoD."

The HA/DR course is sponsored by USAID's Office of U.S. Foreign Disaster Assistance (OFDA). The course is a two-day classroom-based training that provides an overview of what happens when disasters strike overseas and how the U.S. Government (USG) responds and engages within the international humanitarian architecture. The course outlines the critical triggers and components of U.S. Government international disaster response and enables participants to determine where their agencies fit—both within the U.S. Government international response and the overall international humanitarian system. The course provides interactive activities and real-life examples using current international humanitarian disaster relief framework.

"The course was a wonderful opportunity to learn the architecture of international disaster relief and network with fellow PHS officers and USG employees with a similar passion of international humanitarian assistance," expressed



LT Valles, a Chief Pharmacist at Federal Correctional Institution Danbury within the Bureau of Prisons. Moreover, “The course content will help me respond in my deployment role, should the opportunity arise. In a time when international disasters are not only increasing in number but also in complexity, USPHS officers play an important role in supporting relief efforts. This course provided an excellent opportunity for understanding the coordination and management of international disaster relief.”

Officers interested in learning more about humanitarian assistance and disaster relief are encouraged to enroll in a future course offering. Enrollment is limited to two individuals per organization. Space is limited to only 25 participants per class. To register, please reach out to the USAID/OFDA Training Specialists provided below.

Sarah Bailin

Training Manager

USAID's Office of U.S. Foreign Disaster Assistance

Humanitarian Policy and Global Engagement Division

Office: 202-216-283

Francesco Paganini

Training Specialist

Humanitarian Policy & Global Engagement Division

USAID's Office of U.S. Foreign Disaster Assistance

Cell: 571.481.0411



Snapshot of USAID/OFDA International Regional Capabilities

For more information about USAID, please visit <https://www.usaid.gov/>

## HEALTHY LIFESTYLE

### Staying Fit as a New Mother

Contributed by LCDR Ruby Tiwari  
Reviewed/Edited by Kelly Ngan

As a Public Health Service (PHS) officer, I find it important to not only pass the Annual Physical Fitness Test (APFT) as a basic readiness requirement, but also to derive a great sense of accomplishment and satisfaction in being physically fit. Since becoming an officer, my goal is always to improve my APFT score from the previous year. It is a top priority for me to stay healthy by eating well-balanced nutritional meals and exercising on a daily basis. I have always incorporated being physically active as an essential aspect of my life.

Recently, I became a new mother and obviously encountered the many demands of motherhood, which includes taking care of both



my newborn and myself. I realized that I was eating at all different hours, and my only exercise seemed to be walking from the nursery to my bed. I remember thinking that my walk to work was my “workout for the day.” Then it dawned on me that, in addition to taking good care of my baby, I needed to be sure to maintain my own good personal health habits as an officer and mother.

“Step It Up!” -- the U.S. Surgeon General’s Call to Action to Promote Walking and Walkable Communities -- is an effective tool that instilled the necessary motivation for me to keep up my physical fitness. I contacted some PHS officers at my current duty station, and we started a “walking club” at work that goes on vigorous walks for a minimum of 20 minutes. This activity has allowed us to bond as officers and continue to promote a healthy lifestyle. Our team-building encouraged camaraderie, support, and encouragement to other officers. I have found this walking club to be a good motivational tool to support officer fitness goals as well as to enhance the fitness of new mothers like myself.

The walking club has even expanded from 4-5 officers to 10-12 officers. In fact, a few officers transitioned from walking to running every day. The motivation and collaboration within our group encouraged some officers to partake in local charity races. Also, officers worked on decreasing their risks of chronic diseases and enhancing their mental health outlook.

Personally, by meeting my goal of increased health activities, I have more energy at both work and home, and this gives me more gratification in my personal and professional life.

Staying fit is a struggle for most people, but we, as officers, should set a good example for the community by showing the importance of conducting healthy activities...even if it is only for a short duration of the day.

## Aerial Yoga- Fun for Beginners to Yoga!

*Contributed by LCDR Samina Khan*

*Reviewed/Edited by Kelly Ngan*



*An Aerial Yoga Session*

The practice of aerial yoga involves performing a series of exercises inspired by yoga, Pilates, and aerial acrobatics in a hammock-like apparatus. This hammock is typically suspended from the ceiling or from a metal frame. The use of a hammock in this yoga practice can be helpful in facilitating inversions without putting pressure on the neck or the spine.

