



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 05 December 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

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Pharmacy Category Action Items

One Time Tasks (Arranged by Due Date)

Due Date	Task
December 15	Deadline for article submissions for the <i>PharmPAC Perspectives</i> Newsletter <ul style="list-style-type: none"> Submission criteria have been updated. Please review new guidelines before submitting articles.
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 – December	<ul style="list-style-type: none"> The completed COER must be in the officer's eOPF by 16 December 2013. (Note: COER will be turned off 17 January 2014.)

Continuous Tasks

Task (Frequency)
Review CPO Report and complete its Action Items (Monthly)
Ensure Basic Readiness . Checks are completed quarterly as follows: <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
<i>PharmPAC Perspectives</i> Newsletter <ul style="list-style-type: none"> Review new issues (Quarterly) Volunteer to submit articles to the Communication Section (Whenever you can!)
PharmPAC Meetings/Minutes <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).
USPHS Awards (Done annually, generally in March) <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 1400 EST.

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

Dial-In # 1-866-901-3913 or 301-796-4100
Press 1, then Meeting ID – 65419#, press 1

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	Yes	LCDR Mark Iseri	
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	No	CDR Mark Miller	Yes
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	No	LT Jennifer Lind	Yes
LCDR Anne Marie Bott	Recruitment	IHS	Anchorage, AK	Yes	LT Matthew Duff	
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	
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	

Four Pharmacy students from schools across the nation joined the meeting at FDA WO and two students joined RADM Giberson at CMS in Baltimore.

CPO Update & Open Forum: RADM Scott Giberson

Opening Remarks

- Welcome to CMS. Today's meeting is being held at CMS HQ in Baltimore, MD. Many guests and students.
- CMS building its capacity and utilizing Corps officers for various roles in the Immediate Office, CMMI and various HQ and field positions. Currently 31 Corps Pharmacists at CMS: 17 in Baltimore, 2 in Bethesda, 12 in regional offices.
- CPO Term ending March 2014. Calls will go out soon to agencies to begin process of nominations.
- Encourage qualified CAPTAINS to apply.
- Vivek Murthy, MD, MBA has been nominated by the President for the Surgeon General. Prior to his nomination he worked on the National Prevention Committee and Doctors for America and will undergo a confirmation process prior to formally assuming this role. Until he is confirmed, RADMs Lushniak and Giberson will continue to perform their current roles as Acting Surgeon General and Deputy, respectively.

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. 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

- Continue 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.

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

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. Let's continue to work toward 100% of all officers doing an APFT (or obtaining a medical waiver)!
- Pharmacy CPO Leadership Summit – set for January 2014. Invitees will be highest level senior leadership from major pharmacy organizations, DOD, VA and academia
- National Association of Chain Drug Stores (NACDS) Dinner, New York, NY – Accepted "Excellence in Patient Care Award 2013". Discussions with CEOs of most large chains as well as General (Ret) Petraeus and VADM Agwunobi, former Assistant Secretary for Health. Special thanks to LCDR Eunice Chung-Davies for her assistance with this event.
- 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. Potential exists to share NCPS model with them and incorporate similar nomenclature and processes.
- 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.
- On another note, please continue 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.
- 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. Document activities that support the 3 initiatives and feel free to share with PAC Leaderships. 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.
2. Continue to know that you are unique facilitators in the entire process of health for the nation. Think "above and beyond the systems". Use your skill sets, begin new projects, and lead the transition from health care to health for all Americans

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

Questions:

- *What tips would you have for a pharmacy student who is interested in joining PHS?* While this category is not open to the public, there will be a finite number of Pharmacy Officers commissioned. Prospective candidates will participate in a new process in which they will be required to learn about the Corps prior to applying. Prospective candidates may be sent to areas of greatest need and geographic flexibility is a benefit.
 - *Can you provide some details on the Capitol Hill Briefing on the value of the USPHS?* RADMs Lushniak and Giberson were in attendance at this briefing which was organized by Jerry Farrell from COA. This was in response to the article entitled “The Curious Case of the Commissioned Corps” by the National Active and Retired Federal Employees Association. USPHS leadership worked with the author to ensure the Corps was represented appropriately.
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CAPT Mary Kremzner (Update regarding Specialty Pay Draft Policy)

- Thanks to RADM Giberson for this opportunity to serve as Co-Chair on the Compensation Policy Advisory Board.
 - This Advisory Board was convened in 2011 by DCCPR to evaluate compensation issues that affect recruitment and retention of PHS officers and compare and contrast these issues with DoD.
 - Currently focusing on the consolidated special pay policy.
 - This policy must be established in response to the National Defense Authorization Act (NDAA). This Act requested that the Uniformed Services simplify special pays and consolidate them into four types of pay over a ten year phase in period. The four types of pay include accession bonus, retention bonus, incentive pay and board certification incentive pay. We are currently merging 60 different policies to address the four categories of pay across all categories.
 - Specific to the Pharmacy category, the new policy aims to address issues such as Pharmacists with an RPh degree who are unable to receive specialty pay for BCPS certification and to incorporate new types of certifications introduced by the Board of Pharmacy Specialties (BPS).
 - The new policy will propose to automatically add new board certifications introduced by BPS without having to re-write a new policy with each new certification.
 - Currently, the draft policy is under development.
 - **Questions:**
 - *Does this policy affect the sign on bonus?* Currently our efforts are focused on consolidating the types of pays. We are not currently evaluating the applicability of specific types of pays. This effort aims to simplify special pay without eliminating specific special pays.
 - *Will the new policy address other board certifying bodies, other than BPS?* No. BPS is the only recognized accrediting body. Also, no other categories will be adding or subtracting board certifying bodies.
-

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](#)

- Update regarding liaison opportunities
 - Currently evaluating the applications submitted
-

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 \(Tools\)](#)

- CV Review:
 - 63 CVs submitted for review by 27 officers. Submission period on November 25, 2103 and all CVs have either been completed or are in process.
 - We are soliciting feedback regarding this program; please contact the Career Development Section.
 - CELTs updated on PAC webpage, please evaluate this website for educational opportunities.
 - Please submit other CE opportunities to the career development section.
-

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

- **Deadline for article submission for the Perspectives newsletter is December 15th.** Submission criteria have been updated. Please review the new guidelines before submitting articles.
 - Publication is anticipated on January 31, 2014.
 - All volunteers for Perspectives newsletter have been notified of their tasks and deadlines.
 - Thanks to the over 40 volunteers who have contributed to the newsletter this year.
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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](#)

- APFT Initiative (LCDRs Kishore and Kalra, co-leads of the PharmPAC PACE Workgroup). Congratulations to the new PACE recipients for October:

PACE Recipients for October 2013
CDR Terry Harrison
LCDR Jessica Anderson
LCDR Matthew McClung
LT Jane McLaughlin-Middlekauff
LT Marinda Thomas-LePage

- Thank you to members of the PACE Workgroup for their hard work and dedication in helping make this program a great success.
 - For questions, please contact PharmPACReadiness@fda.hhs.gov
 - We are looking for an article for the upcoming PharmPAC Perspectives newsletter regarding tips and success stories for the APFT
 - Readiness Updates and trends:
 - Most common information listed as missing for those who have met readiness standards:
 - APFT
 - BLS
 - flu shots and other immunizations
 - send to correct fax number: 301-427-3433
 - Attach a MAB coversheet. This coversheet can be found at http://ccrf.hhs.gov/ccrf/MAB_Fax_Coversheet.pdf
 - Please save your documentation
 - Basic Readiness Deadline: 31 December 2013.
 - Updated readiness resource on http://www.usphs.gov/corpslinks/pharmacy/sc_readiness.aspx
 - Per LCDR Nasser Mahmud: Officers may have received notification from OFRD regarding their readiness status. Please follow the instructions outlined in the email from OFRD to update your status.
 - **Question:** *What is the best way to solicit interest for upcoming deployments?*
 - LCDR Mahmud offered to follow-up with interested parties via email.
 - LCDR Martinez referenced recent deployment opportunity in Montana and noted that no pharmacists are needed for this deployment. In addition, please contact LCDR Martinez or CDR Fredy for additional information.
-

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!](#)

- Award review committee (members from Recruitment and Administrative Sections) will meet on December 19 to discuss the 2014 USPHS Excellence in Public Health Pharmacy Practice Award.
 - Room Share website launched and disseminated via the listserv 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 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.
 - *University Points of Contact (UPOC)* (LCDR Anne Marie Bott)
 - The UPOC Program has reviewed the list of pharmacy schools in the country and has ensured each school is represented by at least one pharmacy officer. Thank you to all officers who have volunteered for the UPOC program.
 - The UPOC Biannual Report request has been sent to all UPOC officers. Please complete the report by December 13, 2013.
 - The UPOC Fall 2013 Newsletter has been published. Please forward the newsletter to your prospective UPOC pharmacy school(s).
 - UPOC Roles and Responsibilities - any officers serving as UPOCs are expected to maintain at least two points of contact with their assigned university(s). There is also an expectation to respond back to the UPOC biannual reports ensuring each officer has accomplished at least one of the two required contacts, they have logged their recruitment activities on the PharmPAC Recruitment Tools Website, the officer is still interested in continuing with the UPOC program and inquiring if any of their information has changed. If two biannual reports have been disseminated and there is no report filed, inactive officers will be removed from the UPOC Program. This action is multi-factorial. This ensures responsive and dedicated officers remain engaged and ready respond and serve and will allow us administratively to clean-up the list of officer volunteers. Any questions please e-mail LCDR Anne Marie Bott at ambott@anthc.org.
 - Activity Reports are to be submitted to:
<https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/upoc-activity-report>.
 - *PHS Vacancies Document Workgroup* (CDR Glenna Meade)
 - The next vacancy announcement submission posting is planned for posting on (or about) 3 December 2013.
-

PAC Chair Update/Open Forum: LCDR Marisol Martinez

(email: marisol.martinez@dha.mil)

- Summarized “Leadership during times of change” presentation by RADM Lushniak
 - Leadership is unique to everyone but is about interaction with others.
 - Encouraged all members to become a role model and to interact with others in a manner that promotes leadership.
 - Challenged all members to have a good interaction with someone today.
 - Enjoy the holidays and be thankful for your opportunities and accomplishments
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(email: Jefferson.fredy@ihs.gov)

- December OBC – currently 70th class is in session. There are currently seven pharmacists attending this OBC. The open house is today at 1930 PM at the Holiday Inn in Gaithersburg, MD. Please attend pinning 0800 AM tomorrow or graduation ceremonies 1030 next Friday. For additional information on upcoming OBC events, please visit <http://ccmis.usphs.gov/ccmis/COTA/obcdates.aspx>
 - At the ASHP Midyear meeting there will be a Federal Pharmacists Forum from 1230 to 1800 on Sunday, December 8, 2013. There will be a heavy USPHS presence including:
 - CDR Middlekauff – session moderator
 - LCDR John Watts - national anthem singer
 - LCDR Kendall VanTyle - presenter
 - USPHS Color Guard will present the colors
 - If you plan to attend, the service dress blues are encouraged as the uniform of the day. CDR Fredy will also be in attendance from Sunday through Thursday.
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Old/New Business: LCDR Marisol Martinez

none

The meeting was adjourned at 1520 EST.

