



PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Winter 2016

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Issue Editor:
CDR Roney Won

Issue Layout and Design:
CDR Gene Hampton Jr.

Issue 508c:
LCDR David Stecco

Article Editors:
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Issue PAC Lead:
MaryJo Zunic



Chief Professional Officer Message

Smoking Cessation Pearls: U.S. Public Health Service Perspective

Contributed by RADM Pamela Schweitzer, CPO PharmPAC, and LCDR Narcisso Soliz

Smoking remains the number one preventable cause of disease in the United States. Although 71% of pharmacists cite the importance of assisting patients with tobacco cessation, only 5% to 7% of patients report ever being asked by pharmacists about tobacco use. Pharmacists have such an opportunity to make a difference in someone's life.

As our U.S. Surgeon General says, "There is no place for tobacco in the community, except for perhaps in a museum."

Making it a priority! There are lots of resources out there for people to stop smoking. However, interaction with a pharmacist will go a long way to encourage and inspire patients to attempt to quit.

Some pharmacists cite time and fear of alienating patients as barriers to delivering interventions. However, brief intervention models provide time-efficient delivery mechanisms for the busy pharmacist. Even minimal counseling—less than 3 minutes—makes a difference, as it may increase quit rates by 30% versus no intervention. When surveyed, patients felt it was the duty of the pharmacist to ask, advise, and offer tobacco cessation counseling, and 85% agreed pharmacies were the most convenient places for tobacco cessation programs.

Encouraging and empathy. It is doable to establish a process for the pharmacy staff to ask patients about tobacco use and, if needed, advise them to quit tobacco and assess their willingness to quit. The pharmacist may assist those willing to make an attempt by offering to help with a quit plan or providing a referral to an intensive program and arranging for follow-up. If time or resources prevent intensive intervention, the patient should be referred to an intensive counseling program, provider, clinic, or quit line. Pharmacists should be nonjudgmental and show empathy while providing motivational interviewing to those unwilling to quit at this time.

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Chief Professional Officer Message (con't.)

Patients attempting to quit should be encouraged to use effective medications for tobacco dependence treatment, except where contraindicated or in specific populations for which there is insufficient evidence of effectiveness. Pharmacotherapy increases chances of cessation two- to threefold. Pharmacists are ideal for pharmacotherapy recommendation and monitoring.

Tobacco abuse is not a habit. It is an addiction and should be treated as a chronic disease. Relapse should not discourage the patient or the pharmacist. Most individuals will relapse five times or more before becoming tobacco free. Patients should be encouraged to make another attempt. Two-thirds of those who relapse are interested in a quit attempt within 30 days, thus presenting another opportunity for intervention by a pharmacist.

Public health issue. Although much progress has been made in reducing tobacco use, it remains a threat to public health. Smoking kills more than 400,000 people per year, and much work is needed to reach the Healthy People 2020 objective of reducing the prevalence of smoking among adults to 12%. If the status quo in tobacco control in 2008 is maintained, the projected prevalence of smoking among adults in 2050 could still be as high as 15%.

As one of the most accessible and trusted health professionals, pharmacists are in an ideal situation to help make life-saving interventions. Thank you for joining the mission to make our nation tobacco free!

American Pharmacist's Association. **Smoking Cessation Pearls: U.S. Public Health Service Perspective**
<http://www.pharmacist.com/oberbeck-uses-ask-advise-refer-model-tobacco-cessation-ralphs> accessed January 25, 2016.



PharmPAC Highlights

Captain's Log

Contributed by CAPT Aaron Sigler, PharmPAC Chair

This is being written coming off the heels of Thanksgiving and heading into Christmas. Regardless of your religious background, belief's, or practices, it's difficult not to absorb the celebratory nature of all holidays during this time. They are a time for thanks, for family, for giving, for hope. People walk a little lighter and smile a little more. There is cheerfulness in the air with the anticipation of sharing, giving, visiting, and eating with friends, family, or strangers in need. Even if you don't celebrate a particular holiday, who doesn't like saving \$500 on a new TV?

Just as we celebrate the holiday season and all that comes with it, we should take the time to reflect on and celebrate our professional roles. The USPHS, and specifically our category, has likely never enjoyed such national visibility, recognition, and respect as we currently do. It is an honor, not only to contribute to our Agencies, but to also know that as Public Health officers, we are serving our nation and fellow-man. We are in the process of renaming our soon to be released informational packet from "Pharmacy's Best Kept Secret" to "Pharmacists Leading the Way". The name change focuses on the fact that we are leaders and are focused on pushing the profession in exciting and innovative ways. It is clear that any applicant is joining to serve the nation and be a part of a dynamic force for change in the practice of pharmacy; not simply because of a benefits package. We have always been lucky to serve, but now we are fortunate to have the opportunities to shape the future of the profession.

It's natural to have pride in our service and celebrate our opportunity to be a member of the PHS. Projecting joy and happiness should be present when each of us is "out in town" wearing our uniform. We can stand a little straighter, knowing that we represent ideals and organizations larger than ourselves. It can, however, be difficult at times to share a sense of community as a PHS officer. Some of our fellow officers might be the only person serving in uniform at their entire command, and it's not a secret that PHS suffers from an identification problem. Sometimes it's easier to identify where someone fits in when serving in other branches. Shouts like "Go Navy / Beat Army" or serving at duty stations located overseas that engender camaraderie may provide a more focused purpose for those in other services. Our strength is that the PHS has the flexibility and openness to allow interpretation of what it means to serve in the PHS and be an active officer. We have core values and how we emulate them can be up to the individual or command. Even when you are the only officer at a duty station, you're not alone. And that's what being in a uniformed service is all about; being part of a community, regardless of size or proximity; surrounding ourselves with other people that share our ideals and values, as well as having pride in service. You have to look no further than the various articles written around PHS Athletics and other activities in which our officers are putting a face to our name.

As you are reading this, I hope you were able to celebrate over the last couple months. I also hope that you can find a way to carry over the warmth from the holidays and use it to see our careers as a gift. Little is more fulfilling than knowing you better the lives of those around you. That feeling will hopefully keep you warm until Spring.



Surgeon General Spotlight

Office of the Surgeon General's Smoking and Tobacco Use Cessation Committee Article for CCMIS

Contributed by CDR Michael Ahmadi and LCDR Jonathan Kwan

USPHS First Uniformed Service to go Tobacco-free in Uniform

On June 21, 2013, the Surgeon General updated the United States Public Health Service (USPHS) Commissioned Corps Uniforms and Appearance Policy. This policy, which went into effect January 1, 2014, contained new language that prohibits Commissioned Corps officers from using tobacco products while in uniform.

As a result of this new policy, the USPHS Commissioned Corps had the distinction of becoming the first Uniformed Service to prohibit tobacco use while in uniform. This significant achievement coincided with the 50th Anniversary of the first Surgeon General's Report on Smoking and Health, released in January 1964. Fifty years after the release of this landmark report, remarkable progress has been made; however, tobacco use remains the leading preventable cause of disease, disability, and death in the United States. We are so proud that the USPHS Commissioned Corps continues to lead in the fight against tobacco use with this important new policy.

For some officers, however, this momentous decision may have required a change in personal tobacco use, and as health professionals, it is important that we lead by example and support our colleagues in their efforts to stop using tobacco products.

The Office of the Surgeon General Creates Smoking and Tobacco Use Cessation Committee

For this reason, the Office of the Surgeon General and USPHS leadership requested that a Smoking and Tobacco Use Cessation Committee be formed and tasked with:

- assessing the number of Commissioned Corps officers currently using tobacco products
- developing, compiling and disseminating tobacco use cessation resources to those officers that do use these harmful products and support their decision to quit.

Results of Tobacco Use Survey

Results from the survey indicated that 41% of Commissioned Corps officers who responded (N=2821) had ever used a tobacco product. Compared to the rest of the country, a relatively small percentage of Commissioned Corps officers used a tobacco product in the past 30 days (6.9%, n=195). Before the policy change, slightly over one in five of those who used tobacco did so while in uniform (22.4%). According to the survey, the revised policy motivated 28.7% of respondents toward quitting. Among tobacco users who knew of at least one tobacco cessation resource, 55.9% were aware of Tricare benefits and services.

Launch of USPHS Commissioned Corps Smoking Cessation Website

The final result of the Committee's work was the development and launch of the [PHS Smoking Cessation website](https://dcp.psc.gov/osg/tobacco/) (<https://dcp.psc.gov/osg/tobacco/>). This site, shown below, provides evidence-based resources on effective interventions for tobacco cessation, where to go to get help, and guidelines for clinicians. We encourage all Commissioned Corps officers to access the site and to use the .

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Surgeon General Spotlight (con't)

information to achieve the Surgeon General's goal for a tobacco-free Uniformed Service

How to Get Involved

For more information on how you can get involved and be an agent of change for your fellow officers, please contact the Co-chairs of the USPHS Physician Professional Advisory Committee (PPAC) Tobacco Cessation Subcommittee: CDR Sallyann Coleman-King (fiq9@cdc.gov) or CDR Frances Jensen (Frances.Jensen@cms.hhs.gov).



