



## PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Winter 2017

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### CHIEF PROFESSIONAL OFFICER MESSAGE

#### Train like an Admiral

*Interview by CAPT Juliette Touré*

*Photos by CDR Kun Shen*

RADM Pamela M. Schweitzer, the current Chief Pharmacy Officer (CPO) of the USPHS, has climbed some of the highest peaks in the country, often, not just once. Anyone who has trained for these types of technical hikes knows that it is not for the faint of heart. It takes

mental and physical strength, tremendous focus, indefatigable will, and teamwork. A misstep could cost you your life, or worse, someone else's.

It's no wonder that she draws upon these experiences and applies the same energy and stamina to what may seem like insurmountable challenges in public health. With the firm belief that there is *always* a way, her ability to transcend natural or man-made obstacles can be attributed to good planning, working well with others, grit, and simply, continuing to take one step at a time. In this interview, she shares with us her personal views on health and fitness over time and how she has used fitness and lessons from her adventures to bring people together.



*CPO Message Continues on next page*

*How do you view “staying healthy”?*

I would say that it is a way of life. Having grown up with three brothers and a sister, we were always active. We played just about every sport and did a lot of hiking. We weren't supposed to watch TV, so we would go outside and play.

As I got older, went to college and started working, my priorities shifted – I wasn't as physically active. When you don't exercise for a while, you start to miss it. You just have to figure out how to rebalance. Once you do, you feel happier, think more clearly, and realize how important it is.

*What do you do to stay in shape?*

It has evolved over time. Outside the office, I regularly do a combination of running and walking. I enjoy being outdoors – there is a 30-minute loop that I do close to my house. I go by time and listen to my body. Some days, I will run more, while other days I will walk more. At times, I will also set small goals, such as progressively work toward running all the way up a hill. It is less work to stay in shape now than it was when I was younger. It took more effort and time. I could do a half marathon without much difficulty at this point.

It is also important to adapt to your environment. When I was in Arizona, I was able to run in over 100°F temperatures. It took me about a year to acclimate to the weather and to get the right gear to be waterproof here in the DC area. I've gotten running spikes so that I don't slip in the snow or rain. Because it is more about mental health for me now, I prefer to be outside, on dirt paths (since there are not many sidewalks in this area). The only time I may go into a gym, is if there is a blizzard or a major storm. I sometimes

listen to music or podcasts. When I was training for a marathon, I would listen to audiobooks. There are also times when I don't want to listen to anything at all.

I still like to do everything. My husband, Paul, is in to kayaking and canoeing, and I enjoy doing that with him. I also make it a point to schedule a major trip each year that involves something athletic. This year, it was Kilimanjaro.



*With husband, Paul, summit of Mt. Kilimanjaro*

Our daughter, Amy, and her husband, Jackson, asked if we'd be willing to go again. Because we commit to these big annual trips, we all can look forward to them as a time to be together, laugh, create new stories and recount old ones, and just unplug.

*It sounds like your family is very active and enjoys doing fitness activities with you. How did you get them involved? Do you think their fitness and health philosophies are similar or different?*

When they were little, we exposed them to all sports. Paul was a coach on all the different sports teams. We made it a point to coordinate our schedules so that we were able to go to all of their events. We made a conscious effort always to stay positive and talk to our kids and their friends about being patient with themselves as they gained skills and talent because kids all grow



and develop at different rates. We'd tell them that the most important thing is to stick with it, like working toward any other life goal.

My son, Charles, was the one who got me in to running. When he started running, the idea of running even 5 miles seemed impossible to me. A lot of people helped us along the way. I still read *Runner's* magazine to learn new fitness tips. For all of the kids' sports, we saw them as an opportunity to do something with the kids. As they started getting older, I stopped doing marathons because of the time away from the family and started looking for more activities to do together.

Paul does hiking because of my and my family's passion for it. Amy hiked the Grand Canyon when she was three years old. The key to getting kids to hike is learning how to manage the potential boredom – my kids learned their multiplication tables while hiking. They love being outside, and we've had some of the best conversations exploring the outdoors. You can support what they are learning at school, too – like talking about why leaves change colors.

Our extended family and friends have joined us in many of our Grand Canyon hikes and other fitness activities. We'd try to do things that would make it more fun for the kids – it was always full of fun and unexpected adventures. We have a tradition of doing the [Lost Dutchman](#). It is a great family event. Every year, we would invite friends and family to come to our house or crash nearby. There's an event for everyone – ranging from a 2-mile fun run to a full marathon. The kids were especially proud of earning medals. My whole house would be decorated with a running theme with motivational quotes posted on the walls. We'd make t-shirts with a different design

each year, watch running movies, and have a big dinner the night before the event. When my kids went off to college, we used [videos](#) from these events as part of their going away presents.

Charles still enjoys running – in fact, for an extra challenge, he has refined the art of “joggling.” Amy and Jackson – they are as healthy as can be. They love hiking, canoeing, and staying active. In fact, all of them are healthier than we were at their age.

### *Tell us a bit about your ascents to Kilimanjaro – how do you prepare for these types of events?*



*Going down Mt. Kilimanjaro*

For “Kili,” the trick is to go slowly. The first time we went, we didn't know what to expect. Paul planned to propose to me at the summit, and I had no idea. We were young and just thought that we could forge through and do it. I was super sore during and after the climb. Paul wanted an amazing spot for the proposal. When he proposed, I was a bit dizzy [from altitude sickness] and started to change the topic...I will probably never live that down.

The second time, we were prepared. We learned that you have to feed yourself, even if you do not feel hungry. You should go at a pace where you can talk without being out of breath. Where you should not hear the heartbeat in your head. If you do, you are probably going too quickly and will burn out. We never had a headache during our second ascent. I also planned a couple of hikes that helped to build



endurance for the big event and had to travel ways to find mountains that were big enough.