Next Meeting Date:

02 January 2014 from 1400 to 1530 EST
White Oak Conference Room
Bldg. 22
Room 1419

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	Yes	LT Michelle Williams (Mrwilliams@bop.gov)
CDC Liaison Report	Yes	LT Jennifer Lind (JLind@cdc.gov)
CMS Liaison Report	No	LT Teisha Robertson (Teisha.Robertson@cms.hhs.gov)
FDA Liaison Report	Yes	LT Sadhna Khatri (sadhna.khatri@fda.hhs.gov)
IHS Liaison Report	Yes	CDR Wil Darwin (Wil.darwinjr@ihs.gov)
NIH Liaison Report	Yes	CDR Richard DeCederfelt (rdecederfe@cc.nih.gov)
HRSA	No	CAPT Josephine Lyght (JLyght@hrsa.gov)
DHS: USCG	No	LCDR Paul Michaud (paul.t.michaud@uscg.mil)
DHS:Immigration Health Services Corps	No	LT Stephanie Daniels (stephanie.daniels@phs.dhs.gov)
DoD	No	TBD
OS	No	CDR Samuel Wu (Samuel.wu@hhs.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	No	CDR Louis Flowers (Louis.flowers@fda.gov)
ACCP	No	CDR Jill Reid (jillr@searhc.org)
AMSUS	Yes	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	Yes	LCDR Liatte Krueger (Liatte.Krueger@fda.hhs.gov)
ASCP	No	CDR Wil Darwin (wil.darwinjr@ihs.gov)
ASHP	Yes	CDR Randy Seys (rseys@bop.gov)
ASHP Foundation	Yes	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

December 2013

Opening Remarks

- Welcome to CMS. Today's meeting is being held at CMS HQ in Baltimore, MD. Many guests and students.
- CMS building its capacity and utilizing Corps officers for various roles in the Immediate Office, CMMI and various HQ and field positions. Currently 31 Corps Pharmacists at CMS: 17 in Baltimore, 2 in Bethesda, 12 in regional offices.
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Promotions

- Continue 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.
 -

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

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. Let's continue to work toward 100% of all officers doing an APFT (or obtaining a medical waiver)!
- Pharmacy CPO Leadership Summit – set for January 2014. Invitees will be highest level senior leadership from major pharmacy organizations, DOD, VA and academia
- National Association of Chain Drug Stores (NACDS) Dinner – Accepted "Excellence in Patient Care Award 2013". Discussions with CEOs of most large chains as well as General (Ret) Petraeus and VADM (Ret) Agwunobi, former Assistant Secretary for Health.
- 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. Potential exists to share NCPS model with them and incorporate similar nomenclature and processes.

- 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.
- On another note, please continue 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.
- 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. Document activities that support the 3 initiatives and feel free to share with PAC Leaderships. 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.
2. Continue to know that you are unique facilitators in the entire process of health for the nation. Think "above and beyond the systems". Use your skill sets, begin new projects, and lead the transition from health care to health for all Americans

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: December 2, 2013

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: JOAG Liaison Report – INFORMATION

- There were nine applications submitted for the JOAG Senior Advisor position. The voting membership is currently reviewing and scoring the applications. Interviews with the top three applicants will occur in December 2013.
- The JOAG Professional Development Mentoring Subcommittee is expanding the JOAG Job Shadowing Program to the Washington, DC Area, Atlanta Area and IHS (Navajo Area). Job shadowing is a professional, career development and exploration activity that offers junior officers an opportunity to spend time with senior professionals currently working in a career field of interest. Junior officers who participate in job shadowing will observe the day-to-day activities of senior officers in the Commissioned Corps, explore various leadership and senior roles in the HHS and non-HHS agencies, and get a chance to ask career development questions. Please see attachments for additional information.

We are looking for junior officers (O-2 – O-4) interested in shadowing senior officers (O-5 – flag officers), and senior officers willing to serve a one-half day up to a two days commitment to help junior officers explore future professional opportunities.

The enrollment for junior officers (participant) will continue until November 22, 2013 while the enrollment for senior officers (facilitator) has been extended to December 6, 2013. We are having trouble finding senior officers to match the junior officer applicants and we would like to target senior officers who can offer shadowing opportunities in the following areas:

Category	Geographical Area	Areas of Interest
Pharmacy	Atlanta/Washington DC	Areas of regulatory, health project management, policy and planning, drug evaluation and research, food safety and applied nutrition, and/or tobacco products
HSO	Washington DC	Office of the national coordinator or FDA health informatics or IT security
Engineer	Washington DC	OFRD or other office directly related to the preparedness and/or response planning at the national level

Nursing	Washington DC	Chronic care clinics and urgent care settings
HSO	IHS Navajo nation	Social work
Pharmacy	IHS Navajo nation	Health policy, pharmacy benefits management, standardization of care, quality control and regulations
Clinical & Rehabilitation Therapists	IHS Navajo nation	Medical Readiness and Emergency Preparedness

Should you have any questions or comments, please contact LCDR Jae Choi at jae.choi@cms.hhs.gov or LCDR Janice Maniwang at janice.maniwang@fda.hhs.gov. Thank you very much for your support.

- Please join the JOAG Public Health and Community Service Committee, Uniformed Service Community Service Projects Subcommittee as we participate with the US Navy and other uniformed service volunteers at the annual Senior Citizen Christmas Gala. The Senior Citizen Christmas Gala is an annual event to create networks, celebrate the holidays, and promote physical activity among senior citizens.

Volunteers are needed to escort senior citizens, hand out water, serve meals, prepare/distribute gift bags, break down and stack tables, and visit with the senior citizens.

Location:

D.C. Armory
3700 North Capitol Street NW, Washington DC
Phone #: 202-433-6854

Volunteers must sign-in at the military table when they arrive and will be provided lunch.

Date and Time:

Tuesday, **December 10, 2013** from 0830 – 1430 (EST).
Volunteers should arrive by 0800.

Uniform of the Day:

Uniform of the Day is Service Khakis

This event is open to junior and senior officers of the United States Public Health Service and their families. The names of volunteers must be submitted to LCDR Margaret Whittaker at margaret.whittaker@fda.hhs.gov or 301-796-2911 by Friday, **December 6th, 2013** at 1530.

If you have any questions, please contact:

LCDR Margaret Whittaker (USPHS/JOAG)
JOAG Public Health and Community Service Committee

Uniformed Service Community Service Projects Branch
Work number: (301) 796-2911
margaret.whittaker@fda.hhs.gov

- Please join the JOAG Public Health and Community Service Committee, Uniformed Service Community Service Projects Subcommittee, and USPHS volunteers as we participate with the U.S. Navy and other uniformed service volunteers in the annual “Wreaths Across America Day” event. Wreaths Across America is a national wreath laying ceremony that honors veterans by placing a wreath on veterans’ graves. Wreaths Across America’s motto is "Remember, Honor & Teach", recognizing that freedom isn't free, as so many have paid the ultimate price to protect the freedom of our great Nation.

Location:

Arlington National Cemetery
1 Memorial Drive
Arlington, Virginia 22211

Date and Time: Saturday **December 14, 2013** from 0930-until completion (EST)

Uniform of the Day: Service Dress Blues

This event is open to junior and senior officers. The names of volunteers must be submitted to LT Shannon Aldrich at Shannon.Aldrich@fda.hhs.gov by close of business on **December 6, 2013**.

If you have any questions, please contact:

LT Shannon Aldrich (USPHS/JOAG)
JOAG Public Health and Community Service Committee
Uniformed Service Community Service Project Branch
Work number: (301) 827-6204
Shannon.Aldrich@fda.hhs.gov

- Please join the JOAG Public Health and Community Services Committee, National Prevention Strategy Subcommittee and D.C. Habitat for Humanity to participate in a “Build Day” to help build safe, affordable housing.

The Build Day will take place 0815-1530 on Saturday, **January 25, 2014** in Washington, D.C. USPHS volunteers will work alongside trained crew members who will provide instruction for a particular task. All necessary tools will be provided. However, each volunteer is responsible for providing their own lunch and water bottle.

This project is limited to 15 volunteers. This event will first be open to junior officers. If the maximum number of volunteers cannot be met with junior officers, then senior officers and family members (16 years of age and older) will be welcome to volunteer. Please help us meet our commitment of 15 volunteers!

The names of volunteers must be submitted by **January 17, 2014**. If you are interested in participating or have any questions, please contact:

LCDR Dipti Kalra (USPHS/JOAG)

JOAG Public Health and Community Service Committee
National Prevention Strategy Subcommittee
(301) 442-6370
dipti.kalra@fda.hhs.gov

OR

LCDR Carolyn Volpe (USPHS/JOAG)

JOAG Public Health and Community Service Committee
National Prevention Strategy Subcommittee
(443) 742-2187
carolyn.volpe@fda.hhs.gov

Habitat for Humanity (no cost event):

Location:

5619 Clay Place NE
Washington, D.C. 20017
Street Parking is available. Metro access is 1.5 miles away.

Date and Time: January 25, 2014 (Saturday) 0815 – 1530 EST

Desired Attire: Comfortable clothes that can get dirty; long pants; closed toe shoes or work boots; OPTIONAL: Black PHS Ball Cap (NO RANK INSIGNIA)

A Liability Release form will need to be signed by all volunteers releasing Habitat for Humanity from liability for any injuries sustained during the activity and consenting to unlimited use by Habitat for Humanity of any visual recordings (e.g. photographs, videos, interviews) taken of volunteers during the volunteer activity.

- JOAG Officers in the Atlanta, GA Metropolitan Area:

Please join the JOAG Public Health and Community Service Committee, Uniformed Service Community Service Projects Subcommittee, and USPHS volunteers as we participate with other uniformed service volunteers in the annual “Wreaths Across America Day” event. Wreaths Across America is a national wreath laying ceremony that honors veterans by placing a wreath on veterans’ graves. Wreaths Across America motto is "Remember, Honor and Teach" recognizing that freedom isn't free as so many have paid the ultimate price to protect the freedom of our great Nation.