COMMISSIONED CORPS OF THE U.S. PUBLIC HEALTH SERVICE
SMOKING CESSATION

CCMIS Gallery Help Login

OSG Initiatives and Groups >
Smoking Cessation Introduction

Smoking Cessation Introduction

What You Should Know When Seeking Treatment ----- Types of Interventions

What You Should Know When Seeking Treatment ----- Intensive Intervention

Where to Get Help

Guidelines for Clinicians

Smoking Cessation Introduction

Kick the Habit!

Tobacco addiction is the largest preventable cause of illness and premature death in the United States. In 2000, the US Public Health Service first said that tobacco addiction was a chronic disease (Fiore, et al., 2000. Drug addiction, including nicotine, is a disease that occurs over a long time, like diabetes, hypertension, asthma, and others (McLellan, et al., 2000³). It is not solved quickly, but takes a long-term commitment to successfully treat.

The US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence (2008) states that intensive tobacco treatment can be provided by any "suitably trained" clinician. It also says that there is "no" clinical intervention today that can reduce illness, prevent death, and increase the quality of life more than effective tobacco treatment interventions. These web pages have been adapted from this Guideline to help officers move toward successfully stopping the use of commercial tobacco products.

WARNING:
Quitting smoking now greatly reduces serious risks to your health

I QUIT

- http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf
- <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>
- <http://jama.ama-assn.org/cgi/content/full/284/13/1689>



PharmPAC Highlights

Recruitment Section

Contributed by CDR Mark Miller

The Pharmacy category document “Pharmacy’s Best Kept Secret” has been replaced and is now titled “Pharmacists Leading the Way”. The document focuses on the USPHS Commissioned Corps’ mission: to protect, promote, and advance the health and safety of our Nation. Our goal is to recruit pharmacists who have a desire to promote this mission. Therefore, the pay and benefits document is now listed separately and should only be disseminated to those applicants who are highly qualified and very interested in the USPHS Commissioned Corps. The pay and benefits document is for informational use only and changes may occur that are not reflected on this document. Pharmacists are encouraged to contact their liaison for the most up-to-date and accurate information. The “Pharmacists Leading the Way” along with the pay and benefits documents can be found on the PharmPAC website.

Register on Max.gov

Contributed by LCDR Kevin Herkenham (Kevin.Herkenham@fda.hhs.gov)

Many resources for PHS Pharmacists are available at Max.gov on the new [USPHS PharmPAC website](#). Consider registering for Max.gov if you haven’t already!

Communication Section

Contributed by MaryJo Zunic (MaryJo.Zunic@ihs.gov) and CDR Tina Bhavsar (asn2@cdc.gov)

In this new PharmPAC year we have two new members. Please welcome the following members: MaryJo Zunic (MaryJo.Zunic@ihs.gov), who is serving her second term as a PAC voting member, and CDR Diem-Kieu Ngo Diem.Ngo@fda.hhs.gov whom you have heard from through her efforts with social media posting. CDR Ngo and Dr. Zunic join CDR Tina Bhavsar asn2@cdc.gov, LCDR Mark Iseri Mark.Iseri@ihs.gov, and LCDR Scott Raisor thomas.raisor@ihs.gov to lead the Communications Section in the 2015-2016 operational year.

We will work diligently to maintain the main functions of the communication section, which include:

- Focus on a unified voice for the PAC and messaging to officers and other pharmacists
- Identify and communicate upcoming opportunities for pharmacists
- Facilitate adoption and utilization of MAX.gov
- Apply the PLANT model to highlight pharmacy leaders and retirees
- Continue distribution of important news and information via listserv notices, newsletters, and social media

As we strive to meet the needs of the PharmPAC community, we are continuously working on updates and efficient ways of communicating. Some of the upcoming changes include working with our Chief Professional Officer RADM Schweitzer on a PharmPAC Blog and website updates. We look forward to this year and please expect to hear from us soon!

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PharmPAC Highlights (con't)

Readiness Section

Contributed by CDR Timothy Murray (timothy.murray@ihs.gov)

- New eOPF cover sheet at: http://dcp.psc.gov/ccmis/PDF_docs/eOPF%20Fax%20Cover%20Sheet.pdf
- Down to Basics self-service form to answer most readiness questions at: http://dcp.psc.gov/CCMIS/RedDOG/Forms/Basic_Readiness_Checklist.pdf
- New APFT resources available at: http://dcp.psc.gov/CCMIS/ccis/documents/pom15_004.pdf

Perspective Newsletter Acknowledgements

The PharmPAC Communication Section recognizes the following officers for their contribution to this newsletter as article editors:

- CDR Sheila Ryan
- CDR Kendra Stewart
- LCDR Andrew Gentles
- LCDR Christopher Janik
- LCDR Chitra Mahadevan
- LCDR Kelly S. Ngan
- LCDR Inna Voinich



Healthy Lifestyles and Fitness

Fit Families

Contributed by CDR Aimee Young, CDR Anne Marie Bott, LCDR Ashley Schaber

Many Officers find it difficult to stay fit after having children. Although it may prove challenging at times, the list below has been compiled to show you that staying fit does not need to end if you have a baby or young child at home. With a little bit of creativity, you can stay fit, and even do so as a family. Performing these activities as a family not only helps build strong relationships, but it also provides a mental breather from your busy lives.

For example, take exercise outside during the **summer**:

- Bike with your kids
- Take walks to parks
- Run/jog/walk with your child in a jogging stroller
- Have older child(ren) bike while you run/jog/walk



Left to Right: Jason, Cameron (2), CDR Young, and Kenneth (5) Young after completing the Alaska Color Run, 2014

- Swim with your children

During the **winter**:

- Cross country and downhill ski with your kids
- Ice skate with your kids
- Involve the kids in fun runs
- Bring your child in a jogging stroller or have your child cheer you on at the start and finish line. This is great way to set the example that the activity is fun!
- Participate in THEIR activities. If your child is on the ski team, after practice, ski with the whole family for the remainder of the day. Or, play a friendly game of soccer/baseball/basketball with your child after practice or at home.
- Find a good gym with childcare.

Finally, there are numerous options for most sports:

- Bike trailers
 - Chariot® - This can be used as a jogging stroller, stroller, bike trailer or ski trailer. They have 1 and 2-child versions.
 - WeeHoo® bike trailer – This is a recumbent bike attachment where the child can pedal behind the adult. They also have 1 and 2-child versions.
 - Bike trailer –The child’s bike attaches to the adult’s seat post.
 - Tandem bikes – There are numerous sizes and styles, some of which can convert from child in the back to adult.
- Backpacks/Carriers - for hiking or walking. To prevent discomfort or your exercise getting cut short, ensure you have the proper size and fit.
- Ski accessories –backpacks with handles help children up when they fall, ropes keep them close while they downhill ski with you, and clips keep their skis together when learning ski.

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Healthy Lifestyles and Fitness (con't)

Be prepared to provide a lot of encouragement, maybe some rewards, and did we say encouragement? This will help prevent shortened exercise sessions.

Prepare a route that may end at the kids' favorite playground and take a pit stop so they can play. Bring their favorite snack or drink along for them to

enjoy as a treat to reward them for their hard work.

Provide re-direction with lots (and lots) of encouragement when they express the desire to give up.

Praise a job well done.



Left to Right: Wyatt (2), Steve and LCDR Ashley Schaber hiking and blueberry picking, 2014



Left to Right: LCDR Sean Berkey, McKenna (6), Quinn (5), and Gale Berkey kayaking, in 2014, AK

Preparation and Redemption

Contributed by CDR Damion Killsback



Left to Right: Reed (6), CDR Anne Marie Bott, Carter (5), and Wescott Bott at the peak of Flat Top Mountain, AK 2015

I can recall my flight back to Washington, DC on September 23, 2014. After two years of traveling back to my home state of Montana for Archery Elk Season, once again, I would leave empty handed, with only the memory of coming to full-draw on a magnificent 6x6 bull with no clear shot as fading dusk turned to darkness.

As I sat on the plane, thinking about what I could have done better, I realized that I had quite a bit of work to do and a lot of questions to answer. What did I miss? After two years of getting into elk, what did I need to do to make it all come together? Why are we only hunting in the mornings and not in the evenings? Why are we "glassing" elk and not going after them after we pattern their movements? Why aren't we camping in the mountains closer to the drainages and long (continues on next page...)

Healthy Lifestyles and Fitness (con't.)

ridges? Do I need to get in better shape? What am I afraid of?

After a week of self-reflecting, I made the decision



CDR Damion Killsback, and son
"Kamster"



that I would do everything I could to be better prepared for the only 4-day window of Archery Elk Season I would have in 2015. I called my friend and told him we should camp out in the woods and mountains when I return. I practiced and became proficient with shooting my bow out to 80 yards. The biggest commitment that I made was to get my cardiovascular endurance and stamina up as much as possible. I purchased Italian-made, all-leather hunting boots that needed between 50-100 miles to be broken in. Luckily for me, Seneca Lake was about a mile away and had a 3.33-mile, semi-rugged terrain trail around it.