For some of the more technical hikes, it takes a significant amount of training before the expedition. Shasta was my first technical climb. Gordon Reiter, a retired PHS officer, and a good friend, organized the climb. As a novice, I wore heavy wool pants that were way too hot. My ears froze, and I had difficulty descending because of post-holing. Gordon has fond memories of my cursing every time I fell through the snow. I learned an important lesson (the hard way) of the value of investing in proper equipment and clothing. For the Mt. Rainier expedition, the early part of my training consisted of cardiovascular and leg/shoulder weight training. I also went to climbing school that provided an overview and an evaluation of our fitness and ability to learn the skills needed to have a successful climbing experience. We learned about the parts of the ice axe, including how to hold it in different situations. They also went over “pressure breathing,” a method of breathing that allowed one to maintain a good oxygen supply. The technique is similar to using a Peak Flow Meter. We were taught and practiced the Rest Step. We practiced falling forward, backward, head first and feet first and then recovering. We learned how to “pack and re-pack,” so that we carefully



*On summit of Mt. Rainier*

considered every item that went into our packs and knew where each one was located. I realized one day was not enough to master these skills and

felt fortunate to have the patience and experience of the guides. They loved what they



did and were very willing to offer opinions to ensure a good experience for us. Most of the guides had been in this type of work for years and had several peaks under their belt including Everest, Denali, etc.

#### *How do you fit fitness into your busy schedule, including when you are on travel?*

It has been harder since becoming CPO. I don't have as much personal time on the weekends. I've had to shorten my workouts and try to walk or take the stairs at every opportunity. I get out and exercise every chance I get – usually 4 or 5 times per week.

Where I work (Centers for Medicare and Medicaid Services), they have given us headsets, so I often take a walk around campus during my teleconferences. When I stay overnight for a business trip, I get out and explore the area and try to walk to the next meeting. Paul is very supportive. When I was training for Rainier, he got me a gym membership and later joined me, which made it much more pleasant. Now, since it's more about mental health for me, he will let me know that he's “got it covered,” a sign that I have time to get some exercise.

*CPO Message Continues on next page*



***How has your fitness regime changed over time?***

I pulled my Achilles a while back and was out for two months to let it fully recover. I couldn't run on it and started taking it easier. It was partly from doing speed work. I thought to myself; it is more important to be healthy (not injured) than to be speedy (and risk injury).

***What APFT level will you be shooting for and how will you train for it?***

I used to say that I am going to level 4. Now, I just do it to get it done. That's the intent of it – that you can pass it at any time. I usually do some push-ups or strength training as I wait for my coffee in the morning.

***What fitness events are on your horizon?***

We are planning another trip to the Grand Canyon. I also want to climb Mt. Whitney again, the highest peak in the lower 48. We are also planning to hike the [Chilkoot trail](#), following the path of the [Klondike Gold Rush in Alaska](#). [LCDR Jessica Thompson](#) is helping to coordinate the hike. It is a historically significant trail. Over 30,000 gold seekers poured into the area in the late 19<sup>th</sup> century, set up makeshift towns, and braved the Alaskan wilderness. Our USPHS expedition will start in Skagway, one of these makeshift gold rush towns. It will not be so strenuous that you can't take the time "smell the roses" and enjoy the views of the Canadian Rockies and Yukon River.

***Anything you'd like to say to our officers on health or fitness?***

Make a living a healthy lifestyle a way of life for you and your family. Besides the Chilkoot trail, we have several activities planned over the next few years. The next one up is the Lost Dutchman in February 2017. Also, we'll be

scheduling a trip up Mt. Whitney and another Grand Canyon trip. We welcome anyone who wants to join us!



*Grand Canyon (Arizona)*

## PAC CHAIR'S CORNER

### Change

*Contributed by LCDR Rodney Waite*

A New Year is upon us, and it is this season that many take the time to reflect on what happened last year and what they hope to achieve in the next. Quite apt for this time of year is one of my favorite sayings: "the only constant is change". Thinking back on the year, certainly, you can come up with many examples of how things are different in the country (new President-Elect), USPHS (eDOC-U!), PharmPAC (new roster), Duty Station, and personal life. The hope is it all adds up to a net positive!

Because of the constancy of change, one of my primary objectives as a PharmPAC Member, and now Chair, is to ensure the PharmPAC is both stable and agile. Stable, meaning able to



maintain continuity of valuable knowledge and service, while agile, meaning to respond well to new challenges. These are not mutually exclusive but have to be constantly balanced, and re-balanced, to achieve both. Many of our current initiatives, such as the Annual Report (releasing January 2017), Annual Category Questionnaire (Summer 2017), network building, iterative SOP development, and Activity Lead Assignments, revolve around building the system necessary to accomplish this balance of agility and stability.

With the Annual Report, the PharmPAC has combined a formalized retrospective analysis of the previous year with a prospective, objective-setting view for the next year. In conjunction, we have formalized a list of metrics and a draft “Annual Category Questionnaire,” allowing the PharmPAC to evaluate the Category and impact of PharmPAC activities. This data empowers the PharmPAC to evaluate change on multiple fronts, over time, and the opportunity to react to it.

However, we can not just rely on a once a year analysis. We must also deal with items confronted throughout the year. Part of this challenge is simply identifying the “unknown unknowns” that may be lurking in the world. You have the opportunity to assist us with this, by being the eyes, ears, and mouths of the PharmPAC. By building the power of our networks, with listserv membership, MAX.gov participation, Social Media (Facebook, Twitter, and Instagram), the liaison program, and in-person (meetings/events), all of us can contribute to our collective awareness, knowledge, and response to the opportunities and threats we face in our profession, and mission.

To ensure stability, we have a duty on the PharmPAC to identify and capture effective processes for the benefit of future members AND

the Category. This last year we have started down the road of a more iterative SOP update process and shall ramp it up further this year, so that each Activity has a list of procedures, tasks, and principles, found to be advantageous, thus guiding future Activity Leads.

Many of these initiatives are, admittedly, behind the scenes but should result in the stability, and hopefully, improvement, of the PharmPAC’s knowledge and service for the Category’s and Nation’s benefit. Truly, I believe we have accomplished, are accomplishing, and will accomplish many fruitful endeavors. We are all better together!

## HEALTHY LIFESTYLE

### **Work-Life Balance — *The Struggle is Real!***

*Contributed by LCDR Maria Apodaca*

I am a Commissioned Corps officer and the mother of two small children ages two and four. Both can be difficult and time-consuming. I don’t live near my family members who can help with the care of my children. They are at daycare most of the day, and once we are off, we rush home for dinner, baths, home duties and as much family time as we possibly can. When maternity leave ended after my second daughter, my goal was to loosen my snug khakis and get back into shape. I was doubtful. How could I possibly find the time? As I got back into the swing of working with two children, I quickly realized that I needed to be physically active to stay mentally centered. I needed an outlet from the normal stressors of daily life and was determined to reach my goals.



