



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 06 February 2014

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

Meeting ID: 9675592

Password: 9675592 (if requested)

Adobe Connect: <https://collaboration.fda.gov/pharmpacgeneral/>

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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.
April 11 (early registration)	USPHS Scientific and Training Symposium, June 10-12, 2014 Raleigh NC Registration is available at http://symposium.phscof.org/registration Please note that Early Bird registration runs through April 11, standard registration runs through May 28, and after May 28, registration is on-site only
Now	Review Pharmacy Category 2014 Benchmarks at: http://dcp.psc.gov/ccmis/PDF_docs/PHARMACY%20Benchmarks%20Final%202014.pdf

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

- Due to technical difficulties with the teleconference line, the meeting began at 1435 EST.

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

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

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Password: 9675592 (if requested)

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

Number of Callers on Line

February 2014: 59 (*technical difficulties noted)

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

- In January, we welcomed back everyone to a new year, 2014...Recently, I gave a talk and stated I believe as a 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. Also in January, we held the first-ever senior leadership pharmacy summit, inviting the highest senior leadership from multiple organizations, academia, and all federal pharmacy services. We held discussion and worked on aspirational thinking to advance our profession to unify our message and improve the nation’s health. Our organizations are united and our leadership is inspired. PHS Pharmacy, in particular, is known to be a sought after source of information. 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 once again 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.
- On Tuesday, Feb 4, our Surgeon General nominee, Dr Vivek Murthy attended his Senate hearing on the floor of the Senate HELP Committee. It appeared to be an uneventful and successful hearing for Dr Murthy. If this is in fact a successful hearing, we would expect the HELP Committee to put Dr Murthy up for a vote on the Senate Floor for confirmation in the coming week(s). After that, they will schedule a swearing-in (potentially with POTUS) and then the process is complete. We have no definitive timeline of how long this will take place; however will assume it will move as expeditiously as possible. Congratulations thus far to Dr Murthy and hope to be working with him sooner than later.

New Chief Professional Officer (CPO) Pharmacy Nominations moving forward

- The CPO Term will end March 2014. Calls from Corps HQ have already gone out to agency liaisons and agency leadership. We will soon have all agency nominations and begin the objective review board to further filter the candidates. After that, interviews will ensue with OSG.

Application Process for new Calls-to-Active Duty

- HQ has opened the new call-to-active duty **process** for Physician Assistants, Nurse Practitioners, Engineers and EHOs. This is in addition to Physicians and Dentists which continually remain in ‘open’ status. We are not yet accepting applications for pharmacists; however we are opening discussions regarding the next categories to open.
- 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 boards will commence within Corps HQ in Feb-April. Please triple check your e-OPF and make certain all appropriate documentation is contained if you are up for promotion.
- This is an incredibly confidential process. Please refrain from asking questions about board members, participation or related activity. The integrity of the process is paramount. Thanks for your consideration on this matter.

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 28-31, 2014, Orlando, Florida. Email LCDR Martinez if you plan to attend (marisol.martinez@dha.mil)

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 - 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 – a success. Nearly 30 leaders from all areas of the pharmacy profession participated. We had lively discussion and were put to work developing a deliverable to maintain a unified yet achievable vision. PHS Pharmacy will have some tasks as well as other pharmacy leadership across the country working toward the group's enumerated 2014 goals. As meeting notes are finalized, we will provide a public overview of the meeting.
- Expected publication of article in Jan-Feb timeline in U.S. Medicine: 2014 PHS Pharmacy Outlook.
- As a reminder, the National Clinical Pharmacy Specialist (NCPS) credential is now open to ALL PHS pharmacists in all agencies. 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.
- 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

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](#))

- Volunteers needed for various projects
 - Career Counseling at COA, looking for senior officers to serve as mentors and junior officers to participate in counseling sessions
-

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

- Please read the most recent issue (Winter 2013-2014) and contact the communications section if there is information you'd like to see added to the Newsletter.
 - Please note article about NCPS
 - Will be posted to website in the next few weeks
 - Consider sending communications from official email addresses to ensure receipt by DHS members.
-

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](#)

- To date, over 50 officers have earned the PACE Award
- APFT Initiative (LCDRs Kishore and Kalra, co-leads of the PharmPAC PACE Workgroup).
Congratulations to the new PACE recipients:

PACE Recipients for December 2013
CDR Rowdy Atkinson
CDR Holly Rice
CDR Roberta Szydlo
LCDR Jodi Nakai
LCDR Sulin Sun
LT James Gabriel Buel
LT Crystal Lui
LT Jun Lee

- 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
 - Field Medical Readiness Badge (FMRB) – 30 pharmacists of 150 officers to be awarded during this cycle- (CDR Juliette Touré)
 - Must be basic ready, achieve level 2 on APFT, complete training modules, fulfill deployment opportunities.
 - New Readiness Resource and Readiness Status Update – LT Marie Manteuffel
 - 'Down to basics checklist' created by LCDR Nasser Mahmud is now available on the PharmPAC website at http://www.usphs.gov/corpslinks/pharmacy/sc_readiness.aspx.
 - Officers will receive an email from OFRD indicating basic readiness status email.
 - 83% of pharmacists are basic ready and 7% in an exempt status.
-

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!](#)

- Call for nominations for USPHS Excellence in Public Health Pharmacy Practice Award has been sent out. If you have questions please contact LCDR Brittany Keener at blkeener@anthc.org or usphspharmacist@gmail.com
 - Deadline March 7, 2014
 - Room Share website is available to serve as a resource for officers that wish to share a room to reduce expenditures at upcoming national pharmacy meetings (JFPS, AMSUS, ASHP Midyear and APhA). See: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/ashp-hotel-sharing-forum>.
 - The 2014 PHS Recruitment presentation has been sent for posting on the website.
 - Also available via email, please contact recruitment section members (listed above)
 - UPOC Roles and Responsibilities - any officers serving as UPOCs are expected to maintain at least two points of contact with their assigned university(s). There is also an expectation to respond back to the UPOC biannual reports ensuring that each officer has accomplished at least one of the two required contacts, that they have logged their recruitment activities on the PharmPAC Recruitment Tools Website, that the officer is still interested in continuing with the UPOC program and inquiring if any of their information has changed. If two biannual reports have been disseminated and there is no report filed, inactive officers will be removed from the UPOC Program. This action is multi-factorial. This ensures that responsive and dedicated officers remain engaged and ready respond and serve and will allow us administratively to clean-up the list of officer volunteers. Any questions please e-mail LCDR Anne Marie Bott at ambott@anthc.org.
 - Activity Reports are to be submitted to: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/upoc-activity-report>.
 - The next vacancy announcement submission posting is planned for posting on (or about) 3 February 2013.
-

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](#)

- PharmPAC Honor Award announcement was distributed on January 29, 2014. Awards include:
 - Pharmacist Responder of the Year
 - Clinical Pharmacist of the Year
 - Leadership Award
 - Career Achievement Award
 - Managerial Excellence Award
 - Deadline for submission is 31 Mar 2014. Details of the award criteria and nomination packets can be found on the award section of the PharmPAC Web site http://usphs.gov/corpslinks/pharmacy/sc_admin_awards.aspx or contact CDR Dave Schatz at david.j.schatz@uscg.mil
-

PAC Chair Update/Open Forum: LCDR Marisol Martinez

(email: marisol.martinez@dha.mil)

