



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
1400-1530 EST on 02 January 2014

Phone #: 855-828-1770 or 301-796-7777

Meeting ID: 9675592

Password: 9675592 (if requested)

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Pharmacy Category Action Items

One Time Tasks (Arranged by Due Date)

Due Date	Task
March 15	Deadline for article submissions for the April 30 th issue of the <i>PharmPAC Perspectives</i> Newsletter. 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

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

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

Number of Callers on Line

January 2014: 113
 December 2013: 139
 November 2013: 156

October 2013: 176
 September 2013: 156
 August 2013: 142

June 2013: 107
 May 2013: 120

CPO Update & Open Forum: RADM Scott Giberson

Opening Remarks

- Welcome back and Happy New Year 2014. Each year around this time in January, we hear similar messages of optimism and change, of initiative and innovation, of leadership and expectation. This year however is truly one on the brink (I believe) of a fundamental shift in our profession. We are at the “tipping point” so-to-speak of being widely known and accepted as providers of patient care, as health care providers, as essential members of the healthcare team that are valued for expertise in chronic disease, regulatory science, medication management, prevention, research and other services. Our organizations are united and our leadership is inspired. PHS Pharmacy, in particular, is known to be a sought after source of information. A source of expertise with wide-reaching visibility in many U.S. Departments and Agencies and as a bridge within the federal uniformed services and the VA. With this in mind, the timing is critical. We have a unique momentum that has been built – and that must be maintained – to get over the tipping point and into mainstream acceptance of our roles and potential to impact the health of the nation. My simple call-to-action to all of you is to seize this moment in time: be leaders within our profession (and external to it), continue to be passionate and resilient, and inspire a new way forward.

Call for Chief Professional Officer (CPO) Pharmacy Nominations

- CPO Term will end March 2014. Calls from Corps HQ will go out soon to agency liaisons and agency leadership to begin process of nominations. Encourage qualified CAPTAINS to apply.
- The CPO role is yet another opportunity to become a senior leader in the Commissioned Corps and in a uniformed service. The CPO position is about giving back to the category, Corps, Department and profession. It is a position with less authority and more influence; a position that requires a passion, resilience and dedication to solving problems, building bridges and developing others. It is not for everyone – but if you have some of these characteristics and understand acceptance of additional responsibilities – I encourage you to consider this leadership position. Best of luck to all involved. We look forward to this process progressing across the next few months.

Application Process for new Calls-to-Active Duty

- HQ has opened the new call-to-active duty **process** for Physician Assistants, Nurse Practitioners and next month Engineers and EHOs. 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

- Promotion paperwork should all be submitted to Corps HQ. Please triple check your e-OPF and make certain all appropriate documentation is contained if you are up for promotion.
- The Corps promotion boards are currently being developed and should be on time to meet between Feb and April, our customary timeline for all category boards to meet.

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 Meeting

- APhA Annual Conference – March 2014, 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.
- Expected publication of article in Jan-Feb timeline in U.S. Medicine: 2014 PHS Pharmacy Outlook.
- 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 StaceyThornton@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, PAC Chair and PAC Chairs Chair) and the CPO's Special Assistant, LCDR Eunice Chung-Davies (eunice.chungdavies@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 –

- Are PHS Pharmacists eligible for the National Health Service Corps Loan Repayment program? *We have seen some progress towards the inclusion of pharmacists in this program. Efforts in support of pharmacist's national providers status would assist in this process.*

For additional information, please see the Special Attachment at the end of these minutes provided by CAPT Philip Budashewitz at PBudashewitz@hrsa.gov"

Also note, State repayment programs may include pharmacists sooner than the federal repayment program. Per LT Kristina Snyder, the CA State Repayment Program hopes to include Pharmacists by the August 2014 cycle. However, other states such as AZ may not have similar plans. Officers may consider reaching out to their respective state for additional information.

- How long is the CPO term? *The CPO term is four years.*
- What avenues can students take to be part of PHS? *We have had a large pool of applicants and have met our force strength. Consider expanding your horizons and become aware of your opportunities. USPHS Officers are in 26 different US departments and agencies, the most diverse group of HCPs in the country. What you can do is vast and what you can learn about is open to your interest levels. For younger students, consider Co-Step opportunities and IHS residencies.*
- If a pharmacist has multiple licenses with differing clinical responsibilities, can the pharmacist select the license with the most expansive clinical authority? *RADM will follow-up with additional information. However, you must keep one license of record to remain commissioned. You may also consider exploring using the most expansive license to establish your collaborative practice agreement*
- Is there a repository for collaborative practice agreements? *Yes, please check with CAPT Stacey Thornton at stacey-thornton@cherokee.org. Additional information may be available on the IHS website.*
- How do you get additional credentials vetted in Direct Access? *In the future, we may use direct access to identify individuals with specific credentials. However, we haven't started requesting this information of officers at this point and the system may not be established to receive this type of information.*

Follow-up from OSG Division of Systems Integration: Direct Access is currently capable of capturing all credentials identified through the Position project. Officer Profiles is the mechanism that officers use to submit additional credentials. DCCPR has created a CCMIS web site detailing the Officer Profiles process, which can be found at http://dcp.psc.gov/ccmis/Officer_Profile_Update.aspx. Credentials are currently used to help match officers to positions.

Note that Officer Profiles currently only collects the following documents (excluding those required for your commission):

Other degrees (excluding your commissionable degree)

Registrations, residencies, fellowships, certifications (not certificates) or additional licensures (excluding the one(s) presently tracked to maintain your commission).

- *Can students attend the Leadership seminar in January? No, this forum is not open to Pharmacy students. The seminar will be a closed door session to allow for confidential discussion*
- *If a pharmacy student missed the opportunity to apply to an IHS residency program, can they apply for a residency after graduation? It is not required that you apply immediately. The program is incredibly competitive. We have 103 applications for about 21 slots. Per CDR Fredy, anyone is eligible regardless of graduation date.*
- *Since Gerry Ferrell is retiring, do you know anything about his replacement? The selection process is ongoing. We appreciate his efforts to support the PHS.*
- *Do you have any encouraging words or recommendations for graduating students? You are in a field which has more to do than ever before. There have always been ebbs and flows in terms of the availability of pharmacy jobs; however, our roles have remained similar. I see a growing demand for pharmacists as our roles change in the future. There are too many people in need of healthcare and too few people to provide for them. Expand your knowledge base and hone your skills. As our healthcare provider status changes, our opportunities to server as an access point to healthcare expands.*

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](#), [PHS Pharmacists List](#), [SOP](#)

- Thanks to all who served as agency liaisons during 2012-2013 and congratulations to those who have been selected for the 2014-2015 term.

Agency	2012-2013 Liaison	2014-2015 Liaison
BOP	LCDR Kellie Guedry	LT Michelle Williams
CDC	LCDR Tina Bhavsar	LT Jennifer Lind
CMS	LCDR Matthew Febbo	LT Teisha Robertson
DHS	CAPT James Czarzasty	N/A
DHS: US Immigration Health Services Corps	N/A	LT Stephanie Daniels
DHS: US Coast Guard	N/A	LCDR Paul Michaud
FDA	LT Sadhna Khatri	LT Sadhna Khatri
HRSA	CAPT Josephine Lyght	CAPT Josephine Lyght
IHS	CDR Wil Darwin	CDR Wil Darwin
NIH	CDR David Diwa	CDR Richard DeCederfelt
OS	Vacant	CDR Sam Wu

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- A call for a DoD liaison will be coming soon.
- Pharmacy Honor Awards: Request for nominations will be announced Mid-January. Please consider nominating officers for the following prestigious awards.
 - RADM John Babb Pharmacist Responder of the Year Award
 - Allen J. Brands Clinical Pharmacist
 - Mary Louise Andersen Leadership Award
 - George F. Archambault PHS Career Achievement Award in Pharmacy
 - Managerial Excellence Improving Pharmacy Service or Public Health

Additional information regarding criteria is available:

http://www.usphs.gov/corpslinks/pharmacy/sc_admin_awards.aspx

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 \(Tools\)](#)

- We are seeking volunteers for a subcommittee to advise on the creation of a fillable CV template. If interested, please contact CDR Shary Jones.
-

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

- Winter newsletter will be coming out at the end of January.
 - Please read the most recent issue (Fall 2013) and contact the communications section if there is information you'd like to see added to the Newsletter.
-

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 November:

PACE Recipients for November 2013
CDR Nhi Bach Beasley LCDR Doan Nguyen LCDR Kimberly Rains LCDR Kara King LT Hong Vu LT Jean Lester LT Jessie Casberg

- 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
- Since the beginning of the PACE program over 6 months ago, we have issued 50 certificates(11 first timers, 10 level 4).
- Lookout for the next PharmPAC Perspectives for an article about how to train for the APFT. Special thanks to the following officers who contributed this article:

APFT Fitness Article Contributors– How do you train for the APFT?
CDR Dan Brum CDR Peter Diak CDR Kenda Jefferson CDR Tracy Reed LCDR Eunice Chung-Davies LCDR Mark Iseri LCDR Kelly Ngan LCDR Sam Skariah LT Christine Corser LT Jessica Fox LT Christopher LaFleur LT Scott Myers LT Jessica Thompson

Recruitment Section Update

CDR Selena Ready (Selena.Ready@fda.hhs.gov)

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!](#)

- The call for nominations for the 2014 Excellence in Public Health Pharmacy Practice Award for pharmacy students will be extended to all of the Universities/Schools of Pharmacy on Monday, January 6, 2014. The deadline for nomination submission is March 7, 2014.
 - The award review committee met on December 19, 2013 to discuss the award process. If anyone has questions about the award please contact LCDR Brittany Keener at blkeener@anthc.org.
 - Thank you to the UPOCs for submitting the biannual reports. They are currently being reviewed.
 - Activity Reports are to be submitted to: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/upoc-activity-report>.
 - ⇒ Many officers have reported issues accessing the UPOC activity report website and we are aware of these issues. Many of the government agencies have blocked the google fusion application (FDA, BOP), thus if you are unable to access the website at your agency, use your home computer, which may fix any issues of accessibility. If you continue to experience issues, please e-mail LCDR Anne Marie Bott at ambott@anthc.org with questions.
-

PAC Chair Update/Open Forum: LCDR Marisol Martinez

(email: marisol.martinez@dha.mil)

- New Personnel Operations Memorandums (POM): minimum GPA for candidates who are seeking commissioning in USPHS (no less than 2.8 on a 4.0 grading scale).
 - Uniform and Appearance POM: no smoking while in uniform. This is a noteworthy announcement to coincide with the 50th anniversary of the Surgeon's general report on smoking and health. We are the first uniformed service to issue this type of POM. There is a smoking cessation program which will be distributed to officers.
 - Hatch Act (Political Activity restrictions): please re-familiarize yourself with the email message sent to the listserv from RADM Giberson.
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(email: Jefferson.fredy@ihs.gov)

- No OBC this month. Next OBC will occur in February.
- There is an opportunity for DC Metro Officers to attend the Luther Terry Wreath Laying Ceremony on January 11, 2014 at 11 AM EST. The event will honor the life of Surgeon General Luther Terry and his impact on the anti-smoking movement. The ceremony will be held at Arlington National Cemetery, Section 3, Grave 1829-C, Arlington, VA. For more information on parking and transportation, please RSVP via e-mail to: Surgeon.General@hhs.gov subject line: RSVP Wreath Laying Ceremony by Thursday, January 9, 2014.

