



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

Minutes of General Meeting
FDA White Oak Great Room
1400-1530 EST on 06 March 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 30 April 2014 issue of the <i>PharmPAC Perspectives</i> Newsletter. Submission criteria have been updated. Please review new guidelines before submitting articles.
11 April 2014 (early registration)	USPHS Scientific and Training Symposium, 10-12 June 2014 Raleigh NC Registration is available at http://symposium.phscof.org/registration Please note that Early Bird registration runs through 11 April 2014, standard registration runs through 28 May and afterwards registration will be 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"> • 30 March 2014 • 30 June 2014 • 30 September 2014 • 31 December 2014 (Must be Basic Ready at this point for the following year's promotion boards)
<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

- The meeting began at 1403 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	Yes	N/A	
LCDR Marisol Martinez	Chair	DoD	Fort Sam Houston, TX	Yes	CAPT Nita Sood	
CDR Jefferson Fredy	Chair-Elect	IHS	Crownpoint, NM	Yes	LT Keith Warshany	
CAPT Aaron Sigler	Career Development	FDA	Rockville, MD	Yes	LCDR Craig Kiester	
CDR Michael Crockett	Ex-Officio	BOP	Pollock, LA	Yes	LCDR Tami Rodriguez	
CDR Kavita Dada	Administration	FDA	Silver Spring, MD	Yes	CDR Jaewon Hong	
CDR Janelle Derbis	Readiness	FDA	Chicago, IL	Yes	CDR William Pierce	
CDR Dean Goroski	Career Development	IHS	Toppenish, WA	Yes	LCDR Mark Iseri	
CDR Kenda Jefferson	Readiness	DHS-OS	Washington, D.C.	Yes	LCDR Carl Olongo	
CDR Shary Jones	Career Development	OS	Washington, D.C.	Yes	LCDR Chaltu Wakijra	
CDR Jinhee Lee	Administration	SAMHSA	Rockville, MD	Yes	CDR Jennifer Fan	
CDR Selena Ready	Recruitment	FDA	Silver Spring, MD	Yes	CDR Mark Miller	
CDR David Schatz	Administration	DHS/USCG	Kodiak, AK	Yes	LT Jeremy Gutasfson	
CDR Juliette Touré	Readiness	FDA	Silver Spring, MD	Yes	CDR Diem-Kieu Ngo	
LCDR Troy Bernardo	Career Development	BOP	Butner, NC	Yes	LCDR Anna Santoro	
LCDR Tina Bhavsar	Communications	CDC	Atlanta, GA	Yes	LT Jennifer Lind	
LCDR Anne Marie Bott	Recruitment	IHS	Anchorage, AK	Yes	LT Matthew Duff	
LCDR Brittany Keener	Recruitment	IHS	Anchorage, AK	Yes	LCDR Christina Eldridge	
LCDR Kara King	Recruitment	IHS	Anchorage, AK	Yes	CDR Damion Killback	
LCDR Khang Ngo	Communications	IHS	Taholah, WA	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

March 2014: 180
 (*plus approximately 70
 live participants at FDA
 WO)

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

- This will be my last “Official” PharmPAC meeting as your CPO. That said, due to transition of leadership in the near future at the Office of the Surgeon General, I may be asked to serve as your Acting CPO until a successor has been selected.
- On Tuesday, Feb 25th, our Surgeon General nominee, Dr. Vivek Murthy was nominated by the Senate HELP Committee to the floor of the general Senate. Due to the simple majority rule, the Senate needs 51 votes to approve this nomination. We assume there are no issues to be contested and Dr. Murthy will be confirmed after this vote as the 19th Surgeon General of the United States. This vote will be scheduled in the very near future; however no official date has been set as of this CPO update. After that, the White House 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 selection is in process. An Objective Board will need to convene followed by Deputy Surgeon General interviews to filter the candidates. Following that, the Surgeon General will interview the final candidates and select our next Pharmacy CPO.