After the birth of my daughter in June 2014, it became more of a challenge to get in my regular

workouts and hike the trail every week, and September was just over 8 weeks away! I had no choice but to double and triple time my hikes – 3.3 miles Monday and Wednesday after work and on Sunday mornings. I mixed in burpees, push-ups and sit-ups with short 1-2 mile runs on the days I did not hike. To make sure I got the most of my hikes, I purchased a backpack carrier and carried my 30-lb son, Kamden, on my hikes; father and son time with a purpose! By the first week of September, my boots had close to 60 miles on them and were nicely broken in. I was ready.

The day I landed, we hunted hard; we pounded the unforgiving, arid, rocky terrain, clocking 3.5 miles the first day. A good day, we glassed two separate herds and several nice satellite (lone) bulls. We had a nice camp and ate hearty dinners, we consumed between 2000-3000 calories and 2-3 liters of water each day, yet I lost weight as evidenced by my pants getting baggier and baggier each day. The second day, fog rolled in the early dawn and the elk were not so easy to find; by the time we spotted them, the sun had set. Finally, after almost spooking the herd on the morning of the third day, we backed off and decided to hike out the next morning, the fourth and final day, in the dark. With the wind in our favor, the three of us split up and headed downwind through separate drainages. There he was, about a quarter-mile away.

After harvesting the bull around 8:00 the morning of the last day of the hunt, it took a total of three (3) 2-mile trips carrying between 50-80 pounds of elk meat on our backs to get all of the meat and antlers to the truck! After six (6) hours I was a bit tired and exhausted, but was thankful and prepared for such a physically demanding and grueling hunt.

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Healthy Lifestyles and Fitness (con't.)

All the physical sacrifice and mental preparation paid off in harvesting an awesome 7x7 bull! Public land, no professional guides, and all the meat and antlers packed on our backs! And the icing on the cake was getting lean, unprocessed, unadulterated, free-range, delicious wild elk meat! Every 100 grams of elk meat yields between 22-28 grams of protein.

A Journey of Health

Contributed by LCDR Catherine Helmstetter

My name is LCDR Catherine Helmstetter. I am a 53 year old, 4'11" female. I am the Chief Pharmacist at MCC San Diego. My starting weight was 150 lbs. I was never in the "I have always been overweight" class. I was someone whose weight slowly and insidiously crept up with time and age. If you gain a pound a year in 20 years, that's 20 lbs. I was always active, but as my weight started creeping up, I started to slow down. That is a double edged sword for weight gain.

My wellness journey began on January 2, 2014. Our health services department decided to start a Biggest Loser contest that would end on Easter 2014. We all tried to varying degrees, with the Biggest Loser losing 10 lbs., and promptly gaining it back; we all failed spectacularly. At the time, I started using the "Myfitnesspal" app for calorie counting. There are many calorie counting apps, I just happened to choose this one. I had joined Weight Watchers® in the past, but was insulted by members who said I didn't have much to lose. After 3 months and no loss, I quit Weight Watchers. "Myfitnesspal" seemed relatively easy - set up your profile, track calories, scan bar codes, track exercise and lose weight. However, for a reformed perfectionist pharmacist, I went slightly obsessive-compulsive with the app and had to stop for my sanity. Now, I did say I failed the Biggest Loser contest spectacularly; maybe I wasn't mentally ready to commit to the change or effort required to lose weight.

January 2, 2015 – I weighed 150 lbs., my uniform barely fit, I was sleeping poorly, my blood pressure was creeping up, and exercise was difficult. I decided to commit to a sustained 10 lb. weight loss (key word, sustained). My two children were in college and I had no excuse. I re-opened "Myfitnesspal" and vowed not to get "OCD" with the app. I started by tracking what I ate, and was stunned by how much! My pharmacist mind liked that 1 lb. of fat = 3500 calories. This translated to decrease your calories by 500/day and you will lose 1 pound a week; a 1000 calorie deficit leads to 2 pounds per week weight loss. I committed the classic mistakes of picking generic food entries with the lowest calories, using the machines over-estimated calorie burns; and ended up not losing weight. I read and researched my mistakes. I re-focused my determination, and did not do what I normally would do - give up. I tightened up my calorie logging. I started by walking at lunch, and then went on 1 hour walks 3 times per week, and would use the elliptical for 20 minutes 3 times a week. I gave myself rewards of cheat weekends.

March 2015 – I weighed 140 lbs., a 10 lb. weight loss. I attended the Bureau of Prison's Metabolic Syndrome Symposium. I learned a lot, especially about how to exercise and eat while away from home. I did not want to regain my lost weight, so instead of eating at lunch time, I would walk on the treadmill at the training center, and I visited the fitness center in the hotel. At dinner every evening, I would log every bite. I was able to successfully not gain weight. As a result, I decided to stop my cheat weekends and instead have a once a week cheat meal.

May 2015 – I weighed 130 lbs., a 20 lb. loss. When I started on this journey, I did not tell anyone. It was difficult to resist the ever present work food celebrations for birthdays, holidays, and retirements. There was a lot of pressure from co-workers and family to eat and many times I (continues on next page...)

Healthy Lifestyles and Fitness (con't.)

indulged. At 130 pounds, I achieved a normal body mass index, and people started to notice. I didn't want to be that insufferable person who bores everyone with their current weight loss strategy. Instead, I wanted my actions to speak louder than words. So when co-workers started to ask, I said I was counting calories and trying to lose some weight. At this point, I started to resist the never ending pot-lucks. I would still have cheat meals, but I fit them into my calorie goal. I would also participate in food fund-raisers, but would give the food away. I learned to increase my protein, decrease carbs, and stop drinking my calories. My exercise increased to 1 hour of elliptical 3 times per week.

July 2015 – I weighed 120 lbs., a 30 lb. loss. I bought a food scale and avoided going into “OCD” mode. I was eating a wide variety of foods with nothing off limits, as long as it fit into my calorie goals. I was now exercising every day. I started classes in the MPH program at George Washington University, but I had made exercise a priority. I was slowly, step-wise decreasing calories and increasing exercise. My body was getting used to the lower calories and I was no longer feeling out of breath after exercise. I was starting to reap the benefits of weight loss and fitness; I was sleeping better and had increased energy. I purchased a NutriBullet for work and we started having smoothie days at work. Everybody would bring in their favorite ingredients and mix them. I have been unit dosing and freezing smoothie ingredients for later use at any time. I always keep a stash of healthy snacks, and bring salad and fruit to lunch for all staff members to share.

August 2015 – I weighed 110 lbs., a 40 lb. loss. People started asking for my weight loss advice, for which I tell them calorie counting and exercise. If they wanted more information, then I would give them the long answer, depending on where they were in the decision making process. People may be just gathering information, may be contemplating a

change, or ready to take action. There are always the ones that complain about needing to lose weight and do nothing, or the ones that try every new fad diet and fail. In the carrot and stick motivators, I tend to be the carrot and cheerleader type. Staff began programs like “Medifast®,” “Weight Watchers®,” and another one started the calorie counting app on Livestrong, while another started using “Myfitnesspal”. We all have been encouraging each other. I have now gained some confidence that I can be happy eating and exercising this way for life. I have gone on vacations and had some celebrations that have not derailed my progress. I now look at food on vacation or at celebrations and ask - is this special food that I will not be able to eat ever again? If so, then I go for it; if not, then I choose a healthier option. I started giving myself non-food rewards for every 10 lb. of weight loss. At this point, I started thinking about weight loss maintenance.

September 2015 – I weighed 105 lbs., a 45 lb. loss. I have now reached my weight goal. I started researching maintenance and read that 80-90% of people gain back their lost weight. Most people think of this as a diet, and once they achieve their goal, they go back to eating as they previously did. I purposely did not deny myself certain food items. I wanted to eat foods I enjoy and can sustain for life. I read that one of the keys to maintaining weight loss is to weigh yourself regularly and have a weight range. Another strategy I plan to adopt is to have a green, yellow, and red weight. Green weight, good to go; yellow weight, watch your calories; red weight, go into calorie restriction mode. My plan was to lose 5 more lbs. and have my weight range be 5 lbs. I bought myself a Kate Spade purse as a reward. I started lifting weights - “StrongLifts 5X5.” StrongLifts is a beginning lifting program that uses compound lifts that progressively use more weight.

October 2015 – I now weigh in at 101 pounds; a 49 pound weight loss! A few times during this journey I have forgotten to take (continues on next page...)