Old/New Business: LCDR Marisol Martinez

- USPHS Ensemble Calendars for sale, \$10. Please contact CDR Karen Muñoz at Karen.Munoz@cms.hhs.gov or 410-786-1267
- Meeting room change to 1417 for next month.
- We will use adobe connect to augment our meeting interaction in February. Please watch out for a link to the webcast.

The meeting was adjourned at 1459 EST.

Next Meeting Date:

06 February 2014 from 1400 to 1530 EST
White Oak Conference Room
Bldg. 22
Room 1417

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	Yes	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	CAPT David Diwa and 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)
DoD	No	TBD
OS	No	CDR Samuel Wu (Samuel.wu@hhs.gov).
PROFESSIONAL ORGANIZATION REPORTS Coordinated by CDR Robert Macky (rmacky@bop.gov)		
AMCP	No	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	Yes	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	No	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

- Pharmacists and the National Health Service Corps

Established in 1970, the National Health Service Corps' (NHSC) scholarship and loan repayment programs help underserved communities across the nation receive critically needed primary medical, oral, and mental and behavioral health care. Through the National Health Service Corps and the NHSC State Loan Repayment Program (SLRP) clinicians receive scholarships and loan repayment in return for committing to practice in Health Professional Shortage Areas (HPSAs) for a defined period of time.

NHSC/SLRP provides cost-sharing grants to states to operate their own loan repayment programs. In 2013, pharmacists were included as an eligible discipline for NHSC/SLRP. The NHSC aims to support health care providers who will increase access to care in underserved communities with pharmacists as key members of the primary care team. Providing states additional flexibility to meet the needs of their underserved communities benefits the patients the State Loan Repayment Program is designed to serve. Currently, seven states, Alaska, California, Kentucky, Rhode Island, Oregon, Virginia and Washington include pharmacists as part of their NHSC State Loan Repayment program.

For additional information on the NHSC State Loan Repayment Program including individual state loan repayment contacts see:

<http://nhsc.hrsa.gov/loanrepayment/stateloanrepaymentprogram/index.html> or, contact:

Philip M. Budashewitz, RPh, MA

CAPT, U.S. Public Health Service

Director, Division of Policy and Shortage Designation

Bureau of Clinician Recruitment & Service

Health Resources and Services Administration

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January 2014



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

January 2014

Opening Remarks

- Welcome back and Happy New Year 2014...Each year around this time in January, we hear similar messages of optimism and change, of initiative and innovation, of leadership and expectation. This year however is truly one on the brink (I believe) of a fundamental shift in our profession. We are at the “tipping point” so-to-speak of being widely known and accepted as providers of patient care, as health care providers, as essential members of the healthcare team that are valued for expertise in chronic disease, regulatory science, medication management, prevention, research and other services. Our organizations are united and our leadership is inspired. PHS Pharmacy, in particular, is known to be a sought after source of information. A source of expertise with wide-reaching visibility in many U.S. Departments and Agencies and as a bridge within the federal uniformed services and the VA. With this in mind, the timing is critical. We have a unique momentum that has been built – and that must be maintained – to get over the tipping point and into mainstream acceptance of our roles and potential to impact the health of the nation. My simple call-to-action to all of you is seize this moment in time: be leaders within our profession (and external to it), continue to be passionate and resilient, and inspire a new way forward.

Call for Chief Professional Officer (CPO) Pharmacy Nominations

- CPO Term will end March 2014. Calls from Corps HQ will go out soon to agency liaisons and agency leadership to begin process of nominations. Encourage qualified CAPTAINS to apply.
- The CPO role is yet another opportunity to become a senior leader in the Commissioned Corps and in a uniformed service. The CPO position is about giving back to the category, Corps, Department and profession. It is a position with less authority and more influence; a position that requires a passion, resilience and dedication to solving problems, building bridges and developing others. It is not for everyone – but if you have some of these characteristics and understand acceptance of additional responsibilities – I encourage you to consider this leadership position. Best of luck to all involved. We look forward to this process progressing across the next few months.

Application Process for new Calls-to-Active Duty

- HQ has opened the new call-to-active duty *process* for Physician Assistants, Nurse Practitioners and next month Engineers and EHOs. 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

- Promotion paperwork should all be submitted to Corps HQ. Please triple check your e-OPF and make certain all appropriate documentation is contained if you are up for promotion.
- The Corps promotion boards are currently being developed and should be on time to meet between Feb and April, our customary timeline for all category boards to meet.

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

- APhA Annual Conference – March 2014, 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
- Expected publication of article in Jan-Feb timeline in U.S. Medicine: 2014 PHS Pharmacy Outlook.
- 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, PAC Chair and PAC Chairs Chair) 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: January 5, 2013

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: JOAG Liaison Report – INFORMATION

- Interviews with the top three applicants for the JOAG Senior Advisor position occurred in December 2013. Selection will be made in the near future.
- Under the JOAG's Professional Development Committee, two Subcommittees are looking for several enthusiastic junior officers who would be interested in the following positions.

Uniform Inspections Subcommittee – 2014 USPHS Symposium Uniform Inspection Booth Liaison:

If you plan on attending the 2014 USPHS Symposium this year, they have a specific leadership request for a Uniform Inspection Booth liaison to coordinate that aspect of PD for the Symposium. This would be a liaison type role to assist with the set up and coordinate the volunteers to staff the booth during specific times. Contact: LT Katie Hager (Katie.Hager@hhs.gov) & LCDR James Warner (james.d.warner@uscg.mil)

JOAG Mentoring Subcommittee - Data Analysis:

As part of the Mentoring Subcommittee, the Job Shadowing Program is a professional, career development and exploration activity that offers senior officer-to-junior officer shadowing opportunities. The program provides junior officers an opportunity to spend time with a more senior professional currently working in a person's career field of interest. Job shadowing offers a chance to see what it's actually like working in a specific job and provides a greater and more in depth understanding to one's profession. Individuals who participate in job shadowing get to observe the day-to-day activities of someone in the current workforce, and also get a chance to have their questions answered. There are no other recognized shadowing programs in the USPHS at this current time. Analyzes data from surveys and existing spreadsheets and prepares charts and reports that will capture the Job Shadowing program trends and areas for improvement. Contact: LCDR Jae Choi (jae.choi@cms.hhs.gov) & LCDR Janice Maniwang (janice.maniwang@fda.hhs.gov)

- The JOAG Communications & Publications Committee (CPC) is pleased to present the Fall 2013 issue of the JOAG Journal.



FALL 2013 JOAG
Journal.pdf

- The JOAG Communications & Publications Committee (CPC) is soliciting ideas for articles to be featured in the Winter 2014 issue of the JOAG Journal. Please feel free to submit article ideas of broad and beneficial interest that provides JO's with insightful information that is valuable to their lives and careers.

The JOAG Journal highly encourages submissions from junior officers who have not previously authored articles. Insightful information can be gained from reviewing articles from past Journals (<http://www.usphs.gov/corpslinks/JOAG/journal.aspx>). We are also interested in articles related to junior officer events and other USPHS events.

Submission of a **single** high quality photo in .jpg format embedded in the article is encouraged. Please be advised that submitting photographs to the JOAG Journal means that you give consent for the JOAG Journal and JOAG to use these photos for JOAG-related events, publication and other use as deemed necessary by the JOAG Chair and/or Advisor.

Please limit articles to **500 words** maximum (a single page). Use MS Word with Times New Roman and a 12-point font with an optional web link and relevant information. Please review the attached document “The JOAG Journal Guidelines for Article Submissions” carefully, as the criteria for submitting articles has changed.

When emailing your article as a Word doc, please title same with the words “JOAG Journal Article” in the Outlook subject line. This will help us easily identify that an article was submitted.

Article ideas are due by **15 January 2014** and final submissions will be due by close of business on **14 February 2014**.

Submit ideas for articles to LT Daveta Bailey at joagcpcsubmissions@fda.hhs.gov.



The JOAG Journal
Guidelines for Article :

- The Junior Officer Advisory Group (JOAG) is requesting nominations for three awards to be presented at the annual USPHS Scientific and Training Symposium to be held in Raleigh, NC, from June 10-12, 2014.

The **JOAG Excellence Award** recognizes a non-voting junior officer at the rank of O-4 or below in the USPHS Commissioned Corps, who is an active participant of JOAG, for

demonstrating outstanding, dedicated effort, leadership ability, and commitment to JOAG through active committee or workgroup participation. Self-nominations welcome. The **JOAG Junior Officer of the Year Award** recognizes an active duty junior officer at the rank of O-4 or below in the USPHS Commissioned Corps who has made a significant contribution to the overall mission of the U.S. Public Health Service. Self-nominations welcome.

The **JOAG VADM Richard H. Carmona Inspiration Award** recognizes an active duty or retired senior officer at the rank of O-5 or above in the USPHS Commissioned Corps who exemplifies outstanding leadership by example, mentorship and empowerment of junior officers, unwavering support of the Commissioned Corps and its mission, and overall inspiration and motivation to the PHS community. Nominations only accepted from junior officers (at the rank of O-4 or below in the USPHS Commissioned Corps).

If you know any outstanding officers deserving the recognition of these awards, please see the JOAG Awards website at: http://www.usphs.gov/corpslinks/joag/index_files/Awards.htm or the attached documents for details. You can also contact one of the JOAG Awards Committee Co-Chairs, LCDR Nichols Erin at igd1@cdc.gov or LCDR Adora Ndu at adora.ndu@fda.hhs.gov, or one of the JOAG Award Leads listed below for nomination details. Nominations are due to the appropriate JOAG Award Lead listed below no later than COB on **February 14, 2014**.

