



U.S. PUBLIC HEALTH SERVICE
Pharmacist Professional Advisory Committee
Department of Health and Human Services

Minutes of General Meeting
FDA White Oak Conference Room 1419
1400 EST on 07 November 2013

Dial-In # 1-866-901-3913 or 301-796-4100
Press 1, then Meeting ID – 65419#, press 1
Back-Up Meeting ID (if above not working): 7965419

Contents

Pharmacy Category Action Items	1
Call to Order: LCDR Marisol Martinez, PharmPAC Chair.....	3
Roll Call/Attendance: LCDR Melinda McLawhorn, PharmPAC Executive Secretary.....	3
CPO Update & Open Forum: RADM Scott Giberson	4
Recruitment Section Update.....	7
Communications Section Update	8
Career Development Section Update	8
Readiness Section Update	9
Administration Section Update.....	10
PAC Chair Update/Open Forum: LCDR Marisol Martinez.....	11
PAC Chair-Elect Update: CDR Jefferson Fredy.....	11
Old/New Business: LCDR Marisol Martinez.....	12
Next Meeting Date:	12
Useful Links and Contact Info:	13
Attachments	14

Pharmacy Category Action Items

One Time Tasks (Arranged by Due Date)

Due Date	Task
Now	Review Pharmacy Category 2014 Benchmarks at: http://dcp.psc.gov/ccmis/PDF_docs/PHARMACY%20Benchmarks%20Final%202014.pdf
Now	Login to the PHS Officers Survey using the link below to respond to questions related to the partial government shutdown during the first half of October: Link to survey: PHS Officers Survey < http://questionpro.com/t/AKSbTZQKdu > PASSWORD: phsrocks *Remember to select the Pharmacist category when completing this survey
October –	<ul style="list-style-type: none"> The Online Annual COER was made available in the secure area of the CCMIS

December	<p>Web site on 18 October 2013.</p> <ul style="list-style-type: none"> • The Online Annual COER was due to the Rater by 04 November 2013 • The Online Annual COER is due to the Reviewing Official by 25 November 2013 • The completed COER must be in the officer's eOPF by 16 December 2013. (Note: COER will be turned off 17 January 2014.)
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Continuous Tasks

Task (Frequency)
Review CPO Report and complete its Action Items (Monthly)
<p>Ensure Basic Readiness. Checks are completed quarterly as follows:</p> <ul style="list-style-type: none"> • September 30th • December 31st (Must be Basic Ready at this point for the following year's promotion boards) • March 30th • June 30th
<p><i>PharmPAC Perspectives</i> Newsletter</p> <ul style="list-style-type: none"> • Review new issues (Quarterly) • Volunteer to submit articles to the Communications Section (Whenever you can!)
<p>PharmPAC Meetings/Minutes</p> <ul style="list-style-type: none"> • Review previous minutes if missed meeting (Monthly) • Review Liaison Reports for Agency Specific Information (Monthly) • Attend future meeting (first Thursday of the month at 1400 EST)
Annual Physical Fitness Test (APFT) – Go To the PharmPAC's APFT Initiative Website
Report out on any direct or indirect impact from the Pharmacy Report to the Surgeon General to LCDR Eunice Chung-Davies (eunice.chung-davies@fda.hhs.gov) .
<p>USPHS Awards (Done annually, generally in March)</p> <ul style="list-style-type: none"> • Review Criteria (http://staging.usphs2.cit.nih.gov/corpslinks/pharmacy/sc_admin_awards.aspx) • Nominate eligible officer(s), submitting all material as ONE .pdf to the Administration Section

Call to Order: LCDR Marisol Martinez, PharmPAC Chair

- Meeting began at 1405 EST.

Roll Call/Attendance: LCDR Melinda McLawhorn, PharmPAC Executive Secretary

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Name	Section	OPDIV	CITY, STATE	PRESENT	Alternate	PRESENT
RADM Scott Giberson	CPO	OS	Rockville, MD	Yes	N/A	
LCDR Marisol Martinez	Chair	DoD	Fort Sam Houston, TX	Yes	CAPT Nita Sood	
CDR Jefferson Fredy	Chair-Elect	IHS	Crownpoint, NM	Yes	LT Keith Warshany	
CAPT Aaron Sigler	Career Development	FDA	Rockville, MD	Yes	LCDR Craig Kiester	
CDR Michael Crockett	Ex-Officio	BOP	Pollock, LA	Yes	LCDR Tami Rodriguez	
CDR Kavita Dada	Administration	FDA	Silver Spring, MD	Yes	CDR Jaewon Hong	
CDR Janelle Derbis	Readiness	FDA	Chicago, IL	Yes	CDR William Pierce	
CDR Dean Goroski	Career Development	IHS	Toppenish, WA	No	LCDR Mark Iseri	Yes
CDR Kenda Jefferson	Readiness	DHS-OS	Washington, D.C.	Yes	LCDR Carl Olongo	
CDR Shary Jones	Career Development	OS	Washington, D.C.	Yes	LCDR Chaltu Wakijra	
CDR Jinhee Lee	Administration	SAMHSA	Rockville, MD	Yes	CDR Jennifer Fan	
CDR Selena Ready	Recruitment	FDA	Silver Spring, MD	Yes	CDR Mark Miller	
CDR David Schatz	Administration	DHS/USCG	Kodiak, AK	Yes	LT Jeremy Gutasfson	
CDR Juliette Touré	Readiness	FDA	Silver Spring, MD	Yes	CDR Diem-Kieu Ngo	
LCDR Troy Bernardo	Career Development	BOP	Butner, NC	Yes	LCDR Anna Santoro	
LCDR Tina Bhavsar	Communications	CDC	Atlanta, GA	Yes	LT Jennifer Lind	
LCDR Anne Marie Bott	Recruitment	IHS	Anchorage, AK	No	LT Matthew Duff	Yes
LCDR Brittany Keener	Recruitment	IHS	Anchorage, AK	Yes	LCDR Christina Eldridge	
LCDR Kara King	Recruitment	IHS	Anchorage, AK	Yes	CDR Damion Killsback	
LCDR Khang Ngo	Communications	IHS	Taholah, WA	Yes	LCDR Kimberly Walters	Yes
LCDR Jodi Tricinella	Communications	IHS	Claremore, OK	Yes	LCDR Stephanie Arnold	
LCDR Rodney Waite	Communications	BOP	Milan, MI	Yes	CDR Jaime Morris	
LT Marie Manteuffel	Readiness	CMS	Baltimore, MD	Yes	LCDR Jeannette Joyner	
LT Jane McLaughlin – Middlekauff	Administration	HRSA	Rockville, MD	Yes	LCDR Alexis Beyer	
LCDR Melinda McLawhorn	Exec. Secretary	FDA	Silver Spring, MD	Yes	N/A	

Number of Callers on Line

November 2013: 156
October 2013: 176

September 2013: 156
August 2013: 142

June 2013: 107
May 2013: 120

CPO Update & Open Forum: RADM Scott Giberson

- Welcome to the Pharmacy students from a diverse group of schools across the nation attending this meeting at FDA as part of their experiential rotations.
- **PAC Leadership**
 - Recognition of **outgoing PharmPAC Leadership CDR Mike Crockett** and members rotating off PharmPAC. JOB WELL DONE!
 - New leadership: LCDR Marisol Martinez (Chair) and CDR Jeff Fredy (Chair elect)
 - On another note, please begin to develop leadership redundancy immediately. This is an excellent opportunity (to be involved in a PAC) and to work with senior leaders across the Corps. It is the expectation that all PharmPAC members would seek additional and progressive responsibility as PAC leadership next year.
- **Follow –Up: Lapse of Appropriations**
 - As you are aware, the government shutdown ended after 16 days. We are currently seeking feedback from officers about work they performed during the furlough. Please respond. This is an important piece to demonstrate how the Corps can be of maximal value to the Department during such a lapse. The document released via the Commissioned Corps HQ Listserve summed up all information and provided accurate data with regards to Corps officers during the lapse.
- **Communications**
 - **Commissioned Corps HQ LISTSERVE** - Make sure your email is updated in Direct Access.
- **Application Process**
 - HQ has opened the new call-to-active duty **process** for Physician Assistants and Nurse Practitioners. This is in addition to Physicians and Dentists which continually remain in 'open' status. However, we have a new electronic application system which is being tested. Candidates will be engaged before an application is provided and will likely be able to become more educated about the Corps through online learning. This DOES NOT necessarily mean that candidates will be able to go to the internet, find an application, and send it in. At this point in time, given the finite number of officers we can bring into the Corps, we are not yet accepting applications for pharmacists. As a reminder, this is not necessarily due to vacancy rates.
 - Recruitment will also reflect a more targeted effort and an increased focus on putting the best candidates in our uniform. When we do open applications for pharmacy, note that there is no shortage of pharmacy applicants to the Corps. Our goal is to capture the right type of candidate to commission into the Corps. As well, the numbers of officers commissioned will be following a model of stabilization. At this time, there is no intent for Corps growth.
 - If you have detailed questions, your Commissioned Corps liaisons, Professional Advisory Committee, and DCCPR Assignments Team should be able to provide additional information and answer your questions. It is preferred that you do not email OSG or DCCPR Director as the first line of questioning. I appreciate your consideration regarding this matter.
- **Promotions**
 - Begin your preparation for promotion year 2014. A NEW Reviewing Officer Statement (ROS) has been implemented for 2014. Although there are no major changes, be aware of the following differences:
 - Revised recommendations for promotion in a drop-down menu;
 - Text of the comments in Arial font for easier readability for board members;
 - Pillar statement at the bottom for Liaisons to complete;
 - Other minor edits to make it more user-friendly.
- **Pillars**
 - We have already released PY 2014 benchmarks that make reference to the five pillars. IF you do not currently encumber a pillar position, you will not receive those particular points for promotion. However, you can still be promoted and you will not be forced to change positions. However, you are encouraged to seek out and occupy a pillar position. As a data point, this situation does not affect many officers and if you are not in a pillar position, you would likely

have been notified already by your agency liaison. If you are not aware of the implementation regarding the benchmarks, please check with your agency liaison.

- **Billets**

- As you are aware, the level of billet/position you are in will have a significant impact with regards to promotion – if you are in a billet/position BELOW your *promotable* rank. For example, if you are up for promotion in 2014 to CDR and you are in an O-4 graded billet/position, the rate of promotion is statistically reduced a substantial amount. It is expected that when you are prepared to be promoted, you are also working at a higher level of responsibility (i.e. your billet/position).

- **Pharmacy APFT Initiative**

- You will receive an update from the pharmacy leads of this initiative. This initiative is not only supported by your PAC and CPO, but also Corps leadership as our category serves as the pilot category for this initiative. I encourage all of you to participate. We will soon be using the data collected by our pharmacy category to develop new Corps-wide policy related to the APFT. We continue to move *toward* elimination of the President's Challenge. There will be a more than adequate transition period AFTER it is developed and implemented. We do encourage the President's Challenge as an active living lifestyle.

- **OBC**

- Schedule is on CCMIS: <http://dcp.psc.gov/CCMIS/COTA/obcdates.aspx>. Please join us for the OBC Pinning and Graduation ceremonies. It is always good to see pharmacy well represented at the events.