Location:

South-View Cemetery
1990 Jonesboro Road, SE

Atlanta, Georgia 30315

Date and Time: Saturday **December 14, 2013** from 11:30 AM-13:00 PM EST

Uniform of the Day: Service Dress Blue

This event is open to junior and senior officers. The names of volunteers must be submitted to LCDR Zanethia Eubanks at Zanethia.Eubanks@hhs.gov by 17:00 PM EST on **December 6, 2013**.

If you have any questions, please contact:

LCDR Zanethia Eubanks (USPHS/JOAG)
JOAG Public Health and Community Service Committee
Uniformed Service Community Service Projects Branch
Work number: (404) 562-4276
Zanethia.Eubanks@hhs.gov

- **JOAG Development Committee
Research and Development Subcommittee
Call for Volunteers
2013-2014 Operational Year**

Mission: To develop and design new merchandise for JOAG to sell at the USPHS Symposium.

Chair: LCDR Dawn Montoya, dmontoya@bop.gov

Volunteers are needed on the Research and Development Subcommittee. The subcommittee will be researching new and interesting items to be sold through JOAG at the USPHS Symposium and on our JOAG website. If interested, please contact LCDR Dawn Montoya (dmontoya@bop.gov) and call in for the next teleconference.

Next Meeting: **Wednesday, December 4th, 1400 EST**

Dial-in#: (712) 775-7300; Passcode: 255253#

For more information regarding the JOAG Development Committee and its Subcommittees, please see below.

Mission: To develop, manage and promote activities related to JOAG merchandise.

Chair: LCDR Judith Eisenberg; JEisenberg@cdc.gov

Co-Chair: LCDR Erica Sison; ilz7@cdc.gov

The Development Committee gives junior officers an opportunity to develop merchandise to increase the visibility of the USPHS and foster esprit de corps. Our

Research and Selection Subcommittee is looking for creative individuals to bring fresh designs to the table and practical thinkers to develop innovative ways to increase marketing of our products. Additionally, our JOAG Merchandise Booth Subcommittee is seeking outgoing volunteers to staff the JOAG Merchandise Booth at the annual USPHS Symposium. Lastly, the PHS Creed Workgroup is in search of individuals to assist in the development of the United States Public Health Service Commissioned Corps Creed. We are always looking for new ideas and would love to hear from you about becoming a member of this Committee. We meet via conference call on a monthly basis. For more information, please contact either of the Development Committee Co-Chairs.

Next Meeting: **Thursday, December 19th, 1300 EST**

Dial-in#: (712) 775-7300; Passcode: 255253#

NEXT JOAG GENERAL MEETING: December 13, 2013; 1300 - 1500 EST.

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

NEXT JOAG JOURNEYMAN SPEAKER SERIES: January 10, 2014; 1300 - 1500 EST.

Topic: "Lessons Learned on Leadership- How to Best Practice our USPHS Core Value" Additional information on the next Journeyman Lecture Series will be posted on the JOAG listserv and website.

For more information on how you can get involved in JOAG and for meeting time information, visit the JOAG Website at <http://www.usphs.gov/corpslinks/JOAG>



Prison Report to PharmPAC

December 2013

Submitted by LCDR Kellie Guedry BOP PharmPAC Liaison

- BOP has a Mental Health Clinical Care Committee to address Mental Health Teams at specific institutions with hopes of having pharmacists included in this team as at least a collateral duty.
- BOP created a brand new Reentry Division to focus on all of the issues pertaining to re-integrating back into society once released from custody. This is being done to respond to current research findings in this area and public sentiment. Health care is a vital component of the reentry process and strategy.
- FCI Hazelton, WV and USP Yazoo City are scheduled to activate in 2014.
- A presentation will be provided on December 10th to all BOP providers entitled, "Responsible Prescribing of Opioids." This is being done as part of an Office of National Drug Control Policy directive for all federal agencies to provide continuing education on opioid prescribing to all federal prescribers. This will be mandatory for all Clinical Directors and Chief Dentists. It will be highly recommended for all other health care providers. The program will be presented by RADM Chris Bina, CAPT Mike Long, and LCDR Seth Moore, in addition to a BOP psychologist.



Prison Report to PharmPAC

December 2013

Submitted by LCDR Kellie Guedry BOP PharmPAC Liaison

- An interesting article was featured in the Sunday, November 17th issue of the New York Times entitled, "Addiction Treatment with a Dark Side," regarding buprenorphine abuse with specific mention of corrections.

- BOP Pharmacy Goals for 2014: Central Fill Pharmacy initiative, Diabetes and Mental Health Clinical pharmacy program development, Drug Utilization Reviews for Antibiotic Stewardship and NSAIDs, and a new Pharmacist Competency document inclusive of administrative, distribution, and clinical pharmacist activities for both chief and staff pharmacists.



CDC Report to the USPHS PharmPAC

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

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

December, 2013 Updates

World AIDS Day Each year on December 1, CDC and its offices around the globe observe World AIDS Day to raise awareness of the impact of HIV/AIDS worldwide. The first cases of HIV/AIDS were reported over 30 years ago in the June 5, 1981 issue of CDC's *Morbidity and Mortality Weekly Report*. Since that time, people living with HIV/AIDS, researchers, health professionals, non-profit organizations, governments and activists across the globe have worked together to combat the HIV/AIDS epidemic.

Health Alert Network (HAN) 357, November 27, 2013, CDC alerted healthcare providers and health departments about a prolonged meningococcal disease outbreak at Princeton University and a recent outbreak at the University of California, Santa Barbara (UCSB), and the potential for cases to occur among students traveling to their home states for Thanksgiving break. Healthcare providers were advised about reporting suspected cases of meningococcal disease to the New Jersey Department of Health and California Department of Public Health, and given information about PCR testing of isolates from serogroup B meningococcal disease cases at CDC.

Upcoming CDC Grand Rounds: Advanced Molecular Detection The latest CDC Grand Rounds was held Tuesday, December 03, 2013 and explored opportunities for CDC to leverage key aspects of Advanced Molecular Detection (AMD), bioinformatics and enhanced molecular tools, such as whole genome sequence, to improve our ability to diagnose/identify infectious diseases, investigate and control outbreaks, understand transmission patterns, develop and target vaccines, and determine antimicrobial resistance. Mark your calendars for Tuesday, December 17, 2013, at 1 p.m. - 2 p.m., EDT when the topic is Community Water Fluoridation.

MMWR Weekly: Differences Between HIV-Infected Men and Women in Antiretroviral Therapy Outcomes — Six African Countries, 2004–2012

November 29, 2013 / Vol. 62 / No. 47
During September 2008–February 2012, retrospective cohort studies to estimate attrition of enrollees at 6-month intervals after antiretroviral therapy (ART) initiation were completed among samples of adult men and women infected with HIV, who initiated ART during 2004–2010 in six African countries: Côte d'Ivoire in western Africa; Swaziland, Mozambique, and Zambia in southern Africa; and Uganda and Tanzania in eastern Africa. Records for 13,175 ART enrollees were analyzed. This report summarizes the results of the studies. [CE is available with this report.](#)

CDC Science Clips, CDC Science Clips: Volume 5, Issue 42, December 3, 2013

CDC Science Clips is an online bibliographic digest featuring scientific articles and publications that are shared with the public health community each week, to enhance awareness of emerging scientific knowledge.



FDA Agency Report -December 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:

Drug Safety Communication: Lexiscan (regadenoson) and Adenoscan (adenosine) - Rare but serious risk of heart attack and death Nov. 20, 2013.

FDA has approved changes to the drug labels to reflect these serious events and updated our recommendations for use of these cardiac nuclear stress test drugs. Health care professionals should avoid using these drugs in patients with signs or symptoms of unstable angina or cardiovascular instability, as these patients may be at greater risk for serious cardiovascular adverse reactions. [More information](#)

Recall: Medtronic Guidewires - Potential For Coating On Surface To Delaminate And Detach Nov. 19, 2013.

Medtronic, Inc. announced that FDA has classified the company's recently initiated voluntary field action related to certain guide wire. Based on an internal investigation following a limited number of complaints, including one patient injury. [More information](#).

FDA allows marketing of four “next generation” gene sequencing devices Nov. 19, 2013.

FDA allowed marketing of four diagnostic devices that can be used for high throughput gene sequencing, often referred to as “next generation sequencing” (NGS). These instruments, reagents, and test systems allow labs to sequence a patient’s DNA (deoxyribonucleic acid). [More information](#)

Recall: Nature's Pharmacy and Compounding Center Sterile Compounded Products - Lack of Sterility Assurance. Nov. 16, 2013.

Nature's Pharmacy and Compounding Center of Asheville, NC is voluntarily recalling all lots of sterile products compounded by the pharmacy that are not expired to the consumer level. The product will be in the form of an injectable drug or an eye drop. [More information](#)

Recall: Vega One Nutritional Shakes and Vega Sport Performance Protein - Traces of Antibiotic. Nov. 12, 2013.

Sequel Naturals Inc., dba “Vega,” notified the public of a recall of its Vega One Nutritional Shakes and Sports Performance Protein products due to finding trace amounts of chloramphenicol (CAP), an antibiotic. People who have severe sensitivity or allergies to chloramphenicol may run the risk of an allergic reaction if they consume these products. Pregnant or lactating women should avoid this medication. [More information](#)

Drug Safety Communication: Iclusig (Ponatinib) - Increased Reports Of Serious Blood Clots In Arteries And Veins. Nov. 7, 2013.

FDA has asked, and Ariad Pharmaceuticals has agreed, to suspend marketing and sales of Iclusig (ponatinib), a leukemia chemotherapy drug, because of the risk of life-threatening blood clots and severe narrowing of blood vessels. [More information](#)

Class I Recall: Baylis Medical TorFlex Transseptal Guiding Sheath Kit - Sheath Could Remove Particulate. Nov. 6, 2013.

FDA notified healthcare professionals of the Class I recall of TorFlex Transseptal Guiding Sheath Kit. The sheath could remove particulate of less than 5 mm from the dilator. The particulate could potentially migrate into a patient’s bloodstream. [More information](#)

Class I Recall: Edwards Lifesciences LLC, EMBOL-X Glide Protection System - Deformed Cannula Tip. Nov. 4, 2013.

When force is applied to the tip during insertion or removal, it may lead to a separation and embolize. Use of this recalled product may cause serious adverse health consequences, including death. [More information](#)

Recall: Perrigo Acetaminophen Infant Suspension Liquid - Potential Defect with Co-packaged Oral Syringe. Nov. 2, 2013

The Perrigo Company announced that it has initiated a voluntary, nationwide product recall to the retail level of 18 batches of its acetaminophen infant suspension liquid, 160 mg/5 mL, sold in 2 oz. and 4 oz. bottles with syringes in a box under store brand products including Babies R Us, Care One and more. [More information](#)

Drug Safety Communication: Potiga (Ezogabine) - Linked To Retinal Abnormalities And Blue Skin Discoloration. Nov 1, 2013.