Healthy Lifestyles and Fitness (con't.)

my blood pressure medication. Being a pharmacist, I took my blood pressure before I took my pills and the readings were all normal. I started tracking my blood pressure every 12 hours and noting it in my food log. This would be my blood pressure on medication. Then I tracked my blood pressure for 2 weeks off medication, and everything is normal. I scheduled a doctor's appointment on October 8, 2015. I brought my food log with my blood pressure readings and some before and after pictures. I had been taking blood pressure pills for over 10 years. I am now off of all prescription medications! The MD gave me a hug, high five, and went around the clinic and showed his entire staff.



Look at what you can do with diet and exercise. Here are my before and after pictures.



Lost 47.2 pounds!

myfitnesspal

Community Impact

USPHS Officers Present to Preschool Students on Medication Safety and Poison Prevention

*Contributed by CDR Sandeep Saini and
CDR Elaine Cunningham*

Two PHS pharmacist officers presented to 35 preschool age students, ages 3 to 5 years old, on medication safety and poison prevention. CDR Elaine Cunningham and CDR Sandeep (Sonny) Saini were invited to participate during Career Week at The Goddard School in Herndon, VA. Presenters during Career Week at the preschool included a pediatrician, dentist, computer programmer, U.S. Marine, and culminated with the PHS officers' presentation.

When the officers arrived, the children were very enthusiastic and curious about the PHS uniform. This allowed CDR Cunningham and CDR Saini the opportunity to educate the children about the PHS and what the uniform represents. The officers explained the differences and similarities between the PHS and the Armed Forces. In addition, the officers explained the role of pharmacists in the healthcare system and the PHS.

As pharmacists, CDR Cunningham and CDR Saini are aware that inappropriate medication use/ingestion is the leading cause of child poisoning and that over 90 percent of poisonings occur at home. For this reason, they created an interactive presentation with live demonstrations to show how medicine can look very similar to candy. They educated the children on the importance of taking medicines appropriately and only when given to them by a trusted adult. Likewise, the officers demonstrated how it is difficult to tell the difference between colorful cleaning agents that are poisonous (e.g., Pine-Sol®) and similar look-alike children's drinks (e.g., apple juice). Throughout the presentation, CDR Cunningham and CDR Saini reinforced the message to the children of the importance

of always asking a trusted adult before touching or eating anything that is not familiar to them.

The teachers were very appreciative of the officers taking the time to create a lively presentation that engaged the children. School management also provided feedback the following day that parents of the children expressed their gratitude for the officers, as many of the children went home and explained to their parents the important lessons they learned during the presentation. Both parents and teachers recognized the value of their children learning about the dangers of inappropriate medication use and poisons and to how to prevent them.

As a result of the many outstanding responses from the presentation, CDR Cunningham and CDR Saini plan to attend other local preschools and elementary schools to broaden the reach for this important information on medication safety and poison prevention to help ensure the safety of children.



Left to Right: CDR Saini and CDR Cunningham presenting to students at The Goddard School in Herndon, VA



Community Impact (con't)

Commissioned Corps Officers Volunteering at a Local Health Clinic

*Contributed by CDR Kun Shen, CAPT Samuel Wu,
LCDR Trang Tran, and LT Mandy Kwong*

The Pan Asian Volunteer Health Clinic (PAVHC), located in Gaithersburg, Maryland, is one of 12 clinics in Montgomery County providing free health care services to low income and/or uninsured county residents. PAVHC serves mostly Asians, many of whom have limited English proficiency and low health literacy. PAVHC is staffed by a cadre of volunteer physicians, nurses, pharmacists, and administrative assistants. Since opening its door in 2003, a number of Commissioned Corps officers have volunteered at PAVHC. Currently, there are five Commissioned Corps officers volunteering at the clinic: Four pharmacists (CAPT Samuel Wu, CDR Kun Shen, LCDR Trang Tran, and LT Mandy Kwong) and one physician (LCDR Xu Lei). Past volunteers include CAPT Astrid Szeto and LCDR Theresa Liu.

Asians make up approximately 14 percent of the total county population, but they have the highest reported proportion of limited English proficiency in the county. In Maryland, Asians are more likely than whites to be without insurance, unable to afford doctor's visits, and without routine medical check-ups. Due to barriers such as income, language, and culture, this population has limited access to culturally and linguistically appropriate health care and social services.

PAVHC provides free primary care and medications and some specialty care such as diabetes, ophthalmology, women's wellness, and pain management. In partnership with local government and non-profit organizations, PAVHC runs a special initiative, the Stop B project, which provides free screening, testing, vaccination, and treatment of hepatitis B as well as raising awareness and prevention. In the

past year, PAVHC served a total of 584 patients. Working with navigators, the clinic helped more than 200 people obtain an affordable, quality health plan through the Maryland Health Connection — Maryland's official health insurance marketplace.

The pharmacy's formulary consists of 25 to 30 essential medications that treat chronic conditions such as diabetes, hypertension, hypercholesterolemia, and hypothyroidism and some community-acquired infectious diseases. One of the most challenging aspects for the pharmacists is the language barrier and the patients' lack of, or limited knowledge about, their medications. To ensure patients take medication correctly, the labels contain treatment indication and direction for usage in Chinese, since a majority of the patients seen at the clinic are Chinese.



Left to Right: LCDR Trang Tran receiving Certificate of Appreciation from the PAVHC Director Ms. Kate Lu

The officers have also mentored a number of students who have also volunteered from the University of Maryland Baltimore, School of Pharmacy. The officers have introduced career opportunities in the USPHS to these students. For example, Dr. George Yeh, a 2015 graduate who volunteered at the clinic for four years, joined

(continues on next page...)

Community Impact (con't.)

an Indian Health Service clinic in Arizona and is actively pursuing a career in the USPHS.



Left to Right: CAPT Samuel Wu, LT Mandy Kwong, and CDR Kun Shen

For their dedicated community service, the PAVHC volunteers received certificates of appreciation from the Montgomery County Executive and Governor of Maryland.

Social Media Guidelines for Pharmacy Officers

Contributed by CDR Diem-Kieu Ngo

The Pharmacy Chief Professional Officer (CPO), RADM Pamela Schweitzer, highly encourages all pharmacy officers to have personal Facebook, Instagram, and Twitter accounts in order to follow PharmPAC, HHS and other professional social media accounts to stay up to date on the latest pharmacy and public health information. RADM Schweitzer also encourages officers to “like” posts to increase visibility of pharmacy officers and their activities. In addition, the US Surgeon General (SG), VADM Vivek Murthy, called on all officers at the 2015 USPHS Training and Symposium to stay connected with the SG’s initiatives through social media. Whether you are a new or seasoned social media user, you should be aware of the following general social media guidelines for USPHS personnel (*adapted from the USPHS PharmPAC Facebook Guidelines Document*):

Whether or not to participate in online social environments is an individual’s personal decision. USPHS personnel maintain their First Amendment Rights and do have the right to express their views in a public forum. However, personnel should be aware that the Standards of Ethical Conduct for Executive Branch Employees (Standards of Conduct) apply to the personal use of social media (<http://www.oge.gov/OGELegalAdvisories/LegalAdvisories/LA-15-03--TheStandards-of-Conduct-as-Applied-to-Personal-Social-Media-Use/>). Personnel should also refer to their OPDIV’s social media policy.

USPHS personnel should be cognizant of how they represent themselves on personal social networking sites. Personnel should never post information that could reflect poorly on the USPHS. They should always remember that even information posted to personal profiles lives in the public domain and could be seen by others.

Ensuring compliance with privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is paramount when using social media. Any information that violates privacy laws should not be discussed. If a person is in doubt as to whether information may violate any privacy laws, they should consult with their immediate supervisor.

Personnel may refer to the USPHS on their personal social profiles and work history in biographical information, but should remember that doing so identifies them as a part of a large network that includes their colleagues and superiors. The information they post there should be consistent with their role as USPHS personnel and a representative of the Commissioned Corps. It is strongly recommended that personal Facebook, Instagram, and Twitter accounts be marked as private.

If you have content that you want posted on social media on behalf of the PharmPAC, please contact

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Community Impact (con't.)

CDR Diem-Kieu Ngo at diem.ngo@fda.hhs.gov and LCDR Lindsay Wagner at linsay.wagner@fda.hhs.gov. As always, remember to use **#USPHS**, **#USPHSPharmacy**, and **#USPHSAthletics** in your own social media posts, if appropriate.



FDA/CDER Regulatory Project Management Site Tours Program

Contributed by LCDR Hong Vu, PharmD, MS; LCDR Sharonjit Sagoo, PharmD; CDR Matthew Brancazio, PharmD, MBA

As a part of the professional training and development, the Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER) Site Tour Committee annually extends the opportunity for a select few Regulatory Project Managers (RPMs) to travel to its industry (drug companies) partners. The RPMs are selected through an application process with considerations to time in position, expected outcomes, and potential contribution to the team. The selected RPMs are expected to prepare a presentation on issues and/or roles pertinent to RPM positions, as well as "hot topics." Participation in the program requires a months-long commitment (e.g., five

2-hour presentation practice sessions), which are in addition to the participants' normal considerable responsibilities at their respective duty stations.