- CDR Jeff Mallette update on USPHS Scientific and Training Symposium:
 - 2014 Pharmacy Category Day Planning Committee consists of CDR Peter Diak, CDR Jeff Mallette, and LCDR Scott Vehovic.
 - The 2014 PHS Scientific and Training Symposium will be held June 10-12 at the Raleigh, NC Convention Center. This year's theme is "Public Health Today: Prevention, Innovation, Progress." We anticipate this will be a well-attended and exciting meeting and encourage everyone capable to attend and take advantage of the CE offerings as well as the unparalleled networking opportunities.
 - Registration is now open and is available on the symposium website at <http://symposium.phscof.org/registration>
 - Please note that Early Bird registration runs through April 11, standard registration runs through May 28, and after May 28, registration is on-site only. Registration fees increase by \$100 or more on each of these dates. Registration fees are significantly lower for COA dues paying members. Please view the website for specific cost information.
 - COF has contracted with three area hotels at the per diem rate of \$96 per night. Additional hotels will be added if needed. Two of the three current hotels, the Sheraton and Marriott, have already sold out – the Clarion still has some availability as of earlier this week. Contact info can be found on the symposium website.
 - Some of the highlights of the symposium are:
 - More than 40 track presentations on best practices, case studies, emerging trends and the latest research in public health
 - The annual PHS birthday celebration, the Anchor and Caduceus Dinner, will be held Tuesday, June 10 from 1900 – 2200.
 - Surgeon General's 5K Run/Walk and APFT will be held Wednesday, June 11 at 0630
 - Pharmacy category day will be held on Thursday, June 12 – the program will run from 0745 to 1645 – and will include six hours of CE provided by fellow PHS pharmacists, category updates, lunch and more networking opportunities.

- Six preconference courses, including leadership and BLS
 - An exhibit hall featuring more than 60 vendors
 - A retirement seminar will be held on Friday, June 13 – this is free of charge and runs from 0830 to 1630
 - A blood drive and other volunteer opportunities will be available
 - Additionally, there will be PharmPAC-sponsored career counseling and CV review available. There are scholarships available for officers ranked O-3 or below and there is reduced rate registration for students. Registration includes Breakfast and Lunch. One day registration is available. More information can be found on the symposium website regarding these.
 - Please consider attending this year's COF symposium. If you are considering attending, please go ahead and make hotel reservations as soon as possible. The website has lots of great information and can answer most of your questions
 - **Question:** Will flag officers need Aide de camps for the meeting? Answer: We are currently determining which flag officers will be in attendance and will communicate further information at a later date.
 - APhA – please email LCDR Martinez if you plan to attend
 - DCCPR: New Chief of COTA, CDR Marna Hoard MPA, MPH, was announced via the listserv.
 - Leadership summit in DC: discussed importance of chain pharmacies no longer selling tobacco products in light of the 50th anniversary of the Surgeon General's report on Tobacco Use. CVS announced they will stop selling tobacco products.
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(email: Jefferson.fredy@ihs.gov)

- DC area officers: OBC 71 is currently in session at Holiday Inn in Gaithersburg MD. Open house is tonight (Thursday) at 1800 EST. Pinning ceremony will be held tomorrow at 0800 and graduation next Friday 1030 AM EST.
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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 continue to use adobe connect to augment our meeting interaction in March. Please watch out for a link to the webcast.
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The meeting was adjourned at 1512 EST.

Next Meeting Date:

06 March2014 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	Yes	LCDR Paul Michaud (paul.t.michaud@uscg.mil)
DHS: IHSC	Yes	LT Stephanie Daniels (Stephanie.Daniels@phs.dhs.gov)
DoD	N/A	TBD
OS	Yes	CDR Samuel Wu (Samuel.wu@hhs.gov).
PROFESSIONAL ORGANIZATION REPORTS Coordinated by CDR Robert Macky (rmacky@bop.gov)		
AMCP	Yes	LCDR Shannon Hill (shannon.hill@fda.hhs.gov)
AAHIVM	Yes	CDR Robert Macky (rmacky@bop.gov)
AACP	Yes	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	Yes	LCDR Liatte Krueger (Liatte.Krueger@fda.hhs.gov)
ASCP	No	CDR Wil Darwin (wil.darwinjr@ihs.gov)
ASHP	Yes	CDR Randy Seys (rseys@bop.gov)
ASHP Foundation	Yes	CDR Carrie Ceresa (Carrie.Ceresa@fda.hhs.gov),
COA	Yes	LCDR Alexis Beyer (abeyer@hrsa.gov)

Disclaimer: Original versions of the reports listed in the previous table were provided via email to the PHS Pharmacists Listserv by the PharmPAC Executive Secretary following the monthly PharmPAC meeting. In addition, these reports have been merged at the end of the monthly minutes for reference and appear on the following pages. However, due to differences in file and version types and the need to minimize the size of the minutes to allow for posting to the website, you may notice a loss in formatting from some of the original

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

Special Attachments

- None



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

February 2014

Opening Remarks

- In January, we welcomed back everyone to a new year, 2014...Recently, I gave a talk and stated I believe as a 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. Also in January, we held the first-ever senior leadership pharmacy summit, inviting the highest senior leadership from multiple organizations, academia, and all federal pharmacy services. We held discussion and worked on aspirational thinking to advance our profession to unify our message and improve the nation’s health. Our organizations are united and our leadership is inspired. PHS Pharmacy, in particular, is known to be a sought after source of information. 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 once again 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.
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- This is an incredibly confidential process. Please refrain from asking questions about board members, participation or related activity. The integrity of the process is paramount. Thanks for your consideration on this matter.

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 - 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 – a success. Nearly 30 leaders from all areas of the pharmacy profession participated. We had lively discussion and were put to work developing a deliverable to maintain a unified yet achievable vision. PHS Pharmacy will have some tasks as well as other pharmacy leadership across the country working toward the group's enumerated 2014 goals. As meeting notes are finalized, we will provide a public overview of the meeting.
- Expected publication of article in Jan-Feb timeline in U.S. Medicine: 2014 PHS Pharmacy Outlook.
- As a reminder, the National Clinical Pharmacy Specialist (NCPS) credential is now open to ALL PHS pharmacists in all agencies. 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.

- 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 21, 2013

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: February 2014 JOAG Liaison Report – INFORMATION

- Interviews with the top three applicants for the JOAG Senior Advisor position occurred late December 2013. The top candidates were also sent to the Surgeon General's Office in the beginning of January 2014.
- The JOAG requests nominations for nine (9) open positions for voting membership for the 2014-2016 term. If you know a motivated and dedicated junior officer, please encourage them to self-nominate for the following open positions:

Engineer Liaison
Environmental Health Officer Liaison
Health Services Officer Liaison
Nurse Liaison
Therapist Liaison
At-Large Member (4 openings)

Requirements: You must be an active duty junior officer (T-O4 and below) and you must not be eligible to pin-on T-O5 (Commander) prior to July 1, 2016.

For questions or to submit nominations for voting membership, contact LCDR Robert Kosko, Co-Chair, Membership Committee, at Robert.Kosko@fda.hhs.gov. Nominations are due no later than close of business, **Friday, March 7, 2014**.

- 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 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



2014 JOAG Awards
Package.pdf

- Great PHS Merchandise is available for purchase! We have a limited quantity of the coin racks. Please find attached the updated merchandise list and order form. Questions on merchandise should be directed to Kazuhiro.okumura@fda.hhs.gov.



JOAG Merchandise List update_Nov2013



JOAG_Merchandise_Order_Form_Nov201

NEXT JOAG GENERAL MEETING: February 14, 2013; 1300 - 1400 EST.

Call in#: (626) 677-3000

Passcode: 7919605

*Note that this is a toll line and long distance charges may apply.

Agenda will be provided via JOAG listserv prior to the meeting.

NEXT JOAG JOURNEYMAN SPEAKER SERIES: March 14, 2014; 1300 - 1400 EST.