Send nominations or questions for the JOAG Excellence Award to:
LT Hong Vu
Email: hong.vu@fda.hhs.gov; Phone: 301-796-7401

Send nominations or questions for the Junior Officer of the Year Award to:
LCDR Timothy Albright
Email: timothy.albright@fda.hhs.gov; Phone: 240-402-1413

Send nominations or questions for the VADM Richard H. Carmona Inspiration Award to:
LT Sara Azimi-Bolourian
Email: sara.azimi-bolourian@samhsa.hhs.gov; Phone: 240-276-2708

- Please join in on our monthly conference call for the Junior Officer Advisory Group (JOAG) workgroup in support of the Surgeon General's Walking Initiative to increase fitness and walking opportunities throughout the United States. The purpose of this group is to increase fitness opportunities in the United States. We are looking for interested junior officers who are looking for fitness and US Public Health Service promotion activities who would like to join the workgroup.

Please call into our meeting on Monday, January 6th at 4:30 EST, 3:30 CST to find out what it is all about!

Conference Dial-In Number: 605-475-3200
Participant Access Code: 851409#

For more information contact LCDR Margaret Whittaker (Margaret.whittaker@fda.hhs.gov) or LCDR Misty Rios (m1rios@bop.gov).

NEXT JOAG GENERAL MEETING: February 14, 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.

We are honored to have **CDR Jonathan White**, Deputy Director Office of Human Services Emergency Preparedness and Response in the Administration for Children and Families, speak on a timely and important professional development topic: "**Workplace Stress Management**". Slides for the presentation will be distributed via the listserv when they become available.

Please send any questions you have for CDR White to LT Cara Halldin (challdin@cdc.gov) by COB 7 January 2014.

Call in: 1-213-342-3000

Note: this is a toll line and long distance charges apply

Participant Access Code: 6904646

Notes about the conference line:

- * Because of the number of people calling in, it may take more than one attempt to connect to the conference line. (You may hear a message that "All circuits are busy.") Please keep trying to connect, and consider dialing in several minutes before the call begins.
- * Once connected, you may be instructed to announce yourself to the call. Please do not do so, as it interrupts the call. Thanks!
- * Please put your phone on mute when not speaking. If your phone does not have a mute button, press *6 (star 6).

About the Journeyman Series: The Journeyman Series is a speaker series developed by the JOAG Professional Development Committee to bring relevant information to Junior Officers about Corps-related issues. For more information on Journeyman Speaker Series, visit the JOAG Website: http://www.usphs.gov/corpslinks/JOAG/meetings_journeyman.aspx

Please forward any questions to LT Cara Halldin (challdin@cdc.gov) or LCDR Avena Russell (Avena.Russell@fda.hhs.gov).

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

January 2014

Submitted by LCDR Kellie Guedry, BOP PharmPAC Liaison

- BOP Pharmacy is looking at reformatting the CPA / Protocol form to standardize across all disease states. This new form will utilize specific Clinical Practice Guidelines as the backbone of the clinical decision making related to medication changes. If adopted, this will make the CPA review process more efficient and will negate a specific protocol from being edited when clinical evidence based prescribing practices change.
- A National Antimicrobial Stewardship Drug Utilization Review is about to be released. A new approach to collect data is being developed to streamline the collation of data and the review/assessment of the results. Patient level data will be submitted by institutions via a survey questionnaire software program.
- The BOP is now able to capture cohort HIV testing data upon intake for sentenced inmates. BOP policy strives for universal testing at intake with patients being able to opt out. This new data will allow the BOP to report on certain HIV testing metrics in line with the National HIV Strategy and new HIV Care Cascade.



Prison Report to PharmPAC

January 2014

Submitted by LCDR Kellie Guedry, BOP PharmPAC Liaison

- RADM Kendig, BOP Assistant Director of the Health Services Division and Medical Director, will be providing a correctional research presentation in the near future. Three of the four topics will involve pharmacy services. Scope, Issues/challenges, intervention success, and future implications will be provided in the areas of HIV treatment outcomes including the role of HIV Clinical Pharmacist Consultants, HepC Treatment outcomes with new antivirals including the role of the Hepatitis Clinical Pharmacist Consultants, and an ongoing INH - Rifapentine pilot for latent tuberculosis treatment.



CDC Report to the USPHS PharmPAC

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

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

January 2014 Updates

[APhA Foundation to Speak to Pharmacists and Public Health Group](#) On January 7, 2014, the American Pharmacists Association (APhA) Foundation will be meeting with the CDC Pharmacists and Public Health Group to discuss the role of pharmacists in public health. The APhA Foundation is the research arm of APhA and has recently collaborated with the CDC Division for Heart Disease & Stroke Prevention on two projects. Mark your calendars for Tuesday, January 7, 2014, at 9:30 a.m. – 10:30 a.m., EDT, Location: Chamblee Campus Atlanta, GA; Building 102, Room 2202.

[Measles Still a Threat after 50 Years](#) On the 50th anniversary of the measles vaccine, CDC honored vaccine co-inventor Samuel L. Katz, MD, and stressed the importance of measles elimination for global health security, during a press conference attended by most major media. Even though measles is the world's most contagious disease, the vaccine is extremely effective. Nearly all the vaccines now in use are based on the original live-virus vaccine developed by Katz and colleagues and named after David Edmonston, the boy from whose blood the virus was first isolated.

[Working to Combat the HIV/AIDS Epidemic](#) Each year, CDC offices around the globe celebrate World AIDS Day. This annual health observance day is an important time to reflect on past achievements and reaffirm our commitment to strengthening health, scaling up combination prevention and treatment, targeting evidence-based interventions, and promoting sustainability, efficiency, and effectiveness toward achieving an AIDS-free generation.

[Health Alert Network \(HAN\) 358](#) On December 7, 2013, the World Health Organization (WHO) reported the first local (autochthonous) transmission of chikungunya virus in the Americas. As of December 12th, 10 cases of chikungunya have been confirmed in patients who reside on the French side of St. Martin in the Caribbean. Laboratory testing is pending on additional suspected cases. Onset of illness for confirmed cases was between October 15 and December 4. At this time, there are no reports of other suspected chikungunya cases outside St. Martin. However, further spread to other countries in the region is possible. Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean. Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.

[CDC Grand Rounds: Community Water Fluoridation](#) The latest CDC Grand Rounds was held Tuesday, December 17, 2013 and discussed Community Water Fluoridation (CWF) as a community-wide strategy that remains important for maintaining and promoting oral health. CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century. Mark your calendars for Tuesday, January 21, 2014, at 1 p.m. - 2 p.m., EDT when the topic is Science Impact.

[CDC Science Clips: Volume 5, Issue 44, December 16, 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. Below, are some **CDC-authored publications** related to pharmacy practice:

- [Emergency department visits and hospitalizations for digoxin toxicity: United States, 2005-2010](#) **See I, Shehab N, Kegler SR, Laskar SR, Budnitz DS.** Circ Heart Fail. 2013 Dec 3
- [Progress and challenges in RSV prophylaxis and vaccine development](#) **Haynes LM.** J Infect Dis. 2013 Dec;208 Suppl 3:S177-83.
- [Seasonal influenza vaccination coverage among adult populations in the United States, 2005-2011](#) **Lu PJ, Singleton JA, Euler GL, Williams WW, Bridges CB.** Am J Epidemiol. 2013 Nov 1;178(9):1478-87.
- [Old and new approaches to diagnosing and treating latent tuberculosis in children in low-incidence countries](#) Cruz AT, Starke JR, **Lobato MN.** Curr Opin Pediatr. 2013 Dec 2.
- [Undisclosed antiretroviral drug use in a multinational clinical trial \(HIV Prevention Trials Network 052\)](#) Fogel JM, Wang L, Parsons TL, Ou SS, Piwowar-Manning E, Chen Y, **Mudhune VO,** Hosseinipour MC, Kumwenda J, Hakim JG, Chariyalertsak S, Panchia R, Sanne I, Kumarasamy N, Grinsztejn B, Makhema J, Pilotto J, Santos BR, Mayer KH, McCauley M, Gamble T, Bumpus NN, Hendrix CW, Cohen MS, Eshleman SH. J Infect Dis. 2013 Nov 15;208(10):1624-8.



CMS Agency Report to PharmPAC

Submitted by LT Teisha A. Robertson

January 2014 Updates

Announcements:

RADM Scott F. Giberson visits CMS

The Acting Deputy Surgeon General and Pharmacy Chief Professional Officer, RADM Scott F. Giberson visited with USPHS pharmacists at CMS, Central Office in Baltimore, MD on December 5, 2013 for the monthly PharmPAC meeting. During his visit, RADM Giberson was provided a brief orientation and overview of the Agency and a brief description of the 31 USPHS CMS pharmacists duties within the organization.

Press Releases:

Nearly 365,000 Americans selected plans in the Health Insurance Marketplace in October and November

1.9 million customers made it through the process but have not yet selected a plan; an additional 803,077 assessed or determined eligible for Medicaid or CHIP

Health and Human Services (HHS) Secretary Kathleen Sebelius announced today that nearly 365,000 individuals have selected plans from the state and federal Marketplaces by the end of November. November alone added more than a quarter million enrollees in state and federal Marketplaces. Enrollment in the federal Marketplace in November was more than four times greater than October's reported federal enrollment number.

CMS makes outpatient facility policy and payment changes

Rule would give hospitals and ASCs flexibility to lower per-case costs

The Centers for Medicare & Medicaid Services (CMS) today released a final calendar year (CY) 2014 hospital outpatient and ambulatory surgical center (ASC) payment rule [CMS-1601-FC] that will give hospitals and ASCs new flexibility to lower outpatient facility costs and strengthen the long-term financial stability of Medicare. In addition, CMS will replace the current five levels of hospital clinic visit codes for both new and established patients with a single code describing all outpatient clinic visits. A single code and payment for clinic visits is more administratively simple for hospitals and better reflects hospital resources involved in supporting an outpatient visit. The current five levels of outpatient visit codes are designed to distinguish differences in physician work.

CMS finalizes physician payment rates for 2014

Final rule focuses on improved care coordination

In a rule issued today, the Centers for Medicare & Medicaid Services (CMS) finalized payment rates and policies for 2014, including a major proposal to support care management outside the routine office interaction as well as other policies to promote high quality care and efficiency in Medicare. CMS' care coordination policy is a milestone, and demonstrates Medicare's recognition of the importance of care that occurs outside of a face-to-face visit for a wide range of beneficiaries beginning in 2015. The final rule sets payment rates for physicians and non-physician practitioners paid under the Medicare Physician Fee Schedule for 2014 and addresses the policies included in the proposed rule issued in July. CMS projects that total payments under the fee schedule in 2014 will be approximately \$87 billion.

New data shows Affordable Care Act helped Seniors save \$8.9 billion on prescription drugs nationwide

Seniors and people with disabilities with Medicare prescription drug plan coverage saved \$8.9 billion to date on their prescription drugs thanks to the Affordable Care Act, according to new data released today by the Centers for Medicare & Medicaid Services (CMS). At the same time, these seniors will be free to use more of their Social Security benefit cost of living adjustment on what they choose because the Medicare Part B premium will not increase in 2014, thanks to the health care law's successful efforts to keep cost growth low.