In September 2015, a group of five FDA representatives comprised of three US Public Health Service (PHS) Commissioned Officers attended a two-day site tour at the Eli Lilly and Company Corporate Center in Indianapolis, Indiana. The FDA representatives provided presentations to more than 50 Lilly employees on various topics, including RPM roles and responsibilities in CDER, Initial Pediatric Study Plans, Rare Diseases and Orphan Products, Breakthrough Therapy Designations, and the Office of Pharmaceutical Quality. In addition to the presentations from both the FDA and Lilly, the site tour participants engaged in numerous discussion sessions with Lilly counterparts on effective FDA meetings and communications best practices. Following the interactive exchanges, the site tour participants toured a number of Lilly's facilities, including the Pathology/Toxicology Labs, the Clinical Diagnostic Labs, the Active Pharmaceutical Ingredient facility in which insulin are extracted from the raw materials, and the Parenteral facility which produce the insulin final product.

The opportunity to tour the Lilly pharmaceutical facilities was a priceless training experience which al-



Picture taken in the original office of Mr. Eli Lilly. Left to Right: Rajesh Venugopal, CDR Matt Brancazio, LCDR Hong Vu, Tania Mazza, and LCDR Sharonjit Sagoo



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Community Impact (con't)

lowed FDA employees and their industry counterparts to participate in a transparent information exchange. The information exchange provided critical insight to drug development and furthered the FDA mission for protecting public health by assuring the safety, efficacy and security of drugs by enhancing communication between CDER staff and drug industry. The exemplary work, leadership abilities and commitment demonstrated by these officers and their civilian counterparts is also yet another outstanding example of how the USPHS public health mission is accomplished to ensure we protect, promote and advance the health and safety of our Nation.

Choctaw Nation Pharmacy Week Celebration

Contributed by LT Morgan Greutman

Each year the pharmacy resident at the Choctaw Nation Health Care Center in Talihina, Oklahoma is asked to lead the celebration of National Pharmacy Week. The event is typically held during the second week of October and this year we set up a booth outside of the pharmacy in the outpatient waiting area themed with a new healthcare topic each day. The goal was to pick topics that were a source of common patient questions and our booth included a presentation board, educational handouts and giveaway items for patients.

On **Monday** we featured a poster that showed the dangers of hypertension and explained the importance of knowing your blood pressure goal. The blood pressure trackers given also detailed tips to help decrease high blood pressure such as a healthy diet, exercise, and medication compliance.

Tuesday proved to be one of the most impactful days discussing common misconceptions concerning the flu vaccine. Our poster showed 4 common misunderstandings with the most popular being - "The flu vaccine causes the flu." We also gave out hand sanitizers with tips to prevent the flu such as receiving an annual flu vaccine and hand hygiene. Patients were encouraged to go to family practice to receive the flu vaccine that day if they had not done so previously.

Wednesday featured good tips to appropriately manage medications such as compliance, storage, and medication indication knowledge. Caitlin Robertson, 4th year PharmD student from Drake University created a useful handout that reinforced these points and also provided a convenient chart where patients could write the name of their medication and the indication.

Thursday was geared towards our pediatric population as our poster displayed common medication and candy side-by-side to show how the two can be easily confused. Poison prevention coloring sheets and crayons were handed out to the children and magnets with the poison prevention phone number were given to parents.

Our 2015 schedule was as follows:

	Topic	Patient item
Monday:	What's your blood pressure goal?	Wallet-sized blood pressure recorders
Tuesday:	Flu MythBusters	Hand sanitizer with tips to prevent the flu
Wednesday:	Medication Management	Medication indication/use handout
Thursday:	Poison Prevention	Coloring sheets/crayons for kids, Poison Control magnets
Friday:	Healthy Living	CNHS cups filled with healthy snacks – protein bars, almonds

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Community Impact (con't.)

Friday ended our week-long celebration with Healthy Living. Our poster gave tips on daily exercise, adding lean proteins and vegetables to the diet, and increasing water consumption. We set up several common drinks such as a large fountain drink, a cup of juice, and a sugary coffee drink with a bag of sugar in front of the cups with exactly how much sugar was in each drink. This allowed interested patients to feel the actual weight of sugar that each drink contained. We gave away Choctaw Nation reusable cups filled with healthy snacks such as assorted protein bars and almonds.

Overall, I believe our patient population thoroughly enjoyed Pharmacy Week. The booth sparked good discussion between the pharmacists and the patients concerning the daily topics. This project could easily be implemented at other duty stations and is a great way to celebrate Pharmacy Week while simultaneously educating your patient population. This is a project that has been at the Choctaw Nation Health Care Center for numerous years and due to past success, one we plan to continue.



Healthy Living table showcasing total sugar amount in common drinks.



Flu MythBusters table display on Tuesday featured during Pharmacy Week.



Community Impact (con't.)

Now That's Teamwork! SEARHC Ethel Lund Medical Center Pharmacists Volunteer for Employee Flu Clinic

Contributed by LT Adele Garrison, LT L. Michelle Vaughn, and LCDR Sheila Fullbright

The pharmacists at Southeast Alaska Health Consortium (SEARHC) Ethel Lund Medical Center (ELMC) in Juneau, AK had the opportunity to run the annual Employee Flu Clinic -- and we took it! LCDR Sheila Fullbright, Lieutenants Adele Garrison and L. Michelle Vaughn, Jason Tapley, PharmD; and Russ Gunter, PharmD Candidate 2015 made history by successfully immunizing over 45 staff members in a 4 hour period. During this period, the pharmacy staff exclusively ran the Employee Flu Clinic for a day and completed their documentation in the Electronic Health Record and VakTrak.

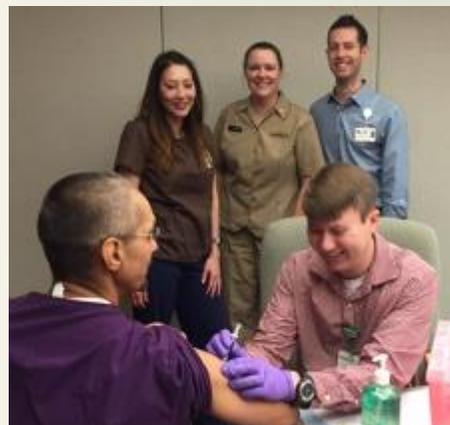
SEARHC ELMC is a tribally managed Indian Health Service clinic located in Juneau, Alaska, serving the Tlingit, Haida, and Tsimshian people of Southeast Alaska. The ELMC clinic employs 60 staff members and serves 6000 patients in the Juneau area. SEARHC ELMC has approximately 24,000 primary care visits per year not including other ancillary visits, such as optometry, nursing, physical therapy, etc. The goal was to immunize 100% of staff for influenza in 2015, as it is mandatory to receive the influenza vaccine as SEARHC employees. The first day of the clinic, the pharmacy staff immunized 75% of ELMC clinic staff, helping the clinic get three-quarters of the way to its goal.

The type of vaccines pharmacists are authorized to administer varies by state however Alaska joins a growing number of states that now allows pharmacists to administer more than just flu vaccines. Recent legislation in Alaska now allows pharmacists to administer any CDC recommended vaccine without a collaborative practice agreement. RADM Anne

Schuchat, MD, Assistant Surgeon General, Principal Deputy Director, Centers for Disease Control and Prevention, recently wrote a letter which was distributed to pharmacists nationwide, applauding them for improving the health of communities by reducing the risk of vaccine-preventable diseases.

Overall, the flu clinic was a great opportunity for the pharmacy team to showcase their ability to engage in direct patient care and also get to know their fellow SEARHC ELMC colleagues. We sincerely enjoyed helping to protect our staff against the flu this season and by emphasizing the importance of teamwork and enthusiasm, the clinic was run smoothly and efficiently. In fact, many of the nurses and ELMC clinic staff were very appreciative that the pharmacy team stepped up and volunteered to immunize during this busy time of the year... as it also helped to lighten their burden.

Left to Right: Leon Cain, pharmacy technician; LCDR Sheila Fullbright, LT L. Michelle Vaughn, Jason Tapley, pharmacist, "Russ" Gunter, pharmacy student



Left to Right: LT Adele Garrison, Emily Wright (RN)



Career Development

Experience at Tséhootsooí Medical Center

June 29th 2015 to July 24th 2015

Contributed by Lia Jasperse, 4th Year Pharmacy Student and LT Shannon Saltclah

My name is Lia Jasperse, and I am a 4th year pharmacy student at the University of New Mexico College of Pharmacy (UNM COP).

I participated in the hospital orientation for the first two days of rotation. We were taught about the Navajo culture and many of the values and beliefs held by the Navajo people. It was pleasing to see that the hospital made a point to inform the incoming staff of the culture of the people that they would be treating. It immediately gave me a good impression.