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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 have commenced within Corps HQ. Please do not inquire about specific category promotion boards. This process must maintain utmost integrity and we strongly urge to let the process take its course. Results will not be made known until after all boards have met, the leadership has decided on promotion rates, and the Assistant Secretary for Health and Secretary have all signed off on the promotions.
- 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. PLEASE BE AWARE that an update on the President’s Challenge and a message regarding transition periods may be coming this SPRING.**
- 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

- A thorough Outcomes Report is being disseminated from the CPO, consolidating some of the more notable outputs and outcomes across the last 4 years.
- 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.

*****Continue to know that you are unique facilitators in the entire paradigm 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.*****

COF Symposium Update

2014 Pharmacy Category Day Planning Committee:

CDR Peter Diak (peter.diak@fda.hhs.gov)

CDR Jeff Mallette (jxmallette@bop.gov)

LCDR Scott Vehovic (scottrph@msn.com)

- 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 28 May and afterwards, registration will be 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, 10 June 2014 from 1900 – 2200.
 - Surgeon General's 5K Run/Walk and APFT will be held Wednesday, 11 June 2014 at 0630
 - Pharmacy category day will be held on Thursday 12 June 2014– 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 13 June 2014 – 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.
 - The pharmacy category day planning committee is in need of volunteers to help plan the Pharmacy Social event at the Symposium. Knowledge of the Raleigh, NC area would be preferable, but not required. This is a great opportunity to contribute your time and talent to help plan an excellent networking event for the Pharmacy Category.
 - If you are attending the 2014 Symposium and would like to volunteer to help plan the Pharmacy Social event, please e-mail CDR Peter Diak at Peter.Diak@fda.hhs.gov with the following information:
 1. Confirmation of your attendance at the Symposium
 2. Contact information, including a mobile number where you can be reached prior to and during the Symposium.
 - Please note that as the Symposium date gets closer, another call for volunteers will be circulated for assistance with Category Day activities and duties.
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Communications Section Update

LCDR Tina Bhavsar (TBHAVSAR@CDC.GOV)

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

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

LCDR Rodney Waite (rcwaite@bop.gov)

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

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

- Reminder that articles for upcoming PharmPAC Perspectives Newsletter are due 15 March 2014.
-

Readiness Section Update

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

CDR Kenda Jefferson (kenda.jefferson@live.com, kenda.jefferson@hq.dhs.gov)

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

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

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

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

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

PACE Recipients for January 2014
CDR Jacquie Roth LT Mandy Kwong LT Deborah Gallo

- 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
 - Down-to-Basics” Readiness Guide) – LT Manteuffel (see email from 24 February 2014, <http://www.usphs.gov/corpslinks/pharmacy/documents/Readiness-DownToBasics.pdf>)
-

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!](#)

- Update on the USPHS Excellence in Public Health Pharmacy Practice Award: Reminders have been sent to both the schools and UPOCs that the deadline is 7 March 2014 to submit nominations. Late nominations will not be accepted. If you have questions please contact LCDR Brittany Keener at blkeener@anthc.org or usphspharmacist@gmail.com.
 - APhA 2014- Proposed DHHS Career Area Booth: CDR Aaron Middlekauff is leading the collaborative HHS booth possibility for the upcoming annual APhA meeting. We are finalizing the details and will send out information via the Listserv once it's confirmed. If you are attending the APhA Conference in Orlando, Florida please consider volunteering at your agency's recruitment booth.
 - 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>.
 - Call for submission of articles and pictures of recruitment activities for publication in the UPOC Newsletter. This is inclusive of activities at ASHP Midyear in Orlando, the upcoming APhA Symposium and any other recent recruitment activity.
 - The 2014 PHS Recruitment presentation posting to the website is pending.
 - 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> . Please note that this site is blocked by many HHS agencies (i.e. FDA and BOP); thus, you must access it on your personal device or computer.
 - The next vacancy announcement submission posting is planned for posting on (or about) 3 March 2014.
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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](#)

- Nominations are due for the following PharmPAC Honor Awards:
 - Pharmacist Responder of the Year
 - Clinical Pharmacist of the Year
 - Leadership Award
 - Career Achievement Award
 - Managerial Excellence Award
 - Deadline for submission is 31 March 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 or (907-487-5757 ext. 2105).
-