*Continued on next page*

Joe Miller, a New York City-based yoga teacher who leads anatomy and physiology trainings around the country, states that “research on suspension training indicates that you have to use your core muscles more when you’re suspended than when you’re on the ground to keep yourself stable.”

In practicing aerial yoga, it is necessary to pull down on the hammock to lift up, which is unlike traditional yoga, in which a majority of arm movements incorporate pushing rather than pulling. The aerial yoga movement facilitates both core and upper arm strength.



*The Benefits of Aerial Yoga*

Health benefits of aerial yoga may include:

- Total body workout
- Psychologically beneficial
- Improves Flexibility
- Helps with back issues
- Improves balance
- Increased strength
- Aids in digestion
- Improved Circulation

**COMMUNITY IMPACT**

**USPHS Officers Participate in a Remote Alaskan Village Health Fair**

*Contributed by LT Kristin Allmaras and LCDR Jill Gelviro*

*Reviewed/Edited by Tabatha Welker*



*From Left to Right: LT Chelsea Royal, LCDR Jill Gelviro, LT Kristin Allmaras*

Last spring, Southcentral Foundations (SCF) Pharmacy participated in a health fair in Tyonek, a rural Alaska community. It was the inaugural SCF health fair for the community with a population of 175 people.



The group attending the health fair consisted of three USPHS Officers, and seven civilian SCF health care employees, including a nurse, two pharmacists, administrative support and health educators. The team enrolled beneficiaries with the Alaska Native Medical Center, and discussed cardiovascular health, healthy eating and medication disposal.

SCF is an ambulatory care facility in Anchorage, Alaska, serving over 65,000 Alaska Native/American Indian people in a geographic service area spanning more than 100,000 square miles with 55 rural villages. In partnership with SCF, Tyonek opened Indian Creek Health Center, a federally designated Community Health Center offering quality care for Alaska Native, American Indian and non-Native people. Located 45 miles from Anchorage across Cook Inlet, Tyonek is accessible only by boat or plane. The SCF team traveled on two Cessna 207s, a small plane that seats a maximum of five people.



*Transportation used(Cessna 207) to remote village*

There are barriers to providing health care in rural villages. Due to the remoteness, some medication disposal guidelines set by the United States Food and Drug Administration (FDA)

cannot be followed. FDA recommends flushing a small number of different medicines that have the potential for significant harmful effects if ingested by a person or animal not prescribed the medication.

FDA recommends immediately flushing certain medications down the sink or toilet. However, the village recommendation for medication disposal is to not flush any medications. In Tyonek and other remote areas in Alaska, if medications are flushed, it increases the risk of contaminating the village water supply, which is a major public health concern. The process of appropriately disposing unused or unneeded medications is often unclear to people living in villages.

LCDR Jill Gelviro and LT Kristin Allmaras had the opportunity to make a large public health impact in Tyonek when USPHS participated in the opening of the local clinic and inaugural, community-wide health fair. The pharmacists provided village-specific information and education about medication disposal to people living in the area.

The unique opportunity allowed them to train clinic personnel and health care aides on appropriate village medication disposal. Gelviro and Allmaras talked with many individuals about medication disposal, provided general medication education and discussed any other pharmacy-related concerns. They provided instructions on how to appropriately dispose of all medications and distributed small Ziploc bags with specific medication disposal instructions attached. The six-hour health fair resulted in enhanced medication safety throughout the community, the new clinic and their water supply.



**2017 Brunch & B.I.N.G.O.**

*Contributed by LT Chandler  
Reviewed/Edited by LT Hilary Boles  
and Tabitha Wilker*

In support of the JOAG Public Health and Community Service Committee, seven PHS Officers from multiple categories and different duty stations recently volunteered in Phoenix, Arizona at a shelter for victims of domestic abuse. This event supports the Surgeon General's National Prevention Strategy of "Empowered People" through promoting positive social interactions and supporting healthy decision making. Officers supported the National Prevention Strategy's Priorities of "Injury and Violence Free Living" through promoting safer and more connected communities to prevent injury and violence. It also supported the priority of "Mental and Emotional Well-being" through providing individuals and families with the support necessary to maintain positive mental well-being.

Chrysalis Shelter for Victims of Domestic Violence, Inc., provides living accommodations and support for women, men, and children for up to 4 months at a time. During the fiscal year of 2015-2016, they served 1,462 individuals impacted by domestic abuse. Domestic abuse is the leading cause of injury to women between the ages of 15 and 44. The current statistics show 1 out of 3 residents are affected in Arizona.