My preceptor for the rotation was LT Shannon Saltclah. When I started my rotation LT Saltclah was working in the pharmacist run diabetes clinic, which was where I spent most of my first two weeks of rotation. I sat in during the patient appointments with her and talked with the patients and helped counsel them on hypoglycemia. I was impressed with LT Saltclah's ability to work with the patients. She helped them to set goals and worked with each patient at their own pace to help them get their diabetes controlled.

Another program that I worked with LT Saltclah on was the Lifestyle Challenge Program (LCP) for Diabetes Prevention. She was a co-leader on the project and when I got to the site, they were at the end of the program. A lot of the participants in the program spoke highly of LT Saltclah and it was easy to see why; she is very motivated and passionate about everything that she does. Having her as my preceptor and following her in the DM clinic and for LCP really helped me to see clinical pharmacy in a good light.

Other pharmacy-run clinics that I enjoyed working in were the anticoagulation and asthma clinics. I was very happy with the fact that the pharmacists were

able to meet with the patients one on one, counsel them and help make modifications on their regimens to help improve their health status. It definitely sparked my interest in clinical pharmacy.

I also had the pleasure of attending renal clinic, which meets at the Indian Health Services (IHS) in Gallup. I helped look up labs and helped with medication reconciliation. I was able to work in the inpatient pharmacy and counsel in the outpatient pharmacy. Another area I enjoyed working was with the pharmacist in the primary care clinic. We were able to work with the physicians and provided medication counseling and zoster vaccinations to their patients when applicable. It showed me how much the physicians relied on the pharmacists to help optimize patient care.

I was able to follow physicians in the pediatrics clinic, the primary care clinic, and the chest clinic. It was really interesting to see how the physicians work with their patients. They were all very welcoming and included me while they talked with the patients by asking me questions and by explaining what they were doing and why they made their recommendations.

Overall my rotation at Fort Defiance was a wonderful experience. I was exposed to many areas of pharmacy and I had the pleasure of working with so many wonderful and passionate healthcare providers.



Left to Right: Lia Jasperse and preceptor LT Shannon Saltclah.

Pharmacists in Action



*Left to Right: CDR Tamy Leung and LT Sarah Pak provided health information on Moccasin Wire, a weekly Native radio syndicate on KTAOS 101.9 FM
Photo credit: CDR Leung*



*Left to Right: CDR Ida-Lina Diak and CAPT Peter Diak and after finishing the 2015 Marine Corps Marathon in Washington, DC
Photo credit: CAPT Diak*



*Left to Right: CDR Ryan Nguyen counsels a patient at the American Dental Association – Mission of Mercy free dental clinic’s pharmacy
Photo credit: CDR Diem-Kieu Ngo*

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Pharmacists in Action (con't.)



LT Marie Manteuffel checked patients in at the American Dental Association – Mission of Mercy free dental clinic in Washington, DC

Photo credit: CDR Diem-Kieu Ngo



Left to Right: LCDR Stephanie Begansky, CDR Quocbao Pham, and LCDR Trang Tran running in the 2015 Rockville 5K

Photo credit: CDR Diem-Kieu Ngo



Left to Right: LCDR Trang Tran, CDR Diem-Kieu Ngo, CDR Yvette Waples, and CDR Ryan Nguyen, volunteering at the ADA-MOM free dental clinic in November 2015

Photo credit: CDR Diem-Kieu Ngo

Pharmacists in Action (con't.)



Left to Right: CDR Hamet Touré, CDR Quocbao Pham, LCDR Stephanie Begansky, CDR Juliette Touré, LCDR Trang Tran, and CDR Diem-Kieu Ngo at the 2015 Rockville 5K

From Left to Right LCDR Trang Tran and CDR Juliette Touré running in the 2015 Rockville 5K



Left to Right: CDR Eunice Chung-Davies and her family cheering on PHS officers at the 2015 Rockville 5K

Quarterly Agency Liaison Reports

Compiled by LCDR James Dvorsky (james.dvorsky@fda.hhs.gov)

American Association of Colleges of Pharmacy (AACP)

<http://www.aacp.org>

Liaison: **CDR Oluchi Elekwachi** (oluchi.elekwachi@fda.hhs.gov)

AACP's November 2015 issue of *Academic Pharmacy Now* features a PHS article, *At Your Service:*

<http://issuu.com/aacp/docs/apn-2015issue4>.

Public Health Special Interest Group (SIG) for AACP members:

<http://www.aacp.org/governance/SIGS/publichealth/Pages/default.aspx>.

American Journal of Pharmaceutical Education (AJPE) Current Issue: <http://www.ajpe.org>

American Academy of HIV Medicine (AAHIVM)

<http://www.aahivm.org>

Liaison: **LCDR Beth Thompson** (ebthompson@bop.gov)

Applications now accepted for 2016 Institute for Technology in Health Care HIV Practice Award (two \$10,000 awards): <http://www.aahivm.org/frmHomeDetails.aspx?nId=MzU=>.

AAHIVM promoted a dinner forum series for HIV providers which took place in 15 cities nationwide 1/5/16 - 1/28/16: <http://www.aahivm.org/frmHomeDetails.aspx?nId=NzQ=>.

American College of Clinical Pharmacy (ACCP)

<http://www.accp.com>

Liaison: **LCDR Sossity Riordan** (Sossity.riordan@ihs.gov)

ACCP Medicare Coverage Initiative: [Comprehensive Medication Management \(CMM\)](#). Strengthening Medicare through CMM. [FAQs](#) about ACCP's Medicare Coverage Initiative.

Meetings:

Ambulatory Care Pharmacy and Pharmacotherapy Preparatory and Recertification Course held April 8-10, 2016, Phoenix, AZ.

Oncology Pharmacy: Oncology Pharmacy Preparatory Review, Oncology Pharmacy Home Study Syllabus for Recertification, and Oncology Pharmacy Specialty Sessions.

2016 ACCP Annual Meeting held October 17-21, 2016, San Francisco, CA.

Membership Benefits: <http://www.accp.com/membership/benefits.aspx>.

Association of Military Surgeons of the United States (AMSUS)

<http://www.amsus.org/>

Liaison: **LCDR Linzi Allen** (Linzi-allen@cherokee.org)

US Deputy Surgeon General RADM Sylvia Trent-Adams presented on USPHS at the 2015 AMSUS Annual Meeting: <http://youtu.be/81j6aUuToPl>.

12/28/15 – AMSUS announced dozens of USPHS officers as 2015 AMSUS Award Recipients. The Monrovia Medical Unit (MMU) received the Humanitarian Assistance Award.

Annual Continuing Education Meeting in Washington DC, Nov 29 –Dec 2, 2016,

celebrating the 125th anniversary of AMSUS: <http://amsusmeetings.org>. (continues on next page...)

Quarterly Agency Liaison Reports (con't.)

Academy of Managed Care Pharmacy (AMCP)

<http://www.amcp.org>

Liaison: **LCDR Grace Chai** (grace.chai@fda.hhs.gov)

Registration begins for AMCP's Annual Meeting and Expo to be held in San Francisco, April 19-22, 2016.

Forms are available at: <http://www.amcpmeetings.org/index.php>.

AMCP is hosting upcoming webinars to covering topics under managed care. Visit calendar of events at:

<http://www.amcp.org/calendar>.

American Pharmacist Association (APhA)

<http://www.pharmacist.com>

Liaison: **CDR Khang D. Ngo and LT Ryan G. Pett** (khang.d.ngo@uscg.mil and ryan.pett@ihs.gov)

APhA Annual Meeting & Exposition, March 4-7, 2016, in Baltimore, MD. The Federal Pharmacy Forum is on Friday, March 4. The theme is "Expanding Opportunities through Patient Care."

Joint Federal Pharmacy Seminar 2015 was held Oct 2015 in Washington DC with over 400 pharmacists and pharmacy technicians. The Keynote speaker was RADM Scott Giberson.

USPHS pharmacists are eligible for reduced membership dues with APhA at \$129/yr (normally \$257/yr).

American Public Health Association (APHA)

<http://www.apha.org>

Liaison: **CDR Shannon Hill** (Shannon.hill@fda.hhs.gov)

Call for abstracts for APHA's 144th Annual Meeting and Expo, Oct 29 - Nov 2, 2016 in Denver, CO:

<http://www.apha.org/events-and-meetings/annual>.

Deadline for abstract submission will be February 9-20, 2016.

You do not have to be a member to submit, but will be expected to join if your abstract is selected for presentation.

National Public Health Week is April 4-10, 2016.

American Society of Consultant Pharmacists (ASCP)

<http://www.ascp.com>

Liaison: **LT Garrette Martin-Yeboah** (Garrette.martin-yeboah@fda.hhs.gov)

Free Webinars for ASCP members (earn CEs online). Learn more or see upcoming topics at: <http://>

<http://www.ascp.com/webinars>.

Certified Geriatric Pharmacist (CGP) Exam Prep and Recertification Boot Camp, March 19-20, 2016, Los Angeles, CA. Earn 15 hours of CE. Registration open: <http://bootcamp.ascp.com>.