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 \(Tools\)](#)

- Career Counseling at COA, looking for senior officers to serve as mentors and junior officers to participate in counseling sessions. Those interested should contact members of the Career Development Section. ...
 - Volunteers needed for various projects. Examples include requests for article submissions, participation in workgroups as they develop need, and senior officers for career counseling.
-

PAC Chair Update/Open Forum: LCDR Marisol Martinez

(Email: marisol.martinez@dha.mil)

- - APhA – please email LCDR Martinez if you plan to attend
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(Email: Jefferson.fredy@ihs.gov)

- DC area officers: OBC 72 is scheduled for 6 April 2014 to 18 April 2014 at the Holiday Inn in Gaithersburg MD.
 - Open house is scheduled for 10 April 2014 at 1800 EST.
 - Pinning ceremony will be held on 11 April 2014 at 0800 EST
 - Graduation is scheduled for 18 April at 1030 EST.
 - For additional information, visit <http://ccmis.usphs.gov/ccmis/COTA/obcdates.aspx>
-

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
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The meeting was adjourned at 1530 EST.

Next Meeting Date:

03 April 2014 from 1400 to 1530 EST
White Oak Conference Room
Bldg. 22
Room 1419

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

Attachments

Recurring Attachments

ATTACHMENT NAME	PROVIDED? ("Yes" or "No")	AGENCY'S PHARMPAC LIAISON
CPO Update	Yes	RADM Giberson
JOAG Liaison Report	Yes	LCDR Robert Kosko (robert.kosko@fda.hhs.gov)
AGENCY REPORTS		
BOP Liaison Report	Yes	LT Michelle Williams (Mrwilliams@bop.gov)
CDC Liaison Report	Yes	LT Jennifer Lind (JLind@cdc.gov)
CMS Liaison Report	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	No	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	No	CDR Jill Reid (jillr@searhc.org)
AMSUS	Yes	CDR Thomas Addison (thomas.addison@ihs.gov)
APhA	Yes	LCDR Khang Ngo (khang.ngo.usphs@hotmail.com), LCDR James Dvorsky james.dvorsky@fda.hhs.gov)
APHA	Yes	LCDR Liatte Krueger (Liatte.Krueger@fda.hhs.gov)
ASCP	No	CDR Wil Darwin (wil.darwinjr@ihs.gov)
ASHP	Yes	CDR Randy Seys (rseys@bop.gov)
ASHP Foundation	Yes	CDR Carrie Ceresa (Carrie.Ceresa@fda.hhs.gov),
COA	Yes	LCDR Alexis Beyer (abeyer@hrsa.gov)

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

Special Attachments

- None



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

March 2014

Opening Remarks

- This will be my last “Official” PharmPAC meeting as your CPO. That said, due to transition of leadership in the near future at the Office of the Surgeon General, I may be asked to serve as your Acting CPO until a successor has been selected.
- On Tuesday, Feb 25th, our Surgeon General nominee, Dr. Vivek Murthy was nominated by the Senate HELP Committee to the floor of the general Senate. Due to the simple majority rule, the Senate needs 51 votes to approve this nomination. We assume there are no issues to be contested and Dr. Murthy will be confirmed after this vote as the 19th Surgeon General of the United States. This vote will be scheduled in the very near future; however no official date has been set as of this CPO update. After that, the White House 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

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Application Process for new Calls-to-Active Duty

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- 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.

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OBC

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*****Continue to know that you are unique facilitators in the entire paradigm 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! It is inspiring.

RADM Giberson

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



DATE: February 25, 2014

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: March 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**. Application materials and a FAQ document are attached for your reference.

- Volunteer Opportunity for Commissioned **Officers in the San Diego Area**

Please join the JOAG Public Health and Community Services Committee, National Prevention Strategy Sub-Committee, and the National Alliance on Mental Illness (NAMI), to participate in the Annual NAMI 5K Walk on May 03, 2014.