How did I do it? I got the family involved. We began walking after work when we could. We took our girls with us in strollers and carriers. My spouse and I took turns watching the girls while the other went out for a walk or jog. Getting the family involved also helped us all spend more time together than we would otherwise have had. I downloaded programs to train for certain distances; I was discouraged at first not knowing where to begin, but there are so many applications (many of them free) that helped me pinpoint a level to begin. Each workout was 30 minutes to an hour. This was a practical time commitment for me. When I wasn't able to find time after work, I began to use a few lunch hours a week to run around the neighborhood where my Service Unit is. My IHS facility also offers use of their Healthy Heart program workout room. On cold, windy days I took advantage of this. I was even encouraged at work by my colleagues. We participated in community team running events. When others were involved, I felt more motivated. If one of us was feeling a little lazy, seeing the other getting ready for their lunch jog helped to motivate the other. This is how I reached my goal. I took small steps to add time here and there for physical activity that I enjoyed. I ran my personal best time at a 5K six months after I had decided I wanted to be more active. I then completed a 10K before the year was over.

Work and home life can be overwhelming and stressful. As a public health officer, I don't only want to preach health; I want to participate in health. I believe that is a true promotion of our service. Although there may not be a lot of extra time to drop everything and exercise when I would like to, setting realistic goals and a little time aside, has made a huge difference in my busy life. You can do it too!

## How Participating On the Army Ten Miler Cheer Team Inspired Me

*Contributed by LCDR Danielle Russell*

*Reviewed/Edited by LT Corwin Howard*



*Arlington Memorial Bridge*

*LT Corwin Howard & LCDR Danielle Russell*

On October 10, 2016, fellow USPHS officers and I got up early that morning to lend support to the PHS officers and other uniformed services running in the Army Ten-Miler (ATM). Although, rolling out of bed at 6AM that morning was a feat, nothing could compare to the energy I could feel once I arrived at the event. The spirit of comradery amongst all the varying services and participants was palpable. It was amazing to see people of all varying shapes, sizes, and fitness levels come out and give their all for a cause. Seeing a veteran with prosthetic legs participate and complete the race showed me the resilience of the human spirit. The feeling I had being on the cheer team made me want to be a participant in the coming years.



*View from above the Memorial Bridge*



Since participating on the cheer team, I have volunteered via JOAG to become an APFT event host to help myself and fellow officers meet USPHS health standards and become more fit. In order to not overwhelm myself, I have made small incorporations into my lifestyle to train myself to become a runner. Shortly after that, I downloaded a "Couch to 5k" app on my phone to guide me in my journey. I started small, encouraging myself to get on the treadmill for just fifteen minutes a day. My newest goal is to commit to running two miles per day for a total of at least ten miles per week. I'm sure if I stick to my goals and continue to strive for progression, I'll be breezing through the Army Ten Miler in no time.

## ACCOMPLISHMENTS

### LCDR Okanlawon Awarded 2016 Rookie of the Year

*Contributed by LCDR Mutiu Okanlawon*

There is a rise in involuntary discharge of nursing home residents across the country. Nursing homes deem these residents difficult because they may require more cost and labor intensive care. Some discharges may be warranted for reasons such as if a resident is a threat to himself or other residents or if a resident requires services that can't be provided in a nursing home. However, more cynical discharges have been happening lately producing frightening situation and unnecessary stress for residents and their families. The Centers for Medicare and Medicaid Services (CMS), is determined to challenge these types of discharges and ultimately protect the residents. LCDR Mutiu Okanlawon, a Health Insurance Specialist in the CMS Survey and Certification

Division in Region VIII, is part of the workgroup designed to assist in eliminating unfavorable involuntary discharges. He identified an actual incident and worked with the group to develop a viable strategy to tackling the issue going forward. For his effort, he was awarded 2016 Rookie of the Year by the Department of Health and Human Services, Region VIII.



*From Left to Right: LCDR Mutiu Okanlawon, Jeff Hinson, Regional Administrator, CMS, Denver Regional Office, CAPT Linda Bedker, CMS Certification & Enforcement Branch Manager.*

## SERVICE OPPORTUNITY

### Experience with DCCPR TDY

*Contributed by*

*CDR Peter Chen, CDR Tracy Farrill, CDR Ted Palat, CDR Anna Park and LCDR Trang Tran*

The Division of Commissioned Corps Personnel and Readiness (DCCPR) is responsible for all readiness and response operations for a Commissioned Corps of over 6700 officers. Its current Director, RADM Joan Hunter, reports directly to the Deputy Surgeon General and on the Surgeon General's behalf to develop policies and propose regulations to maintain optimum performance and readiness of the Corps'



uniformed officers. Some officers\* recently volunteered for a two-week temporary duty assignment (TDY) to the Division of Commissioned Corps Personnel and Readiness (DCCPR) in Rockville, Maryland. Our tasks included verifying uploaded electronic documents, indexing those documents into the appropriate section of officers' eOPFs, and performing several other administrative duties.

### *What were some benefits to volunteering for this TDY?*

This TDY afforded us a unique opportunity to understand how DCCPR operates and to fully appreciate all the hard work required to maintain the Commissioned Corps personnel files. We were also introduced to the new upload feature, Electronic Document Upload (eDOC-U), which has modernized how officers submit supporting documents for upload into the officer's eOPF located in the Officer Secure Area on the Commissioned Corps Management Information System (CCMIS) site. Once you click on the upload button, within a few minutes, your document is available to the DCCPR staff for review and proper placement into your eOPF. The DCCPR staff verifies the document image, document category, document date, and other relevant information before filing it into your eOPF.

### *What's your takeaway from this TDY?*

Having experienced this TDY, we enthusiastically encourage officers to volunteer, if circumstances permit. The services we provided have had an immediate impact that benefits the Corps while assisting DCCPR in their tasks within Officer Support. One important aspect of impact is the yearly promotion cycle. Proper placement of officer files at this time of the year allows DCCPR to handle the voluminous files officers typically upload before the end of the calendar

year. Our assistance has allowed DCCPR to stay ahead of the curve so that the promotion cycle, which is dependent on indexing these files, can occur smoothly. Another function of Officer Support is proper records management. Accurate records are important for individual officers who are dependent on these files for functions related to promotion, retirement, dependent benefits, educational benefits, separation documents and various other topics that may require records retrieval. Our assistance resulted in the organization and filing of documents that have been neglected as a result of staffing shortages.

Finally, we were given all the assistance we needed to accomplish our tasks. All of the DCCPR staff were extremely friendly and helpful. As a result of this TDY, we have a unique perspective within DCCPR, the officer support activities they provide, and the eOPF document upload process. So, if any officer who wants to understand first-hand what happens when you upload documents to your eOPF, and to have a feeling of esprit de corps from helping DCCPR support PHS officers, please consider participating in this TDY opportunity.