- **Upcoming Meetings**

- ASHP Midyear – Dec 8-12, 2013 Orlando, Florida
- Next PharmPAC meeting will be held December 5th with RADM Giberson (in-person) at CMS in Baltimore. If you would like to attend in person or have any questions, please contact LT LeAnn Poole (leann.poole@cms.hhs.gov) and CAPT Pam Schweitzer (CMS lead for this meeting)

- **CPO Initiatives Update**

- Over the last 3 ½ years, the 3 CPO priorities included the following:

- 1. Advance the profession and position it to support successful health reform.**
- 2. Expand and enhance internal and external pharmacy partnerships.**
- 3. Recruit, retain and develop future pharmacists and health leaders.**

As I look back at our status and partnerships of PHS Pharmacy 'then and now', as well as the use of pharmacists relative to health reform and advancing our practice, I can see you have all made a tremendous impact. We are unified, advancing the profession, recognized as a sought after federal pharmacy lead, and improving the health of the nation. Well done thus far – so keep up the great work!

- As you know, we are role models as officers, as health professionals, but also with healthy behaviors. This month, we had a unique situation where the Acting Surgeon General and Acting DSG both ran in significant events on the same day in October. RADM Lushniak and a team of over 60 PHS officers ran in the annual Army 10-miler in Washington, DC. Categories were well represented and pharmacists did very well! On the same day, I had the privilege to do the Tough Mudder in West Virginia – a nearly 12-mile obstacle course – with a small (but dedicated) team of athletes to include 3 other pharmacists (CDR Bill Pierce, LCDR Matt Kirchoff, and LCDR Kwadwo Awuah "Kojo"). We all made it and actually did it in 30 minutes under the average time of all Mudders. So Congrats to all!
- National Clinical Pharmacy Specialist (NCPS) credential now open to ALL PHS pharmacists in all agencies. This is a very new and very impactful evolution of our NCPS process and credential. Having been a member of the original NCPS Committee in 1997, I can say that our expansion is now in full swing. For years, IHS has been acknowledging a specific level of clinical work locally and has awarded this to hundreds of pharmacists in the last 16 years. Bureau of Prisons (BOP) then joined this team through an MOU to expand into its own pharmacists. This final expansion is an important development. A sincere thank you to IHS NCPS Committee and the National Pharmacy Council (NPC) in IHS on working with me to

- expand this and offer this to all PHS Pharmacy officers. If you need to know more about this clinical recognition, please contact: CAPT Stacey Thornton at Stacey-Thornton@cherokee.org
- PHS CPO and others working with Defense Health Agency (DHA) formerly Tricare on establishing new pharmacy infrastructure for all of DOD medicine. A wonderful opportunity to showcase our experiences across the many health systems we currently serve.
 - CPO continues to participate on a very critical Departmental committee: **The Multiple Chronic Conditions Working Group (MCC)**. This is chaired by the Deputy Assistant Secretary for Health Affairs, Dr. Anand Parekh. Leadership from HRSA, CMS, CDC, IHS, OASH and other agencies are members. This should be a significant venue to contribute and raise awareness of the capacity of pharmacists as providers to improve the health of the Nation.
 - As always, please consider utilizing the PharmPAC leadership (LCDR Marisol Martinez) and the CPO's Special Assistant, LCDR Eunice Chung-Davies (eunice.chung-davies@fda.hhs.gov), for any CPO business related issues.

Summary of Actionable Items (This is why you joined the Corps...to do more):

1. Make sure your email address is updated in Direct Access!

2. Complete the APFT (only 25% of pharmacists are left to switch to the APFT! – Great job).
3. Document activities that support the 3 initiatives and feel free to share with PAC Leadership as well, any direct or indirect impact from the *Pharmacy Report to the Surgeon General* to LCDR Eunice Chung-Davies. This may include PHS work or knowledge of state-level work as well.

Thank you for all your hard work and efforts! You are transforming our category and the profession!

- **Question:** What is the CPO selection process?
 - Each agency advances candidate(s) from their own boarding and selection process. These candidates are evaluated by an objective review board, which includes members of their own category, other categories, and an admiral from another category. The review board submits a list of five rank-ordered candidates to the Deputy Surgeon General (DSG), who interviews these candidates and further narrows the list less than three candidates for the Surgeon General's (SG) consideration. Following the SG's interview and selection of the proposed CPO, the officer must be approved by the Assistant Secretary for Health (ASH) and the Secretary of Health and Human Services. The entire process takes approximately five to six months.
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Recruitment Section Update

CDR Selena Ready (ssready12@gmail.com)

LCDR Anne Marie Bott (ambott@anthc.org)

LCDR Brittany Keener (blkeener@anthc.org)

LCDR Kara King (kaking@anthc.org)

Section Web Address: http://www.usphs.gov/corpslinks/pharmacy/sc_recruit.aspx

Responsibilities: [Duty Station Map](#), Pharmacy's Best Kept Secret ([PBKS](#)), UPOC ([Activity Report](#), [Biannual Report](#), [Master List](#), [Newsletter](#), [Request to be a POC](#)), Recruitment Presentations ([BOP](#), [IHS](#), [PHS](#)), Vacancy Listings ([Vacancy Map](#)), [Welcome to the PHS!](#)

- We would like to thank CDR Aaron Middlekauff for his dedication and service to the PAC over the past 3 years – he will be greatly missed and difficult to replace!
 - We would like to welcome our newest members, CDR Selena Ready and LCDR Anne Marie Bott, welcome to the Recruitment Section!
 - Room Share website launched and disseminated via the listserve to serve as a resource for officers that wish to share a room to reduce expenditures at upcoming national pharmacy meetings (JFPS, AMSUS, ASHP Midyear and APhA). See: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/ashp-hotel-sharing-forum>. Thanks to LCDR Zachary Woodward (Woodward.Zac@gmail.com) for creating this site!
 - The Unit Commendation submitted for those officers who coordinated/reviewed/organized the USPHS Excellence in Public Health Pharmacy Practice Award has been submitted to the Awards Board is in final phases of approval by Awards Board. Once we receive confirmation of approval, officers will be notified via e-mail, have the award populate in their OPF as well as being briefed out on the PAC call.
 - The Unit Commendation submitted for UPOC activity between November 2008 and June 2012 has been approved by the Awards Board and will be populated into Officers OPFs soon.
 - University Points of Contact (UPOC) (LT Matt Duff for LCDR Anne Marie Bott)
 - LCDR Anne Marie Bott is the new lead for the UPOC.
 - There are currently several vacancies for university points of contacts. This is a great opportunity to get involved. Interested officers should contact LCDR Anne Marie Bott at ambott@anthc.org if they would like to serve as a UPOC. List of the schools we need UPOCs for:
 - University of Arkansas for Medical Sciences College of Pharmacy (includes Fayetteville branch campus)
 - St. Joseph College School of Pharmacy
 - University of Kansas School of Pharmacy (includes Wichita branch campus)
 - Sullivan University College of Pharmacy
 - University of Toledo College of Pharmacy
 - Texas A&M University Health Science Center Irma Lerma Rangel College of Pharmacy
 - Texas Southern University College of Pharmacy and Health Sciences
 - UPOC Roles and Responsibilities
 - Activity Reports are to be submitted to: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/upoc-activity-report>.
 - **Note:** Some facilities have a firewall that blocks this website and will require accessing from home.
 - PHS Vacancies Document Workgroup (CDR Glenna Meade)
 - The next vacancy announcement submission posting is planned for posting on (or about) 1 November 2013
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Communications Section Update

LCDR Tina Bhavsar (TBHAVSAR@CDC.GOV)

LCDR Khang Ngo (Khang.Ngo.USPHS@hotmail.com)

LCDR Jodi Tricinella (Jodi.tricinella@ihs.gov)

LCDR Rodney Waite (rcwaite@bop.gov)

Section Web Address: http://www.usphs.gov/corpslinks/pharmacy/sc_comms.aspx

Responsibilities: [Calendar of Events/Meetings](#), [Listserv](#), [Minutes](#), [PLANT](#), Public Health Awareness, Website

Special thanks to the following officers who contributed to the tremendous success of the PharmPAC Perspectives Newsletter for operational year 2012-2013

PharmPAC <i>Perspectives</i> Newsletter Contributors	
Role	Officers
Editor	CDR MaryJo Zunic , LCDR Khang Ngo LCDR Jodi Tricinella
Copy Editor	CDR Eun Jeon, CDR Sheila Ryan, LCDR Tina Bhavsar, LCDR James Dvorsky, LCDR Brian Eddy, LT Deborah Gallo, LT Chitra Mahadevan
Layout & Design	CDR Chandima Deegala, CDR Eugene Hampton Jr.
Guideline Submission Team	CDR Christina Lee , LCDR Anne Marie Bott, LCDR Stephen H. Chang, LCDR Lynette Wasson, LT James M. Haley
Section Leads	CAPT Lisa Becker, CDR Kristina Donohue, CDR Brian Eddy, CDR Sheila Ryan, CDR Jamie Shaddon, LCDR Stephen Chang, LCDR Shinta Imansjah, LCDR Melinda McLawhorn, LCDR Inna Voinich, LCDR Katherine Won, LT James Haley, LT Christopher Janik, LT Grant McElwee
508c Compliance	CDR Jerome Lee, LCDR Abiola Olagundoye, LT Chitra Mahadevan, LT Grant McElwee, LT David Stecco

Career Development Section Update

CAPT Aaron Sigler (Aaron.Sigler@fda.hhs.gov)

CDR Dean Goroski (dean.goroski@ihs.gov)

CDR Shary Jones (Shary.Jones@hhs.gov)

LCDR Troy Bernardo (tbernardo@bop.gov)

Section Web Address: http://www.usphs.gov/corpslinks/pharmacy/sc_career.aspx

Responsibilities: [Career Guidance](#), CV Template ([PDF](#), [Word](#)), [Mentoring Tools](#))

- Thanks to the leadership of CDR Jefferson Fredy and LCDR Tiffany Myers. Welcome new section members!
- CV Review: CDR Fredy (JEFFERSON.FREDY@IHS.GOV) is conducting CV reviews until 25 November 2013. Please consider at least two weeks for a response. We have received an impressive number of requests, 40 to date! Please contact the section for additional questions.
- CELTS (Continuing Education Leadership and Training Site, CDR Fredy): updates were delayed by the shutdown. The updated list was posted to the PharmPAC website on 8 November 2013, <http://www.usphs.gov/corpslinks/pharmacy/celts.aspx>
- New COER deadlines (CAPT Sigler): COERS should be with your rater and your reviewing official should receive your COER by 25 November 2013. Your completed COER should be in your ePOF by 16 December 2013.