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

Phone number: (213) 342-3000

Passcode: 6904646

*Note that this is a toll line and long distance charges may apply.



Bureau of Prison Report to PharmPAC February 2014

Submitted by LT Michelle Williams, BOP PharmPAC Liaison

BOP has no new updates to report.



CDC Report to the USPHS PharmPAC

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

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

February 2014 Updates

[CDC Fights Meningitis at Princeton](#) When Princeton University and New Jersey Department of Health (NJDOH) officials alerted CDC's Meningitis and Vaccine Preventable Diseases Branch in May of 2013 that two students and one prospective student at the University had come down with serogroup B meningococcal disease, the branch took notice. Although there is no licensed vaccine for serogroup B meningococcal disease in the United States, the branch's leadership recognized that a vaccine recently licensed in other countries might help control outbreaks of this devastating disease.

[Health Alert Network \(HAN\) 359](#), From November through December 2013, CDC has received a number of reports of severe respiratory illness among young and middle-aged adults, many of whom were infected with influenza A (H1N1) pdm09 (pH1N1) virus. Multiple pH1N1-associated hospitalizations, including many requiring intensive care unit (ICU) admission, and some fatalities have been reported. The pH1N1 virus that emerged in 2009 caused more illness in children and young adults, compared to older adults, although severe illness was seen in all age groups. While it is not possible to predict which influenza viruses will predominate during the entire 2013-14 influenza season, pH1N1 has been the predominant circulating virus so far. For the 2013-14 season, if pH1N1 virus continues to circulate widely, illness that disproportionately affects young and middle-aged adults may occur.

[Health Alert Network \(HAN\) 360](#), On January 8, 2014, the Public Health Agency of Canada reported the first confirmed case of human infection with avian influenza A (H5N1) virus identified in North America. The patient exhibited symptoms while returning from travel to Beijing, China, on December 27, 2013. For more information on this patient's travel itinerary, please refer to a Public Health Agency of Canada technical briefing at http://www.phac-aspc.gc.ca/media/nr-rp/2014/2014_0108a-eng.php. The patient was hospitalized on January 1, 2014, and subsequently died on January 3, 2014. Investigations by Canadian public health officials are ongoing. Since avian influenza A (H5N1) viruses have only been rarely, and never sustainably, transmitted from person to person, there is a very low risk of subsequent related cases. To date, no cases of human infection with avian influenza A (H5N1) viruses have been reported in the United States. Clinicians should consider the possibility of avian influenza A (H5N1) virus infection in persons exhibiting symptoms of severe respiratory illness who have appropriate travel or exposure history.

[MMWR Weekly QuickStats: Percentage of Adults Aged ≥18 Years with Hypertension Reporting Treatment and Control of Their Condition, by Race/Ethnicity — United States, National Health and Nutrition Examination Survey, 2011–2012](#) During 2011–2012, 75.6% of adults aged ≥18 years with hypertension were taking medication to lower their blood pressure, and 51.8% had their blood pressure under control. Non-Hispanic Asian adults with hypertension were less likely to be taking medication (65.2%) than were non-Hispanic black (77.4%) and non-Hispanic white (76.7%) adults with

hypertension. No difference was observed in controlled hypertension among adults in the different race and Hispanic ethnicity groups.

[CDC Grand Rounds: Measuring Science Impact](#) The latest CDC Grand Rounds was held Tuesday, January 21, 2014 and discussed the Science Impact Framework. The Framework utilizes a combination of quantitative and qualitative indicators to measure impact towards health outcomes, through five levels of influence: disseminating science, creating awareness, catalyzing action, effecting change, and shaping the future. The complex dynamics between the levels of influence and the intricate environment in which influence materializes create a path of impact which does not necessarily follow a linear progression. Mark your calendars for Tuesday, February 18, 2014, at 1 p.m. - 2 p.m., EDT where the topic will be Preventing Youth Violence.

[CDC Science Clips: Volume 6, Issue 2, January 14, 2014](#)

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:

- Association between Mycobacterium tuberculosis complex phylogenetic lineage and acquired drug resistance **Yuen CM, Kurbatova EV, Click ES, Cavanaugh JS, Cegielski JP.** PLoS One. 2013;8(12): e83006.
- Active surveillance for carbapenem-resistant Enterobacteriaceae using stool specimens submitted for testing for Clostridium difficile **Banach DB, Francois J, Blash S, Patel G, Jenkins SG, Labombardi V, Kreiswirth BN, Srinivasan A, Calfee DP.** Infect Control Hosp Epidemiol. 2014 Jan;35(1):82-4.
- Chlamydia and gonorrhea diagnosis, treatment, personnel cost savings, and service delivery improvements after the implementation of express sexually transmitted disease testing in Maricopa County, Arizona **Rukh S, Khurana R, Mickey T, Anderson L, Velasquez C, Taylor M.** Sex Transm Dis. 2014 Jan;41(1):74-8.
- Use of first-line treatment for Neisseria gonorrhoeae after treatment guideline changes **Anschuetz G, Asbel L, Salmon ME, Johnson CC.** Sex Transm Dis. 2014 Jan;41(1):64-6.
- Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003-2011 **Visser SN, Danielson ML, Bitsko RH, Holbrook JR, Kogan MD, Ghandour RM, Perou R, Blumberg SJ.** J Am Acad Child Adolesc Psychiatry. 2014 Jan;53(1):34-46 e2.



CMS Agency Report to PharmPAC

Submitted by LT Teisha A. Robertson

February 2014 Updates

Press Releases:

[CMS proposes program changes for Medicare Advantage and Prescription Drug Benefit Programs for Contract Year 2015 \(CMS-4159-P\)](#)

On January 6, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule with comment period that would strengthen protections, improve health care quality and reduce costs for Medicare beneficiaries with private Medicare Advantage (MA) and Part D prescription drug plans in Contract Year (CY) 2015. Among the technical and program changes this rule proposes are new criteria for identifying protected classes of drugs, revisions that promote competition in Part D plans, changes to the regulatory definition of negotiated prices, and changes to ensure that plan choices are meaningful for beneficiaries. This fact sheet discusses the major provisions of the proposed rule. The proposed rule would save \$1.3 billion over the five years 2015 – 2019 if finalized.

[CMS Strategy to Combat Medicare Part D Prescription Drug Fraud and Abuse](#)

Prescription drug abuse is a serious and growing problem nationwide. Unfortunately, the Medicare Part D prescription drug program (Part D) is not immune from the abuses associated with this nationwide epidemic. The Centers for Medicare & Medicaid Services (CMS) takes this problem seriously and is taking steps to protect Medicare beneficiaries and the Medicare Trust fund from the harm and damaging effects associated with prescription drug abuse.

[CMS and Maryland Announce Joint Initiative to Modernize Maryland's Health Care System to Improve Care and Lower Costs](#)

Today, the Centers for Medicare & Medicaid Services (CMS) and the state of Maryland jointly announced a new initiative to modernize Maryland's unique all-payer rate-setting system for hospital services aimed at improving patient health and reducing costs. This initiative will replace Maryland's 36-year-old Medicare waiver to allow the state to adopt new policies that reduce per capita hospital expenditures and improve health outcomes as encouraged by the Affordable Care Act. Under this model, Medicare is estimated to save at least \$330 million over the next five years.

[HHS strengthens community living options for older Americans and people with disabilities](#)

The Centers for Medicare & Medicaid Services (CMS) issued a final rule today to ensure that Medicaid's home and community-based services programs provide full access to the benefits of community living and offer services in the most integrated settings. The rule, as part of the Affordable Care Act, supports the Department of Health and Human Services' Community Living Initiative. The initiative was launched in 2009 to develop and implement innovative strategies to increase opportunities for Americans with disabilities and older adults to enjoy meaningful community living.