The volunteer event will take place 0800-1100 on Saturday, May 03, 2014, at the Naval Training Center Park in Liberty Station, Farragut Road, San Diego, CA 92106.

All commissioned officers and their families/friends are invited to walk. Please note that fundraising will not be permitted by members of the USPHS NAMI Walk team. If you would like to be part of the USPHS NAMI Walk team, please email LT Swift for instructions.

If you are interested in participating or have any questions, please contact:

LT Sarah Swift (USPHS/JOAG)

JOAG Public Health and Community Service Committee

National Prevention Strategy Subcommittee

(619) 710-8377 work

(619) 414-4809 cell

sarah.swift@phs.dhs.gov

sswift.psyd@gmail.com

San Diego NAMI 5K WALK (no cost event):

Location:

Naval Training Center Park in Liberty Station

Farragut Road, San Diego, 92106

Date and Time:

Saturday, May 03, 2014

800 – 1100 PDT

Desired Attire: Black or blue PHS T-shirt and comfortable walking shoes. Black PHS ball cap is optional (NO RANK INSIGNIA).

- Please consider volunteering for the JOAG **R&R Information Subcommittee**:

A goal of our subcommittee is to increase Junior Officer's awareness of different policies and procedures. We are in the process of creating an Agency Return Status (ARS) white paper. We are seeking officers to assist with data collection, writing and editing of the ARS white paper.

In addition, our subcommittee is identifying ways to increase communication with PACs. We are seeking officers in all categories interested in this goal, but we are specifically in need officers in dental, EHO, HS, engineer, physician, and therapist categories.

The information subcommittee is a new R&R subcommittee this year assuming the roles of the previous SOP subcommittee and expanding into roles related to improved communication between JOAG R&R and other R&R areas related to USPHS.

Participants would be required to take an active role on this subcommittee and attend at least 50% of R&R subcommittee meetings. Email communication will be utilized and meeting times will be decided after identification of volunteers.

If interested please contact LCDR Dawn Montoya at dmontoya@bop.gov or LT Linzi Allen at Linzi-allen@cherokee.org.

- The **JOAG Communications and Publications, Uniform Subcommittee** is pleased to present the ninth volume of the uniform announcement entitled, “With Pride and Distinction”.

The uniform announcement was created to compliment the JOAG Journal “Uniform Corner” article. It is our hope that these resources will educate and assist junior officers on the appropriate wear of the U.S. Public Health Service Commissioned Corps uniform. To make this information more accessible to junior officers, in the near future.

Officers will be able to view these resources on the JOAG website, Junior Officer Resources section, under “With Pride and Distinction”

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

Do you have a uniform question or an issue you’d like addressed? Email the Uniform Subcommittee to have your questions answered in an upcoming edition. Emails can be sent to LT Chitra Mahadevan at Chitra.mahadevan@fda.hhs.gov or LT Katie Burbage at Katie.burbage@tananachiefs.org .

- **JOAG Membership Committee, Meet & Greet Subcommittee**, is looking for additional officers to be Meet & Greet (M&G) Regional Leads and Regional Alternate Leads in different regions. The vacant regions are as follows:
 - Albuquerque, NM
 - Boston, MA (New England area)
 - Chicago, IL
 - Cincinnati, OH
 - Dallas, TX
 - Detroit, MI
 - Denver, CO
 - Kansas City, MO
 - Los Angeles, CA
 - New York City, NY
 - Minneapolis, MN
 - Philadelphia, PA
 - San Francisco, CA
 - Tucson, AZ

If you are interested in being an M&G Lead and develop activities with junior officers (JOs) in your city or region, contact us.

The M&G event is an opportunity, through which JOs in a city or region can be introduced to JOAG, learn about JOAG service opportunities, network, discuss issues relating to the Commissioned Corps, and be provided with professional support and advice.

Regional Lead requirements:

- Coordinate M&G activities with officers in your region;
- Contact JOs in the assigned region to notify about upcoming M&G meetings;
- Develop the regional M&G Agenda; and,
- Provide the Subcommittee Lead and Chair with a summary report after each M&G meeting.