FDA Agency Report - January 2014

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: Methylphenidate ADHD Medications - Risk of Long-lasting Erections. Dec 17, 2013

FDA is warning that methylphenidate products, one type of stimulant drug used to treat attention deficit hyperactivity disorder (ADHD), may in rare instances cause prolonged and sometimes painful erections known as priapism. Based on a recent review of methylphenidate products, FDA updated drug labels and patient Medication Guides to include information about the rare but serious risk of priapism. If not treated right away, priapism can lead to permanent damage to the penis. [More information](#)

Recall: Soliris (Eculizumab) Concentrated Solution for Intravenous Infusion by Alexion. Dec 16, 2013

Alexion Pharmaceuticals, Inc. is providing information regarding a previously communicated voluntary recall of two lots of Soliris (eculizumab) Concentrated Solution for Intravenous Infusion. As stated on Nov. 12, 2013, the two lots were found to contain visible particles. At that time, Alexion provided instructions to return any unused vials of Soliris from these two lots at the distributor level. Alexion is now providing the same instructions at the hospital/user level. [More information](#)

Safety Communication: Nipple Aspirate Test - Breast Cancer Screening Test Is Not An Alternative To Mammography. Dec 12, 2013.

The FDA is alerting the public, including women and health care providers, that a nipple aspirate test is not a replacement for mammography, other breast imaging tests, or breast biopsy, and should not be used by itself to screen for or diagnose breast cancer. The FDA is not aware of any valid scientific data to show that a nipple aspirate test by itself is an effective screening tool for any medical condition including the early detection of breast cancer or other breast disease. [More information](#)

Safety Communication: HeartStart Automated External Defibrillators (AED) From Philips Healthcare - Failure Of An Electrical Component That Could Cause AEDs To Fail To Deliver Appropriate Shock. Dec 3, 2013

FDA issues safety communication on HeartStart automated external defibrillators from Philips Healthcare. Certain HeartStart automated external defibrillator (AED) devices made by Philips Medical Systems, a division of Philips Healthcare, may be unable to deliver needed defibrillator shock in a cardiac emergency situation. These devices were manufactured and distributed between 2005 and 2012 under the names HeartStart FRx, HeartStart HS1 Home, and HeartStart HS1 OnSite. [More information](#)

Drug Safety Communication: FDA warns of serious skin reactions with the anti-seizure drug Onfi (clobazam) and has approved label changes. Dec 3, 2013

The U.S. Food and Drug Administration (FDA) is warning the public that the anti-seizure drug Onfi (clobazam) can cause rare but serious skin reactions that can result in permanent harm and death. We have approved changes to the [Onfi drug label and the patient Medication Guide](#) to describe the risk of these serious skin reactions. Patients taking Onfi should seek immediate medical treatment if they develop a rash, blistering or peeling of the skin, sores in the mouth, or hives. Health care professionals should discontinue use of Onfi and consider an alternate therapy at the first sign of rash, unless it is clearly not drug-related. [More information](#)

Recall: Hydravax Dietary Supplement by IQ Formulations - Possible Undeclared Drug Ingredient. Dec 1, 2013

IQ Formulations, of Sunrise, Florida is initiating a recall of all lots of its 45-capsule bottles of Hydravax due to potential inclusion of an unlisted ingredient. The FDA has advised IQ Formulations that an analysis of a sample from one lot of Hydravax (Lot # 2458, Exp # 07/16) revealed the presence of an undeclared ingredient – a diuretic. Diuretics are prescription drugs and thus, are not listed on the packaging label for Hydravax. Consumers are hereby notified not to use the product. [More information](#)

Recall: FreeStyle and FreeStyle Lite Blood Glucose Test Strips by Abbott - Erroneously Low Blood Glucose Results. Nov 28, 2013

Abbott is initiating a voluntary recall of 20 lots of FreeStyle and FreeStyle Lite Blood Glucose Test Strips in the United States. These lots of test strips may produce erroneously low blood glucose results when used with both "FreeStyle Blood Glucose Meter" and "FreeStyle Flash Blood Glucose Meter" [neither of which have been in production since 2010], as well as the OmniPod Insulin Management System. When the test strips are used with the newer FreeStyle brand meters including FreeStyle Freedom Blood Glucose Meter, FreeStyle Lite Blood Glucose Meter and FreeStyle Freedom Lite Blood Glucose Meter, the blood glucose test results are not affected. Testing with the FreeStyle InsuLinx Blood Glucose Meter is not affected by this action, as FreeStyle InsuLinx Blood Glucose Meter uses FreeStyle InsuLinx test strips. [More information](#)

Recall: Nitroglycerin in 5% Dextrose Injection by Baxter - Particulate Matter. Nov 27, 2013

Baxter International Inc has initiated a voluntary recall of one lot of Nitroglycerin in 5% Dextrose Injection due to particulate matter found in one vial. If infused, particulate matter could lead to potential venous and/or arterial thromboembolism (blockage of blood vessels). Other adverse events associated with injection of particulate matter include inflammation due to foreign material, particularly in the lungs, and local irritation of blood vessels. [More information](#)

Drug Safety Communication: Recent Data Do Not Show That Rosiglitazone-Containing Drugs Increase the Risk of Heart Attack. Nov 25, 2013

The U.S. Food and Drug Administration (FDA) has determined that recent data for rosiglitazone-containing drugs, such as Avandia, Avandamet, Avandaryl, and generics, do not show an increased risk of heart attack compared to the standard type 2 diabetes medicines metformin and sulfonylurea. As a result, we are requiring removal of the prescribing and dispensing restrictions for rosiglitazone medicines that were put in place in 2010. This decision is based on our review of data from a large, long-term clinical trial and is supported by a comprehensive, outside, expert re-evaluation of the data conducted by the Duke Clinical Research Institute (DCRI). [More information](#)

Drug Safety Communication: Rare but Serious Risk of Heart Attack and Death with Use of Cardiac Nuclear Stress Test Agents Lexiscan and Adenoscan. Nov 20, 2013

The U.S. Food and Drug Administration (FDA) is warning health care professionals of the rare but serious risk of heart attack and death with use of the cardiac nuclear stress test agents Lexiscan (regadenoson) and Adenoscan (adenosine). We have approved changes to the drug labels to reflect these serious events and updated our recommendations for use of these agents. 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](#)

Other Recalls

See all recalls, market withdrawals and safety alerts [online](#)

For more important safety information on human drug and devices or to report a problem to FDA, please visit [MedWatch](#)

PRODUCT APPROVALS AND CLEARANCES:

FDA allows marketing of first device to relieve migraine headache pain. Dec 13, 2013

The U.S. Food and Drug Administration allowed marketing of the Cerena Transcranial Magnetic Stimulator (TMS), the first device to relieve pain caused by migraine headaches that are preceded by an aura: a visual, sensory or motor disturbance immediately preceding the onset of a migraine attack. [More information](#) and [Spanish language](#) announcement

FDA approves first generic versions of antidepressant drug Cymbalta. Dec 11, 2013

The U.S. Food and Drug Administration approved the first generic versions of Cymbalta (duloxetine delayed-release capsules), a prescription medicine used to treat depression and other conditions. Aurobindo Pharma Ltd., Dr. Reddy's Laboratories Ltd., Lupin Ltd., Sun Pharma Global FZE, Teva Pharmaceuticals USA, and Torrent Pharmaceuticals Ltd. have received FDA approval to market duloxetine in various strengths. [More information](#) and [Spanish language announcement](#).

FDA approves Nexavar to treat type of thyroid cancer. Nov 22, 2013.

The U.S. Food and Drug Administration today expanded the approved uses of Nexavar (sorafenib) to treat late-stage (metastatic) differentiated thyroid cancer. [More information](#)

FDA approves new treatment for hepatitis C virus. Nov 22, 2013.

The U.S. Food and Drug Administration approved Olysio (simeprevir), a new therapy to treat chronic hepatitis C virus infection. More information ([English](#) or [Spanish](#))

FDA approves first adjuvanted vaccine for prevention of H5N1 avian influenza. Nov 22, 2013.

The U.S. Food and Drug Administration today approved the first adjuvanted vaccine for the prevention of H5N1 influenza, commonly known as avian or bird flu. The vaccine, Influenza A (H5N1) Virus Monovalent Vaccine, Adjuvanted, is for use in people 18 years of age and older who are at increased risk of exposure to the H5N1 influenza virus. The vaccine will supplement National Stockpile and is not intended for commercial availability. More information ([English](#) or [Spanish](#))

For more information on drug approvals or to view prescribing information and patient information, please visit [Drugs at 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:

FDA Targets Trans Fat in Processed Foods

There are still many processed foods made with partially hydrogenated oils (PHOs), the major dietary source of trans fat in processed food. FDA has issued a [Federal Register notice](#) with its preliminary determination that PHOs are no longer "generally recognized as safe," or GRAS, for short. [More information](#)

New Law Enhances Safety of Compounded Drugs and Protection of the Drug Supply Chain

Since last year's tragic meningitis outbreak and subsequent events involving compounded drugs, Congress has been hard at work to pass new legislation to provide FDA with the appropriate authorities for regulating compounded drugs to help make these products safe for the American public. [More information](#)

Medwatch Webinar

On January 14, 2014 at 1pm EDT, CDER's Office of Communication, Division of Drug Information (DDI) will host a [webinar](#) titled, "Introduction to FDA's MedWatch and Adverse Event Reporting". The featured speaker, Anna M. Fine Pharm.D., MS, Director, Health Professional Liaison Program in FDA's Office of Health and Constituent Affairs will give an overview of the program, how to report adverse events to FDA MedWatch, and where to find clinically relevant information from MedWatch. This will be Part One of two Webinars with information on Safety Reporting. Part Two will be held on February 11, 2014. [More information](#)

Increase Medication Adherence with these Resources

Get free print materials to help your patients keep track of their prescriptions and know when to take them. FDA Office of Women's Health and the Script Your Future Campaign resources guide patients in talking with their health care providers about the concerns or questions that might be keeping them from taking their medications as prescribed. [More Information](#)

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

PharmPAC IHS Liaison Report
Indian Health Service National Pharmacy Council
January 2014

Submitted by CDR Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (12/09/2013)