FDA approved changes to the drug label, underscoring risks of abnormalities to the retina in the eye, potential vision loss, and skin discoloration, all of which may become permanent. [More information](#)

October, 2013 Drug Safety Labeling Changes

Safety Labeling Changes includes 68 products with revisions to Prescribing Information. [More information](#)

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

PRODUCT APPROVALS AND CLEARANCES:

FDA allows marketing of four “next generation” gene sequencing devices Nov. 19, 2013

FDA allowed marketing of four diagnostic devices that can be used for high throughput gene sequencing, often referred to as “next generation sequencing” (NGS). These instruments, reagents, and test systems allow labs to sequence a patient’s DNA (deoxyribonucleic acid). [More information](#)

FDA approves medical device to treat epilepsy. Nov. 14, 2013.

FDA approved a device to help reduce the frequency of seizures in epilepsy patients who have not responded well to medications. The RNS Stimulator consists of a small neurostimulator implanted within the skull under the scalp. The neurostimulator is connected to one or two wires (called electrodes) that are placed where the seizures are suspected to originate within the brain or on the surface of the brain. [More information](#)

FDA approves Imbruvica for rare blood cancer. Nov 13, 2013.

FDA approved Imbruvica (ibrutinib) to treat patients with mantle cell lymphoma (MCL). MCL is a rare form of non-Hodgkin lymphoma and represents about 6 percent of all non-Hodgkin lymphoma cases in the United States. By the time MCL is diagnosed, it usually has already spread to the lymph nodes, bone marrow and other organs. [More information](#)

FDA approves Aptiom to treat seizures in adults. Nov 8, 2013.

FDA approved Aptiom (eslicarbazepine acetate) as an add-on medication to treat seizures associated with epilepsy. [More information](#)

FDA approves first generic versions of Aciphex delayed-release tablets to treat GERD Nov 8, 2013.

FDA approved the first generic versions of Aciphex (rabeprazole sodium) delayed-release tablets, used to treat gastroesophageal reflux disease (GERD) in adults and adolescents (ages 12 and up). [More information](#)

FDA approves Gazyva for chronic lymphocytic leukemia-Drug is first with breakthrough therapy designation to receive FDA approval. Nov 1, 2013.

FDA approved Gazyva (obinutuzumab) for use in combination with chlorambucil to treat patients with previously untreated chronic lymphocytic leukemia (CLL). [More information](#)

FDA Approves Zohydro ER and Responds to CLAAD Citizen Petition. Oct 25, 2013.

FDA has approved Zohydro ER, the first extended-release, single-entity hydrocodone-containing drug product. To enhance safe and appropriate use, Zohydro ER’s labeling reflects the newly required ER/LA opioid analgesic class safety labeling changes and will be subject to the recently announced class postmarket study requirements. FDA also responded to a citizen petition (CP) concerning opioid medications and abuse-deterrence. [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:

Report adverse events to FDA using a tablet or smartphone

FDA is releasing its most popular content -- including the latest MedWatch safety alerts -- in a new mobile friendly format. If you are using a smartphone or tablet, go to www.fda.gov/medwatch and check it out. The FDA MedWatch online voluntary adverse event reporting system is also mobile friendly, making it easier to report adverse events to FDA using a tablet or smartphone: www.fda.gov/medwatch/report.htm [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
December 2013

Submitted by CDR Wil Darwin, PharmD

- Acting IHS Principal Pharmacy Consultant (PPC) – CDR Robin Bartlett (effective 11/1/2013)
- Communication Coordinator Report – CDR Johnson/LT Luo
 - During this quarter, the communications committee routinely monitored the IHSRX, IHSRX INPATIENT, and NPC listservs. Subscriber additions and deletions were made as needed.
 - NPC homepage updates were made to enhance the website. IHS – Pharmacy School Agreements were also posted on the website as they became finalized.
- National Clinical Pharmacy Specialist Credentialing Coordinator Report – CAPT Stacy Thornton
 - No Last meeting 11/6/13 (record meeting for protocols reviewed and certifications awarded)
 - 25 protocols reviewed
 - 53 certifications awarded
 - Upcoming meetings
 - Business meeting 1/15/14
 - Scheduled meeting dates for 2014
 - ❖ 2/5/14
 - ❖ 5/7/14
 - ❖ 8/6/14
 - ❖ 11/5/14
- Workgroups working on these IHS National Pharmacy initiatives
 - Medication Reconciliation Standardization
 - EHR Pharmacy Documentation Requirements
 - Review the 2007 Resource Requirements Methodology (RRM) pharmacy staffing model
- 2014 IHS Southwestern Regional Pharmacy CE Meeting (the Quad)
 - The meeting has been submitted for approval through the agency/department conference approval system to the agency's sharepoint site.
- The pharmacy section of the IHS Clinical Support Center will be sponsoring IHS Continuing Pharmacy Education (CPE) monthly series which is being planned for CY2014.
- 2014 IHS Junior, Senior Pharmacist of the Year and Pharmacy Technician of the Year solicitation will be going out shortly

November 22, 2013 - Mapping Approach Yields Insulin Secretion Pathway Insights

Identities of proteins that drive insulin production and release from pancreatic beta cells have largely been a mystery. Researchers at the Scripps Research Institute have isolated and identified all the insulin-bound proteins from mouse beta cells. The results provided a roadmap of the protein interactions that lead to insulin production, storage and secretion. The researchers used the roadmap to identify a protein called TMEM24, which was abundant in beta cells and binds readily to insulin. TMEM24 effectively regulates slower insulin release and could have a key role in maintaining control of glucose levels in the blood. The scientists hope that this roadmap of insulin-interacting proteins will lead to the development of new, targeted approaches to treating type 2 diabetes and a similar insulin-related condition called metabolic syndrome. The study was supported in part by the National Institutes of Health (GM033301 and GM42336). <http://www.scripps.edu/news/press/2013/20130930balch.html>

November 25, 2013 - Protein Triggers Inflammatory Responses in Hemorrhage and Sepsis

Inflammation is part of the body's natural response to trauma, playing a vital role in wound healing and prevention of infection. However, when inflammation becomes widespread, or systemic, it can lead to sepsis, a condition that can damage organs and cause death. Scientists have found a way to potentially target harmful systemic inflammation. They identified a protein-cold-inducible RNA-binding protein (CIRP)—that triggers inflammatory responses during hemorrhagic shock and sepsis. Blocking CIRP activity might mitigate the body's overall inflammatory response and improve patient survival. In a preclinical study using mice, an antibody against CIRP decreased mortality after hemorrhage and sepsis. The molecule could lead to the development of an anti-CIRP drug. This work also was funded by the NIH Office of the Director and NIH's National Heart, Lung, and Blood Institute. <http://www.northshorelij.com/hospitals/news/ping-wang-sepsis-research>

November 14, 2013 - Genetic Discovery Could Enable More Precise Prescriptions

Scientists know that variations in certain genes can affect the way a person responds to medications. New research shows that drug responses also depend on previously overlooked parts of DNA—sections that *regulate* genes, but are not considered genes themselves. CYP2D6 processes about one-fourth of all drug metabolism and differences in its performance range from zilch to ultra-rapid. This can dramatically alter the effectiveness and safety of certain medications. Researchers discovered two new genetic variants of the DNA that impact CYP2D6 performance. One of these, located in a non-gene, regulatory region of the DNA, doubles or even quadruples enzyme activity. Coupling these findings with genetic tests could help doctors better identify each patient's CYP2D6 activity level, enabling more precise prescriptions. The findings also open up a whole new area of investigation into genetic factors that impact drug response. The research was partly funded by NIH's *Eunice Kennedy Shriver* National Institute of Child Health and Human Development. <http://researchnews.osu.edu/archive/allelevar.htm>

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:

September 2013

Announcements:

N/A

News:

NTR

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AMCP Public Policy:

AMCP and over 1000 of its members wrote California Governor, Brown to vote against legislation that creates a separate state system for dispensing biosimilars before the FDA had a chance to issue national standards. Governor Brown vetoed the legislation stated that the bill was "premature given that the FDA is still studying biosimilars."

Organization contact(s):

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

Date:

October 2013

Announcements:

N/A

News:

AMCP established a Biosimilars Task Force on October 17, 2013 to start developing a system to document the safety and effectiveness of biosimilars. The task force includes participation by leaders in managed care, specialty pharmacy and health policy and is focused on increasing awareness and understanding of specialty pharmacy, including innovator drugs and biosimilars.

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

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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).

Academy of Managed Care Pharmacy (AMCP)

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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:

December 2013

Announcements:

AMCP is now on Facebook, Twitter and Linked In.

News:

NTR

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:

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Organization contact(s):

Amber McCracken Director, Communications and Marketing

Ken South Director, Credentialing

Date:

12/1/13

Announcements:

Aggressive New Strain of HIV Discovered

A new strain of HIV that appears to progress much faster than most previously identified variations of the virus has been identified by Swedish scientists, according to a study just published in the Journal of Infectious Diseases. The HIV-1 recombinant strain A3/02, a fused form of the 02AG and A3 strains, moves from HIV to AIDS development in five years, much faster than previously known strains. The two strains that recombined to form this new one are the most common strains in Guinea-Bissau in West Africa. So far the new infection appears confined to West Africa, but experts fear that recombinants are becoming more common and could start spreading globally.

News:

Washington, DC: On December 1st, in celebration of World AIDS Day, The American Academy of HIV Medicine, the nation's leading HIV care provider organization, joins the HIV community in recognizing and celebrating the advances in public health, medicine, science and policy that contribute to combatting this global disease. However, the world of HIV care is also on the cusp of a monumental change here in the US, due to the implementation of the Affordable Care Act, scheduled for full implementation in 30 days.

“Starting next year, the Medicaid program in many states will serve more HIV patients than ever before, more HIV patients will have access to affordable private insurance coverage, and no insurance plan will be able to drop a patient following an HIV diagnosis,” said James Friedman, Executive Director.

Washington, DC - U.S. Senators Barbara Boxer (D-CA) and Tom Coburn (R-OK) praised President Obama for signing their bipartisan legislation, the HOPE Act (HIV Organ Policy Equity Act), which ends the federal ban on research into organ donations from HIV-positive donors to HIV-positive recipients. The bipartisan measure would open a pathway to the eventual transplantation of these organs and could provide life-saving assistance to HIV-positive patients who are at risk of liver and kidney failure.