If you are interested in been a Lead or have any questions, please e-mail the subcommittee Co-Leads, LCDR Monique-Rachelle Lester, monique-rachelle.lester@nih.gov, and LCDR Luz E Rivera, luz.e.rivera@fda.hhs.gov.

- The purpose of the JOAG **Recruitment and Retention Committee's Career Fair Information Subcommittee** is to make fellow officers aware of career fairs for potential recruitment activities by disseminating career fair information through the USPHS website and list serves. Our committee does not, however, provide funding and materials for recruitment purposes. If you would like to attend a career fair local to you, we highly encourage your participation; however, funding, materials, and securing a space at the career fair would be the responsibility of the officer or his/her agency. This information is also available on the Career Fair Resource webpage as an interactive map and calendar here: http://www.usphs.gov/corpslinks/JOAG/resources_careerfairs.aspx. Please contact Ms. Cyndia Harroway (Cyndia.Harroway@hhs.gov or 240-453-6061) for Recruitment Materials to use at Career Fairs.
- 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.

NEXT JOAG GENERAL MEETING: April 11, 2014; 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 topic of our next discussion will be: **“How to Prepare for a Successful Career and Promotions”** Speaker: **RADM Chris Bina**, Bureau of Prisons Chief Pharmacist. Yearly promotion presentations are given regarding more immediate tasks for officers to complete who are up for promotion. RADM Bina's talk will address more long-term planning for a successful career and long-term planning for promotions. We hope that this presentation will be a nice compliment to the yearly presentations by offering information that junior officers in all stages of their career, whether they are up for promotion in a year or 3 years, will find helpful to plan the big picture of their careers.

Phone number: 218-936-4700

Passcode: 7919605

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

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

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



JOAG VOTING MEMBER APPLICATION FORM 2014

Rank and Name			
Category			
PHS Agency			
Readiness Status		Commissioning Date	
PHS Number		Training & Experience Date	
Mailing Address			
E-mail Address			
Phone Number		Fax Number	
Supervisor's Name			
Supervisor's Phone Number			
Supervisor's E-mail			

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.

Components of the Application: Applicants must complete and send the following documents electronically in a single file (PDF) to the Membership Committee Chair:

1. JOAG Voting Member Application Form (this page)
2. Responses to narrative questions (see page 2)
3. One page CV summary (using JOAG template, see page 3)
4. Supervisory Approval Form (see page 4)
5. Printed copy of your Promotion Information Report (PIR)

Please return completed application packets to the Membership Committee Chair, LCDR Robert Kosko, at Robert.Kosko@fda.hhs.gov no later than **COB March 7, 2014**. All applicants will be notified by e-mail once their completed application has been received.

Narrative Questions

Please refer to the scoring criteria below when answering the following questions. ***All answers must fit within two pages (single-spaced) using Microsoft Word, 12 pt. font, Times New Roman font, and one-inch margins.*** Please answer each question separately, and use the question as the header for each answer in your text. Narrative or bullet-style answers are acceptable. Note that questions have different weights -- we suggest that you use your space accordingly:

1. Please write about your current/past JOAG involvement and accomplishments. Specifically, describe the impact of your work on these accomplishments. (25 points)
2. Please comment on your leadership experience both inside and outside of JOAG and/or the USPHS. (25 points)
3. Please describe your vision for JOAG, and what you would like to accomplish during your term as a Voting Member? Specifically, what particular committees are you interested in and why? Please address both questions. (30 points)

What skills would you bring to JOAG? How would those skills benefit JOAG? (20 points)

Junior Officer Advisory Group (JOAG) Voting Membership Curriculum Vitae Template

Officer Rank & First Name Last Name: _____

PHS Serial Number: _____ **Category:** _____

Last Three Billets:	<u>OPDIV</u>	<u>City, State of Duty Station</u>	<u>Year(s)</u>
Current billet: _____	_____	_____	_____
Previous billet #1: _____	_____	_____	_____
Previous billet #2: _____	_____	_____	_____

JOAG Activities: List your top three JOAG activities and your role (e.g., Volunteer, Chair, etc.).