*\* Volunteer officers up to date: LCDR Alexia Blyther, CDR Peter Chen, CDR Vandna Kishore, CDR Mei-Ying Li, LT Trami Nguyen, CDR Ted Palat, CDR Anna Park, LCDR Ryan Presto, LCDR Chad Snuggerud, LT Kyle Snyder, LCDR Trang Tran, LCDR James Tyson, LCDR David Vehovic, and CDR Christina Williams.*



## CAREER DEVELOPMENT

### National Clinical Pharmacy Specialist Committee Update

*Contributed by CDR Anne Marie Bott*

*Reviewed/Edited by NCPS Committee*

The National Clinical Pharmacy Specialist Committee (NCPSC) is excited to announce its expansion in membership composition in November 2016 to include two additional agencies, Coast Guard (CG) and Immigration and Customs Enforcement (ICE). This addition is vital to ensuring that the needs of each agency providing advanced pharmacy services are addressed. NCPSC membership also includes pharmacists from various Indian Health Service (IHS) regions, one pharmacist from the Federal Bureau of Prisons (BOP), and two physicians representing IHS and BOP. Below is a chart of the committee members and contact information. Please use your area representative as a resource.

	<u>Name</u>	<u>Email address</u>
<b><u>Pharmacists:</u></b>		
<b>IHS – Alaska Area</b>	CDR Anne Marie Bott (Chair)	<a href="mailto:ambott@anthc.org">ambott@anthc.org</a>
<b>IHS – Albuquerque Area</b>	CDR Kyle Sheffer	<a href="mailto:Kyle.sheffer@ihs.gov">Kyle.sheffer@ihs.gov</a>
<b>IHS – Bemidji Area</b>	LCDR DeAnne Udby	<a href="mailto:DeAnne.Udby@ihs.gov">DeAnne.Udby@ihs.gov</a>
<b>IHS – Billings Area</b>	LCDR Cole Dysinger	<a href="mailto:Cole.dysinger@ihs.gov">Cole.dysinger@ihs.gov</a>
<b>IHS – Great Plains Area</b>	CDR Amy Simon (Secretary)	<a href="mailto:Amy.simon@ihs.gov">Amy.simon@ihs.gov</a>
<b>IHS – Nashville Area</b>	LCDR William Freiberg	<a href="mailto:William.freiberg@ihs.gov">William.freiberg@ihs.gov</a>
<b>IHS – Navajo Area</b>	CAPT Dana Springer	<a href="mailto:Dana.springer@ihs.gov">Dana.springer@ihs.gov</a>
<b>IHS – Oklahoma Area</b>	LCDR Randy Steers (Chair-elect)	<a href="mailto:rlsteers@cnhsa.com">rlsteers@cnhsa.com</a>
<b>IHS – Phoenix Area</b>	CAPT Heather Huentelman	<a href="mailto:Heather.huentelman@ihs.gov">Heather.huentelman@ihs.gov</a>
<b>IHS – Portland Area</b>	LCDR Heather Peterson	<a href="mailto:Heather.peterson@ihs.gov">Heather.peterson@ihs.gov</a>
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<b>CG</b>	LCDR Jacklyn Finocchio	<a href="mailto:Jacklyn.m.finocchio@uscg.mil">Jacklyn.m.finocchio@uscg.mil</a>
<b>ICE</b>	LCDR Stephanie Daniels-Costa	<a href="mailto:Stephanie.d.daniels@ice.dhs.gov">Stephanie.d.daniels@ice.dhs.gov</a>
<b><u>Physicians:</u></b>		
<b>IHS</b>	CDR Kevin Gaines	<a href="mailto:Kevin.gaines@ihs.gov">Kevin.gaines@ihs.gov</a>



<b>BOP</b>	Dr. Sergio Mercado	<a href="mailto:smercado@bop.gov">smercado@bop.gov</a>
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	CAPT Ryan Schupbach	<a href="mailto:Ryan.schupbach@ihs.gov">Ryan.schupbach@ihs.gov</a>
	CDR Jinny Meyer	<a href="mailto:Jinny.meyer@ihs.gov">Jinny.meyer@ihs.gov</a>
	CDR Ann Gorman	<a href="mailto:Ann.gorman@ihs.gov">Ann.gorman@ihs.gov</a>

The NCPSC meets quarterly to review collaborative practice agreements/privileging documentation on the second Wednesday in the months of February, May, August and November. For 2017, the official quarterly protocol review meeting dates are February 8<sup>th</sup>, May 10<sup>th</sup>, August 9<sup>th</sup>, and November 8<sup>th</sup>. Completed applications should be sent to the NCPSC at least 30 days before the next scheduled quarterly meeting. Applications should be emailed to LCDR John Collins ([john.collins@ihs.gov](mailto:john.collins@ihs.gov)). When sending collaborative practice agreements to the Committee for review, please also include a completed critical elements checklist and outcomes form. Applicants should access the latest versions of the critical elements checklist, applications, and outcome forms found on the PharmPAC Career Development website: [https://dcp.psc.gov/osg/pharmacy/ncps\\_certifications.aspx](https://dcp.psc.gov/osg/pharmacy/ncps_certifications.aspx).

In October 2016, the NCPSC surveyed NCPS certified pharmacists to determine if they have completed a residency, a fellowship, and/or maintain board certification. Of the 335 NCPS certified pharmacists, 172 are board certified, seven are dual board certificated, and 89 have completed a residency or fellowship. Overall, 59% of those certified have at least one advanced training (certification, residency or fellowship).

In addition to quarterly protocol review meetings, the committee meets monthly to work on various projects and initiatives including transitioning from silo clinics to comprehensive primary care services, developing standardized outcome templates for various disease states and a universal template for collaborative practice agreements. The committee is continuously working to advance the pharmacy profession and serve as a resource to the field. Please let the NCPSC know if there is anything we can do to assist in this endeavor.