Readiness Section Update

CDR Janelle Derbis (Janelle.derbis@fda.hhs.gov)

CDR Kenda Jefferson (kenda.jefferson@live.com)

CDR Juliette Touré (Juliette.toure@fda.hhs.gov)

LT Marie Manteuffel (marie.manteuffel@cms.hhs.gov)

Section Web Address: http://www.usphs.gov/corpslinks/pharmacy/sc_readiness.aspx

Responsibilities: [APFT Initiative](#), [Readiness Resources](#)

- Welcome to the new section members!
- The Readiness section has developed materials to assist officers with taking the APFT, please review these resources at [APFT Initiative](#).
- The PACE program began on 1 May 2013 and the Pharmacy category is currently the only category which offers certificates for officers who complete the APFT for the first time or increase their level.
- LCDRs Kishore and Kalra, co-leads of the PharmPAC PACE WG: There was a record high number of submissions for the September PACE award. Congratulations to the new PACE recipients for September:

PACE Recipients for September 2013
CDR Elaine Cunningham
LCDR Kent Bui
LCDR Reasol Agustin
LCDR DeAnne Udby
LCDR Kelly Ngan
LT Trisha McCurdy
LT Dustin Tran
LT Dien Nguyen
LT Derek Alberding
LT Quinn Bott
LT Vicky Chan
LT Mavis Darkwah
LT Rachel Washburn
LT Rovigel Gelviro
LT Sara Pak

- Reminder to all officers: next readiness check is 31 December 2013.
 - The readiness power point was sent to the PHS Pharmacists listserv on 25 October 2013 and is available on the PharmPAC readiness section webpage at (<http://www.usphs.gov/corpslinks/pharmacy/documents/BasicReadinessv1.5.pdf>) . Special thanks to LCDR Hobart Rogers and LT Jessica Fox for creating this presentation.
 - For questions about the PACE program, please contact PharmPACReadiness@fda.hhs.gov.
 - At this time, it is difficult to provide specific numbers about the number of officers who have taken the APFT for the first time based on how this data is captured. However, this is under consideration for the future.
 - Challenges with President's challenge: the President's Challenge is going away and officers should be prepared to take the APFT.
 - Please submit articles on how officers train for APFT for an upcoming issue of the PharmPAC *Perspectives* Newsletter.
-

Administration Section Update

CDR Kavita Dada (kavita.dada@fda.hhs.gov)

CDR Jinhee Lee (Jinhee.Lee@samhsa.hhs.gov)

CDR David Schatz (david.j.schatz@uscg.mil)

LT Jane McLaughlin-Middlekauff (JMcLaughlin@hrsa.gov)

Section Web Address: http://www.usphs.gov/corpslinks/pharmacy/sc_admin.aspx

Responsibilities: [Awards](#), [Charter](#), [Coins \(Order\)](#), History, [Liaisons \(Agency Liaisons, Organization Liaisons\)](#),

Legislation Monitoring, [PharmPAC Member Directory \(.docx\)](#), [PHS Pharmacists List](#), [SOP](#)

- Welcome new Administration Section Co-Leads: LT Jane McLaughlin-Middlekauff and CDR David Schatz, special thanks to CDR Tim Murray for his dedicated 3 year term of service.
 - Agency Liaisons
 - Thanks to LCDR Kellie Guedry (BOP), LCDR Tina Bhavsar(CDC), and CDR David Diwa (NIH).
 - PHARM PAC Roster: Updated roster will be posted on the Pharm PAC website shortly.
http://www.usphs.gov/corpslinks/pharmacy/sc_admin_members.aspx
 - New Professional Pharmacy Association Liaisons: Lead by CDR Robert Macky (thanks to CDR Macky for leading this group)
 - American Society of Health System Pharmacists (ASHP) Foundation– CDR Carrie Ceresa
 - American College of Clinical Pharmacy (ACCP) – CDR Jill Reid
 - American Public Health Association (APHA) – LCDR Liatte Krueger
 - Association of Military Surgeons of the U.S. (AMSUS) – CDR Thomas Addison
 - A call for volunteers for PharmPAC Agency Liaisons for existing vacancies will soon be announced.
-

PAC Chair Update/Open Forum: LCDR Marisol Martinez

(Email: marisol.martinez@dha.mil)

- Welcome and introduction to LCDR Martinez and her role at DoD.
 - Introduce new PharmPAC members. Voting membership increased to include expanded membership from OS, DHS-OS, CMS, HRSA, and CDC.
 - Welcome back CDR Fredy as new PharmPAC Chair-elect, who previously served as executive secretary and voting member.
 - Announcements – Bad Ad CME program, featuring USPHS Officers, offers a one-hour, self-paced training to help HCPs learn how to identify prescription drug promotion that may be misleading or raise other regulatory issues and report it to FDA. <http://www.sigmatech.com/BadAd/>
 - The USPHS Scientific and Training Symposium is June 10-12 Raleigh, NC. (<http://symposium.phscof.org/>);
 - The symposium will be held at the Raleigh Convection Center and the Sheraton and Marriott hotels are holding rooms at the conference rate of \$96 per night (plus tax).
 - Please visit the website, <http://symposium.phscof.org/accommodations> for additional information.
 - Category Day planning is already underway!
 - As a reminder, please take the Corps Officer Survey from CAPT DeMartino, provided via email and through the listserv on 17 November 2013. Please ensure you select the pharmacist category when completing the survey so that our category is represented. A link to the survey can be found at under the header “**Pharmacy Category Action Items: One Time Tasks**” at the beginning of these minutes.
 - One Time Tasks (Arranged by Due Date)
 - Please remember that RADM Giberson will be attending the December meeting at CMS in Baltimore. Please contact LT LeAnn Poole (leann.poole@cms.hhs.gov) and CAPT Pam Schweitzer (CMS lead for this meeting) if you interested in attending in person.
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(Email: Jefferson.fredy@ihs.gov)

- Welcome and introduction to CDR Fredy and his experience at various positions within IHS. We are especially excited about this operational year and the increase in voting members.
 - Please contact PharmPAC leadership with questions prior to contacting the Admiral.
 - OBC – currently 69th class is in session. Please attend pinning or graduation ceremonies, if you are able (15 November 2013 1030 EST Graduation, Holiday Inn Gaithersburg, MD.) For additional information on upcoming OBC events, please visit <http://ccmis.usphs.gov/ccmis/COTA/obcdates.aspx>
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Old/New Business: LCDR Marisol Martinez

- None
-

The meeting was adjourned at 1456 EST.

Next Meeting Date:

05 December 2013 from 1400 to 1530 EST

White Oak Conference Room

Bldg. 22

Room 1419

RADM Giberson will be attending in person at CMS in Baltimore: If you would like to attend in person or have any questions, please contact LT LeAnn Poole (leann.poole@cms.hhs.gov) and CAPT Pam Schweitzer (CMS lead for this meeting)

Agenda and call-in information will be distributed prior to the meeting.

Attachments

Recurring Attachments

ATTACHMENT NAME	PROVIDED? (“Yes” or “No”)	AGENCY’S PHARMPAC LIAISON
CPO Update	Yes	RADM Giberson
JOAG Liaison Report	Yes	LCDR Robert Kosko (robert.kosko@fda.hhs.gov)
AGENCY REPORTS		
BOP Liaison Report	No	LCDR Kellie Guedry (kquedry@bop.gov)
CDC Liaison Report	Yes	LCDR Tina Bhavsar (asn2@cdc.gov)
CMS Liaison Report	Yes	LCDR Jerry Zee (Jerry.Zee@cms.hhs.gov)
FDA Liaison Report	Yes	LT Sadhna Khatri (sadhna.khatri@fda.hhs.gov)
IHS Liaison Report	Yes	Indian Health Service National Pharmacy Council
NIH Liaison Report	No	CAPT David Diwa (Diwad@NIAID.NIH.GOV)
PROFESSIONAL ORGANIZATION REPORTS Coordinated by CDR Robert Macky (rmacky@bop.gov)		
AMCP	Yes	LCDR Shannon Hill (shannon.hill@fda.hhs.gov)
AAHIVM	Yes	CDR Robert Macky (rmacky@bop.gov)
AACP	Yes	CDR Louis Flowers (Louis.flowers@fda.gov)
ACCP	No	CDR Jill Reid (jillr@searhc.org)
AMSUS	No	CDR Thomas Addison (thomas.addison@ihs.gov)
APhA	Yes	LCDR Khang Ngo (khang.ngo.usphs@hotmail.com), LCDR James Dvorsky (james.dvorsky@fda.hhs.gov)
APHA	No	LCDR Liatte Krueger (Liatte.Krueger@fda.hhs.gov)
ASCP	No	CDR Wil Darwin (wil.darwinjr@ihs.gov)
ASHP	No	CDR Randy Seys (rseys@bop.gov)
ASHP Foundation	No	CDR Carrie Ceresa (Carrie.Ceresa@fda.hhs.gov),
COA	Yes	LCDR Alexis Beyer (abeyer@hrsa.gov)

Disclaimer: Original versions of the reports listed in the previous table were provided via email to the PHS Pharmacists Listserv by the PharmPAC Executive Secretary following the monthly PharmPAC meeting.

In addition, these reports have been merged at the end of the monthly minutes for reference and appear on the following pages. However, due to differences in file and version types and the need to minimize the size of the minutes to allow for posting to the website, you may notice a loss in formatting from some of the original reports.

If you would like another copy of the original attachment, then please contact the PharmPAC Executive Secretary.

Special Attachments

- None



U.S. Public Health Service
Pharmacist Professional Advisory Committee
Chief Professional Officer, Pharmacy Update

November 2013

PAC Leadership

- Recognition of **outgoing PharmPAC Leadership CDR Mike Crockett** and members rotating off PharmPAC. JOB WELL DONE!
- New leadership: LCDR Marisol Martinez (Chair) and CDR Jeff Fredy (Chair elect)
- On another note, please begin to develop leadership redundancy immediately. This is an excellent opportunity (to be involved in a PAC) and to work with senior leaders across the Corps. It is the expectation that all PharmPAC members would seek additional and progressive responsibility as PAC leadership next year.

Follow –Up: Lapse of Appropriations

- As you are aware, government shutdown ended after 16 days. We are currently seeking feedback from officers about work they performed during the furlough. Please respond. This is an important piece to demonstrate how the Corps can be of maximal value to the Department during such a lapse. The document release via the Commissioned Corps HQ Listserve summed up all information and provided accurate data with regards to Corps officers during a lapse.

Communications

- **Commissioned Corps HQ LISTSERVE** - Make sure your email is updated in Direct Access.

Application Process

- HQ has opened the new call-to-active duty **process** for Physician Assistants and Nurse Practitioners. This is in addition to Physicians and Dentists which continually remain in 'open' status. However, we have a new electronic application system being tested. Candidates will be engaged before an application is provided and will likely be able to become more educated about the Corps through online learning. This DOES NOT necessarily mean that candidates will be able to go to the internet, find an application and send it in. At this point in time, given the finite number of officers we can bring into the Corps, we are not yet accepting applications for pharmacists. As a reminder, this is not necessarily due to vacancy rates.
- Recruitment will also reflect a more targeted effort and an increased focus on putting the best candidates in our uniform. When we do open applications for pharmacy, note that there is no shortage of pharmacy applicants to the Corps. Our goal is to capture the right type of candidate to commission into the Corps. As well, the numbers of officers commissioned will be following a model of stabilization. At this time, there is no intent for Corps growth.
- If you have detailed questions, your Commissioned Corps liaisons, Professional Advisory Committee, and DCCPR Assignments Team should be able to provide additional information and answer your questions. It is preferred that you do not email OSG or DCCPR Director as the first line of questioning. I appreciate your consideration on this.

Promotions

- Begin your preparation for promotion year 2014. A NEW Reviewing Officer Statement (ROS) has been implemented for 2014. Although there are no major changes, be aware of the differences:
 - Revised recommendations for promotion in a drop-down menu;

- Text of the comments in Arial font for easier readability for board members;
- Pillar statement at the bottom for Liaisons to complete;
- Other minor edits to make it more user-friendly.

Pillars

- We have already released PY 2014 benchmarks that make reference to the 5 pillars. If you do not currently encumber a pillar position, you will not receive those particular points for promotion. However, you can still be promoted and you will not be forced to change positions. However, you are encouraged to seek out and occupy a pillar position. As a data point, this situation does not affect many officers and if you are not in a pillar position, you would likely have been notified already by your agency liaison. If you are not aware of the implementation regarding the benchmarks, please check with your agency liaison.

Billets

- As you are aware, the level of billet/position you are in will have a significant impact with regards to promotion – if you are in a billet/position BELOW your *promotable* rank. For example, if you are up for promotion in 2014 to CDR and you are in an O-4 graded billet/position, the rate of promotion is statistically reduced a substantial amount. It is expected that when you are prepared to be promoted, you are also working at a higher level of responsibility (i.e. your billet/position).