<u>Committee</u>	<u>Subcommittee</u>	<u>Role</u>	<u>Year(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other PHS and Non-PHS Activities: List your top three PHS (non-JOAG) or outside organization activities and your role (e.g., Volunteer, Chair, etc.).

<u>Organization</u>	<u>Committee</u>	<u>Role</u>	<u>Year(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors and Awards: List your three highest awards/honors.

<u>Award Title</u>	<u>Awarding Organization</u>	<u>Year(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education and Training: List your three highest degrees/certificates.

<u>Degree/Certificate</u>	<u>Institution</u>	<u>City, State of Institution</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deployment Team Membership: List your three most recent deployment team memberships (e.g., Tier III, RDF, NIST, mission critical), section (e.g., command staff, operations, logistics, planning, etc.), and role in that section (e.g., member, lead, etc.).

<u>Deployment Team</u>	<u>Section</u>	<u>Role</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deployments: List up to three deployments

<u>Name/Mission</u>	<u>Deployment City, State</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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



Date:

From: LCDR Robert Kosko
Co-Chair, JOAG Membership Committee

Subject: Request for Supervisory Approval for JOAG Voting Membership
[Fill in Rank, Name of Applicant]

The Junior Officer Advisory Group (JOAG) serves in a resource, advisory, and liaison capacity to assist in the development and coordination of activities related to junior officers in the USPHS Commissioned Corps. JOAG reports to the Office of the Surgeon General and is considered the “voice of junior officers.”

Voting members are the leadership of JOAG. There are 20 voting members, comprised of one officer from each of the 11 professional categories plus 9 at-large members that can be from any category. Five of the 20 voting members are elected to serve on the JOAG Executive Committee while the remaining 15 members serve as chairs or co-chairs of JOAG’s 10 committees. In addition, voting members serve as liaisons to their respective PACs, select incoming voting members, assist in award nominations, make presentations at the Officer Basic Course (OBC) and other venues, and perform other duties as requested by the Office of the Surgeon General and the JOAG Chairperson.

Voting members serve for two years. The term begins October 1st of the nomination year and ends September 30th, two years thereafter.

My signature below indicates approval of this officer’s participation as a voting member of JOAG, if selected.

Print Supervisor’s Name	Signature	Date

The nominee should submit this form along with the JOAG Voting Member Application Form and a one-page CV summary to the Membership Committee Co-Chair, LCDR Robert Kosko at Robert.Kosko@fda.hhs.gov by **COB March 7, 2014**.



JOAG Voting Membership: Frequently Asked Questions

Who can apply for voting membership?

Any active duty officer who has pinned-on at the rank of Lieutenant Commander (O-4) or below may apply, **with the exception** of those officers who would be eligible to pin-on to Commander (O-5) prior to July 1st of the second year of their term.

How does a JOAG voting member differ from a general member?

There is no formal process for becoming a general member. Any junior officer at the rank of LCDR (O-4) and below who participates in JOAG meetings or serves on one of JOAG's committees or workgroups is considered a general member. Voting members serve as the leadership of JOAG and must apply and be selected by the current voting members.

What tasks are required of a voting member?

Voting members serve as committee chairs and/or Professional Advisory Committee (PAC) liaisons. Five of the 20 voting members serve on the JOAG Executive Committee (EC). The remaining 15 members typically serve as chairs of JOAG's 10 committees. In addition, voting members may serve as liaisons to their respective PACs, select incoming voting members, assist with award nominations, make presentations at the Officer Basic Course (OBC) and other venues, and perform other duties as requested by the Office of the Surgeon General and the JOAG Chair.

What are the responsibilities of a committee chair?

There are currently ten JOAG committees that are each chaired by a voting member. Committee chairs are responsible for calling and running committee meetings, making decisions about the activities of their respective committee, and overseeing all of the work that is done by members of their committee. For information about the responsibilities held by the chair of a particular committee, contact the current chair directly. A list of committees and the respective chairs can be found at <http://www.usphs.gov/corpslinks/JOAG/committees.aspx>.