## **Certified Geriatric Pharmacist Credential Coming as a BPS Specialty**

*Contributed by CDR Amanda Irving and LCDR  
Kathryn Butler-Hodge*

*Reviewed/Edited by LCDR Anna Santoro*

Are you pursuing board certification through the Board of Pharmacy Specialties (BPS)? Have you considered specializing in geriatric pharmacy? On October 25<sup>th</sup>, 2016, BPS announced that the Certified Geriatric Pharmacist (CGP) credential would be added to BPS for a total of nine pharmacy specialties. Geriatric pharmacy is vitally important as our aging population is growing rapidly. By 2050 BPS estimates that there will be approximately 88.5 million seniors over the age of 65 in America, which will be a 42% increase from 2010. This patient population is vulnerable and underserved creating a significant opportunity for pharmacists to become patient advocates for seniors.<sup>1</sup> The Certified Geriatric Pharmacist credential recognizes pharmacists who have extensive expertise and knowledge of the principles of drug therapy management for older adults. The pharmacist must understand unique considerations to drug therapy in the older adult population and be aware of potentially inappropriate medications, polypharmacy issues, and the impact of medications on geriatric syndromes.

The Commission for Certification in Geriatric Pharmacy (CCGP) will transition to BPS in 2017. However, the CGP exam will continue to be administered through testing centers used by CCGP, and the exam will not be administered by the BPS testing company until 2018. The credential name will be changed to Board Certified Geriatric Pharmacist (BCGP) and will be effective starting January 1, 2018. However,

Certified Geriatric Pharmacists can use the designation of CGP or BCGP during the transition period. If you already have the CGP credential and are in good standing with the Commission for Certification in Geriatric Pharmacy your transition will occur seamlessly. The American Society of Consultant Pharmacists and the American Society of Health-System Pharmacists will both continue to serve as the source for continuing education credits through May of 2021. There will be a few minor changes regarding the recertification process. The recertification period will change to a seven-year cycle from a five-year cycle, and changes to the fee structure will be negligible.<sup>2</sup>

To be eligible for certification, examination applicants must be a licensed pharmacist for a minimum of two years. Geriatric pharmacy is rapidly growing and evolving to meet the needs of our aging population. Demand for this specialty is likely to increase as the scope of medication therapy management (MTM) services evolves.

If Geriatric pharmacy is something you are interested in, there are other opportunities to get involved. In 2015, the USPHS Geriatrics Team was formed to promote health and safety of the US older adult population by providing increased awareness of public health issues concerning this population and its caregivers. The team is looking for self-motivated officers with knowledge or interest in geriatric health issues. The team is currently planning to continue to increase communications, along with community outreach activities aimed at educating older populations and their caregivers about issues related to medication use. If interested, please contact LCDR Anna Santoro at [astevenson@bop.gov](mailto:astevenson@bop.gov).



## References:

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## National Clinical Pharmacy Specialists Committee Leads Change

*Contributed by CDR Jinny Meyer*

*Reviewed/Edited by CDR Anne Marie Bott and LCDR John Collins*

### Background

Public Health Service pharmacists have been practicing in a variety of expanded and innovative clinical pharmacy roles going back for decades. Across federal agencies including the Indian Health Service (IHS) and Federal Bureau of Prisons (BOP), pharmacists often provide medical care through clinic visits similar to primary care providers.

Due to the expansion of clinical services within the IHS, the National Clinical Pharmacy Specialists (NCPS) Committee was established in 1997 by the Director to assure a uniformed level

of care. In 2008, a memorandum of agreement (MOU) was established between the BOP and IHS to allow for recognition of BOP pharmacists who meet the same standards as National Clinical Pharmacist Specialists within the IHS. Furthering the development of clinical roles throughout the federal spectrum resulted in establishing MOUs and directives to permit all PHS pharmacists to receive NCPS recognition as of 2013.

### Reformation Project

NCPS Committee is undergoing a Reformation Project encompassing two separate but related initiatives which, together, will raise the bar to set a new standard of care provided by clinical pharmacy specialists. The first initiative is to change the focus of care from treating disease states to treating patients. To this end, the NCPS certification will no longer be issued to clinical pharmacists providing care in a single disease state focused clinic. Instead, NCPS certification will only be granted to those pharmacists with privileges at their local site (i.e. local scope of practice) comprising of a combination of multiple preventative and treatment areas of care.

Prevention practice areas may include commercial tobacco cessation, immunizations, and co-prescribing naloxone. Chronic disease states management may include Diabetes, Asthma, Heart Failure, and Anticoagulation, etc. Other clinical services may qualify such as a chronic medication refill extension service.

The practice of individual pharmacists at various facilities will, out of necessity, be greatly varied and sometimes unique, as each pharmacist or group of pharmacists strive to meet the needs of the community they serve; however, each practice will share several commonalities: the pharmacist must have the authority to prescribe



medications, order and interpret lab work, and perform a physical assessment.

### *Important Dates*

- January 2016 – Revised Initial NCPS Application for optional use
- May 2017 – Last NCPS meeting in which single disease state focused applications will be reviewed and granted NCPS Certification in a single disease state
- August 2017 – Only comprehensive care applications will be reviewed, and generalized NCPS certifications will be granted

### *Contact Information*

NCPS Website:

<https://dcp.psc.gov/osg/pharmacy/ncps.aspx>

## **Learning and Networking with Fellow Federal Pharmacists at the Joint Federal Pharmacy Seminar**

*Contributed by LCDR Christine Corser*

Pharmacy Public Health Service (PHS) officers from across the country recently convened at the Joint Federal Pharmacy Seminar (JFPS) that was held October 30 – November 2, 2016, at the Gaylord National Hotel and Convention Center in Washington, DC. JFPS is a relatively new conference; this year marked the 3rd annual offering of this federal pharmacy meeting, and the theme was “Leadership Through Service.”

For those who have never attended JFPS, this national conference allows PHS officers to meet, network, and learn alongside fellow federal pharmacists and pharmacy technicians from our sister services and pharmacy staff working at

other federal facilities (e.g., Veteran’s Affairs), including fellow officers from the Canadian Forces! Approximately 650 pharmacists and pharmacy technicians attended this year, allowing attendees to participate and enjoy the conference and its offerings. Like other professional conferences, officers have the opportunity to walk away with a substantial amount of continuing education credits. Also, since the American Pharmacists Association (APhA) hosts this conference, certification courses are typically offered as pre-conference sessions. This year, JFPS offered the Pharmacist and Patient-Centered Diabetes Care Certificate Training Program for an additional nominal fee.

PHS officers were present in full force to ensure this conference was a success. LCDR Nahleen Lopez (Food and Drug Administration) moderated a General Session and led a team of volunteers to plan the PHS breakout session; LCDR Kendra Jenkins (U.S. Immigration and Customs Enforcement) co-presented the highly attended and popular New Drugs of 2016 General Session presentation; and CAPT Martin Johnson (Federal Bureau of Prisons) served as a judge of the poster competition. There were many other PHS officers who presented on a topic of their expertise or supported the conference in other ways, such as by moderating a session or providing logistical support. PHS officers from various agencies and various locations throughout the country were present at this highly visible event!