- Medication Reconciliation Standardization
 - CDR Chris Lamer provided an update Medication Reconciliation respective to MU Stage 2
 - Regimented, documented review to avoid drug errors during patient transfers within hospitals
 - The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.
 - Five steps to the medication reconciliation process:
 1. Develop a list of current medications
 2. Develop a list of medications to be prescribed
 3. Compare the medications on the two lists
 4. Make clinical decisions based on the comparison
 5. Communicate the new list to appropriate caregivers and to the patient.
 - Clinician/pharmacist reviews medication profile with the patient to assure it is correct and up-to-date.
 - Discontinue all non-active medications
 - Renew all expired medications
 - If the patient already has these medications, the pharmacist places them on hold
 - Prescribe new medications not on the medication profile including OTC, herbal, and traditional medications
 - All prescriptions will contain the indication for prescribing (to address health literacy)
 - Patients will receive a copy of their medication profile using the Patient Wellness Handout or other printed report.
 - Meaningful Use Stage 1 (2011 EHR Certification)
 - Document Patient Education M-MR
 - OUTCOME: The patient/family will receive and review a printed medication profile.
 - STANDARDS:
 - Emphasize the importance of maintaining an accurate and updated medication profile
 - Provide the patient/family with a copy of the patient's medication profile
 - Discuss the content of the medication profile with the patient/family. Emphasize that the profile should consist of all medications including prescription, over the counter medications, herbals, traditional, and medications dispensed at a non-IHS pharmacy
 - Emphasize the need for patients to provide clinicians with a copy of their complete medication profile anytime there is a transition of care when possible
 - Meaningful use Stage 1 & 2 (2014 EHR Certification)
 - Does not use M-MR education code
 - Takes place at most EP office visits
 - Takes place during EH transitions
 - Can be documented by a couple of methods
 - Recoded with a SNOMED code (Documentation of current medications)
 - Denominator: EP
 - The eligible provider was the primary provider
 - The visit Service Category is A, S, O or M
 - The clinic code is NOT equal to one of the following:
 - 09,11, 12, 14, 18, 21, 22, 30, 33, 34, 35, 36, 39, 40, 41, 42, 43, 45, 51,52, 53, 54, 55, 60, 61, 63, 66, 67, 68, 71, 74, 76, 77, 78, 82, 86, 90,91, 93, 94, 95 or 98, A1, A3, A8, A9, B1, B2, B4, B7, C4, C5, C8, C9, D1, D2, D3, D4
 - Denominator: EH
 - Count each patient event during the EHR reporting period which meet the following criteria:
 - A hospitalization, defined as Service Category of H and an admission type of:
 - Trans-Non IHS Admission
 - Trans-IHS Admission
 - Referred Admission

- An emergency department visit, defined as clinic code of Emergency Department-30 and a Service Category of A with a "Yes" value in the "Was the patient transferred from another facility" field in the ER Visit file.
 - Numerator
 - Count each patient visit in the denominator if documented for that visit:
 - SNOMED Code 428191000124101(Documentation of current medications)
 - Patient Wellness Handout (PWH)
 - Will no longer serve as the clinical summary (aka after visit summary)
 - Fate of PWH not determined
 - May become a tool to provide the patient with health maintenance reminders
 - Next step ... Area to focus:
 - Med Recon preparation within MU Stage 2 requisite
 - Develop Best Practice Standards for the Med Recon process
 - NPC has to decide what role pharmacists should play in Med Recon process and whether that role will be similar to what the provider is doing or something different.
 - Med Recon work flow processes for PHARMACIST for both OUTPT and INPT patient care areas
 - Med Recon work flow processes for PROVIDER for both OUTPT and INPT patient care areas
 - NPC has to decide how Med Recon should be documented and what (if any) outcomes would be collected
- Resource Requirements Methodology (RRM) Workgroup
 - Workgroup consists of Michael Contos (lead), LCDR Adams Solola, LCDR Brandon Taylor, CDR Mike Lee & CDR Tracie Patten.
 - Draft Proposal Pharmacy Staffing Model (also known as the Resource Requirements Methodology) assumptions were reviewed and discussed.
 - Action Plan: The proposed Pharmacy Staff Model will be revisited by the work group to delineate more clarifications to substantiate the proposal. At the January and February 2014 NPC meeting, Michael Contos will report out to the NPC for review and endorsement.
- 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. Approximate dates are April 14-18, 2014.

January 2014 NIH Agency Report
Submitted by CAPT. David Diwa
and
CDR Richard DeCederfelt



About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases.

Resource for People with Down Syndrome: NIH has launched a free, confidential, Web-based health registry for people with Down syndrome and their families and caregivers. The registry, called DS-Connect, offers a secure place for people with Down syndrome—or family members on their behalf—to enter and save basic health information. It also can help families stay informed about potential treatments and other efforts to improve the quality of life for people living with Down syndrome. Down syndrome is one of the most common genetic birth defects nationwide. Such studies might eventually lead to improved treatments or better quality of life for people with Down syndrome.

To learn more about DS-Connect, or to create a personalized profile for your loved one with Down syndrome, go to: <http://DSConnect.nih.gov>.

Study Reveals New Targets for Parkinson's Disease: Scientists used a novel approach to identify dozens of genes that may contribute to Parkinson's disease. The discoveries may also yield insights into other disorders that involve mitochondria, the organelles that serve as power plants for our cells. Mitochondria convert compounds derived from food into the molecules that cells use for energy. Defects in mitochondrial function can lead to disease and have been associated with certain neurological disorders, including Parkinson's disease, Charcot-Marie-Tooth syndrome, and the ataxias. Some cases of Parkinson's disease have been linked to mutations in the gene that codes for parkin, a protein that cells use to tag damaged mitochondria as waste. Once tagged, damaged mitochondria are degraded by lysosomes, the cell's trash disposal system. Known mutations in parkin prevent this tagging and result in the accumulation of unhealthy mitochondria. To view the entire article, go to:

<http://www.nih.gov/researchmatters/december2013/12092013parkinsons.htm>

NIH names leadership, research units for restructured HIV/AIDS clinical trials

networks: Principal investigators and clinical trials units (CTUs) have been chosen to lead and conduct the research of five HIV/AIDS clinical trials networks through 2021. The effort is directed and funded by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. Total funding for the networks' leadership and the CTUs is expected to reach \$225 million in 2014, the first year of operation. "With much recent progress, this is a very exciting time in HIV/AIDS research. The next seven years will be a critical period as we pursue the now-

achievable goal of an AIDS-free generation, one in which new infections and deaths from AIDS are very rare,” said NIAID Director Anthony S. Fauci, M.D. “These new awards position us to build upon the success of our current HIV/AIDS clinical research infrastructure by creating a broader, more flexible, and more collaborative approach to domestic and global HIV/AIDS research priorities.” To view the entire article, go to: <http://www.nih.gov/news/health/dec2013/niaid-17.htm>

December 9, 2013 - Innovative Contact Lens Delivers Glaucoma Medication Continuously for a Month:

For nearly half a century, contact lenses have been proposed as a means of ocular drug delivery that may someday replace eye drops, but achieving controlled drug release has been a significant challenge. Researchers are one step closer to an eye drop-free reality with the development of a drug-eluting contact lens designed for prolonged delivery of latanoprost. “In general, eye drops are an inefficient method of drug delivery that has notoriously poor patient adherence. This contact lens design can potentially be used as a treatment for glaucoma and as a platform for other ocular drug delivery applications,” said Joseph Ciolino, Eye and Ear cornea specialist and lead author of the paper. The lens can deliver large amount of drug at constant rates from weeks to months. “A non-invasive method of sustained ocular drug delivery could help patients adhere to the therapy necessary to maintain vision in diseases like glaucoma, saving millions from preventable blindness,” Dr. Ciolino said. This study was partly supported by NIH grants (NEI IK08EY019686-01, NIGMS GM073626).

http://www.masseyeandear.org/news/press_releases/recent/2013_Drug_Dispatching_Contacts/

URL: <http://www.sciencedirect.com/science/article/pii/S0142961213011150>

December 9, 2013 - Genetic Testing Doesn't Improve Warfarin Dosing

Adding genetic data to clinical information doesn't improve the ability to determine initial doses of warfarin, a common blood thinner. The finding contradicts earlier studies and highlights the importance of using clinical trials to assess the role of genetics in optimizing treatments.

Although warfarin is an effective therapy, determining the best dose for each patient can be tricky. Two genes are known to influence warfarin's effectiveness. One, called *CYP2C9*, deactivates warfarin. The other, *VKORC1*, activates vitamin K, which is essential for blood clotting. Variations in these genes may affect how a person responds to warfarin. Thus, dosing formulas have been developed to incorporate a person's genetic profile, along with their clinical characteristics, to better predict the warfarin dose that person may need. This approach is known as pharmacogenetics. Adding genetic information to the dosing formula did not improve blood clotting control. The study was supported in part by NIH's National Heart, Lung, and Blood Institute (NHLBI). Results appeared online on November 19, 2013, in the *New England Journal of Medicine*.

<http://www.nih.gov/researchmatters/december2013/12092013warfarin.htm>

November 28, 2013 - Quantitative Approaches Provide New Perspective on Development of Antibiotic Resistance

Many approaches are now being employed by public health officials to limit the spread of antibiotic resistance in bacteria—such as limiting the use of antibiotics in livestock, controlling prescriptions of antibiotics and developing new drugs against bacteria already resistant to conventional drug treatments. But understanding how bacteria grow and evolve drug resistance could also help stop its spread by allowing scientists to target the process of evolution itself. In their study, the researchers found that the expression of antibiotic resistance genes in strains of the model bacterium *E. coli* depends on a complex relationship between the bacterial colony's growth status and the effectiveness of the resistance mechanism. "In the course of developing complete resistance to a drug, a strain of bacteria often first acquires a mechanism with very limited efficacy," says Terry Hwa, a professor of physics and biology who headed the research effort. "While much effort has been spent elucidating individually how a drug inhibits bacterial growth and how a resistance mechanism neutralizes the action of a drug, little is known previously about how the two play off of each other during the critical phase where drug resistance evolves towards full strength." The research was published in the November 29 issue of the journal *Science*. Funding for the study was provided by the National Institutes of Health and the National Science Foundation.

http://ucsdnews.ucsd.edu/pressrelease/quantitative_approaches_provide_new_perspective_on_development_of_antibioti

American Academy of HIV Medicine (AAHIVM)

Liaison Officer's Report by CDR Robert Macky

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

AAHIVM Professional Practice:

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

AAHIVM Public Policy:

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

Organization contact(s):

Amber McCracken Director, Communications and Marketing

Ken South Director, Credentialing

Date:

1/1/14

Announcements:

As a Member benefit, we are now regularly providing you with a digital copy of our quarterly magazine, HIV Specialist. Please click on the cover below to be taken to the latest issue, HIV and Mental Health. We hope by providing our Members with the digital version, you'll have even more opportunity to enjoy the publication in its most convenient form.