What are the responsibilities of a JOAG PAC Liaison?

Eleven voting members serve as liaisons to their PACs. As PAC liaisons, the voting member is responsible for communicating information about JOAG to their PACs and from their PACs back to JOAG. JOAG liaisons typically give reports on JOAG activities during their PAC meetings. They are responsible for forwarding information to members of their PACs such as nominations for JOAG awards, calls for volunteers for JOAG activities, and nominations for voting membership. At-large voting members do not serve as PAC liaisons and therefore, are not responsible for these additional duties.

How long is each voting membership term?

Voting members serve for two years. The term begins October 1st of the nomination year and ends September 30th, two years thereafter. Please take the length of service into consideration when applying for voting membership as you must not be eligible to pin-on T-O5 (Commander) prior to July 1st of the second year of your term.

Can I serve more than one term as a voting member?

If you continue to meet the requirements to serve as a JOAG voting member, you may serve up to two terms for a maximum of four years as a JOAG voting member. Officers seeking reappointment as a voting member must reapply.

How many voting member spots are available each year?

There are a total of 20 voting members. Voting members include one officer from each of the 11 professional categories plus nine at-large members that can be from any category. Since each voting member serves a two-year term, the number of positions that are up for election each year varies depending on the number of voting member seats that will be vacated.

The following voting membership positions are open for the 2014 – 2016 term:

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

How long is the selection process?

It takes a few months to verify the information on the applications, select the new voting members, and obtain written concurrence on selection of the new voting members from their Chief Professional Officers (CPOs) and Agency Liaisons. JOAG typically tries to announce the new voting members by the annual USPHS Scientific and Training Symposium.

Approximately how much of my time will it take to perform the duties of a voting member?

Current voting members have stated that they spent a median of three hours per week on activities associated with JOAG.

How often do voting members attend meetings?

Voting member meetings and general member meetings occur once a month on alternate months (i.e. January – Voting Member Meeting, February – General Member Meeting, etc.). Voting members are expected to attend both of these meetings. Additionally, voting members serving as chair/co-chair of a committee will also lead their respective committee meetings. Voting members who serve as liaisons to a PAC also attend their respective PAC meetings. Voting members who serve on JOAG's EC attend monthly EC meetings and two additional committee meetings in their role as EC liaisons to those committees. Due to the geographic diversity of junior officers, all meetings are held via conference call.

How are voting members assigned to the various committee's chair and co-chair positions?
For each operational year, the JOAG Chair appoints committee chairs and co-chairs based on the needs of the committees and the experience and interest of the voting members.

Are any activities required before applying to become a voting member?

Voting members must have and maintain a qualified basic readiness status. Although prior experience in JOAG is not required to apply for voting membership, prior contributions to JOAG and to the Corps are considered in the selection process.

I have never been involved with JOAG. Should I apply to become a voting member?

If you are ready for the challenge, we encourage you to apply. Certain categories with fewer officers may have fewer applicants for their liaison positions. In addition, other PHS and outside activities are considered in the selection process.

Can I apply more than once if I do not get selected my first time?

Yes! Officers who are not selected are encouraged to reapply the following year if they continue to meet requirements.

How do I apply to become a voting member?

The application for voting membership is attached to the JOAG call for nominations sent via the listserv. Additionally, the application will be posted on the JOAG website at the following webpage: http://www.usphs.gov/corpslinks/JOAG/about_membership.aspx. Submit your completed application to LCDR Robert Kosko, Co-Chair, Membership Committee, at Robert.Kosko@fda.hhs.gov by **COB Friday, March 7, 2014**.

How are voting members selected?