Some highlights of the event included:

- **Finding Work-Life Balance to Reduce Stress and Optimize Delivery of Pharmacists’ Professional Services** – A panel of PHS senior leaders and their supporting family members shared



strategies for dealing with work-life conflicts and ways to reduce the Stressors associated with work and personal life demands.

- **USPHS RX for Change – 5 A’s Course** – LT Gayle Tuckett, Indian Health Service, hosted an on-site offering of the USPHS RX for Change Tobacco Cessation Training program.
- **PHS/Coast Guard Awards Ceremony** – CDR Benjamin Keller, U.S. Coast Guard, was awarded the Coast Guard Pharmacist of the Year Award and pharmacist officers celebrated and networked over desserts and coffee. RADM Pamela Schweitzer also shared some words on pharmacy and PHS awards.

Hopefully, this article has peaked your interest in attending a future JFPS. It would be great to see the number of PHS attendees grow each year. Save the date! The next [JFPS](#) will be held in Orlando, Florida, from September 10-13, 2017. Hope to see you there!



*The obligatory PHS pharmacy selfie! PHS officers attending the PHS/Coast Guard Awards Ceremony at JFPS 2016.*

## PHARMACISTS IN ACTION

### CDC Get Smart about Antibiotics Week

*Contributed by LT Kimberly Nettles*



*From Left to Right: LT Kimberly Nettles, LCDR Maria Apodaca, and LCDR Steven Rodgers during the CDC Get Smart about Antibiotics Poster Presentation*

According to the Center for Disease Control and Prevention (CDC), approximately 23,000 people die every year of infections from antibiotic-resistant bacteria. At the Albuquerque Indian Health Center (AIHC), we have taken action to minimize these numbers through one of our clinical programs. LT Kimberly Nettles implemented an Outpatient Antibiotic Stewardship Program to promote appropriate antibiotic use and reduce the spread of antibiotic-resistant bacteria. Every year, the CDC highlights this global initiative via a one-week observance to raise awareness of resistance and the importance of antibiotic prescribing called “Get Smart about Antibiotics Week.” This annual event was observed during November 14-20, 2016. At the AIHC, we partnered with the CDC and participated by providing educational resources to patients coming into our clinic. The CDC offers



free resources online through their website, which serves as great material to share with the public.

Our student pharmacist and pharmacy staff participated by constructing a booth in the clinic's waiting room to have full visibility to patients before and after they had contact with their provider. The event was very successful, and our patients greatly benefited from it, acquiring new information to share with their friends and family. We had approximately 40 patients visit our booth during this event. The opportunity to have access to pharmacy team members and ask drug information questions provided patients a comfortable environment to feel secure and welcomed. Also, the pamphlets and handouts created a visual learning experience, where patients understood that even if they think there is an infection, an antibiotic is not always needed. This generated clarity during their medical appointments, and when discussing alternative therapies with their providers.

The event turned out to be an excellent means of bridging the gap between pharmacy and patients, as well as patients and providers. Because antibiotics are the most commonly prescribed drugs we use today in human medicine, knowledge of their proper use is needed to ensure minimal resistance. The CDC states that every year at least 2 million people in the United States become infected with antibiotic-resistant infections. Any awareness about antibiotic use can be beneficial to help in reducing the rise and spread of these bacteria. We highly encourage that more federal facilities participate in the following years. Even the smallest changes and efforts can make the biggest differences in the long run.

Resources: <https://www.cdc.gov/getsmart/week/>

## Officers Lead Volunteers Supporting over 700 Runners

*Contributed by LCDR Dena Smith and  
LCDR DeAnne Udby*

The White Earth Service Unit Commissioned Officers staffed aid stations at the Dick Beardsley Marathon on September 10<sup>th</sup>, 2016 in Detroit Lakes, MN.

Eight Commissioned Corps Officers, 3 Civil Servants, and five supporting volunteers provided fluids, energy gel nourishment, and support to over 700 runners in both the half and full marathons. This event required a positive attitude, quick thinking, and teamwork to accommodate and encourage a large number of participants. These volunteers demonstrated the leadership and excellence of a PHS Officer by serving their community. Great job for your commitment and support in leading a healthy, active life!



*From Left to Right: CDR Jack Mohr, LCDR Alissa Grimes, CAPT Judy Rose, LCDR Dena Smith, & LCDR Jessica Anderson. Not pictured: LCDR DeAnne Udby, LCDR Brenda Hoverson, LT Greg Berg, Alicia Smith, Deb Rethwisch, and Andy Hazen.*



### Alaska Native Medical Center Infusion Pharmacy Relocates to Meet Growing Oncology Needs

*Contributed by CDR Anne Marie Bott and CDR Ashley Schaber*

*Reviewed/Edited by LCDR Susan Alu*



*From Left to Right: ANMC Pharmacy staff (Alicia McDonald, Kristen Nelson, CDR Anne Marie Bott, CDR Ashley Schaber and LCDR Jessica Thompson) standing in the anteroom with the sliding window between pharmacy and nursing medication room to the right and the negative pressure room to the left.*

The Alaska Native Medical Center (ANMC) serves American Indian and Alaska Native (AI/AN) people throughout the state. Until recently, a small subset of those requiring chemotherapy received treatment at ANMC's 6-chair infusion center while the rest traveled out of state for specialty care. ANMC sought to increase the level of specialty care by expanding the oncology program. Staff increased from one to three oncologists, one to two pharmacists and one-half to two pharmacy technicians. The facility added four more chairs to operate a ten chair infusion suite. The infusion suite was located in the center of the hospital without windows. The infusion center pharmacy was intermixed within the inpatient pharmacy and located a floor above the

infusion center. This set up required manual transport of chemotherapy which was not optimal from an efficiency or an employee safety standpoint. Even with more infusion chairs, demand exceeded capacity, and the hours of the infusion center increased from 45 to 52.5 hours per week. The organization realized the continually growing need and planned to relocate to a satellite on-campus building and expand the infusion center to 18 chairs.