Pharmacy APFT Initiative

- You will receive an update from the pharmacy leads of this initiative. This initiative is not only supported by your PAC and CPO, but also Corps leadership as our category serves as the pilot category for this initiative. I encourage all of you to participate. We will soon be using the data collected by our pharmacy category to develop new Corps-wide policy related to the APFT. We continue to move *toward* elimination of the President’s Challenge. There will be a more than adequate transition period AFTER it is developed and implemented. We do encourage the President’s Challenge as an active living lifestyle.

OBC

- Schedule is on CCMIS: <http://dcp.psc.gov/CCMIS/COTA/obcdates.aspx>. Please join us for the OBC Pinning and Graduation ceremonies. It is always good to see pharmacy well represented at the events.

Upcoming Meetings

- ASHP Midyear – Dec 8-12, 2013 Orlando, Florida
- Next PharmPAC meeting will be held December 5th with RADM Giberson (in-person) at CMS in Baltimore. If you would like to attend in person or have any questions, please contact LT LeAnn Poole (leann.poole@cms.hhs.gov) and CAPT Pam Schweitzer (CMS lead for this meeting)

CPO Initiatives Update

- Over the last 3 ½ years, the 3 CPO priorities included the following:
 1. **Advance the profession and position it to support successful health reform.**
 2. **Expand and enhance internal and external pharmacy partnerships.**
 3. **Recruit, retain and develop future pharmacists and health leaders.**

As I look back at our status and partnerships of PHS Pharmacy ‘then and now’, as well as the use of pharmacists relative to health reform and advancing our practice, I can see you have all made a tremendous impact. We are unified, advancing the profession, recognized as a sought after federal

pharmacy lead, and improving the health of the nation. Well done thus far – so keep up the great work!

- As you know, we are role models as officers, as health professionals, but also with healthy behaviors. This month, we had a unique situation where the Acting Surgeon General and Acting DSG both ran in significant events on the same day in October. RADM Lushniak and a team of over 60 PHS officers ran in the annual Army 10-miler in Washington D.C. Categories were well represented and pharmacists did very well! On the same day, I had the privilege to do the Tough Mudder in West Virginia – a nearly 12-mile obstacle course – with a small (but dedicated) team of athletes to include 3 other pharmacists (CDR Bill Pierce, LCDR Matt Kirchoff, and LCDR Kwadwo Awuah “Kojo”). We all made it and actually did it in 30 minutes under the average time of all Mudders. So Congrats to all!
- National Clinical Pharmacy Specialist (NCPS) credential now open to ALL PHS pharmacists in all agencies. This is a very new and very impactful evolution of our NCPS process and credential. Having been a member of the original NCPS Committee in 1997, I can say that our expansion is now in full swing. For years, IHS has been acknowledging a specific level of clinical work locally and has awarded this to hundreds of pharmacists in the last 16 years. Bureau of Prisons (BOP) then joined this team through an MOU to expand into its own pharmacists. This final expansion is an important development. A sincere thank you to IHS NCPS Committee and the National Pharmacy Council (NPC) in IHS on working with me to expand this and offer this to all PHS Pharmacy officers. If you need to know more about this clinical recognition, please contact: CAPT Stacey Thornton at Stacey-Thornton@cherokee.org
- PHS CPO and others working with Defense Health Agency (DHA) formerly Tricare on establishing new pharmacy infrastructure for all of DOD medicine. A wonderful opportunity to showcase our experiences across the many health systems we currently serve.
- CPO continues to participate on a very critical Departmental committee: **The Multiple Chronic Conditions Working Group (MCC)**. This is chaired by the Deputy Assistant Secretary for Health Affairs, Dr. Anand Parekh. Leadership from HRSA, CMS, CDC, IHS, OASH and other agencies are members. This should be a significant venue to contribute and raise awareness of the capacity of pharmacists as providers to improve the health of the Nation.
- As always, please consider utilizing the PharmPAC leadership (LCDR Marisol Martinez) and the CPO’s Special Assistant, LCDR Eunice Chung-Davies (eunice.chung-davies@fda.hhs.gov), for any CPO business related issues.

Summary of Actionable Items (This is why you joined the Corps...to do more):

1. **Make sure your email address is updated in Direct Access!**
2. Complete the APFT (only 25% of pharmacists are left to switch to the APFT! – Great job).
3. Document activities that support the 3 initiatives and feel free to share with PAC Leadership. As well, any direct or indirect impact from the *Pharmacy Report to the Surgeon General* to LCDR Eunice Chung-Davies. This may include PHS work or knowledge of state-level work as well.

Thank you for all your hard work and efforts! You are transforming our category and the profession!

RADM Giberson

JUNIOR OFFICER ADVISORY GROUP (JOAG)
UNITED STATES PUBLIC HEALTH SERVICE



DATE: November 5, 2013
TO: Pharmacist Professional Advisory Committee
FROM: LCDR Robert Kosko
SUBJECT: JOAG Liaison Report – INFORMATION

- The First Lady of the United States of America, Michelle Obama, has challenged Americans to promote physical fitness and good nutrition habits in our youth. As officers in the U.S. Public Health Service, it is important that we serve as leaders in our communities to respond to this challenge. The Officer Health and Wellness Promotion Subcommittee (OHWPS) of the Public Health and Community Service Committee would like to announce a very exciting opportunity for JOAG officers across the country to participate in the national *Let's Move!* campaign. On behalf of JOAG, the OHWPS has created a *Let's Move!* volunteer program, which offers JOAG members the chance to lead projects that promote the ideals of *Let's Move!* in their very own hometowns.

The purpose of the JOAG *Let's Move!* program is to encourage and support Commissioned Corps Officers in their pursuit of actively promoting health and wellness within their communities by leading activities that accomplish one or more of the following *Let's Move!* Campaign objectives: 1) Creating a healthy start for children, 2) Empowering parents and caregivers, 3) Providing healthy food in schools, 4) Improving access to healthy affordable foods, and 5) Increasing physical activity and encouraging healthy eating choices.

JOAG officers in all duty locations have the ability to participate, promote, and enhance this important program. Currently there is one pre-approved activity highlighting the *My Plate* (<http://www.choosemyplate.gov/>) principles that officers can implement at a school, daycare, church, or other venue, at a time that is most convenient to them. Officers also have an opportunity to create their own activities in line with the *Let's Move!* Campaign objectives, which can then be submitted for approval and used by other officers. Leading or participating in a program activity will result in a Letter of Appreciation from JOAG for your eOPF.

If you are interested in participating in the *My Plate* activity or if you would like to create a *Let's Move!* activity, please contact the OHWPS co-leads LCDR Kelly Ngan (kelly.ngan@fda.hhs.gov) or LCDR Catherine Beer (catherine.beer@fda.hhs.gov).

For more information please see the following link:

JOAG *Let's Move!* website:

http://www.usphs.gov/corpslinks/JOAG/resources_letsmove.aspx

- LT Kazu Okumura will be serving as the JOAG Financial Liaison for operational year 2013-2014. He will also be the contact for all JOAG Merchandise orders from this point forward. Please find attached the updated merchandise list and order form. Questions on merchandise should be directed to Kazuhiro.okumura@fda.hhs.gov.

Please note the merchandise section of the JOAG web site has not been updated. Thank you.



JOAG Merchandise List update_Oct2013
JOAG Merchandise Order Form_Oct201

- The NIST-E (National Incident Support Team-E) has received permission to increase its roster. If you are potentially interested in serving on a Tier 1 team, please read more below and contact the team commander, CDR Jeff Krouskop at Jeffrey.Krouskop@ihs.gov.

About NIST-E

If you are not familiar with the NIST concept, we are a National level, incident command team, which assumes deployment call once every 5 months and backup call the following month. NIST team members are generally asked to fill various roles in the HHS Incident Response Coordination Team (IRCT) and work closely with non-Corps emergency response staff during responses.

The OFRD fact sheets are somewhat out of date, but give a bit more information about the NIST concept: http://ccrf.hhs.gov/ccrf/FactSheets/NIST_Fact_Sheet_FINAL.pdf

If you are interested, we are looking for officers to fulfill positions in the following areas:

Logistics Section
Operations Section
Planning Section
Admin/Finance Section

Mandatory training requirements (can complete after joining the team):

- Online courses-- ICS 100, 200, 700, 800, 806, 808
- Online moderated course—IRCT Basic Course
- Classroom-based courses—ICS 300 (intermediate ICS) and ICS 400 (advanced ICS). These are taught in various places across the country by many agencies. We can help you find a location near you to take the course (Washington DC and Atlanta-based officers will likely have the most options).

Additional courses that are section-specific are offered by DCCPR and are based on available funding. Historically, officers have had the opportunity to attend field training exercises as well as classroom-based training at the HHS backup SOC (Secretary's Operation Center) in Frederick, MD.

- Under the JOAG's Professional Development Committee, a Subcommittee has been developed partnering with HOSA: Future Health Professionals. HOSA is a national student organization promoting career opportunities in the health care industry. The primary goal of the JOAG HOSA Subcommittee is to develop a mentoring program between USPHS junior officers and HOSA members.

We are looking for several enthusiastic junior officers who would be interested in working with this group and mentoring HOSA members. Please submit a letter of interest along with your current CV to LCDR Alexis Beyer at abeyer@hrsa.gov.

NEXT JOAG MEETING: General Member Meeting: November 8, 2013; 1300 - 1500 EST.

Call-in information will be provided via JOAG listserv prior to the meeting.



CDC Report to the USPHS PharmPAC

CDC Voting Member: [LCDR Tina Bhavsar](#)

CDC Agency Liaison: [LT Jennifer Lind](#)

November, 2013 Updates

CDC's recognition of American Pharmacist Month scheduled for the week of October 21st was postponed until further notice. The 16-day furlough severely impacted the CDC/ATSDR Pharmacist Workgroup's ability to promote the event internally, as well seminars such as this would not have been given due priority, since this event was scheduled during the week that followed reopening of the Federal Government. More details will be provided when available.

[Health Alert Network \(HAN\) 356](#), October 8, 2013, CDC reported that a number of previously healthy individuals developed acute hepatitis and sudden liver failure of unknown cause after using a dietary supplement for weight loss or muscle building. CDC recommends increased vigilance by public health agencies, emergency departments, and healthcare providers for patients who develop acute hepatitis or liver failure following use of a weight loss or muscle building nutritional supplement. CDC requests that state health departments report such occurrences to the CDC. CDC also recommends that, as part of a comprehensive evaluation, clinicians evaluating patients with acute hepatitis should ask about consumption of dietary supplements.

[Upcoming CDC Grand Rounds: Antibiotic Use](#). Mark your calendars for Tuesday, November 19, at 1 p.m. - 2 p.m., EDT. Description for topic will be available soon.

[MMWR: Progress Toward Global Eradication of Dracunculiasis — January 2012–June 2013](#)

_ October 25, 2013 / Vol. 62 / No. 42. The number of cases of dracunculiasis (Guinea worm disease) worldwide has plummeted from an estimated 3.5 million in 1986 to 542 cases in 2012. This year fewer than 150 cases are expected in the only four countries where dracunculiasis remains endemic. This report updates published and unpublished surveillance data reported by ministries of health and describes the prevention efforts that have resulted in the near eradication of this disease.

[MMWR: Provisional CDC Guidelines for the Use and Safety Monitoring of Bedaquiline Fumarate \(Sirturo\) for the Treatment of Multidrug-Resistant Tuberculosis](#)

_ October 25, 2013 / Vol. 62 / No. RR-9. The Food and Drug Administration (FDA) has approved use of bedaquiline fumarate (Sirturo or bedaquiline) for treatment of multidrug-resistant tuberculosis (MDR TB) in certain persons under the provisions of the accelerated approval regulations for "Serious or Life-Threatening Illnesses." This report provides provisional CDC guidance for the use and safety monitoring of bedaquiline in persons who receive a diagnosis of MDR TB. These guidelines are intended for health-care professionals who might use bedaquiline for the treatment of MDR TB.