2016 ASCP Forum, April 11 -12, 2016, Baltimore, MD. Registration open now: <http://forum.ascp.com>.

2016 Annual Meeting & Exhibition, Nov 4-6, 2016, Dallas, TX. Call for Proposals and Poster Session Information --coming soon.

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Quarterly Agency Liaison Reports (con't.)

American Society of Health System-Pharmacists (ASHP)

<http://www.ashp.org>

Liaison: **LCDR Ashley Schaber** (arschaber@anthc.org)

Recent Meetings: Midyear December 2015 was inspiring and well run. Federal pharmacy was well represented: <http://connect.ashp.org/midyear/home?ssopc=1>.

Summer Meeting Baltimore, MD, June 11-15, 2016 (Ambulatory Care, Medication Safety, Informatics, Pharmacy Practice/Policy): http://www.ashpmedia.org/sm16/index_PreMeeting.html.

Midyear Meeting Las Vegas, NV, December 4-8, 2016

ASHP submitted statement to Senate Committee regarding generic drug price increases:

<http://www.ashp.org/menu/Advocacy/FederalIssues/OtherIssues/ASHP-Statement-for-the-Record-Senate-Special-Committee-on-Aging-Hearing-on-Generic-Drug-Prices.html>.

ASHP and ACPE updated pharmacy technician training program accreditation standards:

<http://www.ashp.org/menu/AboutUs/ForPress/PressReleases/PressRelease.aspx?id=898>.

American Society of Health System-Pharmacists (ASHP) Foundation

<http://www.ashpfoundation.org>

Liaison: **LT Morgan Walker** (Morgan.Walker@fda.hhs.gov)

The Foundation is offered the following grants, awards, education programs and leadership programs:

1/4/2016 - Deadline for [Award for Excellence in Medication Safety](#) letters of intent

1/8/2016 - Application deadline for [Pharmacy Residency Expansion Grants](#)

1/16/2016 - Applications available for [Master's Residency Practice-Based Research Grant](#)

1/26/2015 - [leadersEDGE](#) webinar: "Creating Leadership Bench Strength"

Ongoing - [Practice Advancement Initiative State Affiliate Workshop Grant](#)

Commissioned Officers Association (COA)

<http://www.coausphs.org>

Liaison: **LCDR Mary McGarry** (mary.mcgarry@fda.hhs.gov)

USPHS Symposium: Oklahoma City – May 16-19, 2016! More information can be found at:

<http://symposium.phscof.org>.

New COA Dues and Dues Structure – Updated September 2015. Officers 0-4 and above, active and retired: \$170. Officers 0-3 and below, active and retired: \$105. [Join now!](#)

COA Executive Director worked with CAPT Scott Helgeson to focus on PHS officers being granted full USAA membership. A [letter](#) regarding this was published in *Frontline*, Nov 2015.

Executive Director Jim Currie hosted a [webinar](#) for PHS officers to understand the nature of the people with whom they are communicating in the news media, including what motivates them.

COA members are eligible to receive a \$7,500 scholarship to attend one of GW's Milken Institute School of Public Health online master's degree programs: [MPH@GW](#) or [MHA@GW](#).

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Quarterly Agency Liaison Reports (con't.)

Hematology/Oncology Pharmacy Association (HOPA)

<http://www.hoparx.org>

Liaison: **CDR Anne Marie Bott** (ambott@anthc.org)

HOPA is a nonprofit professional organization launched in 2004 to help hematology and oncology pharmacy practitioners and their associates provide the best possible cancer care.

The roles of HOPA's membership span from direct patient care, to education, to research. HOPA represents approximately 2,200 members working in various healthcare settings.

The Association provides relevant education and networking opportunities frequently sought by the hematology/oncology pharmacy community at all levels of practice.

HOPA's 12th Annual Conference will be in Atlanta, GA from March 16-19, 2016. More details can be found at: <http://www.hoparx.org/conference/2016-conference/welcome-page.html>.

Pharmacists can now fulfill all of their BCOP recertification education with HOPA. See details at: <http://www.hoparx.org/education/default/bcop-recert.html>.

International Academy of Compounding Pharmacists (IACP)

<http://iacp.site-ym.com>

Liaison: **LCDR Joshua Hunt** (Joshua.hunt@fda.hhs.gov)

Oct 2015: FDA Pharmacy Compounding Advisory Committee Voted NO to include domperidone the list of drugs that a 503A traditional compounder can use in fulfilling prescriptions.

Nov 2015: IACP submitted formal [comments](#) to the FDA regarding the Draft Guidance for Compounding Animal Drugs from Bulk Substances (GFI #230).

Nov 2015: the USP announced that the Compounding Expert Committee has formally approved new General Chapter, <800>Hazardous Drugs—Handling in Healthcare Settings.

The revised General Chapter <800> will publish Feb 2016 in the First Supplement to USP 39–NF 34. A delayed implementation date of July 2018 is set to allow more than two years to comply.

ACA, IACP, ACVP Educational Conference 2016: 2/24/16 - 2/27/16, Coronado, California.

IACP's 22nd Annual *Compounders on Capitol Hill*: 6/11/16 – 6/15/16, Washington DC.

Junior Officer Advisory Group (JOAG)

<https://dcp.psc.gov/osg/joag/>

Liaison: **LCDR Ashley Burns** (Ashley.burns@fda.hhs.gov)

JOAG is in the process of selecting a new Senior Advisor from a pool of extremely qualified candidates.

The new term is expected to start in January 2016.

The next "JO Voice" topic will be "Awards." Junior Officers are encouraged to submit their future ideas and thoughts to [pfs.joag@gmail.com](mailto:phs.joag@gmail.com).

JOAG published their December 2015 edition of Policy Development & Training (PDT) Cyber-gram, which helps officers identify new documents issued on the CCMIS website.

The next JOAG General Meeting will be held on Friday, February 12, 2016 from 1300 - 1500 EST. The agenda will be provided via the JOAG listserv prior to the meeting.

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Quarterly Agency Liaison Reports (con't.)

National Pharmaceutical Association (NPhA)

<http://www.npha.net>

Liaison: **LT Gayle Tuckett** (gayle.tuckett@npha.net)

The 69th Annual Convention will be held July 28th – August 1st in Atlanta, Georgia at the Renaissance Atlanta Waverly Hotel and Convention Center.

Pharmacy Student Mentoring Program class launched January 2016. Applications now closed.

NPhA Express Winter Issue to be released in January 2016.

Looking to increase chapters across the nation. Please contact Gayle.Tuckett@npha.net if interested in establishing a local chapter or go to <http://www.npha.net> to join!

Online Jobs Board: looking for an employer or in need of employees, then please visit:

<https://inpharmacyjobs.com/signup/company> to view/post any openings.

Only members can search for jobs. Not a member? Sign up today at:

<https://nationalpharmaceuticalassociation.org/membership>.



Quarterly Agency Liaison Reports (con't)

Compiled by LCDR Sadhna Khatri Lead PharmPAC Liaison (Sadhna.khatri@fda.hhs.gov)

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

Liaison: LCDR Jennifer Lind; jlind@cdc.gov

New Page for Ebola Survivors: The 2014 Ebola outbreak in West Africa has resulted in more Ebola survivors than ever before. CDC is working with partners to set up survivor support activities in West Africa to reduce the risk of Ebola reintroduction, help with survivors' unique medical and psychological needs, and strengthen health systems. As CDC learns more, we will continue to update our guidance.

CDC Vital Signs: In November 2015, CDC released a call-to-action focused on a relatively new category of drug treatment called Pre-Exposure Prophylaxis (PrEP). This once-a-day pill is designed for those at high-risk for getting HIV infection, but who do not have it. Other prevention options include (1) treating a person living with HIV to suppress the virus so it is not transmitted to an HIV-negative person; (2) correct and consistent use of condoms; (3) reducing risk behaviors; (4) being sure that a person who is inject drugs has access to drug treatment programs and sterile injection equipment from a reliable source; and (5) abstinence.

Upcoming CDC Grand Rounds on 2/16/2016, 3/15/2016, and 4/19/2016 at 1 pm EDT. Free continuing education credits available.

CDC Science Clips: Each week CDC shares select science clips with the public health community to enhance awareness of emerging scientific knowledge.

Food and Drug Administration

<http://www.fda.gov/>

Liaison: LCDR Sadhna Khatri; Sadhna.khatri@fda.hhs.gov

Flu Vaccines: Flu seasons are unpredictable and influenza disease can have severe consequences. Annual vaccination remains the best way to prevent the flu. For in-depth information from the FDA on the flu vaccine, see **Influenza Virus Vaccine Safety & Availability**. **Shortages**: To report a flu vaccine shortage, send email to CBERShortage@fda.hhs.gov or phone 240-402-8380.

Get Set for a Healthy Winter Season: Although contagious viruses are active year-round, we're most vulnerable to them in fall and winter. That's because, in large part, we spend more time indoors with other people when the weather gets cold. Fortunately, you can fight back with several FDA-approved medicines and vaccines.