News:

This week, AAHIVM praised Sen. Chris Coons (D-Del.) for his introduction of the Repeal Existing Policies that Encourage and Allow Legal ("REPEAL") HIV Discrimination Act. The Act seeks to help end stigma associated with those living with HIV/AIDS by decriminalizing statutes in 32 US states based on per

CDC Updates Spanish Language Fact Sheet

http://www.cdc.gov/hiv/spanish/risk/raciaethnic/latinos/latinos_factsheet.html

American College of Clinical Pharmacy (ACCP)

Liaison Officer's Report by CDR Jill Reid

Website: www.accp.com/

ACCP Professional Practice:

The American College of Clinical Pharmacy (ACCP) is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in practice and research.

ACCP Public Policy:

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy. It does this through strategic initiatives, partnerships, collaborations, and alliances to provide leadership, professional development, advocacy and resources that enable clinical pharmacists to achieve excellence in practice, research, and education. ACCP advances clinical pharmacy and pharmacotherapy through support and promotion of research, training, and education. It promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care.

Organization contact(s):

C. Edwin Webb, PharmD, MPH
Director, Government and Professional Affairs, ACCP
(202)621-1820
ewebb@accp.com

Date:

12/23/13

Announcements:

The ACCP offers preparatory review courses for three of the BPS eight specialty practice areas: Ambulatory Care Pharmacy, Pharmacotherapy, and Oncology (coming May 1-3, 2014 to Washington D.C.) Pharmacy.

Registration is now open for:

ACCP Updates in Therapeutics® 2014: The Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy Preparatory Review and Recertification Course

April 11-15, 2014 in Rosemont, IL

This is a great review course to get you ready to reach your goal of obtaining your BCPS or BCACP! Go to <http://www.updatesintherapeutics.com/program/2014/> for more information and to register. Early registration rates end February 28, 2014.

News:

ACCP Academy Tracks Offered at ACCP's Spring Meeting

Registration is also open for the ACCP Academy programming offered in conjunction with the spring meeting. Academy tracks include Career Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning. To learn more about the Academy programming and to register online, visit www.accp.com/acad.

An Update on ACCP's Medicare Benefit Initiative

Almost exactly a year has passed since the ACCP Board of Regents endorsed a policy platform to pursue legislation that would recognize the direct patient care services of qualified clinical pharmacists as a covered benefit under Medicare Part B. A year in review on experiences thus far in advancing this groundbreaking effort is available at <http://www.accp.com/121301>

Call for Abstracts: ACCP's 2014 Virtual Poster Symposium

Submit original research, documentation of clinical pharmacy services, resident and student research-in-progress, or encore presentations to this unique online poster session. The deadline to submit abstracts is Friday, January 17, 2014, 11:59 p.m. (PST). Authors will be notified by e-mail of the acceptance of their papers by Monday, March 31, 2014. For more information visit <http://www.accp.com/121304>

**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: 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)

Lori Lawrence
Continuing Education Program Manager
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Bethesda, MD 20814-1653
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lori.lawrence@amsus.org

December 2013

Accomplishments

1. I have appointed CDR Velliyah Craig as the USPHS AMSUS Pharmacy Assistant Chair. She will be assisting me with all AMSUS-related activities, including the 2014 AMSUS Continuing Education Meeting.

Action Items

1. The 2014 AMSUS Continuing Education Meeting will be held December 2-6 2014 at the Walter E. Washington Convention Center in Washington, DC. The theme is "Federal Health in Transition".

The January issue of "Military Medicine" will announce the call for abstracts. Details will be available after January 1, 2014 at www.amsus.org. AMSUS highly encourages the submission of abstracts by pharmacists.

The German delegation is soliciting the help of pharmacists with the meeting. Details are forthcoming.

2. "Military Medicine" will provide continuing education articles beginning in January 2014. Two articles per month will offer CEUs which will include the Accreditation Council for Pharmacy Education (ACPE).

3. AMSUS is also working on regional and webinar events throughout the year. Details will be posted at www.amsus.org.

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: January 2014

News:

Grassley-Carper Amendment

- Two senators contacted APhA for assistance in drafting legislative language that would recognize pharmacists as providers in one specific setting: the accountable care organizations that are emerging as major players in a health care system. Sen. Grassley (R-IA) and Sen. Carper (D-DE) worked in bipartisan cooperation and were ready on December 12, 2013 to offer an amendment during markup of the sustainable growth rate (SGR) legislation in the Senate Finance Committee.
- Only a few amendments were successfully introduced and even fewer adopted, but the new legislative language was placed into the legislative record. APhA Executive Vice President and CEO Thomas E. Menighan wrote, "the outcome may not have been what we wanted, but we let the United States Congress know that pharmacists are ready to perform as providers of patient care services!" Menighan noted that recognizing pharmacists in ACOs is not the ultimate goal of the provider status initiative: "We'll continue working on the larger proposal to get pharmacists more broadly recognized as providers in Medicare."
- The proposed amendment described the importance of the pharmacist on the ACO health care team as the member responsible for managing both medications and chronic

conditions. The senators emphasized the need for pharmacist-provided medication reconciliation and screenings during annual wellness visits.

- In addition to APhA's role with the amendment, the American Society of Health-System Pharmacists, Academy of Managed Care Pharmacy, and the National Association of Chain Drug Stores sent letters of support to the Senate Finance Committee.

House Pharmacy 101 Caucus

- With assistance from pharmacy groups including APhA, the House Community Pharmacy Caucus held a Pharmacy 101 briefing on December 17, 2013 at the Cannon House Office Building in Washington, DC.
- The three speakers—representing APhA, the National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA)—respectively explained pharmacists' training, asked for congressional support of expanded patient access to medication therapy management (MTM), and noted the need to pay pharmacists for their patient care services.
- For APhA, Cherokee Layson-Wolf, PharmD, CGP, BCACP, FAPhA, Associate Dean of Student Affairs at the University of Maryland School of Pharmacy, described pharmacist education, licensure, and continuing pharmacy education. "More and more clinical positions out there require" 1 or 2 years of postgraduate training, she said. She emphasized that pharmacists apply their extensive knowledge and experience to services including patient education, wellness and prevention such as immunizations, and disease state management including MTM. Immunizations were emphasized as a huge area of impact as pharmacists in all 50 states are able to immunize patients. The other speakers highlighted MTM and its ability to improve health outcomes and provide economic savings.

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:

1/1/14

Announcements:

2014 policy statement development process

APHA members are invited to help guide the Association's stances on public health issues by proposing APHA policy statements. The 2014 policy statement review process is now underway. The deadline for submitting new policy statement proposals is Feb. 19. **Note that revisions have been made to the APHA policy statement review process.** [Revised submission instructions](#), process guidelines and additional resources for creating new policy statements can be found on the APHA website. For your reference, the [2014 policy statement development calendar](#) and [policy gaps](#) can also be found on the APHA website. Note that some links may require member log-in.

April 7-13 is National Public Health Week

For close to two decades, communities nationwide have come together to celebrate National Public

Health Week. This is an opportunity for public health professionals to engage with individuals and communities to help them navigate the changing world of public health. NPHW 2014 will focus on guiding communities through the evolving public health system with the theme “Public Health: Start Here.” Join APHA as we celebrate NPHW 2014 from April 7-13 and work toward creating a healthier nation.

NPHW supporters are invited to sign up as event partners. Partners help APHA disseminate messages and materials to state and local communities and the general public. Three partner meetings will be held to provide background information on NPHW, utilizing social media and this year’s plans for NPHW. The general partner meeting will be held Jan. 23, from 2:30-3:30 p.m., the Affiliate and Section partner meeting will be held Jan. 28, from 3-4 p.m. and the student partner meeting will be held Jan. 30, from 7-8 p.m.

Get involved with National Public Health Week by [signing up](#) for updates and [downloading the 2014 brochure](#). Be sure to follow us via Twitter, [@NPHW](#).

APHA seeks nominees for leadership positions

Now is the time to submit nominations to serve on APHA’s boards and committees. Nominations can be submitted through March 28 for positions that will open in November. Further [details and the nomination form](#) can be found on the APHA website. Elections for Executive Board positions will take place at the APHA Annual Meeting in November. Nominations for the president-elect, three honorary vice presidents and the at-large positions are also now open. Further details and the nomination form can be found on the APHA website. Visit the APHA website for a [listing of the 2014 open positions](#). For more information about the leadership appointments or Executive Board nominations, contact Deborah Dillard, executive assistant to the chief of staff, by email or call 202-777-2442.

Nominations are also open for APHA Executive Board officers and recommendations are being accepted for appointments to committees and boards. [Executive Board nominations](#) and committee/board recommendations must be received by March 28.

Opportunities:

Save the Date: World Federation of Public Health Associations’ 14th World Congress on Public Health “Healthy People, Healthy Environment”

The [World Federation of Public Health Associations’ World Congress on Public Health](#), traditionally organized every three years, is a scientific conference for public health professionals from around the world and will take place Feb. 11-15, 2015. In Calcutta, India the WFPHA and the Indian Public Health Association welcome global development experts to gather at the Congress to share ideas, experiences and research. The event will not only serve as a venue for an international exchange of knowledge and best practices but also highlight public health issues in the South-East Asia region. Stay tuned for the call for abstracts to open soon.

World Federation of Public Health Associations (WFPHA) monthly e-newsletter available to members

Learn about WFPHA and global health through the organization’s monthly e-newsletter. To download the latest issue and for more news highlighting the work of WFPHA and member associations around the world, visit the [WFPHA website](#).

Entries open for 2014 Crumline Award

Entries are now being accepted for the 2014 Samuel J. Crumline Consumer Protection Award for Excellence in Food Protection at the Local Level, given annually to local environment health jurisdictions that demonstrate achievement in providing outstanding food protection services to their communities. The award, sponsored by the food service packaging institute is supported by APHA. Local environmental health jurisdictions meeting the basic criteria are encouraged to apply. Past winners have included the

Hamilton County, Ohio Public Health Food Program and the Salt Lake Valley, Utah Health Department. [Review guidelines online](#). The entry deadline is March 17.

Internship opportunity with focus on sexual and reproductive health

Applications for ETR's Kirby Summer Internship opened Jan. 1. The internship will take place in summer 2014 and graduate students in education, psychology, sociology, public health, epidemiology or a related field with a focus or interest in sexual and reproductive health, are encouraged to apply. Completion of the internship will include a stipend, certificate, skills in applied research and other benefits. More details regarding the [internship application process](#) can be found online.

Call for applicants: FDA Tobacco Regulatory Science Fellowship

A collaborative program between the Food and Drug Administration's Center for Tobacco Products and the Institute of Medicine, this regulatory science fellowship is designed for mid-career professionals to gain experience and expertise to further define and develop the field of regulatory science as it relates to the regulation of tobacco products and FDA's new authorities under the Family Smoking Prevention and Tobacco Control Act. Applications for this [12-month residential fellowship](#) are due March 3.