[MMWR: Surveillance of Influenza Vaccination Coverage — United States, 2007–08 Through 2011–12 Influenza Seasons](#)

_ October 25, 2013 / Vol. 62 / No. SS-4. CDC uses multiple data sources to obtain estimates of vaccination coverage and related data that can guide program and policy decisions to improve coverage. These data sources

include the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), the National Flu Survey (NFS), the National Immunization Survey (NIS), the Immunization Information Systems (IIS) eight sentinel sites, Internet panel surveys of health-care personnel and pregnant women, and the Pregnancy Risk Assessment and Monitoring System (PRAMS). During the 2011–12 season, influenza vaccination coverage varied by state, age group, and selected populations (e.g., health-care personnel and pregnant women), with coverage estimates well below the Healthy People 2020 goal of 70% for children aged 6 months–17 years, 70% for adults aged ≥ 18 years, and 90% for HCP. Continued efforts are needed to encourage health-care providers to offer influenza vaccination and to promote public health education efforts among various populations to improve vaccination coverage.



September 12, 2013

Dear Colleague:

You are cordially invited to attend the Health Insurance Marketplace Conference for Asian American and Pacific Islanders (AAPI). The New York Region's White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) Regional Interagency Workgroup is in support of this event. Since Open Enrollment for the Marketplace will begin on October 1, 2013, it is important that your community-based organizations and advocacy groups are prepared and ready to discuss the benefits available to the Asian American and Pacific Islanders community.

Nearly 1 in 5 Asian Americans and Pacific Islanders do not have health insurance. Access to quality, affordable coverage is critically important to the AAPI individual and families, and now, it will be more accessible than ever through the Affordable Care Act and the new Insurance Marketplace.

Please use the following to register for the event: <https://aapinj.eventbrite.com> by Friday, October 11, 2013. This event is free and registration is required.

Date: Thursday, October 31, 2013

Time: 8:45 a.m. to 1:30 p.m. (Registration begins at 8:00 a.m.)

Place: 1001 Fire Academy Drive
Sayreville, New Jersey 08872

Directions available at: <http://www.co.middlesex.nj.us/fireacademy/directions.asp>

Please specify whether any special accommodations will be needed. Confirmation of registration will be sent via email directly to the participant.

If you have any questions, please contact Mr. Thomas Bane at 212 616 2427.

Sincerely,

Reginald Slaten

Michelle S Davis

Reginald G. Slaten
Associate Regional Administrator
Division of Medicare Health Plans Operations

Michelle S. Davis
Regional Health Administrator
Department of Health and Human Services



FDA Agency Report -November 2013

Submitted by: LT Sadhna Khatri

Here is a summary of recent product safety, product approvals and announcements to keep you informed about FDA issues. A brief summary of each issue and a web link to detailed information on the FDA website is included.

PRODUCT SAFETY:

Specialty Medicine Compounding Pharmacy Certain Unexpired Compounded Sterile Products: Recall - Particulate Matter Found in Vials Oct. 21, 2013

Specialty Medicine Compounding Pharmacy is voluntarily recalling all lots of certain unexpired human and veterinary sterile products to the consumer level due to particulate matter found in vials of a compounded dextrose injection product dispensed to a local hospital. [More information](#)

Hospira brand Lidocaine and Marcaine: Recall - Presence Of Particulate. Oct. 21, 2013.

Hospira announced a voluntary nationwide recall to the user level for one lot of 0.25% Marcaine (Bupivacaine HCl Injection, USP), 75 mg/30 mL, Single-dose Vial – Preservative Free (NDC 0409-1559-30), Lot 25-220-DD. [More information](#)

Albuterol Sulfate Inhalation Solution, 0.083 percent (Nephron Pharmaceuticals): Recall - Aseptic Processing Simulation Results. Oct. 17, 2013.

Nephron Pharmaceuticals initiated a voluntary recall, at the retail level, of ten lots of product due to results from an internal monitoring process. [More information](#)

Cefepime For Injection, USP And Dextrose Injection, USP By B. Braun Medical Inc.: Recall - Visible Particulate Matter. Oct. 15, 2013.

B. Braun Medical Inc. is voluntarily recalling one lot of 1g Cefepime for Injection USP and Dextrose Injection USP (Lot H3A744, catalog 3193-11) to the consumer level. [More information](#)

Iclusig (Ponatinib): Increased Reports Of Serious Blood Clots In Arteries And Veins. Oct. 11, 2013.

FDA is investigating an increasing frequency of reports of serious and life-threatening blood clots and severe narrowing of blood vessels of patients taking the leukemia chemotherapy drug Iclusig. [More information](#)

OxyElite Pro: Health Advisory - Acute Hepatitis Illness Cases Linked To Product Use. Oct. 8, 2013

FDA, along with the Centers for Disease Control and Prevention and the Hawaii Department of Health (DOH), are investigating a growing number of reports of acute non-viral hepatitis in Hawaii. The Hawaii DOH has reported that 24 of these cases share a common link to a dietary supplement product labeled as OxyElite Pro. [More information](#)

% Lidocaine HCL Injection By Hospira: Recall - Presence Of Dark Particulate. Oct. 4, 2013

Hospira, Inc. announced it has initiated a voluntary nationwide recall of one lot of 1% Lidocaine HCl Injection, USP, 10 mg/mL, 20 mL Multiple-dose Fliptop Vial, NDC 0409-4276-01 Lot 25-090-DK (the lot number may be followed by 01 or 02). This action is due to one confirmed customer report of visible particulate, identified in the primary container, in the form of dark red/black particles. [More information](#)

Breast Health Test and Mammary Aspiration Specimen Cytology Test: Recall - Instructions For Use, Promotional Claims and FDA Clearance Concerns. Oct. 4, 2013

Atossa Genetics Inc. initiated a voluntary recall to remove the ForeCYTE Breast Health Test and the Mammary Aspiration Specimen Cytology Test (MASCT) device from the market to address FDA concerns about the current instructions for use (IFU), certain promotional claims used to market these devices, and the need for FDA clearance for certain changes made to the Nipple Aspirate Fluid specimen collection process identified in the current IFU. [More information](#)

Emergency Cricothyrotomy Kit By H&H Medical Corporation: Recall - Defective Cuff Balloon On Endotracheal Airway, Oct. 4, 2013

On August 27, 2013, H&H Medical Corporation initiated a nationwide recall of 6,619 units of the H&H Emergency Cricothyrotomy Kit. The product has been found to have the potential for a defective cuff balloon on the provided endotracheal airway. [More information](#)

Metoclopramide Injection And Ondansetron Injection by Hospira: Recall - Glass Strand Particulates Caused By Glass Supplier, Oct. 2, 2013

Hospira, Inc. announced it initiated a voluntary nationwide recall of one lot of Metoclopramide Injection, USP, 10 mg/2 mL (5 mg/mL) and two lots of Ondansetron Injection, USP, 4 mg/2 mL, (2 mg/mL). This action is due to a confirmed vial defect where glass particulate matter were identified as being affixed to the inside of the vial walls. [More information](#)

Virilis Pro, PHUK and Prolifta Capsules : Recall - Undeclared Ingredients. Oct. 1, 2013

Haute Health, LLC is voluntarily recalling all lots of Virilis Pro, PHUK and Prolifta at the retail and consumer level. They have been found to contain amounts of the PDE-5 Inhibitor sildenafil, which is an active ingredient in an FDA-approved drug for erectile dysfunction. [More information](#)

Carefusion Avea Ventilator: Recall - Underreporting Of Tidal Volume If Used In Conjunction With Neonatal Hotwire Flow Sensor. Oct. 1, 2013

CareFusion announced a voluntary recall of AVEA ventilators regarding barometric pressure sensor compensation when using the neonatal wye hot wire flow sensor. [More information](#)

Tygacil (tigecycline): Drug Safety Communication - Increased Risk of Death. Sept. 27, 2013

FDA notified health professionals and their medical care organizations of a new Boxed Warning describing an increased risk of death when intravenous Tygacil is used for FDA-approved uses as well as for non-approved uses. [More information](#)

Drug Safety Labeling Changes – Aug. 2013. Includes 34 products with revisions to Prescribing Information. [More information](#)

For more product safety information, please visit our MedWatch [website](#).

PRODUCT APPROVALS AND CLEARANCES:

FDA approves Opsumit to treat pulmonary arterial hypertension. Oct. 18, 2013

FDA approved Opsumit (macitentan), a new drug to treat adults with pulmonary arterial hypertension (PAH), a chronic, progressive and debilitating disease that can lead to death or the need for lung transplantation. [More information](#)

FDA approves new pediatric use for Liposorber Apheresis System Oct. 10, 2013

FDA approved Liposorber LA-15 System to treat pediatric patients with primary focal segmental glomerulosclerosis (FSGS) either before transplant, or after renal (kidney) transplantation in which there is recurrence of FSGS. [More information](#)

FDA approves Adempas to treat pulmonary hypertension. Oct. 8, 2013

FDA approved Adempas (riociguat) to treat adults with two forms of pulmonary hypertension. FDA reviewed Adempas under its priority review program, which provides for an expedited six-month review of drugs that may offer major advances in treatment. [More information](#)

FDA approves Perjeta for neoadjuvant breast cancer treatment Oct. 8, 2013.

FDA granted accelerated approval to Perjeta (pertuzumab) as part of a complete treatment regimen for patients with early stage breast cancer before surgery (neoadjuvant setting). Perjeta is the first FDA-approved drug for the neoadjuvant treatment of breast cancer. [More information](#)

FDA approves Clinolipid for intravenous nutrition. Oct. 3, 2013.

FDA approved Clinolipid (lipid injectable emulsion, USP) for intravenous feeding (parenteral nutrition) in adult patients, providing a source of calories and essential fatty acids for adult patients who are unable to eat or drink. Clinolipid was granted a priority review to help alleviate a drug shortage. [More information](#)

FDA approves new drug to treat major depressive disorder. Sept.30, 2013.

FDA approved Brintellix (vortioxetine) to treat adults with major depressive disorder. [More information](#)

For more information on drug approvals or to view prescribing information and patient information, please visit [Drugs@FDA](#) or [DailyMed](#)

RESOURCES:

FDA Basics Each month, different Centers and Offices at FDA will host an online session where the public can ask questions to senior FDA officials about a specific topic or just listen in to learn more about FDA. [More information](#)

FDA Voice FDA voice is the official blog from FDA's senior leadership and staff. [More information](#)

Medical Product Safety Network (Medsun) Medsun improves FDA's understanding of problems with the use of medical devices so that the FDA, healthcare facilities, clinicians, and manufacturers can better address safety concerns. The Medsun newsletter provides monthly updates about timely medical device issues that may impact patient safety. [More information](#)

CONSUMER UPDATES:

Innovations Expand Types of Seasonal Flu Vaccines. Oct. 17, 2013

Many of the projected 135-139 million doses of influenza vaccines being produced for this flu season for use in the U.S. are now available to consumers from six manufacturers licensed by the Food and Drug Administration (FDA). [More information](#)

Get the latest news and information on Twitter @FDAfood

Get the latest news and information on food, nutrition, food additives, dietary supplements, and FDA's Food Safety Modernization Act on Twitter @FDAfood. [More information](#)

Talk About Prescription Month reminder to stay safe when buying medicine online; FDA video shows you how

October is Talk about Prescriptions Month, and FDA wants you to know that medications purchased from some online pharmacies can be dangerous or even deadly. FDA is committed to protecting consumers from unlicensed “fake” online pharmacies and has developed BeSafeRx: Know Your Online Pharmacy to help. Visit the BeSafeRx Web site and watch a short video featuring FDA’s Health Fraud Coordinator Gary Coody explaining how to avoid unsafe online pharmacies. [More information](#)

Please visit Consumer Updates for [more information](#).