National Health Spending Growth Remains Low for 4th Consecutive Year

WASHINGTON — Overall national health expenditures grew at an annual rate of 3.7 percent in 2012, marking the fourth consecutive year of low growth, the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary reported today. Health spending as a share of gross domestic product fell slightly from 17.3 percent in 2011 to 17.2 percent in 2012.

More partnerships between doctors and hospitals strengthen coordinated care for Medicare beneficiaries

123 New Accountable Care Organizations Join Program to Improve Care for Medicare beneficiaries

Doctors, hospitals and other health care providers have formed 123 new Accountable Care Organizations (ACOs) in Medicare, providing approximately 1.5 million more Medicare beneficiaries with access to high-quality coordinated care across the United States, Health and Human Services Secretary Kathleen Sebelius announced today.



FDA Agency Report - February 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:

Pro ArthMax by Human Science Foundation: Recall - Undeclared Drug Ingredients. Jan 15, 2014

Undeclared Chlorzoxazone, Nefopam, Diclofenac, Ibuprofen, Naproxen, and Indomethacin. Pro ArthMax has a reasonable probability of resulting in fatal adverse events. [More information](#)

Acetaminophen Prescription Combination Drug Products with more than 325 mg: FDA Statement - Recommendation to Discontinue Prescribing and Dispensing. Jan 14, 2014

Inadvertent overdose from prescription combination drugs containing acetaminophen accounts for nearly half of all cases of acetaminophen-related liver failure in the United States, some of which result in liver transplant or death. [More information](#)

t:slim Insulin Cartridges by Tandem Diabetes Care: Recall - Potential for Cartridge Leak. Jan 14, 2014

Cartridge leak could potentially result in the device delivering too much or too little insulin. [More information](#)

Boost Ultra, XZone Gold, Sexy Monkey, Triple MiracleZen Platinum, Magic for Men, "New" Extenze, and New XZen Platinum Marketed as Dietary Supplements: Recall - Undeclared Drug Ingredients. Jan 10, 2014.

Analysis found these products to contain undeclared Sildenafil and/or Tadalafil, may interact with nitrates found in some prescription drugs, and may lower blood pressure to dangerous levels. [More information](#)

Puritan Bennett 840 Series Ventilator by Covidien - Class I Recall - Software Problem. Jan 10, 2014.

Ventilator may stop functioning, triggering the safety alarm and causing the patient to suddenly be required to breathe on his or her own. [More information](#)

CLINIMIX and CLINIMIX E Injection/Baxter: Recall - Particulate Matter in Products. Jan 6, 2014.

If infused, particulate matter may result in blockages of blood vessels, which can result in stroke, heart attack, or damage to other organs such as the kidney or liver. [More information](#)

Recall: Baxter 5 Percent Dextrose Injection, USP And 0.9 Percent Sodium Chloride Injection, USP Intravenous (IV) Solutions - Particulate Matter In Solution. Dec 27, 2013.

Injecting a product containing particulate matter may result in blockages of blood vessels, which can result in stroke, heart attack or damage to other organs such as the kidney or liver. [More information](#)

Recall: Lidocaine HCl Injection 2%, 5 ml Vial by Hospira - Presence of Particulate Matter. Dec 24, 2013.

If infused, particulate matter could lead to local inflammation, tissue trauma, mechanical disruption of tissue, and/or local granuloma formulation. [More information](#)

FDA Health Risk Warning: Muscle Growth Product Called Mass Destruction - Undeclared Ingredients. Dec 23, 2013.

The product is labeled to contain at least one synthetic anabolic steroid and has been linked to at least one reported serious illness. [More information](#)

Drug Safety Communication: Iclusig (Ponatinib) - Increased Reports Of Serious Blood Clots In Arteries And Veins. Dec 20, 2013

New safety measures involve label changes to narrow the indication. The manufacturer of Iclusig is expected to resume marketing to appropriate patients. [More information](#)

December 2013 Drug Safety Labeling Changes

Safety Labeling Changes includes 39 products with revisions to Prescribing Information. [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 approves Mekinist in combination with Tafinlar for advanced melanoma. Jan 10, 2014

FDA approved Mekinist (trametinib) in combination with Tafinlar (dabrafenib) to treat patients with advanced melanoma that is unresectable (cannot be removed by surgery) or metastatic (late-stage). [More information \(en español\)](#)

FDA approves first gel for sealing corneal incision after cataract surgery. Jan 9, 2014.

FDA approved the first gel sealant for use in stopping fluid from leaking through the incision in a patient's cornea after cataract surgery with intraocular lens placement in adults. Prior to today's approval, stitches were the only option for closing a leaking corneal incision after cataract surgery. [More information](#)

FDA approves Farxiga to treat type 2 diabetes. Jan 8, 2014.

FDA approved Farxiga (dapaglifozin) tablets to improve glycemic control, along with diet and exercise, in adults with type 2 diabetes. [More information](#) ([en español](#))

FDA approves Tretten to treat rare genetic clotting disorder. Dec 23, 2013.

FDA approved Tretten, Coagulation Factor XIII A-Subunit (Recombinant), the first recombinant product for use in the routine prevention of bleeding in adults and children who have a rare clotting disorder, known as congenital Factor XIII A-subunit deficiency. [More information](#)

FDA allows marketing of new stent for treating pseudocysts of the pancreas. Dec 18, 2013.

FDA allowed marketing of the AXIOS Stent and Delivery System for treating pseudocysts (fluid and tissue filled cavities) that form in the pancreas and are next to the stomach or small intestine. This is the first stent that is specifically designed for drainage of a pancreatic pseudocyst by creating a new, temporary opening between the pancreas and the gastrointestinal tract. [More information](#)

FDA approves Anoro Ellipta to treat chronic obstructive pulmonary disease. Dec 18, 2013.

FDA approved Anoro Ellipta (umeclidinium and vilanterol inhalation powder) for the once-daily, long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD). [More information](#)

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:

Consumer Update: Check Adult Portable Bed Rails Often for Safer Use

Portable bed rails can make the person using them vulnerable to becoming trapped in the rails or falling. To increase awareness by consumers, patients and caregivers, [FDA has released a new web page on bed rail safety](#) to provide information about the potential hazards and offer tips to promote safe use. [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](#)

FDA Webinar - Introduction to Post-Marketing Drug Safety Surveillance: Pharmacovigilance in FDA/CDER (Feb 11)

On February 11, 2014 at 1pm EDT, CDER's Office of Communication, Division of Drug Information (DDI) will host a webinar titled: "Introduction to Post-Marketing Drug Safety Surveillance: Pharmacovigilance in FDA/CDER," the featured speaker, CDR Selena Ready, Pharm.D., CGP, will give an overview of pharmacovigilance: the science and activities relating to the detection, assessment, understanding, and prevention of adverse effects or other drug-related problems. [More information](#)

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

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

Submitted by CDR Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (1/16/2014)