AARP's National Policy Council (NPC) is accepting applications for five new volunteer members through Feb. 28

The NPC is an all-volunteer public policy advisory body to the AARP Board of Directors that plays a critical role in developing public policy positions that lay the foundation for all of AARP's work. The 25 members of the NPC are AARP members with a proven record of public policy experience and accomplishments. The NPC studies public policy options, considers opinion of AARP members and the perspectives of nationally renowned policy experts and makes public policy recommendations for the Board's consideration and approval. More information is available at www.aarp.org/npc. Click on the "apply here" link at the top of the page.

Annual Meeting News:



Submit your abstract for APHA's 142nd APHA Annual Meeting and Exposition

APHA's call for abstracts for the 142nd Annual Meeting and Exposition is now open. The 2014 Annual Meeting will take place in New Orleans from Nov. 15-19. Abstracts can be [submitted online](#) between now and the second week of February. Depending on the Section, Special Primary Interest Group, Caucus or Forum to which you submit, abstracts are due by 11:59 p.m. PST Feb. 10-14.

APHA welcomes abstracts related to all areas of public health, including those that coincide with the 2014 theme "Healthography: How Where You Live Affects Your Health and Well-Being." Detailed information on submissions can be found on the [call for abstracts](#) website.

Visit the [Annual Meeting and Exposition website](#) for more information.

2013 E-ssentialLearning - Recorded Presentations

Gain access to hundreds of scientific session presentations from the 2013 Annual Meeting in Boston through [E-ssentialLearning](#) (fee applies). Audio recordings of scientific sessions are synced with the corresponding PowerPoint presentations and uploaded to the APHA website following the meeting. Sessions can be streamed from any computer giving you complete access to the knowledge shared during the meeting.

If you have already purchased *E-ssentialLearning* you should have already received an email with login information. If you did not receive an email and you purchased *E-ssentialLearning* you can access your password by [requesting your password online](#).

Resources:

Upcoming Healthy People 2020 webinar on oral health

Learn about the effect oral health has on the nation and ways to effectively address access to oral health among underserved populations in your community in the upcoming webinar, **“Who’s Leading the Leading Health Indicators? Webinar: Oral Health.”** The free webinar is part of the Healthy People 2020 Progress Review Series.

Join the webinar on **Thursday, Jan. 23, at 12 p.m. EST**, to learn about how the Iowa Department of Public Health is working to improve the health of underserved populations by providing access to quality oral health care. The 45-minute webinar will be led by the director of the Office of Disease Prevention and Health Promotion, Don Wright, MD, MPH, who will be joined by Katherine Weno, DDS, JD, director, and Gina Thornton-Evans, DDS, MPH, dental officer, both from the Division of Oral Health, within the Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. The webinar will also include a roundtable discussion on the importance of oral health and strategies and resources to effectively address oral health. [Learn more and register online.](#)

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: 1/1/14

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

Scientists Testing Different Ways To Research New Medications.

In a 1,100-word article, the [Wall Street Journal](#) (12/31, Wang, Subscription Publication) reports that scientists are testing new ways to research new medications in the hopes that they will receive a faster approval, which can often take more than a decade. Some researchers are attempting to change the way clinical trials are conducted. One such

approach is the adaptive trial design, which seeks to quickly determine which medications are beneficial and which ones are not. However, such an approach may not mean that the FDA will approve a medication faster. The Journal points out that the agency released a draft guidance on adaptive trial design about three years ago.

Medication Use

PrEP Met With Hostility, Indifference Among Some HIV-Negative Gay Men.

On the front of its Science Times section, the [New York Times](#) (12/31, D1, Tuller, Subscription Publication) reports that a number of public health experts hoped that the antiretroviral medication Truvada (emtricitabine/tenofovir disoproxil fumarate), “a combination of two antiviral drugs that has been used to treat HIV since 2004, would be exuberantly embraced by HIV-negative gay men.” Rather, the medication “has been slow to catch on as an HIV preventive in the 18 months since the strategy’s approval by the Food and Drug Administration.” In fact, the notion “that healthy gay men should take a medication to prevent infection – an approach called pre-exposure prophylaxis, or PrEP – has met with hostility or indifference” in some quarters.

Regulatory

French Firm Plans To Appeal FDA’s Decision To Turn Down Approval Of MS Therapy.

The [Wall Street Journal](#) (12/31, Plumridge, Subscription Publication) reports pharmaceutical giant Sanofi SA disagreed with the FDA’s rejection of its multiple-sclerosis medication Lemtrada (alemtuzumab) and plans to appeal the decision. The paper says that though the therapy received approval for marketing in Europe, Canada and Australia, the FDA rejected it, citing concerns over side effects as well as the design of its clinical trials.

In a separate article, the [Wall Street Journal](#) (12/31, Thomas) examines the potential implications stemming from the rejection of Sanofi’s multiple sclerosis medication Lemtrada. The paper says holders of the firm’s contingent value rights, which were created during Sanofi’s takeover of Genzyme in 2011, could face a financial hit. Still, because the medication wasn’t the main reason why Sanofi acquired Genzyme, which has helped Sanofi get a foothold in the promising industry for medications that treat very rare diseases, says the Journal.

FDA Approved Fewer Medications In 2013 Compared With 2012.

[Reuters](#) (12/31) reports fewer new medications were approved in the US this compared with the year-earlier period, with fewer applications submitted to the FDA. Still, a number of therapies for hard-to-treat diseases were given the green signal in a record time, says Reuters. According to the article, the FDA approved 27 new medications in 2013, down from 39 a year ago, the highest since 1997.

China Suspends Imports Of Fluconazole From US Pharmaceutical Company.

[Reuters](#) (12/31, Jourdan) reports that as of today, the government of China has halted imports of the medication Diflucan (fluconazole), which is manufactured by US-based Pfizer. In a statement, China’s Food and Drug Administration explained that the country’s laws were contravened due to Pfizer’s failure to submit a supplementary application for the medicine in a timely fashion.

FDA To Consider Approving Tablet To Check Allergies.

[KDKA-TV](#) Pittsburgh (12/30, Simbra) reports the FDA is considering whether to approve a “new treatment for allergies that comes in the form of a tablet.” The article says the tablet contains grass pollen and when placed under the tongue, it dissolves. The medication, “taken daily for 12 weeks before grass pollen season, and for the 6 to 8

weeks of the season, or up to three years straight,” retrains the immune system for less severe response, reports KDKA. The advisory panel to the FDA has already approved the therapy and the FDA, though not “obligated to vote as the advisory panel recommends,” it usually does. The decision is expected over the next few weeks. The article didn’t identify the maker of the tablet or the name of the medication.

Health Coverage and Access

Insurers Warn Many ACA Enrollments Won’t Be Complete On Jan. 1.

In an article titled “Health Insurers Race To Complete Enrollments,” the [Wall Street Journal](#) (12/31, Martin, Weaver, Subscription Publication) reports that despite the Affordable Care Act officially going into effect Wednesday, many enrollees won’t be able to access their plans, visit physicians, or purchase prescriptions until insurance companies process their applications and issue membership cards. This has led many experts to expect confusion and frustration in the first few weeks of the year.

Sebelius Reaching Out To Pharmacies To Help Work Out ACA Kinks. In its broadcast Monday night, the [CBS Evening News](#) (12/30, story 6, 2:30, Dubois) reported that HHS Secretary Kathleen Sebelius “spent the day reaching out to chief executive officers of the major pharmacy companies,” urging them to help the Administration “try to get in front of possible problems” with the Affordable Care Act.

In an example of how the chains plan to do this, [Reuters](#) (12/31, Scheyder) reports that the Walgreen Company announced on Monday it will offer a month of prescriptions with no upfront costs to Americans who have signed up for coverage under the Affordable Care Act but have not yet received a plan identification number. CVS Pharmacy has made similar plans.

Health Business

Pharma Company To Receive \$2.5 Million For Marburg Virus Medication.

The [Raleigh \(NC\) News & Observer](#) (12/30, Ranii) reports BioCryst Pharmaceuticals received a further \$2.5 million funding boost from the Federal government to “further develop a treatment for Marburg virus disease.” The paper says the firm disclosed Monday the National Institute of Allergy and Infectious Diseases has decided to boost the funding “on top of the \$5 million it awarded BioCryst in September.” The article notes that the NIH, which oversees NAID, “eventually could provide up to \$22 million in funding for the experimental drug, BCX4430, if it exercises all its options.”

[Alabama Live](#) (12/31) and [Triangle \(NC\) Business Journal](#) (12/30, Subscription Publication) also cover the news.

Care Center Emerges From Houston Hospital Merger.

The [Houston Chronicle](#) (12/31, Piña) reports that this coming year, Christus St. Catherine Hospital will be renovated into “the Katy area’s first long-term rehabilitative care center” as part of a Houston Methodist Hospital merger. According to Houston Methodist President and CEO Mark Boom, “We are acquiring a majority interest of both hospitals, but Christus will retain some ownership and governance of those facilities.” He added, “Our goal is to reach as many people in the Houston area that we can with exceptional medical care and service and this partnership will enable us to do that.”

Research

Melanoma Treatment Achieves Positive Interim Results.

The [U-T San Diego](#) (12/30, Fikes) reports OncoSec Medica said it “achieved positive interim results in a Phase 2 trial of its melanoma treatment.” The company, which develops immune therapies for cancer, disclosed the results Dec.

16 at the Advances in Cancer Immunotherapy meeting at UC San Francisco. The paper says “the trial adds to evidence presented this year that cancer immunotherapy is becoming more effective.” According to the paper, of 21 patients evaluated 180 days after treatment, “eight experienced tumor reductions of 30 percent or more. The disease stabilized in another two patients for at least three months, bringing clinical benefit.” The company’s treatment, OMS-1100, “adds a gene in the tumor that makes an immune-stimulating molecule, interleukin-12.”

Researchers Revisiting Psychedelics’ Therapeutic Potential For Mental Illness.

[Medscape](#) (12/31, Melville) reports, “Decades after psychedelic drugs became popular agents for recreational use and were subsequently made illegal, a select group of researchers is revisiting their therapeutic potential for mental illness.” Substances such as “psilocybin, the active ingredient in ‘magic mushrooms,’ lysergic acid diethylamide (LSD), 3,4-methylenedioxymethamphetamine (MDMA), ketamine,” and “mescaline...have been the subject of recent and ongoing research as potential treatments for psychiatric disorders, including severe depression, addiction, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD), among others, with promising results.” One of “the most fascinating aspects of drugs such as psilocybin, LSD, and MDMA is that the potential therapeutic benefits are not the result of taking a daily pill for months or years but rather can come from a single treatment lasting several hours.”

Morphogenetic Protein May Create Higher Fusion Rates In Lumbar Fusion Procedures.