PharmPAC IHS Liaison Report
Indian Health Service National Pharmacy Council
November 2013

- CDR Matt Baker has been nominated to be the Pharmaceutical Prime Vendor Coordinator by CAPT Robert Hayes.
- LCDR Narcisso Soliz has been nominated to be the Inventory Management Coordinator by CDR Joe Bryant.
- Million Hearts Initiative
 - Million Hearts® is a Department of Health and Human Services initiative, co-led by Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) that is focusing the efforts of federal agencies, states, regions, communities, and individuals on an explicit goal to “prevent a million heart attacks and strokes by 2017”. The Indian Health Service spent last year in a retrospective Tobacco Cessation Data call. This year, IHS will be making aggressively works to get our system involved with the Initiative and better blood pressure control. One of our new GPRA indicators for 2014 and beyond will be focusing on better blood pressure control.
 - CDR Patten urges pharmacy to participate by taking an active role in tobacco cessation and high blood pressure GPRA measures.
- National Clinical Pharmacy Specialist Credentialing Coordinator Report – CAPT Stacy Thornton
 - NCCPS Committee 8/7/13 meeting:
 - 9 protocols reviewed
 - 24 certifications awarded
 - Discussion and approval of bylaw changes to be submitted to NPC for final approval:
 - prompted by recommendations by CPO
 - expands NCPS participation/certification to all USPHS agencies (without MOU requirements)
 - administrative changes would involve approval of bylaws and committee appointment by CPO
 - NCPSC will still serve as a reporting body to NPC for advisement and representation recommendations
- National Pharmacy and Therapeutic Committee Report – CDR Michael Lee
 - The IHS National Pharmacy and Therapeutics Committee (NPTC) held its summer meeting August 13-14, 2013 at the HHS building in Denver, CO. Representatives from eleven of the IHS Areas were in attendance for this meeting. The IHS Immunization Program Manager/CDC Public Health Advisor was involved in the meeting along with the IHS Clinical Consultant for Obstetrics and Gynecology. The Acting Director of the HIV Center of Excellence in Phoenix provided a discussion related to HIV. The DoD-PEC provided updates related to the various upcoming meeting topics and class reviews. The VA provided specific insight on how the VA formulary relates to several NPTC discussions. The NPTC continues to appreciate the relationships with experts from the field and with other government agencies. Additionally, the committee appreciated the opportunity to hold its meeting at the HHS building.
 - This meeting had discussions on a variety of topics which included: Rifampentine, novel influenza vaccines, management of angina, HIV pre and post-exposure prophylaxis and an update on 17 – hydroxyprogesterone.
 - The resulting action from the meeting was as follows:
 1. A clinical presentation over the use of rifampentine and the guidelines associated with management of tuberculosis was provided. A utilization and procurement discussion was provided with IHS specific data. Based upon these discussions, the NPTC **ADDED** rifampentine to the NCF. A formulary brief will be developed and disseminated that provides a review on its place in therapy in the management of tuberculosis.
 2. A clinical presentation was provided regarding the novel influenza vaccines for the 2013-2014 flu season. No specific modifications were made to the IHS NCF; however, the committee will collaborate with the IHS Immunization Program Manager to develop a formulary brief related to these newer influenza products.
 3. A clinical presentation, followed by IHS specific utilization and procurement data was provided for the agents used in the management of angina. The focus was on the nitrates products and ranolazine. This discussion led to two modifications of the IHS NCF. Isosorbide dinatrate was **REMOVED** from the IHS NCF. Additionally, isosorbide mononitrate was **ADDED** to the IHS NCF.
 4. A clinical discussion related to the recently revised guidelines for pre and post-exposure prophylaxis was provided by the Acting Director of the IHS Center of Excellence for HIV in Phoenix. IHS specific utilization and procurement data was also provided and discussed. The guideline modifications led to a change in the IHS NCF in which we **ADDED** raltegravir (Isentress) to the IHS NCF for post-exposure prophylaxis. Kaletra (lopinavir/ritonavir) was **REMOVED** from the IHS NCF. A formulary brief that outlines these modifications will be developed and disseminated.

5. The update to previous discussions related to the use of 17-hydroxyprogesterone was provided by the IHS Clinical Consultant for Obstetrics and Gynecology. A formulary brief will be developed and disseminated related to the use of this product in patients at risk for pre-term labor.
6. A presentation was provided by the National Supply Service Center (NSSC) regarding potential opportunities for cost-avoidance and the FY2014 Budget Forecast.

Budget Forecast

- Expect Agency to end FY2013 with \$300 million in total McKesson Drug Expenditures compared to \$330 million in FY2012 (9.1% decrease).
- Due to the quadrennial FSS contract renegotiation process, anticipate a 7.3% average increase in drug costs and total McKesson Drug expenditures for FY2014.

Potential Cost Avoidance

- **Mometasone/formoterol (Dulera)** – utilization has increased to approximately 60% market share. Increasing market share to 90% could lead to another \$3.3 million in cost-avoidance over the next 12 months.
 - **Mometasone (Asmanex)** – as Dulera utilization increases, expect formulary alignment with Asmanex to generate an additional \$500,000 in cost-avoidance during FY 2014.
 - **Atorvastatin** – Converting 90% of the current rosuvastatin (Crestor) market share to Ranbaxy generic atorvastatin on National Contract could result \$3.75 million in cost-avoidance during FY 2014.
 - **Insulin detemir (Levemir)** – 100% conversion from insulin glargine to insulin detemir could generate up to an additional \$4.6 million in annual cost-avoidance over the next 12 months.
 - **Pioglitazone (Actos)** – based on enhanced utilization of generic Actos products, expect to see \$4.5 million in cost-avoidance in FY2014 compared to FY 2013.
 - **Clopidogrel (Plavix)** – expect to see \$400,000 of additional cost-avoidance recognized in FY2014 compared to FY 2013.
 - **Tacrolimus (Prograf)** – a national contract was awarded to Astellas' Prograf, which should result in an additional \$534,000 in cost avoidance for FY2014 compared to FY2013
 - **Duloxetine (Cymbalta)** – expect generic availability in Dec 2012 with estimated cost avoidance of \$1.5 to 3.4 million during FY2014.
- Following the August meeting, the NPTC met via conference call to consider further action related to emergency contraception. THE NCF currently included that all sites should carry a “dedicated emergency contraceptive”, without specifically naming a product. In light of the June 2013 action by the FDA, the NPTC **ADDED** Plan B One-Step® as the branded product named on the NCF. This action should expand upon the availability of this treatment to our patients regardless of age.
 - The next meeting will be held via teleconference on November 14, 2013. The anticipated agenda topics will include an update discussion for the GLP-1 analog agents used in the management of diabetes.
 - Membership is going through some transitions and will be addressed at the next meeting.
- **Pharmaceutical Prime Vendor Coordinator Report** – CDR Matthew Baker
 - With the forthcoming FSS price resets, NSSC anticipates a 7.3% increase in cost for the upcoming year.
 - The McKesson quarterly review happened and there are no changes at this time.
 - Influenza ordering will start sometime in either December or January. It depends on when the VA solicitation goes out.
 - NSSC will send out order requests as soon as they can. At this time, it is unknown what products will be offered.
 - It is not too soon to start preparing for placing influenza orders.
 - **Pharmacy PSG (Professional Specialty Group) Committee Report** – CDR Cornelius Dial
 - The PSG is working on Charter changes and requests approval from the NPC.
 - Membership will consist of pharmacists from I/T/U organizations and will ensure Tribal representation. In addition to the membership from each Area there will be one at large Urban program representative.
 - The charter will also reflect changes to unexcused absences and excused absences.
 - Charter changes approved by NPC.
 - September 2013
 - Pharmacy POS TAG Meeting
 - POS programmer and TAG group are working on the following CMS 2014 requirements
 - Requirements for Coding Patient Residence and Pharmacy Service Type on Claims Transactions
 - In October 2012, CMS issued guidance requiring sponsors to report Patient Residence and Pharmacy Service values on PDE records submitted February 28, 2013 or later. The guidance permits retail pharmacies to default to a Patient Residence of 1 (Home) and a Pharmacy Service Type of 1 (Community/Retail Pharmacy Services) on the claim transaction or leave these fields blank. If the retail pharmacy fails to include a Patient Residence and/or Pharmacy Service Type on the claim, the Part D

sponsor may accept the transaction and report the default values (Patient Residence of 0 (Not specified) and Pharmacy Service Type of 99 (Other)) on the PDE.

Since issuance of the guidance, CMS has engaged in consultation with the industry through NCPDP regarding the requirements for 2014. The following requirements are based on the industry recommendations.

Beginning in 2014, CMS will require that sponsors report valid Patient Residence and Pharmacy Service Type values on all PDEs. Valid Patient Residence codes at this time include:

- 0- Not specified, other patient residence not identified below;
- 1- Home;
- 3- Nursing Facility
- 4- Assisted Living Facility
- 6- Group Home
- 9- Intermediate Care Facility/Mentally Retarded; and
- 11- Hospice

Retail pharmacies and mail order pharmacies must include a valid Patient Residence code on all Part D claims transactions; however if the patient residence is unknown, these pharmacies may default to a Patient Residence of 1 (Home). We expect that LTC pharmacies, home infusion pharmacies and specialty pharmacies, since they deliver to the patient residence, will know with precision the patient residence and, thus this information will be appropriately reported on PDEs associated with claims from these providers.

- Pharmacy PSG Meeting
 - PSG Charter Revision
 - The committee will consist of twelve (12) Indian Health pharmacists with one representing each Area of the Indian Health Service. There will also be an alternate for each Area representative. Membership will consist of pharmacists from I/T/U organizations and will ensure Tribal representation. In addition to the membership from each Area there will be one at large representative.
- CDR Michael Lee announced the State of California state legislation which was effective October 1st, 2013. It recognizes pharmacists as healthcare providers and now gives pharmacists the authority to provide healthcare.
 - He also mentioned the state of Washington is trying to obtain a formal ruling on pharmacists being recognized as healthcare providers. Right now there is an informal ruling stating pharmacists are healthcare providers.
 - This is good news for the profession of pharmacy and hopefully this trend will continue.

Academy of Managed Care Pharmacy (AMCP) **Liaison Officer's Report by LCDR Shannon Hill**

Website: www.amcp.org/home

AMCP Professional Practice:

The AMCP is a professional association of Pharmacists, which emphasizes the use of managed care in pharmacy practice. AMCP's mission is to empower members to serve society by providing opportunities for continued professional growth through advancing individual and collective knowledge. Provision of the best available pharmaceutical care is their simple goal.

AMCP Public Policy:

NTR

Organization contact(s):

Mary Jo Carden, RPh, JD
100 North Pitt Street, Suite 400
Alexandria, VA 22314
703.684.2603

Date:

November 2013

Announcements:

Call for Speakers for AMCP's 26th Annual Meeting & Expo in Tampa, Florida on April 1-4, 2014.

News:

Speakers at the AMCP Nexus Conference last month offered talks on engaging topics. Some of the highlights: Health costs have dropped since '03 (Speaker: Dr. Goldsmith) and Genomic screening will someday be universal and free (Speaker: Dr. Butte).

American Academy of HIV Medicine (AAHIVM)

Liaison Officer's Report by CDR Robert Macky

Website: <http://www.aahivm.org/>

AAHIVM Professional Practice:

The American Academy of HIV Medicine is an independent organization of AAHIVM HIV Specialists and others dedicated to promoting excellence in HIV/AIDS care. Through advocacy and education, the Academy is committed to supporting health care providers in HIV medicine and to ensuring better care for those living with AIDS and HIV disease.