- Acting Principal Pharmacy Consultant Report
 - IHS Principal Pharmacy Consultant Position Announcement: The IHS Principal Pharmacy Consultant position is being re-advertised and will close on Friday, January 17, 2014. Following link for more details about the position.
Link: <https://www.usajobs.gov/GetJob/ViewDetails/358257600>
- Sub Committee Updates
 - Brief written quarterly reports of actions and accomplishments of the subcommittees/sections were reported to NPC this month (January).
 - Communication Coordinator Report – CDR Johnson/ LT Luo
 - Inventory Management Coordinator Report – LCDR Soliz
 - National CMOP (Consolidated Mail Outpatient Pharmacy) Coordinator Report – LCDR Cummings/CAPT Warren
 - National Clinical Pharmacy Specialist Credentialing Coordinator Report– CAPT Thornton
 - National Pharmacy and Therapeutic Committee Report – CAPT Watts
 - National Pharmacy Residency Coordinator Report – CDR Reyes
 - OIT Pharmacy Consultant Report – CAPT Bishop
 - Pharmaceutical Prime Vendor Coordinator Report– CDR Baker
 - Pharmacy PSG (Professional Specialty Group) Committee Report– CDR Dial
 - Pharmacy Quality Metrics Committee Report – CDR Lamer
 - Recruitment and Retention Coordinator Report – CDR Killsback
- Medication Reconciliation Standardization
 - NPC committee motioned to identify a workgroup to develop best practice recommendations.
 - Workgroup members were identified: LCDR Tyler Lannoye (Lead), CDR Michael Contos, CDR Cecil Aycocock, CDR Chris Lamer & CDR Wil Darwin.
 - Action steps:
 - 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 CDR 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 February 2014 NPC meeting, CDR 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 and pending approval through the agency/department conference approval system to the agency's sharepoint site. Approximate dates are April 14-18, 2014.
- Call for Nominations 2014 IHS Sr. and Jr. Pharmacist and Pharmacy Technician of the Year Awards
 - Please take a few minutes to nominate a deserving person for these pharmacy awards.
 - The suspense date for nominations is Monday, March 3, 2014
 - You can find the criteria here:
 - http://home.pharmacy.ihs.gov/index.cfm?module=gen_one&id=33

Beyond Digestive Issues: Can Probiotics Boost Our Immune System?

In recent years, an increasingly wide variety of probiotics have sprung up on store shelves among the bottles of dietary supplements. They've also invaded our foods, from yogurt to pickles. Where did probiotics come from? Might they really have immune defense properties? Are they safe? "It's getting hard to avoid them," said Dr. Patricia Hibberd, professor of pediatrics at Harvard Medical School and chief of the division of global health in the pediatric department at Massachusetts General Hospital, speaking at a recent NCCAM lecture. "They're in chocolate...cookies, sauerkraut, special teas and most recently in bread." Probiotics are live microorganisms. When administered in adequate amounts, they presumably confer a health benefit on the host. They are often associated with promoting gastrointestinal health, alleviating such digestive issues as diarrhea, irritable bowel syndrome and ulcerative colitis. Newer trials are looking at their effects on the immune system, from relieving allergies to eradicating antimicrobial-resistant organisms.

To view the entire article, go to:

http://nihrecord.od.nih.gov/newsletters/2014/01_03_2014/story2.htm

NIH study: Research-based strategies help reduce underage drinking

Strategies recommended by the Surgeon General to reduce underage drinking have shown promise when put into practice, according to scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health. These approaches include nighttime restrictions on young drivers and strict license suspension policies, interventions focused on partnerships between college campuses and the community, and routine screening by physicians to identify and counsel underage drinkers.

NIAAA researchers Ralph Hingson, Sc.D., and Aaron White, Ph.D., evaluated studies conducted since the 2007 "Call to Action to Prevent and Reduce Underage Drinking." A report of their findings appears in the January issue of the *Journal of Studies on Alcohol and Drugs*.

To view the entire article, go to: <http://www.nih.gov/news/health/jan2014/niaaa-14.htm>

Cognitive training shows staying power

NIH-funded trial shows 10-year benefit in realms of reasoning, speed

Training to improve cognitive abilities in older people lasted to some degree 10 years after the training program was completed, according to results of a randomized clinical trial supported by the National Institutes of Health. The findings showed training gains for aspects of cognition involved in the ability to think and learn, but researchers said memory training did not have an effect after 10 years. The report, from the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study, appears in the January 2014 issue of the *Journal of the American Geriatrics Society*. The project was funded by the National Institute on Aging (NIA) and the National Institute of Nursing Research (NINR), components of the NIH.

To view the entire article, go to: <http://www.nih.gov/news/health/jan2014/nia-13.htm>

Arthritis Genetics Analysis Aids Drug Discovery

An international research team identified 42 new areas in the human genome associated with rheumatoid arthritis—and found that many are already the targets of drugs approved for other conditions. The findings hint at new treatment approaches for the disease. Rheumatoid arthritis is a chronic inflammatory disorder that can cause pain, swelling, stiffness, and loss of function in joints throughout the body. It's an autoimmune disease, in which the immune system mistakenly attacks the body's own tissue, such as the membranes that line the joints. It can also affect other parts of the body besides the joints. The causes of rheumatoid arthritis aren't completely known. Environmental factors—such as cigarette smoking, diet, and stress—may play a role in triggering the disease. Genetic factors are also thought to play a role. Several genes involved in the immune system have been associated with a tendency to develop rheumatoid arthritis.

Scientists from 70 institutions worldwide were involved in the study, which was funded in part by NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) and National Institute of General Medical Sciences (NIGMS).

To view the entire article, go to:

<http://www.nih.gov/researchmatters/january2014/01132014arthritis.htm>

PharmPAC USCG Liaison Report

February 2014

Submitted by LCDR Paul T. Michaud, PharmD, NCPS

- **Epic Rollout and Implementation**
 - USCG is in the process of transitioning to electronic health record (EHR) with Epic.
 - The rollout is still in the planning stages with the earliest estimated date of pilot implementation in August-September 2014 with a couple key pilot locations, with other locations to follow.
 - This EHR system will streamline care provided by the USCG, providing clinic based pharmacies with electronic bar code scanning and will include an inventory management tool.
 - An added feature will be the ability for pharmacists to prospectively review medication orders placed in outlying clinics within a given area of responsibility.

- **Pharmacist Privileging in the USCG and Collaborative Practice Based Clinical Programs**
 - The requirements for privileging of USCG Pharmacists are a work in progress for the USCG Privileging Review Committee. Privileging will provide an improved continuity of care across the USCG, thus allowing patients to continue their treatment plan upon transfer to other areas of the country.
 - Many USCG pharmacists have developed and implemented Smoking Cessation Clinics through a collaborative practice agreement with their respective senior medical officers.

- **Upcoming Events/Closed POD (point of dispensing) Exercises**
 - Any and all units that have a Closed POD agreement in place are mandated by the Department of Homeland Security to participate in emergency preparedness exercises to test their closed POD operational efficiency. .
 - USCG Base Elizabeth City clinic has recently participated in a city wide emergency preparedness exercise in which they tested a closed POD model for an anthrax attack.
 - USCG Air Station Miami and Air Station Kodiak clinics will be participating in community emergency preparedness training and exercise in the near future.
 - USCG is close to completing closed POD agreements in all States and territories where USCG facilities are located thereby ensuring access to the Strategic National Stockpile (SNS) and making USCG truly “All Hazards” capable.