The pharmacy had the opportunity to design the new space. Efficiency and workflow were at the forefront of design. Strategically placing the pharmacy central to the infusion center and the oncology and the palliative care clinics were vital to providing optimal pharmacy services. After researching designs and visiting other infusion pharmacies, we created a baseline template. This initial design was reviewed with architects, project managers, and environmental health. The layout included pharmacy adjoining the nurse medication room by a sliding window, allowing easy drug delivery and private conversations with nursing staff. The compounding areas are separated from the pharmacy workstations by glass windows and doors to optimize visibility. The pharmacists' workstations are strategically designed to be in the center of the pharmacy where pharmacists can easily see the workflow and nurses and providers presenting with questions.

Six months before the move, we developed a document of all medications and supplies needed when relocating. Starting in advance allowed us to update the list as we continually encountered various needs. Also, we needed to maintain certain chemotherapy medications in the inpatient pharmacy for patients requiring chemotherapy while



hospitalized. The design layout was used to determine the supplies needed to be operational.



Infusion chair overlooking the Chugach mountain range

After relocating and working in the new space, the decision to place the pharmacy in the center was validated. The pharmacy has quick access to the infusion center and oncology and palliative care teams, increasing collaboration and partnership among the services. The new, open space was a welcome change for pharmacists and pharmacy technicians. The windows allow natural light into the pharmacy, and the décor themes of the new clinic and pharmacy space create an uplifting environment. Access to care and patient comfort has increased, with more patients receiving infusions while they view the Chugach mountain range in a semi-private bay.

### **Grow Your ‘Stache**

*Contributed by LCDR Casey Marlin*

*Reviewed/Edited by LCDR Donnie Hodge*

The Northern Oklahoma COA participated in the Grow Your ‘Stache campaign in November as part of our community outreach. Our COA group consists of the Wah-Zha-Zhi Health Center in Pawhuska, OK and the Pawnee Indian Health

Center in Pawnee, OK. We had three employee participants “growing their ‘stache” in Pawhuska and 15 in Pawnee. Both clinics put out simple information tables in the main lobby with men’s health related flyers, an explanation of the Grow Your ‘Stache campaign and cookies for encouragement. The Wah-Zhi-Zhi HC reached an estimated 100 patients on the health booth days and dozens more through direct questioning of the participants on why they are now sporting their new facial adornments. Pawnee IHC reached 250 patients.

The three men’s health topics that we chose to focus on were mental health, physical exercise, and annual wellness visits. For mental health, we encouraged men to “Talk About It!” We wanted men to communicate with their family and friends about the big stuff in life. For physical exercise, we suggested that men get moving with their preferred physical activity for at least 30 minutes every day. Gardening, walking to check livestock, and hiking in and out of hunting areas are popular outdoor activities in Oklahoma. For annual wellness, we encouraged men to see their providers at least on an annual basis and to be current with their lab work and health screenings.

Overall, the campaign felt successful as judged by the interest of the patients wanting to discuss it. Our mustache growing employees were good at raising awareness, and their ‘stache itself served its purpose as a conversation starter.



## STUDENT/PRECEPTOR SPOTLIGHT

## The COSTEP Experience: Through the eyes of the JRCOSTEP – Part I

*Contributed by Mr. Axel Vazquez-Deida*

*Reviewed/Edited by LT Gayle Tuckett*

### JRCOSTEP Perspective:

After my first year of pharmacy school, I had the honor of serving the Red Lake Band of Chippewa Indians in Minnesota while strengthening my pharmaceutical care skills thanks to a JRCOSTEP opportunity. This experience taught me that my ideal perception of pharmacy practice was, in fact, a reality. It is possible to practice at the top of the license and also have a major role in ensuring the well-being of the community.

My passion for serving communities with different challenges led me to pursue another JRCOSTEP opportunity after completing my second year of pharmacy school, and I was selected by the Tséhootsooí Medical Center in Fort Defiance, Arizona. Through the day-to-day interactions with patients, visiting satellite clinics, and participating in community events, I learned more about the lifestyle of the Navajos and also the challenges that they faced and how we, as health care professionals, can work with them as a team to overcome such adversities and achieve a better tomorrow.

I collaborated with numerous PHS officers and assisted the clinical pharmacists in providing pharmaceutical care and chronic disease state management services to patients with asthma and diabetes; provided medication reconciliation services to prevent adverse drug therapy events and improve adherence among patients with

kidney failure and HIV; used point-of-care testing to manage anticoagulation therapy and improve therapy outcomes; and assisted patients in quitting tobacco use through the Tobacco Cessation Clinic. Also, I shadowed other health care professionals such as public health nurses, anesthetists, and surgeons. This truly helped me experience the benefits of inter-professional collaboration and a patient-centered model in



*From Left to Right: LT Gayle Tuckett, Mr. Axel Vazquez-Deida*

*Description: LT Tuckett meeting her 2016 JRCOSTEP for the first time at the 2016 COF Symposium in Oklahoma City, Oklahoma*

improving outcomes. As a JRCOSTEP, I also promoted at outreach events, and through health fairs, I had the opportunity to educate community members about asthma management and tobacco use.

One of the most meaningful opportunities I experienced was working with my preceptor, LT Gayle Tuckett, in providing a community educational series event aimed at teaching aspects of asthma management. The purpose was to help and empower patients along their family members to take control of their asthma. The community members that attended these educational series were very appreciative of the opportunity because they were empowered to be



part of the decision-making process regarding their health care. It was truly rewarding seeing them at the Asthma Management Clinic with their asthma more controlled and enjoying the outdoors and the beauty of the southwest during summer. Also, it fostered the relationship between the patient and the pharmacist.

I'm very thankful for having this JRCOSTEP experience because it not only helped me grow as a student pharmacist, but also as a human being. The JRCOSTEP taught me that it is our responsibility to work with community members to address both individual and collective health care needs in order to achieve complete well-being.

**The COSTEP Experience: Through the eyes of the preceptor – Part II**

*Contributed by LT Gayle Tuckett*

*Preceptor Perspective:*



*From Left to Right:  
LT Gayle Tuckett and  
Mrs. Alena Korbut*

After starting at Tséhootsooí Medical Center (TMC) in Fort Defiance, AZ in September 2013 and commissioning in December 2013, I discovered that the site did not have JR/SRCOSTEP students. Due to my

desire to give back and assist pharmacy students, and promote the corps, I

pursued the idea to establish this program at TMC. With the support of my supervisor, Brenda Benally, I was able to participate in the JRCOSTEP selection process and acquire JRCOSTEP students

for summer 2015, Mrs. Alena Korbut, and this past summer 2016, Mr. Axel Vazquez-Deida. Precepting and interacting with both COSTEP students has proven to be a very rewarding experience.