**Association of Military Surgeons of the United States (AMSUS)
AKA The Society of Federal Health Professionals**

Liaison Officer's Report by CDR Thomas E. Addison

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

AMSUS Mission Statement

AMSUS advances the knowledge of federal healthcare and increases the effectiveness and efficiency of its membership by mutual association and by the consideration of matters pertaining to constituent services both in peace and war. AMSUS is dedicated to the fulfillment of the following purposes:

- Improve the effectiveness, cohesiveness and esprit de corps of the federal healthcare services.
- Improve healthcare by providing a forum for discussion of ideas and problems whether on a local, national, or international level and by providing continuing education for its members.
- Contribute to the improvement of healthcare in the nation through policy study and recommendations.
- Represent the Association to the Executive and Legislative Branches, to national professional organizations and to the public.

AMSUS Vision Statement

AMSUS is the premier association supporting and representing military and other federal healthcare professionals.

Organization Contact(s)

Jeanette Naiman, CMP
Director of Meetings, AMSUS
9320 Old Georgetown Rd
Bethesda, MD 20814
301-828-1589
Jeanette.Naiman@amsus.org

November 2013

Accomplishments

1. USPHS Plenary and Leadership Session well attended. Approximately 60+ USPHS officers attended. Special thanks to RADM Elizondo for serving on the USPHS Leadership Panel.
2. Senior Leadership attending and also participating in the Opening Day Ceremonies and presentations included:

RADM Boris Lushniak, U.S. Surgeon General (Acting)

Dr. Jonathan Woodson – Assistant Secretary of Defense for Health Affairs

Dr. Robert Petzel – Under Secretary for Health of the Department of Veterans Affairs

MG Mark Ediger – Deputy Surgeon General, U.S. Air Force

Dr. Kathy Brinsfield – Assistant Secretary and Chief Medical Officer (Acting), the Department of Homeland Security

3. During the AMSUS Annual Awards Banquet, the following AMSUS Executive Advisory Committee Awards were presented:

The 2013 AMSUS Lifetime Achievement Award – RADM (Ret.) George Blue Spruce (USPHS)

The 2013 Rising Star Award – Capt Jennifer Fong, DDS (VA and USAFR)

The 2013 Force Health Protection Award – En-route Critical Care Nurse (ECCN) Team (Joint Services)

AMSUS Award Recipients – USPHS

- Founders Medal – RADM Boris Lushniak
- Lifetime Achievement Award – RADM (Ret.) George Blue Spruce
- Dentist Award – CAPT Christine Heng
- Research & Development Award – National Center for Telehealth & Technology (T2) - @JBLM
- Joel T. Boone Award – CDR David Lau

4. The Missing Man Table was displayed on stage during the Awards banquet also, and a beautiful touching poem was read and a moment of silence was observed.

5. The USPHS HSO/MSO action video was shown and very well received during the USPHS Plenary/Leadership session.

6. A U.S. Surgeon General's Walk took place during AMSUS. This brisk morning walk was well attended.

7. Visits included USCG Base Seattle, BOP SeaTac facility, and JBLM meeting with the 1st Special Forces Group, 2/75th Rangers, 4/160th Special Operations Aviation Regiment (SOAR), and Madigan Army Medical Center leadership.

8. A University of Washington Meet and Greet for about 150 attendees from all six UW health science schools, capped by a surprise visit by RADM Boris Lushniak, our Acting U.S. Surgeon General

9. USPHS Social/Dinner at Gordon Biersch was very well attended (overflow crowd) and a tremendous success.

10. AMSUS Pictures will be shared on the DCCOA/Fanfare website shortly.

Action Items

1. Continued support for AMSUS for next year. For 2014 the theme will be "Federal Health in Transition." The dates have been moved to 2-6 DEC, and will be at the Walter E. Washington Convention Center in Washington, D.C.

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: December 2013

Announcements:

- On Thursday, November 21, 2013, the APhA Federal Pharmacy Director, Stacia Spridgen, hosted the Federal Pharmacy Advisory Committee Meeting or "Federal Chiefs Meeting". Tom Menighan, APhA's Executive Vice President and CEO, met with this impressive group of pharmacists and shared APhA initiatives, discussed the federal perspective and identified areas of collaboration to advance the practice of pharmacy and patient care. In attendance, were Colonel John Spain (Army Pharmacy Consultant), Colonel Scott Sprenger (Air Force Pharmacy Consultant), Commander Aaron Middlekauff (Coast Guard) representing CAPT Deborah Thompson (Coast Guard Pharmacy Consultant), Mr. Tim Stroup (VA), Captain Mike Long (USPHS, Bureau of Prisons) representing RADM Chris Bina (Bureau of Prisons Chief Pharmacist), and Commander Tracie Patten (Indian Health Service Acting Chief Pharmacist). Topics of discussion also included the 2014 Joint Federal Pharmacy Seminar way forward, Pharmacy Technician Certification Board Update with Everett McAllister, PTCB CEO and Executive Director, and Community Pharmacy Practice Accreditation Update with Lynnae Mahaney, Executive Director Center for Pharmacy Practice Accreditation.

- CAPT Pamela M. Schweitzer, Pharm.D. is selected as the 2014 Distinguished Federal Pharmacist of the Year. The award will be presented at the Federal Pharmacy Forum in conjunction with the APhA Annual Meeting, Friday, March 28, 2014.

News:

ACA update: APhA participates in White House meeting

- <http://www.pharmacist.com/aca-update-apha-participates-white-house-meeting>
- At the invitation of senior Obama administration officials, APhA Associate Director of Health Policy Michael Ghobrial, PharmD, JD, participated in a meeting at the White House on November 26, 2013. With colleagues from other pharmacy organizations, Ghobrial provided insights into the important role of community pharmacists in helping patients understand their options as the Affordable Care Act (ACA) and its marketplace exchanges are implemented.
- Pointing to APhA's extensive coverage of ACA and availability of resources on the APhA website, Ghobrial emphasized pharmacists' positions in their communities as health care providers, triage experts, and care coordinators. "APhA is dedicated to providing our members with the information they need to accomplish all of these tasks," Ghobrial said.

Pharmacists Perform Health Screenings on Capitol Hill to Demonstrate Patient Care Services

- <http://www.pharmacist.com/pharmacists-perform-health-screenings-capitol-hill-demonstrate-patient-care-services>
- More than 75 pharmacists and student pharmacists from the Washington, DC-metro area performed free health screenings on Capitol Hill, on November 19, 2013. The screenings, including bone density, body composition, glucose, cholesterol, blood pressure and medication consultations or "Ask the Pharmacist," were given to more than 200 members of Congress, staff, aides and the general public, in the Rayburn Foyer, House of Representatives. The screenings were provided to demonstrate the value of pharmacist-provided patient care services; health screenings and medication services that pharmacists are already providing in their pharmacies everyday across the country.

CDC releases tools to expand pharmacists' services through CPAs

- <http://www.pharmacist.com/cdc-releases-tools-expand-pharmacists%E2%80%99-services-through-cpas>
- CDC released four related documents for pharmacists, other health care providers, payers, and decision makers with the goal of improving patient-care services through team-based care and collaborative practice agreements (CPAs).
- Developed in partnership with the APhA Foundation, the CDC tools customize for these audiences a core set of seven recommendations for use in CPAs that emerged from a January 2012 consortium meeting convened by the Foundation and funded by CDC, and a resulting article in the March/April 2013 *Journal of the American Pharmacists Association*.
- The CDC tools were published by CDC's Division for Heart Disease and Stroke Prevention on the CDC website. They reflect CDC's interest in pharmacy.

- “We recognize the key role that [pharmacists] can play in team-based care,” said CAPT David B. Callahan, MD, FAAFP, U.S. Public Health Service, at CDC. “We recognized that they were an underutilized resource. In health care today, we cannot afford to have underutilized resources.” Callahan is Lead of the Applied Research and Translation Team in CDC’s Division for Heart Disease and Stroke Prevention, and a practicing family physician.

How H.R. 3204 will affect most pharmacists

- <http://www.pharmacist.com/how-hr-3204-will-affect-most-pharmacists>
- President Barack Obama has signed the Drug Quality and Security Act (H.R. 3204) into law. The compounding part of the legislation, which became effective upon enactment, will affect very few pharmacists. However, the track-and-trace part of the legislation will affect all pharmacists to some extent. Of course, the language in the legislation is not the last word. FDA has to decide how to implement it through the regulatory process.
- **Compounding**
 - Under the new law, traditional pharmacies are still regulated by state boards of pharmacy. Compounding pharmacies are still regulated by state boards of pharmacy, but now compounding pharmacies that voluntarily elect to be “outsourcing facilities” are regulated by both state boards of pharmacy and FDA.
 - Traditional pharmacies that do sterile compounding based on specific, individualized prescriptions have no reason to register with FDA. Pharmacies that are going to supply office use medication, however, have to do the registration.
 - Many in the industry don’t think that cGMPs (which are aimed at manufacturers) will be applied across the board to compounding pharmacies.
- **Track-and-trace**
 - As of January 1, 2015, the manufacturers and the wholesale distributors “can’t ship anything out unless it has a transaction history” in the form of paper documentation for each individual unit of a drug; if there’s an omission, or the paperwork gets lost, pharmacies can still accept the product until July 1, 2015. Starting on that date, following the 6-month grace period, pharmacists have to reject products without an accompanying transaction history.
 - When pharmacists get the product in from the distributor, they need to take the transaction history paperwork, put it in a drawer, and keep it for 6 years.
 - Along the same lines, one pharmacy can transfer a drug to another pharmacy to fulfill a specific patient need without needing an accompanying transaction history—but if a pharmacy just wants to lessen their inventory because there’s too much money on their shelves, as of July 1, 2015, the drugs need to be sent back to the distributor with a transaction history.
 - As of the bill being signed, the pharmacist is required to investigate a product that he or she finds to be suspicious (drugs that are counterfeit, tampered, or adulterated), quarantine it, dispose of it, and give appropriate notice to FDA. But FDA has 7 years to implement regulations for exactly what pharmacists should do in a rigorous investigation process.
 - Also through FDA rulemaking, in 10 years, track and trace will be implemented electronically with technology that is not specified in the law—but which could be bar codes and/or RFID (radio-frequency identification), for example.

- The intent of Congress was that the track-and-trace legislation will curb counterfeit drugs entering the supply chain.

American Public Health Association (APHA)

Liaison Officer's Report by LCDR Liatte Krueger

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

Overview:

APHA represents a broad array of health officials, educators, environmentalists, policy-makers and other health providers at all levels, working both within and outside governmental organizations and education institutions. Issues of concern that APHA actively advocates for include those affecting personal and environmental health, including federal and state funding for health programs, pollution control, programs and policies related to chronic and infectious diseases, a smoke-free society, professional education in public health and health education and consumer education material.