[Healio](#) (12/30) reports that, according to recently published data in the Journal of Orthopedic Surgery and Research, patients undergoing “lumbar fusion procedures with an allogenic morphogenetic protein” tend to demonstrate “higher fusion rates in comparison to patients who undergo the same procedures with recombinant human bone morphogenetic protein.” Of 321 individuals undergoing such a procedure, “226 patients received an allogenic morphogenetic protein (OsteoAMP , Advanced Biologics), while 95 patients received a recombinant human bone morphogenetic protein-2 (rhBMP-2) (Infuse, Medtronic) with autologous local bone.”

Also in the News

Article Explores Future Without Antibiotics.

The [Deseret \(UT\) News](#) (12/31, Collins) asks how the medical community will respond to weakening antibiotics, quoting a statement from the Centers for Disease Control and Prevention stating that “these drugs have been used so widely and for so long that the infectious organisms the antibiotics are designed to kill have adapted to them, making the drugs less effective.” The article adds, “The people infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays, and may be more likely to die as a result of the infection.”

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: 1/1/14

Announcements:

- Videos of the ASHP Foundation 2013 Midyear Events now available on YouTube
- Free online tool available to pharmacies to assist in assessing contractors for sterile product preparation. www.ashpfoundation.org/sterileproductstool.

¹ www.ashpfoundation.org

- The ASHP Foundation offers research grant programs, traineeships and awards programs, as well as a number of meetings and events throughout the year (see below)
- Applications currently available
 - Awards
 - Award for Excellence in Medication-Use Safety
 - Deadline for submission 1/31/14
 - Education
 - Pharmacy Residency Expansion Grant
 - Deadline 1/10/14
 - Oncology Traineeship
 - Deadline 1/15/14
 - Pain and Palliative Care Traineeship – levels 1 and 2
 - Ongoing
 - PPMI State Affiliate Workshop
 - Ongoing
 - Leadership Programs
 - Pharmacy Leadership Institute
 - Deadline 1/10/14
 - leadersEDGE Webinar Series
 - Evolution of Specialty Pharmacy: Redefining Blockbusters, Drug Distribution and Dispensing - Deadline 1/22/14
 - Leading for Financial Effectiveness: Pharmacy's Fiscal Balancing Act – Deadline 4/23/14
 - Pharmacists Thinking Differently: Transformational Breakthrough in Ideas, Skills, and Insights for a Better Patient Future and a More Enriching Practice – Deadline 6/19/14
- Meetings:
 - 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
 - ASHP 2014 Midyear Clinical Meeting
 - December 7-11, 2014, Anaheim, California

News:

Just Released: The new *Pharmacy Forecast* 2014-2018

“The *Pharmacy Forecast* predicts important developments in eight domains that are likely to challenge pharmacy practice leaders in hospitals and health systems.”² The purpose of the *Pharmacy Forecast* is to aid in the effectiveness of leaders in hospitals and health-system pharmacy by planning for the future.² The focus of the 2014-2018 edition is in the following areas: fiscal planning, quality of care health care analytics, pharmaceutical marketplace, pharmacy practice model, ambulatory care, pharmacy department operations and leadership.²

The *Pharmacy Forecast* is available electronic online, by PDF or at the ASHP Bookstore.

December 9, 2013

BJC HealthCare Receives \$50,000 Award for Excellence in Medication-Use Safety from ASHP Research and Education Foundation

Orlando, Fla. — The American Society of Health-System Pharmacists (ASHP) Research and Education Foundation announced last night that BJC HealthCare in St. Louis, Missouri, is the recipient of the 2013 Award for Excellence in Medication-Use Safety. The award, sponsored by the Cardinal Health Foundation, is the only national honor that recognizes a pharmacist-led multidisciplinary team for implementing significant institution-wide improvements in medication safety.

² <http://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
Deputy Executive Director	Mr. John McElligott JMcElligott@coausphs.org
Membership Coordinator/ <i>Frontline</i> Editor	Ms. Malissa Spalding mspalding@coausphs.org
COA Board Chair	CDR Jonathan Rash Jonathan.Rash@ihs.gov

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

Date: January 2, 2014

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/>

Hotel reservations are filling up fast, so make yours today!

Nomination for Next Surgeon General

(Taken from December 2013 COA Frontline. Vol. 50, Issue 10.)

On November 18th, President Barack Obama nominated Vivek Hallegere Murthy, MD, MBA, for appointment as a Medical Director (Captain) in the Public Health Service Commissioned Corps and for further appointment as Surgeon General of the Public Health Service. If confirmed by the Senate, Dr. Murthy would replace Regina Benjamin who resigned in June.

Since 2006, Dr. Murthy is a hospitalist, attending physician and instructor at Brigham and Women's Hospital/Harvard Medical School in Massachusetts. Dr. Murthy received his bachelor's degree in microbiology from Harvard College in 1997 and his MD and MBA degrees from Yale University in 2003. He completed medical residency in 2006.

In 2011, Dr. Murthy was appointed to serve as a Member of the Advisory Group on Prevention, Health Pro-motion, and Integrative and Public Health. Dr. Murthy has been the Co-Founder and Chairman of the Board of Trial Networks, formerly known as Epernicus, an internet science social networking site, since 2007. Dr. Murthy, while a Harvard undergraduate student in 1995, co-founded VISIONS World-wide, a non-profit organization focused on HIV/AIDS education in India and the United States.

In 2009, Dr. Murthy co-founded Doctors for America, a fully funded project of the Center for American Progress. Dr. Murthy serves as president of Doctor for America, an organization advocating in support of the Affordable Care Act.

Dr. Murthy was born in England, but his family immigrated to Miami, Florida, when he was three years old. If confirmed by the Senate, Dr. Murthy will be the 19th and at 36, the second youngest Surgeon General. Dr. John Maynard Woodworth, the first Supervising Surgeon, later surgeon General, was 34 when appointed by President Ulysses S. Grant in 1871.

Dr. Murthy's nomination has been referred to the Senate Health, Education, Labor, and Pensions Committee. As of this writing a committee hearing on the nomination has not

been scheduled.

Acting Surgeon General Interviewed on EIC TV

RADM Boris Lushniak, Acting Surgeon General, USPHS, was interviewed in a one-hour special by EIC TV. The Entertainment Industries Council, Inc. (EIC) is a non-profit organization founded in 1983 by leaders in the entertainment industry to provide information, awareness and understanding of major health and social issues among the entertainment industries and to audiences at large. RADM Lushniak spoke with an audience of high school and college junior reporters.

For a video of the interview, visit [EIC TV](#).

PHS Retiree and Annuitant Notification Letter and Q & A's

On January 1, 2014, administration of PHS retiree and annuitant pay will transition from the Public Health Service to the Coast Guard.

- You will continue to be paid monthly by direct deposit on the first day of the month.
- You will be mailed a Pay Statement during months that your pay changes.
- You will be issued an IRS Form 1099R annually in January. Your 1099R for tax year 2013 will arrive in early February from PHS.
- You will continue to be able to have health care (Tricare Dental, Tricare Prime, and U.S. Family Health Plan) and government insurance (VGLI/NSLI) premiums deducted from your retired pay.
- The Department of Veterans Affairs will interface with the Coast Guard Pay & Personnel Center in terms of offsets of pay and concurrent receipt.
-

The appearance of the Pay Statement will be different and forms used to administrate your pay will change. The Coast Guard Pay & Personnel Center will assist you with questions about your pay. After January 1, 2014, contact the Coast Guard by calling 800-772-8724 (toll-free) or email PPC-DG-RAS@uscg.mil.

Please download the two linked documents (Letter and Q & A) for your review.

[PHS Retiree Pay Transfer to CG Letter and Q & A's](#)

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.

News:

COA Congratulates New Engineer and Nurse Chief Professional Officers

The Acting Surgeon General, Rear Admiral Boris Lushniak, has announced the appointment of Rear Admiral Randall J.F. Gardner as PHS Chief Engineer and Rear Admiral Sylvia Trent-Adams as the new PHS Chief Nurse Officer. Both RADM Gardner and RADM Trent-Adams are COA members.

RADM Gardner replaces RADM Sven Rodenbeck who retired earlier this year. RADM Trent-Adams replaces RADM Kerry Nesseler.

RADM Gardner is assigned as Senior Engineer Consultant in the Office of Environmental Health and Engineering (OEHE), and Acting Deputy Director OEHE, Indian Health Service. Previously, RADM Gardner has served in the Food and Drug Administration, National Institutes of Health, and HHS Office of the Assistant Secretary for Health's Regional office in Dallas, TX.

RADM Trent-Adams is assigned as Deputy Associate Administrator in the HIV/AIDS Bureau, Health Resources and Services Administration. Prior to joining the PHS Commissioned Corps in 1992, RADM Trent-Adams was a nurse officer in the U.S. Army. She also served as a cancer research nurse at the University of Maryland Medical Center and completed two internships in the U.S. Senate where she focused on health, defense, and veterans issues.

COA extends their congratulations to RADM's Gardner and Trent-Adams.

MPH@GW - Master of Public Health Online

The MPH@GW is a completely online Master of Public Health degree offered by the George Washington University School of Public Health & Health Services. It offers flexibility for PHS officers whose schedules may not allow for attending an in-person MPH program. An MPH may be the boost needed for competitive promotions. COA members who sign up will receive a \$7500 scholarship.

[Click here for details about the MPH@GW program.](#)

COA/COF Executive Director Search

The PHS Commissioned Officers Association and Foundation announce a search for a new executive director. The COA and COF boards have appointed a search committee and engaged the services of an executive search firm to conduct a national search.

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

State of Maryland Now Provides License Plates with the PHS Seal

(Taken from December 2013 COA Frontline. Vol. 50, Issue 10. Article by CAPT James M. Simpson, USPHS)

The DC COA Branch Board of Directors sponsored a project to up-date the specialty license plates available to owners of registered motor vehicles in the State of Maryland. The Branch first

established these plates during the PHS Centennial celebration in 1998. The original accomplishment is credited to CAPT Cheryl Seaman and CAPT William Hess.

In early 2013, LTJG Michael Simpson proposed to the DC COA leadership a project to achieve parity with the other uniform services and create a four color graphic version of the existing license plate. Now over 40 vehicles proudly promote the PHS. Hopefully many more retired and 1,500 plus active duty officers with their duty station in the State of Maryland will now take advantage of this opportunity.

The scope of the project involved drafting the funding proposal, numerous communications with staff of the Motor Vehicle Administration, directing a graphic artist and being the contact person for a minimum of 25 application forms. If you currently have a registered vehicle in the State of Maryland and want to obtain a set of these wonderful plates with the PHS seal, please send an email to LTJG Michael Simpson @ Michael.simpson@fda.hhs.gov.