The goal of the event, "Brunch and Bingo," was to provide a safe meal, social connection, and entertainment. Volunteers helped in the kitchen serving brunch, playing games with children, and conversed with clients. The shelter had about ten children and 12 adults who participated in our bingo event after we served brunch. Volunteers

provided over 40 donations in the form of gifts; including gift cards, toiletries, socks, beanies, cosmetics, and crafts as prizes for bingo winners. The event was very successful, and clients at the shelter expressed sincere gratitude. PHS Officers plan to return shortly to provide support for the shelter in other aspects of what they need.

"This event was personally rewarding. It was the first time organizing an event with this organization, and we were all very impressed with the resources they have available for the individuals staying there. The clients were very compassionate and thankful to have us there. They opened up to us one on one after feeling comfortable. You could feel the positivity and excitement in the room as prizes were given out. It was exciting for all of us as officers of the U.S. Public Health Service to spend time with clients and answer any questions they had about our branch of service. I am grateful to have found this organization and look forward to ways in which we can serve as a group again in the future." – LT Chandler



*Alisa Hirschberg, LCDR Rosalia Casares (ICE), LT Brian Valdez (IHS), LCDR Kymberly Spady-Grove (ICE), LT Gina Tomkus (ICE), LT Hilary Boles (IHS), LT Trisha Chandler (IHS), CJ Chandler  
LCDR Omobogie Amadasu (IHS)*



PHS IN ACTION

USPHS Pharmacy Delegates at APhA Annual Meeting

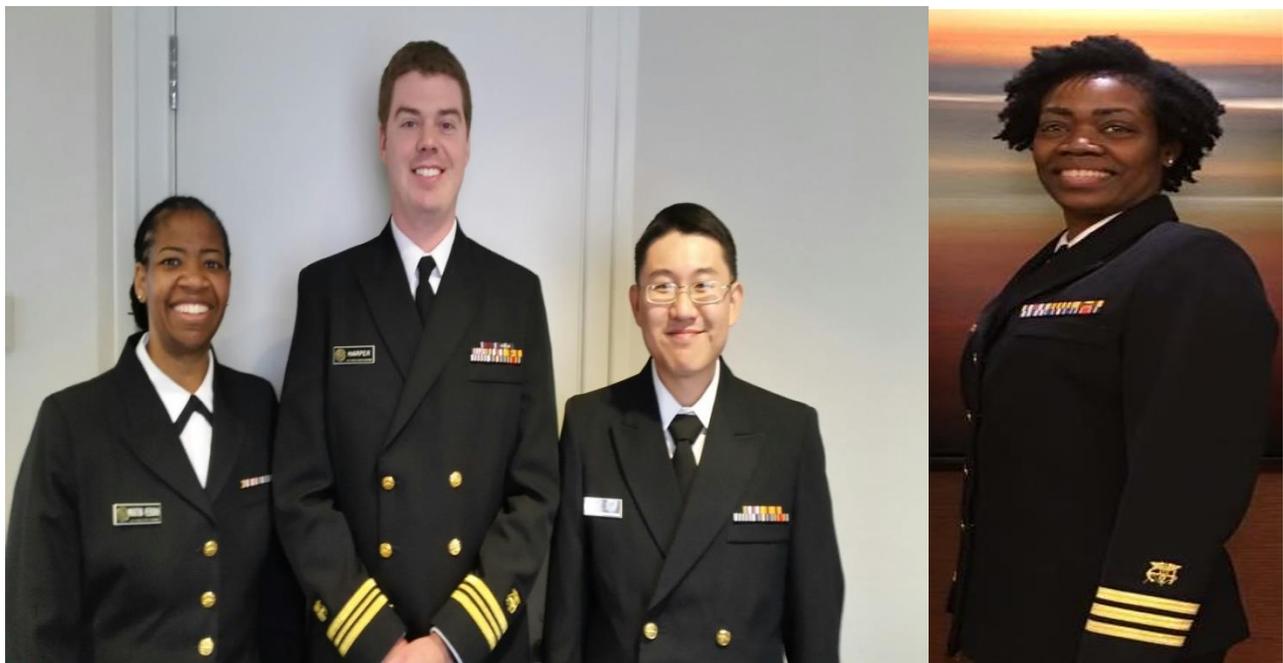
Contributed by LCDR Garrette Martin-Yeboah

Reviewed/Edited by Tabitha Welker



USPHS Pharmacy Delegates to the APhA Annual Meeting, in San Francisco, CA (March 24-27, 2017) worked as part of the Federal Caucus to facilitate the acceptance of three New Business Items during the House of Delegates sessions.