APHA Sections: (<http://www.apha.org/membersgroups/sections/>)

There are [29 primary Sections](#) that represent major public health disciplines or public health programs. These sections are designed to allow members with shared interests to come together to develop scientific program content, policy papers in their areas of interest or fields of practice, provide for professional and social networking, career development and mentoring. Sections serve as the primary professional units of the Association and conduct activities that promote the mission and fulfill the goals of APHA. Sections create a variety of opportunities for member involvement.

APHA Special Primary Interest Groups (<http://www.apha.org/membersgroups/primary/>)

APHA defines a Special Primary Interest Group (SPIG) as an open group of self-selected APHA members sharing a common occupational discipline or program area interest and electing no primary Section affiliation. The current list of APHA SPIGs are: Alternative & Complementary Health Practices, Ethics, Laboratory, and Veterinary Public Health.

Organization contact(s):

Staff contact for Membership: Membership Department (membership.mail@apha.org)

Staff contact for Sections, Special Primary Interest Groups, Student Assembly, Forums and Caucuses: Frank Atkinson (Frances.Atkinson@apha.org), Lavanya Gupta (Lavanya.Gupta@apha.org), and Nathan Bhatti (Nathan.Bhatti@apha.org)

Date:

12/1/13

Announcements:

Looking for resources to help you educate the public about the Affordable Care Act (ACA)? Check out this **new resource guide from APHA: [The Affordable Care Act's Health Insurance Marketplace: Consumer Education Resources for Public Health Practitioners](#)** (PDF, updated October 2013). It provides basic information about the marketplace, plus lots of links to useful resources -- like those available from CMS and CDC for partners who want to help educate consumers about the Marketplaces and the importance of enrolling in coverage.

Announcing the George Washington University and APHA Partnership. Through this new partnership, APHA members can take advantage of a \$7,500 scholarship when they enroll in MPH@GW, the online Master of Public Health from GWU School of Public Health and Health Services (SPHHS). To learn more, visit publichealthonline.gwu.edu/apha.

News:

If you haven't already, please read the [Antibiotic resistance threats in the United States, 2013 report](#) compiled by the Centers for Disease Control and Prevention. This report gives a first-ever snapshot of the

burden and threats posed by the antibiotic-resistant germs having the most impact on human health and what we can do to fight back against antibiotic resistance.

In 2011, Congress passed the Budget Control Act (BCA) which established caps on defense and nondefense discretionary programs such as public health, environmental protection, law enforcement, transportation etc., that will reduce this funding by \$1 trillion over 10 years. The BCA also requires another \$1 trillion in cuts to nearly all government programs because Congress failed to come up with a balanced deficit reduction plan. Known as "sequestration" this rigid budgetary tool will force automatic, across-the-board cuts to programs including public health. These cuts are already in place for FY 2013 and additional cuts will come in 2014 (and through 2021) unless Congress acts to stop them.

To read more about sequestration and public health, please review the resources below:

- NDD United report: Faces of Austerity: How Budget Cuts Have Made Us Sicker, Poorer, and Less Secure. Accessed at http://publichealthfunding.org/NDD_report/NDD-report-digital.pdf.

American Society of Health System-Pharmacists (ASHP)

Liaison Officer's Report by CDR Randy Seys

Website: www.ashp.org

ASHP Professional Practice:

ASHP develops official professional policies, in the form of policy positions and guidance documents (statements and guidelines), for the continuum of pharmacy practice settings in integrated systems.

ASHP Public Policy:

ASHP believes that the mission of pharmacists is to help people make the best use of medications. The mission of ASHP is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

Organization contact(s):

American Society of Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, Maryland 20814

- **Toll Free:** (866) 279-0681 (United States and Canada only)
- **International Callers:** 001-301-664-8700
- **Hours:** 8:00 am to 6:00 pm Eastern Standard Time, Monday through Friday
- **Email:** custserv@ashp.org

Date: 12/1/13

Announcements:

- Midyear Meeting, Orlando, Florida, December 8-12, 2013
- Ambulatory Care Conference and Summit, Dallas, Texas, March 3 - 4, 2014,
- 2014 Summer Meeting and Exhibition, Las Vegas, Nevada, May 31 - June 4, 2014

News:

Leading the News

Varicose-Vein Treatment Gets FDA Nod.

[Bloomberg News](#) (11/27, Gerlin) reports the FDA approved BTG Plc's Varithena [polidocanol injectable foam for "non-surgical treatment of varicose veins in the legs." The article says the "company expects to begin selling the

treatment in the second quarter of 2014.” The company said “more than 30 million people in the” US between 18 to 70 years of age “have varicose veins, with women twice as likely as men to develop the condition.”

The [AP](#) (11/26) the FDA approved the treatment following results of “two studies in which VarithenaT led to improvements in symptoms of ‘superficial venous incompetence and the appearance of visible varicosities’ in patients.”

[MedPage Today](#) (11/27, Gever) says Varithena “works by damaging the venous endothelium, which causes the vein to collapse and eventually to be resorbed.” According to MedPage, Varithena was tested in “two phase III placebo-controlled trials in which it led to ‘clinically meaningful improvements’ in the appearance of varicosities.” According to the article, common side events in the product’s clinical trials include “pain or discomfort in the injected leg, infusion site thrombosis, injection site hematoma, superficial thrombophlebitis, and extravasation.”

[Medscape](#) (11/27) says the company “plans to launch the product in the second quarter of 2014.”

[Reuters](#) (11/27, Sandle) also covers the news.

Quality and Safety

HRA Pharma Warns Emergency Contraceptive Ineffective In Heavy Women.

In continuing coverage, the [AP](#) (11/26, Keller, Cheng) reported that yesterday, HRA Pharma, the Paris, France-based maker of the Norlevo (levonorgestrel) emergency contraceptive, announced that the contraceptive “doesn’t work when taken by women who weigh more than 80 kilograms (176 pounds) and plans to change its labels to warn patients” sometime during the first six months of the new year. Frederique Welgryn, HRA Pharma’s head of women’s health, “said a dose of HRA’s drug contains 1.5 mg of levonorgestrel, identical to that found in Plan B One-Step, manufactured by Teva Pharmaceuticals in the US.” Currently, the issue is under review by the US Food and Drug Administration, which “will determine ‘what, if any, labeling changes to approved emergency contraceptives are warranted,’ according to spokeswoman Erica Jefferson in an email.”

EMA: Benefits Of CHCs Outweigh Risk Of VTE.

[Medscape](#) (11/27, Lowes) reports that “the benefits of combined hormonal contraceptives (CHCs), even those considered third and fourth generation, continue to outweigh the small risk for venous thromboembolism (VTE), the European Medicines Agency (EMA) announced” recently. The agency’s “Committee for Medicinal Products for Human Use (CHMP) made this determination on the basis of an 8-month study conducted by another EMA body called the Pharmacovigilance Risk Assessment Committee (PRAC), which gave CHCs an essentially clean bill of health.”

Pediatric CT Dose During Appendicitis Evaluation Lower At Children’s Hospitals.

[Diagnostic Imaging](#) (11/27, Lawrence) reports that a study presented at the American Academy of Pediatrics National Conference and Exhibition indicated that kids “who underwent CT scans to evaluate for appendicitis at a dedicated children’s hospital were exposed to 85 percent less radiation compared to levels when scanned at facilities that primarily treated adults.” The researchers said, “Non-dedicated pediatrics facilities should be urged to update their CT standards appropriately or refer to children’s hospitals to minimize radiation exposure.”

FDA Asked For Antineoplastons Ban Exception.

The [Nashua \(NH\) Telegraph](#) (11/27, Shalhoup) reports that yesterday in a letter to Food and Drug Administration commissioner Margaret Hamburg, MD, US Sen. Kelly Ayotte (R-NH) urged the agency “to grant an exception to a 2012 ban on a drug that may be able to help McKenzie Lowe, a 12-year-old Hudson girl battling a rare and aggressive form of brain cancer.” The medicine in question, “developed decades ago by controversial Texas physician Dr. Stanislaw R. Burzynski and named ‘antineoplastons,’ was banned by the FDA as part of the fallout from Burzynski’s 1995 indictment on multiple charges connected to allegations he violated the federal Food, Drug and Cosmetic Act.”

Indian Firm Faces FDA Curbs After Inspection.

[Bloomberg News](#) (11/27, Gokhale, Karve) reports the FDA imposed curbs on Wockhardt Ltd. from selling “some” medications to the US “from its most lucrative factory in India” after the agency “added it to a list of restricted facilities.” The ban follows FDA inspection to the plant last July, when they “found inconsistencies in drug-test results, urine spilling over open drains, soiled uniforms and mold growing in a raw-material storage area.” Bloomberg says the plant makes generic Toprol-XL [metoprolol succinate], “a popular heart pill, that accounts for about 14 percent of sales.” The article says generic Toprol-XL was not on the list of five products “excluded from the FDA’s ban.”

[Reuters](#) (11/27) says the plant is located in Chikalthana in western India, and the latest action by the US regulator follows a number of regulatory actions against Wockhardt and other Indian firms.

Feds Seize \$2M Worth Of Supplements From Pharmaceutical Company.

The [Atlanta Journal-Constitution](#) (11/27, Robbins) reports Federal authorities have seized over \$2 million worth of dietary supplements from Hi-Tech Pharmaceuticals in Norcross, GA, claiming that the products contain the illegal stimulant DMAA.

Hospital Group Calls CMS Policy Impact On Lab Proficiency “Devastating.”

[Modern Healthcare](#) (11/27, Dickson, Subscription Publication) reports that, according to many clinical labs and the health systems and hospitals they are owned by, the Centers for Medicare & Medicaid Services (CMS) “has failed to add enough nuance to the enforcement framework that protects its process for making sure that labs are proficient.” In a comment letter, the American Hospital Association stated that “the policy would have ‘a devastating impact on the patients served by large national health systems that often own and operate many laboratories in many locations.’”

FDA’s Pazdur Suggests Change To Cancer Medication Review Process.

[Scientific American](#) (11/27, Maron) reports that “a new process, in which the FDA approves cancer drugs on the basis of which malfunctioning growth pathways they target rather than on what doctors call the resultant condition, has been quietly batted about on the sidelines of conferences or over drinks among oncologists for the past couple years.” While the agency has yet to “formally proposed any such change, the agency’s cancer czar, Richard Pazdur, floated the idea at a public conference on cancer care earlier this month...suggesting the idea may be gaining official traction.” According to FDA spokesperson Stephanie Yao, “Much still needs to be learned, but as we further understand cancers, it is possible we could see a shift from approving drugs based on disease type to the molecular pathways that drive them.”

Health Coverage and Access

Hospital's Homeless Health Initiative Extended To Adults.