**U.S. Immigration
and Customs
Enforcement**

ICE Health Service Corps
U.S. Department of Homeland Security
446 Alta Road, Suite # 5400
San Diego, CA 92158
Tele: (619) 710-8341
Fax: (619) 661-6042

January 22, 2014

From: LT Stephanie Daniels
IHSC Liaison to PharmPAC

To: LCDR Melinda McLawhorn
PharmPAC Executive Secretary

CC: CAPT Don Brown
IHSC Chief Pharmacist

Re: January Agency Liaison Report

The Immigration Health Services Corps (IHSC) would like to report that clinical pharmacist LCDR Jai Patel has been selected as the IHSC Employee of the Year. LCDR Patel is currently stationed as the chief pharmacist at the T. Don Hutto Residential Center outside of Austin, TX. He was nominated for his exemplary overall performance, including his contributions toward developing the IHSC National Anticoagulation policies, as well as his work in improving provider, pharmacist, and patient education both locally and nationally. LCDR Patel provided training for five clinicians on Diabetes Management, as well as Gastritis and Ulcer Management resulting in the implementation of more effective and cost-saving treatment plans. He educated four clinical providers in the initiation of insulin therapy in uncontrolled diabetic patients, resulting in quicker achievement of A₁C goals & reduction in hyperglycemic events. He also implemented cost saving measures by replacing the bubble packs in the nursing pill-line cart with a patient-specific bag system, reducing medication waste by 40 percent. Furthermore, LCDR Patel participated in the Philosophy of Care workgroup, developing patient's right to care guidelines; and he founded the IHSC Pharmacy Journal Club. His overall performance and professionalism and active recruitment efforts bring great credit to himself, the medical and pharmacy divisions, and the uniformed services.

IHSC would also like to congratulate our chief pharmacist, CAPT Don Brown on his retirement, effective 31 March, 2014. A more detailed biography highlighting his years of active duty service and contributions to the corps will be distributed in next month's newsletter.

Special Thanks to CDR Cheryl Garza (Ret) for her significant contributions to this month's report.



Department of Health and Human Services
Office of the Secretary (OS)
January 2014 OS Agency Report
Submitted by CDR Samuel Wu

About the Office of the Secretary: The Office of the Secretary (OS) provides leadership through several offices that oversee operations, provides guidance, and ensures that funds are spent wisely and laws are followed fairly. The OS is directly supported by the Deputy Secretary, Chief of Staff, a number of Assistant Secretaries, Offices, and Operating Divisions. Currently, there are 16 Staff Divisions (OASH, ASPR, ASPE, OCR, OMH etc.) and 11 Operating Divisions (FDA, NIH, CDC, HRSA, IHS, etc.) that report to the Secretary.¹ In addition, there are 10 regional offices that are responsible for operations at the local level and advising the Secretary about strategic operational activities related to program implementation.²

Surgeon General's Initiatives:³ HHS released⁴ the 32nd Surgeon General's Report on smoking, *The Health Consequences of Smoking—50 Years of Progress*,⁵ on January 17th. The report was released at an official White House event featuring Cecilia Munoz, Assistant to the President and Director of the Domestic Policy Council; HHS Secretary Kathleen Sebelius; Dr. Howard Koh, Assistant Secretary for Health; RADM Boris Lushniak, Acting Surgeon General; and Dr. Thomas Frieden, Director of the U.S. Centers for Disease Control and Prevention.

Affordable Care Act: The Department released a report⁶ on the Marketplace enrollment status. Key findings from the report⁷ include:

- Nearly 2.2 million (2,153,421) people selected Marketplace plans from Oct. 1 through Dec. 28, 2013
- These signups in the state and federal marketplaces represent a nearly five-fold increase from October-November, including nearly 1.8 million (1,788,739) people who selected a plan in December (compared with the previous two-month cumulative total of 364,682 through Nov. 30, 2013).
- Of the almost 2.2. million:
 - 54 percent are female and 46 percent are male;
 - 30 percent are age 34 and under;
 - 24 percent are between the ages of 18 and 34, and;
 - 60 percent selected a Silver plan, while 20 percent selected a Bronze plan; and
 - 79 percent selected a plan with Financial Assistance.

¹ <http://www.hhs.gov/about/orgchart/index.html#text>

² <http://www.hhs.gov/iea/regional/index.html>

³ <http://www.surgeongeneral.gov/initiatives/index.html>

⁴ <http://www.hhs.gov/news/press/2014pres/01/20140117a.html>

⁵ <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

⁶ <http://www.hhs.gov/news/press/2014pres/01/20140113a.html>

⁷ http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Jan2014/ib_2014jan_enrollment.pdf

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

Website: www.amcp.org/home

AMCP Professional Practice:

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

AMCP Public Policy:

NTR

Organization contact(s):

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

Date:

February 2014

Announcements:

AMCP has provided a summary of the 2015 Medicare Part D proposed rule (42 CFR Parts 409, 417, 422, 423 & 424) which was recently released by the Centers for Medicare and Medicaid Services (CMS) on January 6, 2014. Any feedback should be provided to AMCP by February 27, 2014.

News:

AMCP released a statement on January 15th, 2014 giving thanks to the appropriations bill recently passed that will provide additional funding (\$91 million) and restored user fees (\$85 million) to the FDA for resources towards its increasing responsibilities.

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:

2/1/14

Announcements:

AAHIVM has been awarded a grant by Janssen Pharmaceuticals to schedule, plan and execute meetings in 7 cities that will provide information and training to HIV practitioners on the Affordable Care Act (ACA) implementation. The goal of the presentations at the meetings will be three-fold: to provide overall context and information about the ACA's most important provisions that will affect HIV providers and patients; to provide state-specific information about how the ACA is being implemented in that state and how the systems in the state will interact and affect HIV providers and patients in that state; and to provide tools, training, and direction to HIV providers on how to equip their practices for these changes and how to educate and guide their patients through the changes.

This year's 4th International Conference on Viral Hepatitis (ICVH) will be jointly sponsored by the International Association of Providers of AIDS Care (IAPAC) and the Icahn School of Medicine at Mount Sinai, in partnership with the International Association for the Study of the Liver (IASL). The conference will take place March 17-18, 2014, at Fordham University (Lincoln Center) in New York, NY.

The Academy is considering increasing the length of time in the Credentialing process from two to three years.

News:

American Association of Colleges of Pharmacy (AACP)

Liaison Officer's Report by CDR Louis Flowers

Website: www.aacp.org

AACP Professional Practice:

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

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

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

AACP Public Policy:

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

Organization contact(s):

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

Date: January 22, 2014

News:

Health Affairs Features Article on Pharmacy Workforce

The November issue of Health Affairs – “Redesigning the Health Care Workforce” – includes the article, Pharmacists And Technicians Can Enhance Patient Care Even More Once National Policies, Practices, And Priorities Are Aligned, which is co-authored by AACP executive vice president and CEO Lucinda L. Maine, Dean Katherine Knapp and ASHP VP Douglas Scheckelhoff. To read the article in its entirety, visit the AACP Media Room at <http://www.aacp.org/news/media/Pages/default.aspx>.

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:

January 22, 2014

Announcements:

New from PSAP for BCPS recertification credit: *Critical and Urgent Care*

Critical and Urgent Care, the newest release in the Pharmacotherapy Self-Assessment Program (PSAP), presents the latest evidence-based information on the pharmacologic management of the disorders most commonly seen in ICUs, emergency departments, and medical/surgical wards. The book **released January 15** and has 23 available continuing pharmacy education (CPE) credits. **Deadline to submit a posttest for BCPS recertification credit is May 15.** Other books in the 2013-2015 PSAP series are *Cardiology and Endocrinology*, *Special Populations*, *Chronic Illnesses*, *Infectious Diseases*, and *CNS/Pharmacy Practice*. To order books in the series go to: <http://www.accp.com/bookstore/psap.aspx>

New from ACSAP for BCACP recertification credit: *Endocrinology/Rheumatology*

The prevention and management of rheumatologic and endocrinologic disorders is a common concern of the clinical pharmacist working in the ambulatory care setting. *Endocrinology/Rheumatology*, the newest release in ACCP's new Ambulatory Care Self-Assessment Program (ACSAP), presents evidence-based updates on a wide range of these disorders. The book **released January 15** and offers 18.5 available continuing pharmacy education credits. **Posttests submitted before May 15 are eligible for BCACP recertification credit.** Other books in the 2013-2015 ACSAP series are *Pulmonary and Preventive Care*, *Infection Primary Care*, *Cardiology Care*, *Neurologic and Psychiatric Care*, and *Women's and Men's Care*. To order books in the series go to: <http://www.accp.com/bookstore/acsap.aspx>