Public Education Campaigns: Center for Tobacco Products (CTP) is investing in a number of public education campaigns to help educate the public—especially youth—about the dangers of regulated tobacco products. Rooted in science, these efforts are directly linked to FDA's authority to regulate the marketing and sales of tobacco products.

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Quarterly Agency Liaison Reports (con't)

Federal Bureau of Prisons

<http://www.bop.gov>

Liaison: **LCDR Michelle Williams**; mrwilliams@bop.gov

RADM Chris A. Bina, BOP Chief Pharmacist, was selected as BOP Senior Deputy Assistant Director for Health Services Division

Expanding Clinical Pharmacy: 4 BOP HIV Clinical Pharmacist Consultants added to collateral duty team; potential plans for expanding BOP Hepatitis Clinical Pharmacist Consultant team in 2016
Hope to have BOP Pharmacy booth at APhA in Baltimore in March 2016

Centers for Medicare and Medicaid Services (CMS)

www.cms.gov

Liaison: **CDR Matthew Febbo**, Matthew.febbo@cms.hhs.gov

Part D Provider Enrollment / Opt-Out CMS-4159-F, authorized by Section 6405(c) of the Affordable Care Act, requires providers to be validly enrolled or opted out of Medicare in order to prescribe Part D drugs. The enrollment requirement allows CMS to verify prescribers' credentials to ensure that only physicians and eligible professionals who meet all Medicare requirements are writing prescriptions for covered Part D drugs in the Medicare program. Prescribers may comply with the requirement by 1) enrolling in Medicare or 2) submitting an opt out affidavit with their Medicare Administrative Contractor (MAC). Note: providers who opt out of Medicare may not receive payment from traditional Medicare or Medicare Advantage plans, directly or indirectly, except for emergency and urgent care services. For information about the Part D prescriber regulations, the enrollment process and application status, visit go.cms.gov/PrescriberEnrollment.

Medicare Part D Enhanced MTMs The Part D Enhanced Medication Therapy Management (MTM) model will test whether providing Part D sponsors with additional payment incentives and regulatory flexibilities will engender enhancements in the MTM program, leading to improved therapeutic outcomes, while reducing net Medicare expenditures. The model is an opportunity for stand-alone basic Part D plans to right-size their investments in MTM services, identify and implement innovative strategies to optimize medication use, improve care coordination, and strengthen system linkages. For more information: <https://innovation.cms.gov/initiatives/enhancedmtm/>

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Quarterly Agency Liaison Reports (con't)

Immigration Health Service Corps

<http://www.ice.gov/ice-health-service-corps>

Liaison: **LCDR Stephanie D. Daniels**; Stephanie.d.daniels@ice.dhs.gov

Congratulations to LCDR Jose Aparicio on his selection as the 2015 IHSC Employee of the Year! LCDR Aparicio was recognized for his efforts as the Acting Western Regional Pharmacy Consultant, as well as for his achievements in establishing the remote fill system. The IHSC remote fill system saves the federal government nearly \$1 million annually by optimizing the use of federal staff and pharmacy purchasing contracts to reduce healthcare costs at non-IHSC facilities that house immigration detainees.

Indian Health Service

<http://www.ihs.gov/pharmacy/>

Liaison: **LCDR Sophia Park** - Sophia.Park@ihs.gov

National Pharmacy and Therapeutics Committee (NPTC) website has been updated to reflect the newest formulary changes which can be found [here](#). If you would like to recommend a topic for future NPTC discussion, please go to the NPTC website or send an email to IHSNPTC1@ihs.gov.

IHS Pharmacy Residency Program accepted applications until December 31st, 2015. For information, visit: <http://www.ihs.gov/pharmacy/resident/>

Please consider nominating deserving pharmacists and pharmacy technicians for the prestigious honor of being selected as the IHS Senior or Junior Pharmacist or Pharmacy Technician of the year. Deadline is COB Friday, March 3, 2016. https://home.pharmacy.ihs.gov/index.cfm?module=gen_one&id=33

Three to five Indian Health Service pharmacist volunteers needed to review award nominations for IHS Senior or Junior Pharmacist or Pharmacy Technician of the year. Contact CDR Michael Contos at 520-383-7450 or Michael.Contos@ihs.gov

Sign up for the **Antimicrobial Stewardship listserv** at https://www.ihs.gov/listserv/index.cfm/topics/signup/?list_id=327

National Institutes of Health

<http://www.nih.gov/>

Liaison: **CAPT Richard DeCederfelt**; rdecederfe@nih.gov

10 percent of US adults have drug use disorder at some point in their lives

[Link to full article](#)

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Quarterly Agency Liaison Reports (con't)

Lucentis effective for proliferative diabetic retinopathy

[Link to full article](#)

Prevalence of Marijuana Use Among U.S. Adults Doubles Over Past Decade

[Link to full article](#)

Drug used to treat HIV linked to lower bone mass in newborns

[Link to full article](#)

Health Resources and Services Administration

(<http://www.hrsa.gov>)

Liaison: **CAPT Krista Pedley** (kpedley@hrsa.gov)

HRSA announced approximately \$7 million in awards for health center outreach and enrollment assistance to 93 health centers. These funds will support health centers' work in raising awareness of affordable insurance options and providing eligibility and enrollment assistance to uninsured residents in their communities. For a list of award winners, visit: <http://bphc.hrsa.gov/programopportunities/fundingopportunities/outreachandenrollment/fy16/index.html>.

Health and Human Services (HHS) Secretary Sylvia Burwell today announced more than \$240 million – including about \$176 million in Affordable Care Act funding – to support the HRSA National Health Service Corps (NHSC) scholarship and loan repayment program to increase access to primary health care in the communities that need it most. For more information about NHSC programs, please visit: <http://www.NHSC.hrsa.gov>

HRSA, Office of Pharmacy Affairs issued the proposed 340B Drug Pricing Program Omnibus Guidance for notice and comment on Friday, August 28, 2015 which addresses key policy issues including eligibility and registration of hospitals and outpatient facilities, individuals eligible to receive 340B drugs (patient definition), drugs eligible for purchase under the Program, prohibition of duplicate discounts, and manufacturer compliance. The public comment period ended October 27, 2015. HRSA is currently reviewing those comments.

United States Coast Guard

(<http://www.uscg.mil>)

Liaison: **CDR Paul Michaud** (paul.t.michaud@uscg.mil)

We are sad to see one of our own transfer, but Farewell and following seas to LCDR Gustafson as he transitions to BOP.

Welcome to LCDR Finnochio who will be reporting to TRACEN Petaluma in Dec 2015.

Incredibly appreciative of IHS partnership (CAPTs Baker, Hayes and Schubach) allowing CG Pharmacy to attend and provide input during their national P&T meetings.

Publications

Compiled by CDR Rene Robinson RRobinson@SouthcentralFoundation.com

Views on electronic cigarette use in tobacco screening and cessation in an Alaska Native healthcare setting.

Hiratsuka VY, Avey JP, Trinidad SB, Beans JA, Robinson RF.
Int J Circumpolar Health. 2015 Oct 19;74:27794. doi: 10.3402/ijch.v74.27794. eCollection 2015.
PMID: 26487575

Variation in genes controlling warfarin disposition and response in American Indian and Alaska Native people: CYP2C9, VKORC1, CYP4F2, CYP4F11, GGCX.

Fohner AE, Robinson R, Yracheta J, Dillard DA, Schilling B, Khan B, Hopkins S, Boyer BB, Black J, Wiener H, Tiwari HK, Gordon A, Nickerson D, Tsai JM, Farin FM, Thornton TA, Rettie AE, Thummel KE.
Pharmacogenet Genomics. 2015 Jul;25(7):343-53. doi: 10.1097/FPC.000000000000143.
PMID: 25946405

Engaging stakeholders to develop a depression management decision support tool in a tribal health system.

Starks H, Shaw JL, Hiratsuka V, Dillard DA, Robinson R.
Qual Life Res. 2015 May;24(5):1097-105. doi: 10.1007/s11136-014-0810-9. Epub 2014 Sep 23.
PMID: 25246185



JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 2pm EST.
Upcoming meetings will be on:

February 4, 2016

March 3, 2016

April 7, 2016

May 5, 2016

Join us for PharmPAC's monthly meetings via teleconference or in person
By Conference Call:

Phone: 855-828-1770 or 301-796-7777
Meeting ID: 9675592

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

Join the PHS-Pharmacists Listserv to receive updates and information and stay connected to the PharmPAC:

[Click to Join Now!](#)

Don't Forget our Hashtags!:

#USPHS

#USPHSpharmacy

#USPHSathletics

This newsletter has been provided by the PharmPAC Communications Section and PharmPAC Perspectives Workgroup. For more information on how to contribute to future editions, ask questions, or report errors, please contact :

MaryJo.Zunic@ihs.gov or Thomas.Raisor@ihs.gov

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