[USA Today](#) (11/27, O'Donnell) reports that a Philadelphia hospital is "making sure the most vulnerable members of this city's struggling population remember the importance of their children's and their own health care and coverage." Two decades "after Pennsylvania enacted its Children's Health Insurance Program to get all kids covered by insurance, 'the goal is to establish the same kind of model for adults that's worked with the kids,'" according to Karen Hudson, program director of The Children's Hospital of Philadelphia's Homeless Health Initiative. Physicians at Children's Hospital of Philadelphia (CHOP) "often urge parents who bring in their children for treatment to sign up for insurance or Medicaid to get health care for themselves, too." These days, the hospital's Homeless Health Initiative is being extended to reach mothers of youngsters in homeless shelters.

CMS: ACA Has Saved Medicare Recipients \$8.9 Billion.

[Bloomberg News](#) (11/27, Wayne) reports that the Centers For Medicare and Medicaid Studies (CMS) announced in a statement that "the U.S. health-care overhaul has saved Medicare recipients \$8.9 billion so far in prescription drug costs." The savings, which are "related to a discount program" created by the Affordable Care Act, average \$1.209 per person.

[The Hill](#) (11/27, Easley) adds in its "Healthwatch" blog that the savings came from the estimates 7.3 million people who were in the "doughnut hole" in Medicare prescription drug coverage. The hole is a gap in drug coverage wherein recipients must pay for all of their health coverage. The ACA offers coverage to help people in that situation: "To close the hole, the government, under the new healthcare law, will cover more and more of the value of brand-name and generic drugs until 2020, when seniors will be responsible for 25 percent of the cost for each."

Health Business

Bayer Makes Preliminary Offer For Norwegian Cancer Drug Firm.

The [New York Times](#) (11/26, Bray, Subscription Publication) reports Norwegian cancer drug maker Algeta disclosed Tuesday "it had received a preliminary offer to be acquired by the German drug giant Bayer for about \$2.4 billion." Algeta said "the 'discussions are at an early stage.'" The Times notes the two companies are "already partners in selling the prostate cancer drug Xofigo, which was approved for use by the FDA in May. According to the paper, larger pharmaceutical firms "are increasingly entering collaboration agreements or acquiring smaller companies shortly after their drugs are approved for use on the market" in a bid to tackle the increasing costs of developing new drugs.

Still, some analysts were skeptical about the deal, especially the high price offered by Bayer, [Reuters](#) (11/27, Koranyi, Hirschler) reports. DZ Bank analyst Peter Spengler, for instance, said he doesn't see promise in Algeta to justify the steep acquisition offer.

The [AP](#) (11/27), the [Wall Street Journal](#) (11/27, Reeg, Subscription Publication) and the [Pittsburgh Business Times](#) (11/27, Subscription Publication) all cover the news.

Research

Certain Supplements May Slow HIV Progression.

[Bloomberg News](#) (11/27, Ostrow) reports that, according to a [study](#) published Nov. 27 in the Journal of the American Medical Association, "common vitamins plus selenium slowed illness in HIV patients in the early stage of their disease." Those patients who took "a daily combination of vitamins B, C and E along with selenium for two years

were able to delay their need for antiretroviral therapies by about half compared with those given a placebo,” the study found.

The [Miami Herald](#) (11/27, Chang) reports that for the study, investigators from Florida International University “and Harvard University followed 878 HIV-infected patients in Botswana and tracked the progression of their disease for two years, finding that patients who received daily supplements of vitamins B, C and E plus selenium had a lower risk of depleting the number of immune response cells in their bodies.” The vitamins also appeared to reduce “the risk of other measures of disease progression, including AIDS symptoms and AIDS-related deaths.” The study’s lead author pointed out that “vitamins B, C and E are essential for maintaining a responsive immune system, and selenium may also play an important role in preventing HIV replication.”

[HealthDay](#) (11/27, Dotinga) reports that the “supplements appeared to have no side effects,” according to the study’s lead author, who now “recommends that people newly diagnosed with HIV begin taking multivitamins.” She theorized that vitamins may “boost the immune system.”

[MedPage Today](#) (11/27, Smith) reports the study received financial support from the National Institute on Drug Abuse.

Research: Some Antibiotics May Treat Enterobacteriaceae.

The [McKnight’s Long-Term Care News](#) (11/27, Mullaney) reports recent research from Israel published in this month’s *American Journal of Infection Control* indicates certain antibiotics can effectively eliminate Enterobacteriaceae colonies in asymptomatic carriers. Researchers wrote, “Oral antibiotic treatment with nonabsorbable drugs to which CRE is susceptible appears to be an effective and safe for eradication of CRE colonization and, thereby, may reduce patient-to-patient transmission and incidence of clinical infection with this difficult-to-treat organism.”

CMV Infection May Predict Response To RA Treatment.

[MedPage Today](#) (11/27, Walsh) reports that research published online in *Arthritis Research & Therapy* suggests that “a specific immune response signature associated with latent cytomegalovirus (CMV) infection may help predict response to treatment in very early rheumatoid arthritis.” Researchers found that “when peripheral blood mononuclear cells from recently diagnosed patients were cultured with various types of immune stimuli including combined lysates of CMV and Epstein-Barr virus (EBV), patients who failed to have a clinically meaningful response to disease-modifying anti-rheumatic drugs (DMARDs) had higher CMV/EBV scores at baseline than responders (65.6 versus 50.2, P=0.029).” The investigators also found that “nonresponders showed further decreases in CMV/EBV scores during the first 5 to 6 months of treatment (-12.8) while responders had increases in these scores (+11.6, P=0.002).”

Also in the News

Princeton Offers Not-Yet-Approved Vaccine At CDC’s Recommendation.

The [AP](#) (11/27) reports a yet-to-be-US-licensed meningitis vaccine will be provided to almost 6,000 Princeton University students starting Dec. 9, adhering to a Centers for Disease Control and Prevention recommendation. The first dose will be provided from Dec. 9 to the 12, with the second following in February, as the CDC recommends two doses “for maximum protection.”

On its website, [NBC News](#) (11/27, Fox) reports that it obtained a letter from the university stating, “The CDC and state health officials recommend that classes and activities at Princeton University continue as planned, and the surrounding community can continue to attend events on the campus,” because “the bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been, and there is no evidence to suggest a risk of spreading the bacterial by touching surfaces.”

[CNN](#) (11/27, Landau) reports the university said the vaccine “will not be provided to anyone else or given out anywhere else.”

Regional coverage is provided by the [Times of Trenton \(NJ\)](#) (11/27, Offredo) and the [Newark \(NJ\) Star-Ledger](#) (11/27, O'Brien).

CDC: Princeton, UCSB Outbreaks “Unrelated.” [Medscape](#) (11/27, Lowes) reports that the CDC calls the simultaneous outbreaks at Princeton and the University of California-Santa Barbara “unrelated,” although it acknowledges the “unusual” nature of two simultaneously occurring outbreaks. CDC medical officer Amanda Cohn acknowledged that the CDC concluded that Princeton’s situation “warrants expanded access to the meningitis B vaccine,” while UCSB has not announced any intent to provide the same vaccine, although it intends to monitor Princeton’s situation.

White House Urges Allies To Hold Back On ACA Enrollment Efforts.

On its front page, the [New York Times](#) (11/27, A1, Shear, Pear, Subscription Publication) reports that White House officials, “fearful that the federal health care website may again be overwhelmed this weekend” are urging their allies “to hold back enrollment efforts so the insurance marketplace does not collapse under a crush of new users.” Those in charge of “fixing the site worry that 250,000 people might try to use the site simultaneously at times on Saturday and in the days ahead,” which could potentially “bring the website to a crawl.”

November 30 Deadline Looms For HealthCare.gov Repairs. Several Beltway sources report on the status of repairs to healthcare.gov and the fact that the Obama Administration is tempering expectations about the status of the website at the end of the month, when officials have promised that it will work for the “vast majority” of users.

The [Washington Post](#) (11/26, Sullivan) reports in its “The Fix” blog on the political importance of demonstrable improvements being made to healthcare.gov by the end of this month. Failing to make real improvements before the Administration’s self-imposed deadline would prove discouraging to Congressional Democrats: “Should the Obama administration fail to meet a self-imposed deadline to solve the technical problems with the Web site, there would be yet another reason for Democrats running for Congress in red and purple states and districts to put more daylight between themselves and the law.”

The [AP](#) (11/27, Kuhnhen) reports that White House Chief of Staff Denis McDonough is “at the center of the maelstrom” as he tries “to explain how the president got blindsided by the problematic enrollment launch of his health care law.” While McDonough “has built a deep reserve of good will among lawmakers from both parties,” the “botched health care rollout has angered many Democrats who wonder why the White House did not see the trouble coming.” As McDonough tries “to manage one of the roughest patches in Obama’s presidency,” he now holds “evening meetings every day with key players in the health care rollout, offering support even as he holds agency leaders accountable.” Said McDonough, “We are focused on getting it working, absolutely, and we’re making good progress on that.” The AP calls the performance of the site from December 1 forward “an acid test of McDonough’s leadership and crisis management.”

[Bloomberg News](#) (11/27, Wayne, Nussbaum) offers a question and answer article about the end-of-month deadline for repairs to the website. The Administration has affirmed that the website will be functional for the “vast majority” of users while tempering expectations by saying that it will not yet be perfect. [The Hill](#) (11/27) “Twitter Room” blog also discusses healthcare.gov repairs.

Two Other ACA Websites Still Not Fully Functional. The [AP](#) (11/27, Johnson) reports that the launch of online Spanish-language ACA enrollment tools have been postponed. Currently, the Spanish version of HealthCare.gov “provides basic information, but still doesn’t allow users to apply for insurance coverage online.” According to HHS spokeswoman Joanne Peters, the Administration “plans a quiet launch of the Spanish enrollment tools in early December without much advertising.” In the meantime, Spanish speakers can get assistance on the phone from “bilingual call center operators or in person from bilingual enrollment counselors while they wait for an online option.”

[CQ](#) (11/27, Attias, Subscription Publication) reports that the website for the Federal small business health insurance exchange has been experiencing problems: “Those who attempt to apply online for the federal Small Business Health Options Program are led to a screen telling users that they can choose to start the process with a paper application or ‘wait until November to handle the entire application process online.’” The website’s problems have been overshadowed by issues with [healthcare.gov](#).