Save by registering by February 28 for ACCP's Spring Meeting

Take advantage of discounted registration rates for Updates in Therapeutics® 2014 and ACCP Academy programming in Chicago, April 11-15th. This meeting will offer two comprehensive courses to help you prepare for the specialty certification examinations for the **BCPS** or **BCACP** administered by the Board of Pharmacy Specialties (BPS). Registration available at: <http://www.accp.com/011401>

Call for Nominations

Nominations remain **open until February 15th** for the 2014 ACCP Fellows, the 2014 Paul F. Parker Medal, and the 2014 "New" Awards (New Clinical Practitioner, New Educator, and New Investigator). All nominations should be submitted online: <http://www.accp.com/011404>

News:

ACCP Medicare Coverage Initiative - Direct Patient Care Services of Qualified Clinical Pharmacists as a Covered Medicare Benefit

ACCP has established a comprehensive initiative that will pursue legislative and regulatory changes to the Medicare program and relevant sections of the Social Security Act (42 USC and relevant sections, primarily [Section 1861](#)) to recognize the direct patient care services of qualified clinical pharmacists as a covered benefit under the Medicare program. To learn more about this important initiative, please review the resource: [December 2013 – Medicare Initiative Update: 2013 Review](#)

New PRN for Global Health Proposed

Are you vested in global health through your practice or research interests? Global health is an area that is not addressed by ACCP's current PRN roster. Creating and joining a PRN that focuses on practitioners and educators in global health will provide you with the benefits that would include increasing your networking, involvement, and leadership opportunities; obtaining high-quality educational programming focused on your needs; and expanding your areas of practice and research. Potential activities of this proposed PRN include developing published resources for practitioners and trainees, highlighting and awarding excellence in practice and research, and promoting awareness of opportunities in this specialty area. To submit an application for a new PRN, at least 50 current ACCP members are required to indicate their interest in joining. Names and e-mail addresses of interested members will be **accepted until February 28th**, through the link at <https://www.surveymonkey.com/s/NPJK6PN>. Interested members will receive updates on the status of the application as they become available.

**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
9320 Old Georgetown Rd Bethesda, MD 20814-1653
(301) 897-8800/(800) 761-9320

lori.lawrence@amsus.org

January 2014

Accomplishments

1. AMSUS online CE site is now open. Information can be found at www.amsus.org and in Military Medicine.

Action Items

1. Call for abstracts for AMSUS 2014 will commence on February 3, 2014. Information can be found at www.amsus.org and in Military Medicine.

2. Contacted COL Boris Mey, Ph.D., of the German delegation, regarding planning a pharmacy section and a pre-conference pharmacist certification course for AMSUS 2014. Contact information for COL Mey is German Joint Medical Service Headquarters, Munich, Germany, borismey@bundeswehr.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: February 2014

News:

Until 1964, public unaware that smoking causes cancer, heart disease

- Americans celebrate 50th anniversary of perception-changing Surgeon General's report
- Since release of the 1964 Surgeon General's report linking smoking to lung cancer and heart disease, more than 8 million Americans' lives have been extended through tobacco control, according to an article in the January 8 issue of *JAMA*. These and other effects of the landmark report are being noted as Americans mark the 50th anniversary of the report's release.
- "It is ... important to honor the extraordinary scientific advances in tobacco control in the years since the release of the report—advances that have led to countless lives saved," Steven A. Schroeder, MD, and Howard K. Koh, MD, MPH, wrote in *JAMA*. "Ultimately, however, this anniversary must reaffirm the fundamental resolve to end the tobacco epidemic once and for all, and doing so should not take another 50 years."

<http://www.pharmacist.com/until-1964-public-unaware-smoking-causes-cancer-heart-disease>

Under CMS proposed rule, MTM coverage would expand greatly

- CMS hopes to require Medicare Part D plans to expand the pool of patients eligible for Part D medication therapy management (MTM), according to the new proposed rule published Friday in the *Federal Register*.
- The proposed new criteria for Part D MTM eligibility would include patients having two or more chronic conditions, with at least one being a core chronic disease; taking any two or more covered Part D drugs; and having a minimum annual drug spend of \$620.

<http://www.pharmacist.com/under-cms-proposed-rule-mtm-coverage-would-expand-greatly>

Announcements:

The APhA Federal Pharmacy Director is hosting the annual federal pharmacy resident visit to APhA HQs. Residents from the Air Force (Joint Base – San Antonio) and Walter Reed (Army, Navy and civilian) will participate. The visit will include presentations and discussions on all aspects of APhA's inter-workings and initiatives that promote the profession and positively impact pharmacists' practice in providing positive health outcomes. Highlights include a tour and overview about the history of the building, staff presentations and discussions with Government Affairs, Professional Affairs Governance, APhA Foundation, Pharmacy Technician Certification Board (PTCB), Board of Pharmacy Specialty (BPS) overview and information about APhA's Educational Programs and finally APhA Membership.

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:

2/6/14

Announcements:

Call for Abstract Reviewers

The American Public Health Association Student Assembly (APHA-SA) seeks peer-reviewers for the APHA 142nd Annual Meeting Abstract Submission process. Quality peer review of submitted abstracts to the Student Assembly is a critical process of the scientific program put forth by the APHA-SA programming committee. Reviewers will be asked to review approximately 15-20 abstracts over the course of a three week period (2/24 to 3/14) to provide both qualitative and quantitative feedback on each individual abstract.

Peer reviewers are individuals that are current students or recent graduates of public health or other health related fields. If you are interested in serving as a reviewer for the 2014 APHA-SA scientific program, please go to <https://apha.confex.com/apha/142am/sa/cfr.cgi> and provide the requested information.

For a flyer with complete information, please click [here](#).
*Note that some links may require member log-in.

Call for Articles—APHA-SA Winter 2014 Newsletter

Do you have news and views to share? Well, as a member of the APHA Student Assembly you are invited to submit articles for our quarterly News & Views newsletter.

As a public health professional much of your career will be reporting and writing about a variety of health topics, whether it is an abstract, peer reviewed article, OpEd article for a local newspaper, media release, policy brief, or other health communication materials. The News & Views newsletter offers you an opportunity to begin honing your skills and writing about public health topics. We welcome submissions on ANY topic related to public health.

For complete guidelines, please click [here](#).

Please email your article and any questions to newsletter@aphastudents.org by **February 13, 2014**.

APHA looks forward to your submission!

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:

Lifesavers Conference Student Scholarships & Poster Opportunity

A limited number of scholarships are available to assist undergraduate and graduate students interested in a career in traffic safety, injury/prevention/public health, criminal justice, engineering, public policy or planning attend the 2014 Lifesavers National Conference on Highway Safety Priorities, the premiere gathering of traffic safety professionals in the nation which will take place April 27-29, 2014 in Nashville, Tennessee. If you know of a student who would benefit from this opportunity, please encourage him or her to apply. Or if you and/or your organization works with colleges or universities that are training students in one or more of these disciplines, please pass this information along to the appropriate dean and/or department chair. The application is available on line at <http://www.lifesaversconference.org/forms/LS2014studentscholarshipapplication.pdf> and takes just a few minutes to complete.