*From Left to Right: Mrs. Alena Korbut (TMC 2015 JRCOSTEP) and Mr. Axel Vazquez-Deida (TMC 2016 JRCOSTEP)*

Personally, there is always a sense of excitement to meet the JRCOSTEP student and discover his/her personality. This year I had the chance to meet Mr. Vazquez-Deida at the 2016 COF Symposium before starting his COSTEP experience at TMC. Through this initial meeting, I could already see his drive and motivation for pharmacy and extreme interest for the corps, which he had also demonstrated throughout his 6-week externship.

Fortunate to be at a site with multiple ambulatory clinics and varying pharmacist roles, I created a schedule for the COSTEP that enables the individual to rotate through as many experiences as possible. I spend time talking to the COSTEP student on the first day to explore his/her interests and areas of challenge. Based off of this interaction, the schedule may be modified to best suit the student. In addition to ensuring that the student gets the most out of the program concerning the profession, I also strive to include them in community and PHS events. As a Public Health officer, I believe it is important not only to convey the message of health at work, but also to make oneself available to the community and promote health at health fairs and community



run/walks. This helps to provide the student another look into their local community and build relationships with their patients.

Aside from developing a COSTEP's professional skills, this program is also important in exposing them to the Commissioned Corps and showing them a world and opportunity that they may have never known. I have my COSTEPs attend monthly COA meetings, and PAC/workgroup calls that will be beneficial to them. This provides the COSTEP an environment to interact with other officers and learn about the corps through various venues.

My favorite aspect of this entire experience is the opportunity to meet focused, driven and exuberant students, the opportunity to enrich their pharmacy experience further, and the opportunity to develop lifelong professional and personal relationships naturally.

### **A Grateful Decision**

*Submitted by Ms. Laure Montes,  
UNM College of Pharmacy Student 4th year  
student.*

*Contributed by LT Shannon Saltclah*

"Where in the world am I?" When I arrived at the rural town of Fort Defiance, Arizona, this was the first thought that crossed my mind. However, shortly thereafter, I realized just how incredible this small Navajo reservation is. Not only is the land beautiful with all of its natural rock structures, but also the people that reside here have this alluring way of life that draws my curiosity so deep. I grew up in a small town located in southeastern New Mexico called Ruidoso. It is a mountain village with a population of approximately 7,900 and at an elevation of 7,000 feet. I thought I knew what a rural location



*Ms.. Laure Montes, University of New Mexico  
4<sup>th</sup> year APPE student, Window Rock, AZ*

looked like having grown up in such a small town, however I soon came to the conclusion that Ruidoso would be considered a city when compared to Fort Defiance.

In my senior year of high school, I applied to a program known as the University of New Mexico/New Mexico State University Cooperative Pharmacy Program. The purpose of this program is to recruit high school students who are interested in pursuing a career in pharmacy, from the rural counties of New Mexico, in hopes that once their school journey ends, these future pharmacists will go back home to serve their communities where pharmacists are most needed. Fortunately, I was accepted into this program and will be graduating from pharmacy school in May of 2017. Now that I am in my fourth year and soon to graduate, I am contemplating my future and where I want to work. My experience here at Tséhootsooí Medical Center, with all of the staff and the people they



serve, has truly influenced my thoughts and considerations.

I cannot begin to explain how much I loved rotating at this facility. Every single person that I encountered, whether it was a patient or a staff member, contributed to my incredible experience. The Navajo population was a community that I have never worked with until here in Fort Defiance. Their way of life is so unique in that they strive to be in Hózhó, or in other words, to live a life that is balanced with peace, harmony, beauty and order with the Earth. When treating this population, this was the primary concern for the majority of the people. These patients want to be healthy, happy and at peace with their lives and I strived to do my best at helping them reach this state.

My preceptor, LT Shannon Saltclah, helped me to have the best experience possible here at TMC. She allowed me to work with many different pharmacists and providers in the different outpatient clinics. These clinics included diabetes, asthma, anticoagulation, pediatrics, tuberculosis, and primary care. Not only was I able to provide many recommendations to both the staff and patients here at the facility, but I was also given the opportunity to take the lead on many of these patient visits. This helped me develop my clinical skills by looking at a patient's profile, assessing their medications, talking to a patient face to face and making any changes to their therapeutic regimens to help improve their quality of life.

My communication skills improved tremendously from working with this population owing to the reality of this community's level of education. I had to bring my medical jargon to a level that was understandable, depending on the patient that I was working with. This was a

challenge, yet I was able to overcome it and came out on the other side with more knowledge than I had thought possible. I also had many different assignments throughout my four weeks here that dealt with a lot of research, many of them regarding drug information questions. My biggest project was creating a drug monograph for all of the available GLP-1 agonists with one other student and presenting it to the P&T committee in hopes of adding one of them to the drug formulary. This was a very challenging and time-consuming assignment. However, it was a rewarding experience after completion. Many of the providers and pharmacists recognized and appreciated our efforts in creating this monograph for their future reference. This project gave me great satisfaction in knowing that I helped the staff make a decision on adding one of these drugs to the formulary by providing data on cost, efficacy, and safety of each of the GLP-1 agonists that are available on the market. Each one of my assignments not only provided information to the staff but also refreshed my knowledge on the topic as well. These experiences, again, have substantially increased my knowledge as I continue to become educated as a future pharmacist.

I will always remember this place as it truly had such a deep impact on my experience and significantly contributed to my knowledge in serving an underserved Navajo population. Not only did I learn more about the pharmaceutical aspect, but I also acquired so much knowledge about the Navajo culture. I will forever be grateful for having chosen this site as one of my rotational experiences during my fourth year of pharmacy school. This place has me leaving with sadness, yet at the same time, I am leaving with joy in knowing that Fort Defiance has bestowed to me the meaning of Hózhó.



## PHARMPAC UPDATES

## New Process for Requesting PharmPAC Social Media Postings

*Contributed by CDR Diem-Kieu Ngo*

Did you know posting content and photos to the PharmPAC social media sites is as easy as sending an email? It's true!

USPHS officers can now request PharmPAC social media postings on Facebook, Instagram, and Twitter by sending an email to [PHARMPAC-SOCIALMEDIA-REQUESTS@LIST.NIH.GOV](mailto:PHARMPAC-SOCIALMEDIA-REQUESTS@LIST.NIH.GOV).

### *What should you include?*

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

...And don't forget to keep using our USPHS hashtags!

**#USPHS, #USPHSPharmacy, #PHSAthletics**

### *Questions?*

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

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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

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