American Society of Health System-Pharmacists Foundation (ASHP Foundation)

Liaison Officer's Report by CDR Carrie Ceresa

Website: www.ashpfoundation.org

ASHP Foundation Professional Practice:

The ASHP Foundation is the philanthropic arm of the American Society of Health Systems-Pharmacists. The vision of the ASHP Foundation is as follows, "Patient outcomes improve because of the leadership and clinical skills of pharmacists, as vital members of the health care team, accountable for safe and effective medication use."¹

ASHP Public Policy:

The mission of the ASHP Foundation is to improve the health and well-being of patients in health systems through appropriate, safe and effective medication use.¹ This is accomplished by sponsoring practice research leading to advances in patient outcomes, working to educate and develop pharmacists and pharmacists staff as leaders and clinicians, providing funding for programs that optimize medication-use systems, encouraging innovation and adopting best practices, providing recognition and support to diffuse best practices in research and education and establishing partnerships and alliances to inform their mission and goals.¹

Organization contact(s):

ASHP Research and Education Foundation
7272 Wisconsin Avenue
Bethesda, Maryland 20814

- Phone: (301) 664-8612
- Fax: (301) 634-5712
- Email: foundation@ashp.org
- Facebook: www.facebook.com (search ASHP Research and Education Foundation)
- Twitter: www.twitter.com/ASHPFoundation
- YouTube: www.youtube.com/ASHPFoundation

Date: 12/1/13

Announcements:

- The ASHP Foundation offers six research grant programs, six traineeships and four awards programs, as well as a number of meetings and events throughout the year (see below)
- Applications currently available

¹ www.ashpfoundation.org

- Awards
 - Award for Excellence in Medication-Use Safety
- Education
 - Oncology Traineeship
 - Pain and Palliative Care Traineeship – levels 1 and 2
 - Pharmacy Residency Expansion Grant
 - PPMI State Affiliate Workshop
- Leadership Programs
 - leadersEDGE Webinar Series
 - Pharmacy Leadership Institute
- Research Grant
 - Research Boot Camp
- Meetings:
 - ASHP 2013 Midyear Clinical Meeting
 - December 8-12, 2013, Orlando, Florida.
 - ASHP Summer Meeting
 - May 31-June 4, 2014, Las Vegas, Nevada
 - The ASHP Foundation will hold the following events during the Summer Meeting
 - Exhibit Booth: date and time TBD
 - Annual Donor Recognition Breakfast
 - Sunday, June 1, 2014, 6:30-8:00 am

News:

December 4, 2013

ASHP Foundation Announces 2013 Recipients of Pharmacy Practice Model Initiative Demonstration Grants

The American Society of Health-System Pharmacists (ASHP) Research and Education Foundation has awarded funding to five pharmacist investigators through the Pharmacy Practice Model Initiative (PPMI) Demonstration Grant Program.

December 3, 2013

ASHP Foundation Releases Second Trends Report to Assist Pharmacy Departments in Strategic Planning

The American Society of Health-System Pharmacists (ASHP) Research and Education Foundation has released a second trends report to help pharmacy practice leaders plan effectively for the future. Pharmacy Forecast 2014-2018: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems is similar in format to the original report but examines some new trends. Both reports, which are an initiative of the ASHP Foundation's Center for Health-System Pharmacy Leadership and supported by the David A. Zilz Leaders for the Future Fund, are freely accessible at www.ashpfoundation.org/pharmacyforecast.



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
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COA Immediate Past Chair	CAPT Nita Sood Nita.Sood@tma.osd.mil
COA Board Pharmacy category rep	CAPT Beth Fritsch fritschb@cder.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/>

NYCOA participates in Veterans Day Parade

The Veterans Day Parade was a great success! Fourty-three Officers participated in this event. Officers travel to New York from Kansas, Minnesota, Maryland, South Carolina, Virginia, Massachusetts and New Jersey. Please see the links below for pictures and videos from the parade.

<https://sites.google.com/site/newyorkcoa/photo-gallery>

<http://youtu.be/j7nWMAdcSyE> (Media coverage courtesy of LCDR Jennifer Custodio)

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

The PHS Commissioned Officers Foundation held a Capitol Hill briefing on November 21, 2013. Hosted by Senator Kay Hagan (NC), the briefing "Value of the PHS Commissioned Corps for American Health and Security" brought together Acting Surgeon General Boris Lushniak, Mike Hayden of MOAA, Professor Muhiuddin Haider of the University of Maryland, and freelance journalist David Tobenkin. Please see below for the press release on the briefing.

[Press Release for Capitol Hill Briefing](#)

Obama to Nominate Vivek Hallegere Murthy as Surgeon General

Late on the afternoon of November 14, the White House announced that President Obama will nominate Dr. Vivek Hallegere Murthy, 36, as the 19th Surgeon General. Dr. Murthy is the Co-Founder and President of Doctors for America, formerly Doctors for Obama, a position he has held since 2009. Doctors for America is fully funded project of the Center for American Progress. Dr. Murthy is also a Hospitalist Attending Physician and Instructor in Medicine at Brigham and Women's Hospital at Harvard Medical School, a position he has held since 2006. In 2011, Dr. Murthy was appointed to serve as a Member of the Advisory Group on Prevention, Health Promotion, and Integration and Public Health. Dr. Murthy has been the Co-Founder and Chairman of the Board of Trial Networks, formerly known as Epernicus, since 2007. Dr. Murthy co-founded VISIONS Worldwide in 1995, a non-profit organization focused on HIV/AIDS education in India and the United States, where he served as President from 1995 to 2000 and Chairman of the Board from 2000 to 2003. Dr. Murthy received a B.A. from Harvard University, an M.B.A. from Yale School of Management, and an M.D. from Yale School of Medicine.

COA Testifies before Military Compensation and Retirement Modernization Commission

On Wednesday, 13 November, COA executive director Jerry Farrell gave testimony before the Military Compensation and Retirement Modernization Commission (MCRMC) convened in Rosslyn, VA. The MCRMC was established by the 2013 National Defense Authorization Act and appointed by the president charged with recommending actions to improve compensation and benefits for the uniformed services. The Commission's report is due in May 2014.

The Commission is examining all aspects of uniformed service compensation and benefits including base pay, special pays, cost of living increases, housing allowances, retirement pay, commissaries and exchanges, healthcare, and other programs such as the GI Bill.

COA's testimony responded specifically to one line in the president's instructions to the Commission to "examine differences between the armed services and the other uniformed services." There are only two "other uniformed services", the two smallest of the seven, the NOAA and PHS Commissioned Corps. The Association's concern is that the president's instruction could be interpreted as an invitation to segregate PHS and NOAA Commissioned Corps compensation and benefits from the five armed services. PHS Commissioned Corps compensation has been aligned with the other services since 1911.

Farrell's testimony suggested that rather than differences, the Commission should focus on the similarities between the PHS Commissioned Corps and the other uniformed services. Farrell cited the long history of PHS Commissioned Corps interoperability with the military, PHS deployability, and the fact that public health remains the most fundamental component of national security. [Click here to read COA's Statement for the Record before the MCRMC...](#)

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>.

News:

Farrell to Retire - Search Launched for New Executive Director

PHS Commissioned Officers Association and Foundation executive director Jerry Farrell has announced his intention to step down in the spring of 2014. Publicly announcing his decision on the 12th anniversary of his employment with COA and COF, Farrell stated that "Serving as COA/COF executive director has been a privilege and honor, and I want to thank the COA and COF boards for the opportunity to serve as the enterprise executive director for the last twelve years. Much has been accomplished and I am proud of that record; but much remains to be done. I am confident that my successor will be able to help propel the PHS Commissioned Corps to achieve its full potential in ensuring both the nation's public health security as well as global health security."

The COA and COF boards have appointed a search committee and engaged the services of an association executive search firm to conduct a national search for a new executive director. The vacancy announcement and full position description are available at the link below.

Inquires may be directed to EDCommofficers@gmail.com

[Click here for the vacancy announcement and position description...](#)

RADM James Steele, USPHS (Ret.) Dies

Rear Admiral James Steele, USPHS (Ret.), the "Father of Veterinary Public Health" and the first Public Health Service Chief Veterinary Officer, passed away yesterday in Houston, TX. Admiral Steele was 100 years old.

Admiral Steele joined the Public Health Service Commissioned Corps as a sanitarian (there were no provisions for veterinarians in the Corps at the time) in 1943, became the first director of the PHS Office of Veterinary Public Health in 1946, and was one of the first staff of the new Centers for Disease Control in Atlanta. At Admiral Steele's insistence, Veterinary Officers were soon enrolled in the Epidemic Intelligence Service (EIS) at CDC.

Admiral Steele was promoted to Assistant Surgeon General in 1968 and retired from the Commissioned Corps in 1971. He went on to teach at the University of Texas School of Public

Health where he continued his groundbreaking work in the field of zoonotic public health that earned him the title of "Father of Veterinary Public Health."

Admiral Steele joined the Commissioned Officers Association in 1945 and remained a Life Member until his death. His membership passes to his surviving spouse, Brigitte.

50th Anniversary of the Smoking and Health Report

In 1964, Surgeon General Luther Terry released the seminal report Smoking and Health. It revolutionized public health evidence-based practice and ushered in a wave of efforts to stem smoking and tobacco use. A new generation of researchers and health officials pushed back at the marketing by tobacco companies and led to scores of ways to educate the public about the dangers of smoking and regulate where and how people can smoke.

The Foundation supports multiple efforts to celebrate the anniversary. Authors should submit commentaries for publication in peer-reviewed journals like Public Health Reports, published since 1878 and the official journal of the Public Health Service. [Click here for the Call for Papers.](#)

Commissioned Officers Foundation Receives \$1.24 million Bequest

The Estate of Captain Robert Lathrop sent a second bequest of \$620,000 to the PHS Commissioned Officers Foundation, making the total donation \$1.24 million.

Captain Robert Lathrop spent much of his adult life traveling around to the most remote and difficult to access areas of Alaska with his wife, "Petey," providing dental care for Alaska Natives. Beginning his service in Alaska with the Territorial Department of Health in 1948 in the ship M/V Hygiene, CAPT Lathrop worked variously in Point Hope, Barrow, and Kotzebue where he joined the PHS Commissioned Corps in 1963 and also immediately became a member of the Commissioned Officers Association, soon after becoming a Life Member of COA. When the PHS Commissioned Officers Foundation was established in 2000, Captain Lathrop became a regular donor.

The Corps brought Captain Lathrop to the lower 48 where he served as the Aberdeen Area Dental Officer and at Indian Health Service headquarters until his retirement from active service in 1975. Upon retirement, Bob and Petey returned to Kotzebue and from there travelled around the world, eventually settling in Anchorage in 1988. His beloved Petey pre-deceased him and Captain Lathrop passed away on June 8, 2011 at Marlow Manor Assisted Living in Anchorage. He was 87 years old.

Shortly after Captain Lathrop's death, COF received notice from his estate that Bob had included the Foundation in his will. On May 18, 2012, COF received the first check in the amount of \$620,000 from Captain Lathrop's estate, the largest gift in the Foundation's twelve year history. The second check for \$620,000 was received in October of 2013. The Foundation is deeply indebted to and profoundly humbled by Captain Lathrop's bequest.