AAHIVM Public Policy:

The American Academy of HIV Medicine is an independent organization of AAHIVM HIV Specialists and others dedicated to promoting excellence in HIV/AIDS care. Through advocacy and education, the Academy is committed to supporting health care providers in HIV medicine and to ensuring better care for those living with AIDS and HIV disease.

Organization contact(s):

Amber McCracken Director, Communications and Marketing

Ken South Director, Credentialing

Date: 11/1/13

Announcements:

The application period for the third annual AAHIVM/Institute for Technology in Health Care HIV Practice Award is now OPEN!! This award provides the opportunity for HIV practices using innovative models of technology to apply for two \$10,000 unrestricted awards. Applications must be received by December 1st.

Learn more about the policies of the Exchanges in our State Insurance Exchange Policy page. Find detailed information about the Qualified Health Plans, such as Plan Premiums and Pricing, and the Tax Credits available to patients purchasing these plans.

HIV Management 2014: THE NEW YORK COURSE, in its 12th year, is scheduled for May 8-9, 2014 at The Hudson Theatre @ Millennium Broadway in New York, NY.

HEPATITIS C MANAGEMENT: STATE OF THE ART, in its 3rd year, being held May 9-10 at the same location.

News:

On Tuesday, the House of Representatives passed the HIV Organ Policy Equity (HOPE) Act. The bill now heads to the White House, for President Obama to sign it into law. The HOPE Act lifts the ban on research with HIV-positive organs, and directs the Department of Health and Human Services and the Organ Procurement Transplant Network (OPTN) to research and develop standards for HIV-positive organ transplantation that ensure that "positive-to-positive transplantation" does not impact the safety of the organ transplantation network.

American Association of Colleges of Pharmacy (AACP)

Liaison Officer's Report by CDR Louis Flowers

Website: www.aacp.org

AACP Professional Practice:

Founded in 1900, the American Association of Colleges of Pharmacy (AACP) is the national organization representing pharmacy education in the United States.

The mission of AACP is to lead and partner with our members in advancing pharmacy education, research, scholarship, practice and service to improve societal health.

AACP is comprised of all accredited colleges and schools with pharmacy degree programs accredited by the Accreditation Council for Pharmacy Education, including more than 6,400 faculties, 60,000 students enrolled in professional programs and 5,100 individuals pursuing graduate study.

AACP Public Policy:

AACP conducts a wide variety of programs and activities in cooperation with a number of other national health and higher education associations in the Washington, D.C. area. Many Association activities are concerned with higher education issues. Some relate only to concerns of the profession while others relate to the broad community of all health professions

Organization contact(s):

Luinda L. Maine, Ph.D., R.Ph.
Executive Vice President & CEO
lmaine@aacp.org

Date: October 25, 2013

Announcements:

2013 CAPE Educational Outcomes were released at the AACP July 2013 Annual meeting

The Center for the Advancement of Pharmacy Education (CAPE) has released [the CAPE](#)

[Educational Outcomes 2013](#). Visit the CAPE Web page for more information

<http://www.aacp.org/resources/education/cape/Pages/default.aspx>

American Pharmacist Association (APhA)
Liaison Officer's Report by LCDR Khang D. Ngo
and LCDR James S. Dvorsky

Website: www.pharmacist.com

APhA Professional Practice:

Founded in 1852, APhA is the largest association of pharmacists in the United States, with more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians as members. APhA is the organization whose members are recognized in society as essential in all patient care settings for optimal medication use that improves health, wellness, and quality of life.

APhA Public Policy:

To empower its members to improve medication use and advance patient care by:

- Providing timely and accurate information that is vital to our members.
- Raising societal awareness about the role of pharmacists as essential in patient care for optimal medication use.
- Providing state-of-the art resources to enhance our members' continuing professional development.
- Educating and influencing legislators, policy makers, regulators, and the public to advance our vision and mission.
- Creating unique opportunities for our members to connect and share with their peers across practice settings.

Organization contact:

Stacia Spridgen, PharmD, Director, Federal Pharmacy Program

sspridgen@aphanet.org

Date: November 2013

Announcements:

- Although Joint Forces Pharmacy Seminar 2013 was cancelled due to government shutdown and restrictions, APhA felt the recipients of the Service-specific awards should be recognized for their contributions to the profession, patient care, and practice sites. Recipients from the Army, Navy, Air Force, and Coast Guard were recognized for the many contributions and tremendous work done by the Department of Defense and Coast Guard pharmacy communities. The award program is to show appreciation for the extraordinary efforts and daily tasks performed each day by the award recipients in support of this great nation in providing world class health care to Uniformed Service members and their families. We congratulate one of our very own PHS Officers, LT Christopher Janik, who received the Coast Guard 2013 Pharmacist of the Year Award.
- On Monday, November 11, 2013, APhA will hold its annual Veterans Day Ceremony to recognize and honor APhA staff and federal family who are veterans and those who serve our country today in the Armed Services.

News:

HHS Draft Plans

HHS's Strategic Plan 2014-2018

- Most recently, APhA submitted comments on October 15 on HHS's draft Strategic Plan for 2014–2018. The Association first explained the role of the pharmacist and supported the goals of the strategic plan.
- APhA argued for provider status: “In order for pharmacists to fully realize their potential to improve patient care and outcomes and for HHS to achieve the objectives outlined in its Strategic Plan, certain barriers, including reimbursement issues and resource allocation, must be addressed.” APhA continued that the lack of federal provider status is often cited by state and private health plans as their reason for not covering beneficiaries or compensating pharmacists for their patient care services, as well as resulting in barriers to optimizing those services in emerging integrated care delivery models such as patient-centered medical homes or accountable care organizations.

HHS's National Action Plan for ADE Prevention

- On October 4, APhA submitted comments on HHS's draft National Action Plan for ADE Prevention. APhA supported the action plan, which focused on preventing ADEs related to three drug classes, namely anticoagulants, diabetes agents, and opioids.
- APhA was particularly pleased that the action plan included patient-centered, coordinated care and medication reconciliation, but was concerned that pharmacists' services could be better used in several areas. The Association referred to the lack of federal provider status and supported alignment of incentives to further the goals of the action plan, including appropriate reimbursement for all pharmacists and other providers.
- APhA recommended that HIT integration be included in strategies for the three drug classes and that pharmacists, as integral members of the health care team, have read/write access to electronic health records.

Nondiscrimination

- On September 30, APhA submitted comments to HHS regarding nondiscrimination in health care settings. “Pharmacists are committed to providing high-quality care to all patients, regardless of age, race, color, national origin, gender, or disability,” the Association wrote.
- APhA commented specifically on the costs and challenges of language translation services, the need for translations of patient educational material such as those for Risk Evaluation and Mitigation Strategy programs to occur at a level higher than the practitioner or pharmacist level, and the need for providers' rights in patient translations that involve contraception and emergency contraception.

October 2013, Pharmacists Month

- Pharmacists, health professionals, APhA staff, and others across the country celebrated American Pharmacists Month (APhM) in October with health fairs, a pharmacist “tweet-a-thon”, and other events featuring the theme Know Your Pharmacist—Know Your Medicine.
- The APhA Foundation sponsored Pharmacists Care, a campaign to honor the invaluable difference pharmacists make as members of the health care team. During the week of

October 21, almost 600 markers were prominently displayed on the front lawn of APhA's headquarters building on the National Mall. Donors from 42 states participated, representing a diverse group of pharmacists, including individuals, schools and colleges of pharmacy, state pharmacy associations, and community pharmacies. The event kicked off with a visit by Acting U.S. Surgeon General RADM Boris D. Lushniak, MD, MPH, U.S. Public Health Service (USPHS) and Acting U.S. Deputy Surgeon General RADM Scott Giberson, BSPharm, PhC, NCPS-PP, MPH, USPHS.

Compounding Bill

- APhA has announced it supports the Drug Quality and Security Act (H.R. 3204). While APhA does have some concerns with the proposed legislation, the Association believes it would protect the public from harm while maintaining access for consumers to important and often life-saving compounded preparations. The Bill passed the House on September 28, and is expected to be taken up by Senate in the coming weeks.
- “We appreciate that the legislation provides a clear delineation between compounders engaged in traditional pharmacy practice from those making large volumes of compounded drugs without individual prescriptions,” APhA wrote. “Our members were concerned about being forced to register with the FDA and this legislation would allow traditional pharmacies to continue to be regulated by state boards of pharmacy while creating outsourcing facilities that would be subject to FDA oversight.”
- Under the proposed legislation, compounders engaged in traditional pharmacy practice would be distinguished from those making large volumes of compounded drugs without individual prescriptions. Traditional pharmacies would continue to be primarily regulated by state boards of pharmacy. But compounders who wish to practice outside the scope of traditional pharmacy practice could register as outsourcing facilities that would be subject to FDA oversight in much the same way as traditional manufacturers, according to the Senate HELP Committee.
- The reactions of the national pharmacy groups have varied. The International Academy of Compounding Pharmacists is opposed to the bill. Among the other groups supporting the proposed legislation are the American Society of Health-System Pharmacists, National Community Pharmacists Association, and National Association of Chain Drug Stores.

APhA-APPM Special Interest Groups

The APhA Academy of Pharmacy Practice and Management (APhA-APPM) has finalized its Special Interest Groups (SIGs) and is looking for volunteer coordinators, co-coordinators and members for each group. These groups are an open forum to network within and support the profession by addressing emerging issues. See a full list of the SIGs below and visit the website (<http://www.pharmacist.com/apha-appm>) for more information on joining.

- **Compounding SIG** - a network community within APhA-APPM where pharmacists and student pharmacists share ideas, education, and advocacy for compounding pharmacy.
- **Diabetes Management SIG** - a network for pharmacists and student pharmacists who share an interest in the area of diabetes management.
- **Immunizing Pharmacists SIG** - a network for pharmacists and student pharmacists who share an interest in the area of immunizations.

- **Medical Home/ACO SIG** - a network for practitioners, administrators and educators who share an interest regarding new models for patient care, specifically the patient-centered medical home and accountable care organizations (ACOs).
- **Medication Management SIG** – a network that provides pharmacists from different practice areas an opportunity to communicate professional interests, concerns, and prospective goals for MTM services.
- **Nuclear Pharmacy Practice SIG** – a network that serves pharmacists involved in the specialty practice of nuclear pharmacy by providing its stakeholders an avenue in which to fulfill individual professional goals and support the goals of the Academy.
- **Pain, Palliative Care and Addiction SIG** – a network that supports pharmacists and student pharmacist interns who care for individuals with acute/chronic pain and pain associated with life limiting illnesses. The SIG also focuses on associated addictions of any kind.
- **Preceptor SIG** - a network of pharmacists who share an interest in any or all aspects of precepting student pharmacists and/or pharmacy residents.
- **Transitions of Care SIG** – a network of pharmacists and pharmacy technicians working to overcome transitional challenge and enhance collaboration among pharmacists in all practice setting as they provide care to patients during transition to/from various practice settings



Commissioned Officer Association (COA) Liaison Officer's Report by LCDR Alexis Beyer

Website: <http://www.coausphs.org/>

COA Professional Practice:

The COA is dedicated to improving and protecting the public health of the United States by addressing unmet health needs and providing support for more than 7,000 members. The COA protects the interests of PHS officers, who are leaders in the realms of public and global health. One of COA's core missions is to provide its members with opportunities to enhance their public health careers through high quality educational and training *opportunities such as the U.S. Public Health Scientific and Training Symposium, held annually.*

COA Public Policy:

The COA's sole focus is to provide legislative advocacy to safeguard the welfare and future of the Commissioned Corps, and to ensure that PHS officers enjoy the same level of support, recognition, and public understanding that our sister uniformed services do for the service they provide to the American people.