**Pictured here (L to R): CDR Dorcas Ann Taylor, LCDR Garrette Martin-Yeboah, LCDR Patrick Harper, and LT Kinbo Lee.**



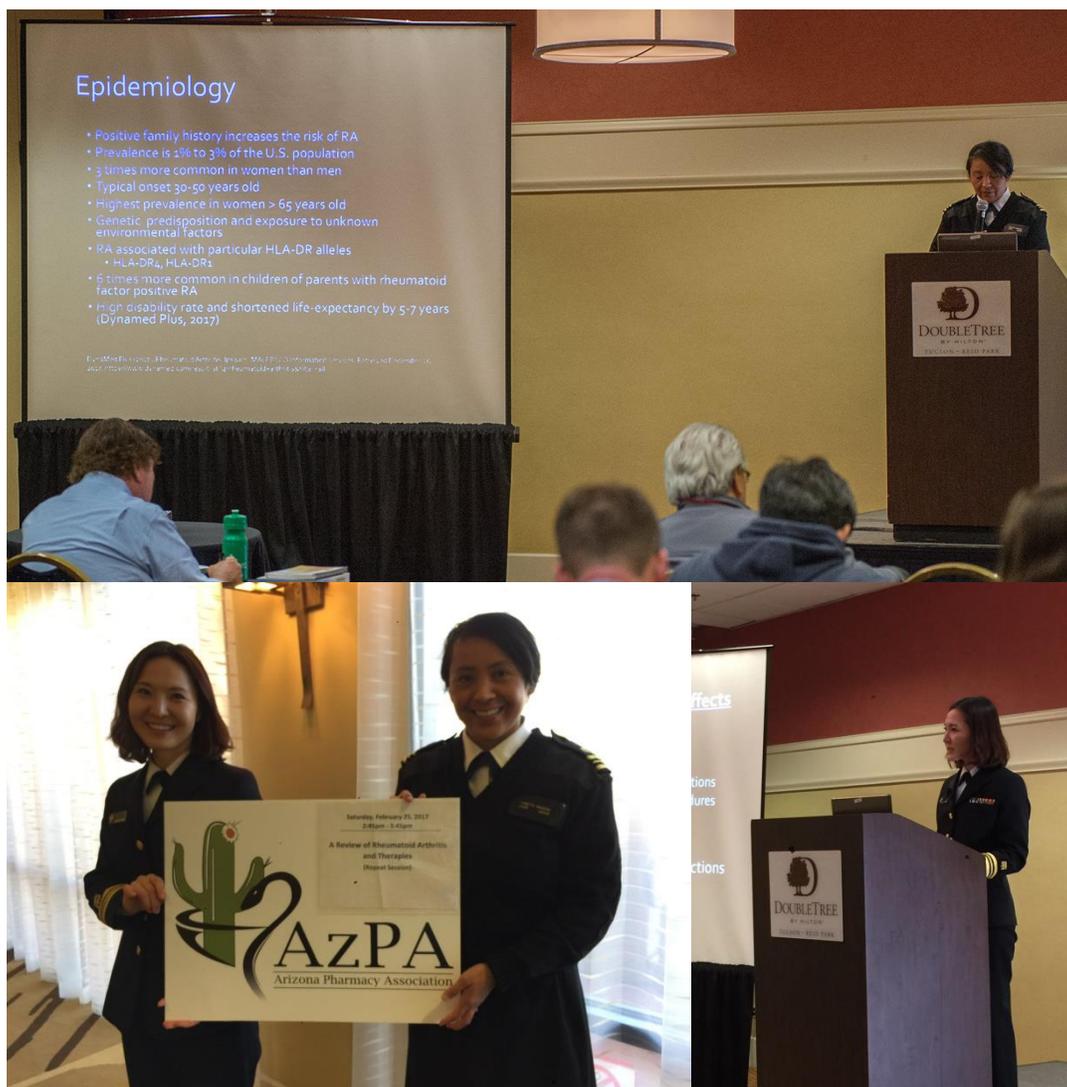
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Pictured here (L to R) LCDR Garrette Martin-Yeboah, LCDR Patrick Harper, LT Kinbo Lee and CDR Dorcas Ann Taylor.