In addition to applying for a scholarship to attend the Lifesavers Conference, undergraduate and graduate students are also encouraged to submit a poster detailing an innovative or creative approach to addressing highway safety or injury prevention through an education or research-based initiative (submissions are welcome from academicians at institutions of higher learning, too). Details regarding the poster application process and criteria are also available online at <http://www.lifesaversconference.org/posters.html>.

If you'd like to learn more about the Lifesavers Conference, be sure to visit www.lifesaversconference.org. There you'll find information about registering, hotel reservations, the schedule (80 plus workshops and plenary sessions will be offered), and more.

Entries open for 2014 Crumrine Award

Entries are now being accepted for the 2014 Samuel J. Crumrine 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.

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.

Student Assembly 2014 Call for Abstracts

The Student Assembly of the American Public Health Association (APHA-SA) invites abstracts from students in public health or other related fields presenting results of scientific research, program evaluation, policy analysis, and lessons learned for research or practice. We also invite abstracts pertaining to public health student issues in general (such as education, curricula, training, employment trends, student leadership, advocacy, etc.)

APHA-SA encourages first-time presenters! If you have never presented at an APHA Annual Meeting before, please make sure to select the First-Time Presenter button when you submit your abstract. Abstracts of 250 words or less may be submitted for oral or poster sessions. The deadline for submission to APHA-SA is **Friday, February 14th, 2014 Midnight PST** (it is recommended authors not

wait until the last minute to submit abstracts due to potential technical issues). More information and Submission page at: <https://apha.confex.com/apha/142am/sa.htm>

For a flyer with complete information, please click [here](#).

*Note that some links may require member log-in.

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: 2/1/14

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 was 1/10/14
 - Oncology Traineeship
 - Deadline was 1/15/14
 - Pain and Palliative Care Traineeship – levels 1 and 2
 - Ongoing
 - PPMI State Affiliate Workshop
 - Ongoing
 - Leadership Programs
 - Pharmacy Leadership Institute
 - Deadline was 1/10/14
 - leadersEDGE Webinar Series
 - Evolution of Specialty Pharmacy: Redefining Blockbusters, Drug Distribution and Dispensing - Deadline was 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.

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: February 6, 2014

Announcements:

Registration Open for 2014 USPHS Symposium

Join us in Raleigh, NC on June 10-12 for the 49th annual USPHS Scientific & Training Symposium. Follow the link below to register online today. Presenters will include Tom Frieden of the CDC (invited), retired RADM Fitzhugh Mullan of George Washington University, Dr. Arthur Kellermann of USUHS, Dr. William Lanier of the Mayo Clinic, and senior PHS leaders. The meeting is driving distance from the DC and Atlanta metro areas. Hotel per diem is a low \$96 per night (plus taxes). Attend to receive continuing education credits, get the latest from the Corps, and meet friends and local health professionals.

Junior Officer Scholarship: Those of you who are O-3 and below, it is recommended you apply for the Junior Officer Scholarship ASAP to have the best chance of receiving the conference fee waiver.

[USPHS Scientific & Training Symposium](#)

Surgeon General Nominee Senate Hearing on 4 February

The Senate Health, Education, Labor, and Pensions (HELP) Committee will hold a hearing on the nomination of Dr. Vivek Hallegere Murthy to be Surgeon General of the U.S. Public Health Service on February 4, 2014 in Room 430 Dirksen Senate Office Building at 10:30 AM. The hearing is open to the public and COA members are encouraged to attend in uniform to show support for the Corps and give visibility to the Corps as a uniformed service. Follow COA's reports on the hearing on Twitter @coausphs.

JOAG 2014 Call for Award Nominations

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/awards.aspx> 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

For full details and criteria click the link below.

[2014 JOAG Call for Award Nominations](#)

National COA is Seeking Nominations for Branch of the Year

National COA is seeking nominations for Branch of the Year Award. Click below for full details and criteria. The deadline to submit a nomination is April 18, 2014.

[Branch of the Year Nominations](#)

2014 USPHS Music Ensemble Calendar Now Available

The USPHS Music Ensemble is proud to announce that a 2014 calendar is now available for purchase! This is a lovely collection of photos of PHS officers in all aspects of their lives. Start the New Year off right with a calendar that will make you proud to be a PHS Officer and inspire you to strive for excellence. Ask a Music Ensemble member for information, or reach out to one of the POCs listed on the attached order form. In the DC Metro area and a limited number of other localities, there are officers with a supply where you can obtain your copy. Don't delay as supplies are limited! If you are outside of one of the duty stations listed on the order form, you can order by mail. Please visit www.PHSEnsemble.org for more information.

For questions: Please contact CDR Karen Munoz at Karen.Munoz@cms.hhs.gov or 410-786-1267. [Order Form](#)

News:

50th Anniversary of the Surgeon General's Report on Smoking and Health

The Office of the Surgeon General is pleased to announce the release of the 50th Anniversary Surgeon General's Report: The Health Consequences of Smoking--50 Years of Progress at The White House on Friday, January 17, 2014. This report will highlight the half a century of progress in tobacco control and prevention that has taken place since the 1964 release of the first Surgeon General's Report on Smoking and Health.

Watch the live Webcast this Friday at 9:30am EST at <http://whitehouse.gov/live>

As we approach this historic event, we want to make you aware of the new 50th Anniversary Video and Podcast Series that has been added to the website. You can learn about the progress of tobacco control through interviews from key leaders in the fight against tobacco. We are currently featuring Tips ad participants Terrie Hall, Brandon Carmichael and Roosevelt Smith, discussing their experiences during and after the Tips campaign. Stay tuned, more video will be released throughout 2014!

The COA website has also been updated with downloadable resources to help promote the 50th anniversary of the first Surgeon General's Report on Smoking and Health. Available resource can be found at: <http://www.surgeongeneral.gov/initiatives/tobacco/resources.html>

We hope that you will consider helping us get the message out. We have also developed the following social media tools you can use to participate and share the event with others.

Social Media Resources

- Twitter
- Twibbon
- Photo Sharing Initiative

For full details, click the link below.

[50th Anniversary of the Surgeon General's Report on Smoking and Health](#)

Acting Surgeon General Lushniak: "Enough is Enough! End Tobacco Use Now."

In a White House ceremony to rollout the report marking the 50th Anniversary of Surgeon General Luther Terry's landmark "Surgeon General's Report on Smoking and Health", Acting Surgeon General RADM Boris Lushniak called for a smoke free country in a generation. As RADM Lushniak recited the litany of newly discovered adverse health effects of tobacco use, he repeated the urgent call "Enough is enough!"

"The Health Consequences of Smoking - 50 Years of Progress; A Report of the Surgeon General - 2014" provides strong scientific evidence leading to conclusions that "smokers today have a greater risk of developing lung cancer than they did when the first Surgeon General's report was released in 1964, even though they smoke fewer cigarettes" said RADM Lushniak. The 1964 report linked cigarette smoking to lung cancer. Today's report adds diabetes, colorectal and liver cancer, rheumatoid arthritis, erectile dysfunction, age-related macular degeneration, and other conditions to list of diseases that cigarette smoking causes. In addition, the report notes that secondhand smoke exposure is now known to cause strokes in nonsmokers. Surgeon General Lushniak, while applauding the progress made in 50 years, noted that much remains to be done and called for all Americans to join a sustained effort to make the next generation tobacco-free.

The Commissioned Officers Association is proud to stand with Surgeon General Lushniak and the PHS Commissioned Corps as leaders in the campaign for a tobacco-free generation. Underscoring the importance of the issue to public health, the PHS Commissioned Corps banned all use of tobacco products by PHS officers in uniform as of January 1st; the first of the seven federal uniformed services to take that bold step. COA challenges the other six services to follow the lead of the PHS Commissioned Corps. Enough is enough!

Older News:

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.