The COA has directly contributed to many tangible victories and value added benefits for its members; from inclusion in the Post-9/11 G.I. Bill benefits and extension of its transferability, extension of Military Whistleblower Protection Act, inclusion in the fiscal year (FY) 2013 National Defense Authorization Act (NDAA) provision for a pilot program to provide for the treatment of autism spectrum disorders, and others.

Would you like to know what COA is working on right now? Read about COA's current [initiatives](#).

New Benefit:

MPH@GW is a Master of Public Health from the prestigious George Washington University School of Public Health and Health Services. \$500,000 was set aside for COA members to earn the completely online, accredited Master of Public Health degree from the George Washington School of Public Health and Health Services. COA members can get a \$7500 scholarship for enrolling.

Organization contact(s):

Executive Director	Mr. Jerry Farrell gfarrell@coausphs.org
Deputy Executive Director	Mr. John McElligott JMcElligott@coausphs.org
Membership Coordinator/ <i>Frontline</i> Editor	Ms. Malissa Spalding mspalding@coausphs.org
COA Board Chair	CDR Jonathan Rash Jonathan.Rash@ihs.gov

COA Immediate Past Chair	CAPT Nita Sood Nita.Sood@tma.osd.mil
COA Board Pharmacy category rep	CAPT Beth Fritsch fritschb@cdcr.fda.gov

Date: November 7, 2013

Announcements:

Save the Date!

The 2014 USPHS Scientific and Training Symposium will be held June 10-12 at the Raleigh (NC) Convention Center. The theme for the conference is "Public Health Today: Prevention, Innovation, Progress." <http://symposium.phscof.org/>

Briefing on Value of the Commissioned Corps to American Health and Security

The PHS Commissioned Officers Foundation for the Advancement of Public Health will host a public briefing on November 21 at 9:00-10:30 a.m. regarding the value of the USPHS Commissioned Corps.

Heading into its 125th anniversary, the U.S. Public Health Service Commissioned Corps is led by the Surgeon General and its officers serve as America's Health Responders. They are uniformed personnel working to protect, promote, and advance the health and safety of our Nation. Speakers will discuss what the Commissioned Corps does for the country, how officers accomplish their missions, and the future of the Corps.

Active duty officers can attend the briefing. They should seek approval from supervisors. RSVP to John McElligott at jmcelligott@coausphs.org.

PHS Commissioned Corps Pay Following the Government Shutdown

Now that Congress and the President have acted to enact a Continuing Resolution providing appropriated funding for government operations ending the government shutdown, PHS Commissioned Corps officers may be expected to be paid as follows:

1. The Compensation Branch is working diligently to get Corps officers paid on Nov 1.
2. However, any changes to pay that were requested during October (e.g., change in dependent status, additional withholdings, new board certifications, etc.) will not be processed in time for the Nov 1 payroll - officers will have to wait until Dec 1 for these changes to take effect. Entitlements that should have taken effect in October will be paid retroactively in a future payroll.
3. COA urges officers to refrain from calling the Compensation Branch with questions - any time spent answering phone calls will limit their ability to meet Nov 1 payroll.

Post 9/11 GI Bill Transferability

We all know of the huge victory for USPHS Commissioned Corps officers who serve their country with honor. Want to take advantage of this great benefit but don't know where to start? The Cincinnati COA Branch developed "Notes from the Road." Below it is guidance prepared by GI Bill experts at PHS. http://coa.spsp.net/webpage/gibill/transferability_GIBill_updated-091311.pdf

Coast Guard Taking Over Pay for PHS Retirees and Annuitant

Effective January 1, 2014, the U.S. Coast Guard Pay & Personnel Center will assume responsibility for processing pay for retired PHS officers and their surviving annuitants. The PHS Commissioned Corps Compensation Team is in the process of transferring payroll files and records to the Coast Guard in preparation for this transition. Below is a link to the PHS letter to retirees and annuitants. If you are a retiree or annuitant, read it today.

[PHS Letter to PHS Retirees and Annuitants](#)

Contact information for the Center is:

USCG Pay & Personnel Center

444 SE Quincy Street

Topeka, KA 66683-3591

Phone: (800) 772-8724 (toll-free)

Email: ppc-dg-ras@uscg.mil Web: <http://www.uscg.mil/ppc/ras/>

If you still have questions or comments after reading the PHS letter, please email compensationbranch@psc.hhs.gov.

COF Announces C. Everett Koop Living Legacy Fund

The Koop Fund honors the 13th Surgeon General and ensures his commitment to the Commissioned Corps and public health continue through the generosity of active duty and retired Corps officers and friends of public health.

The Koop Fund will support:

- Junior Commissioned Corps officer scholarships and continuing education
- Research and reports advancing public health and the Corps
- Seminar series devoted to public health topics

Invest in junior officers and activities which will help strengthen the bond between the Corps and communities you serve. All donations to the Fund are tax-deductible. For more information, visit [http:// www.phscof.org/giving/koop-fund](http://www.phscof.org/giving/koop-fund).

News:

Legislative Update: Obama to Military Retirement Reform Commission: Look at Armed v. 'Other' Uniformed Services

(Taken from the October 2013 issue of Frontline with the permission of the author, Ms. Judith Rensberger)

On the evening of Wednesday, September 11, at a marathon COA Board meeting that lasted until 9:45 p.m., COA Board members approved an updated Legislative Agenda submitted by the Board's Legislation and Benefits Committee. Barely 12 hours later, it had to be updated again. On the morning of September 12, President Obama sent to Congress a statement of his "Principles for Modernizing the Military Compensation and Retirement Systems." He was responding to mandates in the National Defense Authorization Act (NDAA) for fiscal year 2013, which established the Military Compensation and Retirement Modernization Commission. That statute also directed the President to develop principles, or instructions, to guide the Commission's review and recommendations.

The President's first instruction contains this unnerving sentence: "The military compensation and retirement systems should consider differences between service in the Armed Forces and service in other uniformed services." What? Where is this particular presidential instruction coming from? No clue. How can this possibly bode well for the PHS and NOAA? How can it aid recruitment and retention in either service? It can't. To jettison PHS and NOAA from the military's compensation and retirement system is most unlikely to yield anything better for PHS and NOAA, and virtually certain to result in something worse. Moreover, few taxpayer dollars would be saved, because those essential jobs have to be filled.

One good thing about the President's instructions is that today's active-duty personnel and retirees will not be affected by whatever recommendations the Commission makes and Congress ultimately decides to approve. The Commission's recommendations for change "must grandfather any currently serving military members and current retirees in the current military retirement systems, but may allow currently serving members and current retirees the choice to change to your proposed retirement system," the instructions say. That provision serves two purposes: to tamp down opposition and, more importantly, to keep the promises already made to active-duty and retired service members.

COA is taking the long view. In the context of retirement reform or modern-ization, as in most other contexts, separating the two smallest uniformed services from their sister services cannot be a good thing for their long-term growth, health, and very survival. COA's Legislation and Benefits Committee has created a work group to monitor the Commission's efforts and identify opportunities to provide written comments, testify at public meetings, or otherwise present the PHS case for parity – a case that must emphasize public health as an essential component of national security.

For COA, at least for now, this is a tracking operation. The idea is to anticipate and respond to questions or concerns that Commission members might have, and thereby head off any written recommendations that would disadvantage PHS and NOAA relative to the Armed Services. The COA work group is headed by CDR Michelle Colledge, and includes CDR Diana Elson, LCDR Bill Bolduc, and LCDR Tracy Pace. All are long-time members of the Legislation and Benefits Committee. In 2011, CDR Colledge chaired a work group that examined an earlier proposal to overhaul of the military retirement system, and found it wanting. It was a scheme advanced by the Defense Business Board. That proposal met widespread criticism from COA, MOAA, and most other organizations in the Military Coalition. It never advanced to serious consideration by Congress, and is now viewed as an unhelpful effort to "civilianize" military compensation and

retirement. The current modernization effort, informed by that earlier experience, may find a warmer reception. Or not. The Commission must wrap up its work by May of 2014. “While we have successfully transitioned from a conscripted force to an all-volunteer Force,” the President wrote, “sustaining this force requires responsive and prudent management, especially give the fiscal challenges we face as a Nation.”

COA Celebrates 62 Years of Supporting PHS Commissioned Corps Officers

(Taken from the October 2013 issue of Frontline)

The Commissioned Officers Association of the U.S. Public Health Service was formally incorporated on October 16, 1951. We celebrate our 62nd birthday this month! But COA is actually much older and we can trace the Association’s origins all the way back to 1912, when the need for an organization to work for the good of the Service officer became very apparent. A committee of commissioned officers was formed and acted as a sort of "cloak and dagger" group, coming out to fight special issues and going back under-ground when life went on fairly easily. In 1947, the Committee realized the need for continued work on all fronts. At that time a full time secretary was hired and the national office was established. That was the start of the Commissioned Officers Association (COA) of the United States Public Health Service as we know it today.

The 1951 Articles of Incorporation were signed by George F. Archambault, John M. McInerney, and Thomas A. Foster, who, along with Dale C. Cameron, Henry F. Canby, Fritz R. Jackson, R. Frank Heider, James K. Schaefer, and Albert H. Stevenson became the first directors of the Association. COA continues to operate under those original Articles of Incorporation today, further guided now by Bylaws adopted by the full membership and other policies approved by the Board of Directors.

In 1962, COA hired a full-time executive director and began to grow a professional staff that now numbers seven full and one part-time employee. COA also employs an outside accountant, conference planner, and legal counsel, along with IT support services. Over the last 101 years, COA’s main function has been focused and consistent – the promotion of the interests of the PHS Commissioned Corps and the Corps’ contributions to public health. The Association has established a record of accomplishments for which our members can be justifiably proud. COA has been instrumental in preserving Corps officer’s compensation and benefits on a par with other federal uniformed services, securing for PHS officers all benefits afforded to other uniformed service members under all GI Bills, and obtaining whistleblower protections for Corps officers. COA has also worked to have the Department of Health and Human Services acknowledge that Corps officers cannot be furloughed in the event of a lapse in appropriated funding to keep the government running. The Association was also a prime mover in having the Public Health Science Track enacted into law and the elimination of a numerical cap on the size of the Regular Corps.

COA was less successful in preventing the reorganization of the Commissioned Corps in 1966 or the closing of the Marine Hospitals in the 1980s – both of which actions have had a deleterious impact on the Nation’s public health that reverberates to this day. In 2000, COA spun off a new organization, the PHS Commissioned Officers Foundation for the Advancement of Public Health. The Foundation has become the principal development arm for the two organizations and

has assumed responsibility for the annual PHS Scientific and Training Symposium as well as other educational and informational programs about public health and the Commissioned Corps.

COA Stands with The Military Coalition to Demand an End to Shutdown

10/15/2013 - COA Executive Director Jerry Farrell and Deputy Executive Director John McElligott joined other leaders of The Military Coalition Tuesday morning at a press conference at the Washington, DC World War II Memorial to demand an end to the government shutdown and resolution of the debt ceiling issue. Speakers at the press event emphasized the damage to national security and the damage to those in uniform who protect national security caused by the shutdown and failure to resolve the debt ceiling. The PHS and NOAA Commissioned Corps were specifically mentioned by speakers who noted that the two smallest uniformed service were not included in the Pay Our Military Act and remain on the job without pay.

[The Military Coalition to Demand an End to Shutdown](#)