**A review of Rheumatoid Arthritis and Therapies**

*Contributed by LCDR Lynette Wasson*

*Reviewed/Edited by Tabitha Welker*



*Two officers from the Phoenix Area, LCDR Lynette Wasson, Pharm.D, BCPS and LCDR Jeannie Hong, Pharm.D, BCPS, NCPS gave a presentation entitled, “A review of Rheumatoid Arthritis and Therapies” at the 50th Arizona Pharmacy Association Southwestern Clinical Pharmacy Seminar on February 25, 2017. LCDR Jeannie Hong is a Rheumatology Pharmacist at the Phoenix Indian Medical Center and LCDR Lynette Wasson is Chief Pharmacist at Peach Springs Health Center.*



## PUBLICATIONS

### Considerations for Use of Investigational Drugs in Public Health Emergencies

*Matthew Carl Kirchoff, PharmD, MS, MBA1, and  
Jerome F. Pierson, RPh, PhD1  
Reviewed/Edited by Harold Sano*

#### Abstract

The paradigm for the use of investigational drugs in public health emergencies has been recently tested to prevent and treat highly infectious and lethal diseases. Examples include the successful implementation of vaccine and therapeutic clinical trials during the recent Ebola outbreak in West Africa.

On the other end of the spectrum was the Emergency Use Authorization (EUA) of peramivir in the treatment of H1N1 influenza virus that did not provide an opportunity to collect data or understand the effectiveness of the EUA program. Between the gold standard of a randomized controlled clinical trial and the problems associated with EUAs are the domain of expanded access protocols that may provide an avenue to make products available while awaiting licensure.

This paper will examine the regulatory pathways in the United States (US) for the use of investigational drugs in a public health emergency as well as considerations when making these products available outside the US. Descriptions of the applications of the various approaches will be presented. Regardless of the pathway chosen, public health and clinical research planners need to work together to consider several factors associated with the respective options and maintain a goal of working toward the collection

of data to support licensure before faced with future outbreaks.

Finally, this paper will consider the lessons learned from public health response in the context of investigational drugs in other diseases where “right to try laws” may pose opportunities, as well as challenges.

To access the full article, please visit:

<http://journals.sagepub.com/doi/abs/10.1177/2168479016680253?ai=1gvoi&mi=3ricys&af=R&>

### Indian Health Service Pharmacists Engaged in Opioid Safety Initiatives and Expanding Access to Naloxone

*Hillary Duvivier\*, Samantha Gustafson, Morgan Greutman, Tenzin Jangchup, Ashlee Knapp Harden, Aimee Reinhard, Keith Warshany  
Reviewed/Edited by Harold Sano*

#### Abstract

**Objective:** To develop effective pharmacy-based interventions to mitigate harm from opioid use disorders. Programs include responsible opioid prescribing, expanded access to medication-assisted treatment (MAT), naloxone, and community interventions. Setting: Clinical pharmacists practicing at Indian Health Service (IHS) locations in the Southwest, Midwest, and Great Lakes regions. These pharmacists serve culturally diverse American Indian populations throughout the United States and interface with tribal and federal programs to impact the opioid epidemic in Indian Country. Practice description: Pharmacists have reduced barriers to care by expanding clinical practices to include novel approaches in pain management clinics and MAT programs.



**Practice innovation:** As part of a multidisciplinary team, IHS pharmacists provide comprehensive patient care while focusing on the prevention of opioid dependence and opioid overdose death.

**Evaluation:** Pharmacists have also expanded professional competencies to include coprescribing naloxone and training first responders on naloxone use. Results: Pharmacists within IHS have proactively completed advanced training on responsible opioid prescribing, augmented services to increase access to MAT for American Indians and Alaska Natives, and increased access to naloxone for opioid overdose reversal. Pharmacists have also developed a comprehensive training program and program measurement tools for law enforcement officers serving in tribal communities. These materials were used to train 350 officers in 6 districts and conduct a mass naloxone dispensing initiative across Indian Country. Pharmacists have consequently developed successful community coalitions that are focused on saving lives.

**Conclusions:** Pharmacist involvement in key initiatives including responsible opioid prescribing, expanded access to MAT, and expanded access to naloxone for trained first responders, coupled with an emphasis on enhanced education, illustrates pharmacists' impact with the opioid epidemic.

To access the full article, please visit:  
[http://www.japha.org/article/S1544-3191\(17\)30005-5/fulltext](http://www.japha.org/article/S1544-3191(17)30005-5/fulltext)

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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:** FDA webEx

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

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