Once applications are collected, information submitted in the applications is verified by the Membership Committee. All applications are then reviewed and scored by the current JOAG voting membership. Scores are tallied by the Membership Committee. The applicant with the highest score from each category with an available liaison position will be selected as the category liaison. Applicants not selected for one of the category liaison positions are then placed in the pool of applicants and evaluated for the at-large positions. Applicants from categories without liaison positions available will automatically be placed in the pool for the at-large positions. The applicants with the top scores will be selected to fill the at-large positions. Professional, organizational, and geographic diversity of the applicant pool will also be taken into consideration during the selection process. Further details pertaining to this process can be found in the Standard Operating Procedure of the Membership Committee, available by contacting the committee Co-Chair, LCDR Robert Kosko at Robert.Kosko@fda.hhs.gov.

How and when are the EC members selected?

Once the voting members have been selected, the JOAG Chair will distribute an email to the current and new voting membership soliciting self-nominations for the JOAG EC. The self-nomination packet includes a brief statement of intent where officers can articulate their interest and skills that may benefit JOAG. Then the nominees present their statement of intent via teleconference to the current JOAG voting membership. The JOAG Chair will hold an election where each of the current voting members votes to select the JOAG EC for the next term.

How many officers usually apply?

The number of applicants varies each year, and depends on the liaison positions available, as well as the number of at large positions. However, we typically have between 20-40 applicants each year.

How can I increase my chances next year if I'm not selected this year?

Review your application and strengthen your weaker areas. When compared to other officers, previous involvement with JOAG and leadership are often the areas that could use the most improvement. Also, be sure to clearly indicate your vision for JOAG and ensure that you understand the role of JOAG by reviewing JOAG's Bylaws and Standard Operating Procedures.

Is there someone that can review my packet for submission for nomination?

You may contact a previous JOAG voting member or the Membership Committee Chair/Co-Chair overseeing the voting membership selection process. For help identifying assistance, please contact your JOAG PAC Liaison. However, please note that having a previous JOAG voting member or the Membership Committee Chair/Co-Chair overseeing the voting membership selection process review your packet does not guarantee your selection.

Do I need supervisory approval to apply?

Yes, you must have supervisory approval to apply to become a JOAG voting member. There is a form included in the nomination packet that your current supervisor must sign and you must include this in your completed nomination package. If you change duty stations after you have submitted your package, you need to provide a new supervisory approval form.

Why should I apply to become a voting member?

Voting membership offers an excellent leadership opportunity for junior officers. You should apply to become a JOAG voting member if you care about the future of the Commissioned Corps and are committed to improving the professional development of junior officers and providing feedback to the Office of the Surgeon General on those issues affecting junior officers. Members who successfully complete their term will receive a Special Assignment Award and Ribbon.

JOAG T-Shirt with the following slogan on the back (\$15):

“US Public Health Service: Explaining Ourselves Since 1798 : *We’re not the Navy*”



Dog Tag keychain engraved with USPHS logo (\$3):

This cannot be used as a real dog tag. This is only a decorative item.



Ordering

See the Merchandise Order Form for instruction. Questions about Merchandise or pick up should be directed to the JOAG Financial Liaison, LT Okumura, Kazuhiro.okumura@fda.hhs.gov. Contact information can be found under the “About JOAG/Roster” section of the website.



JOAG Merchandise

Order Form

Pictures of all merchandise can be found at the Merchandise section of the JOAG Website: <http://www.usphs.gov/corpslinks/JOAG/merchandise.aspx>. Ordering instructions and payment information is listed below. Depending on shipment weight and size, combined orders may be eligible for reduced shipping fees. If in the San Diego area, you may save on shipping by arranging to pick items up in person.

You must contact LT Okumura to confirm availability of the merchandise before placing an order. Orders sent without confirming availability will not be guaranteed they will be processed.

Ordering Instructions

Please fill out and send the form below with your payment to:

LT Kazuhiro Okumura
1270 Cleveland Avenue, 312
San Diego, CA 92103

Please contact the JOAG Financial Liaison, LT Okumura, *before* submitting your order and with any questions. kazuhiro.okumura@fda.hhs.gov, (619) 941-3756. Merchandise can be shipped or picked up from the San Diego area.

Payment Instructions

For Amazon Payments:

1. Go to: <https://payments.amazon.com/home> (Note: If you do not have an Amazon Payments account, you can use your Amazon shopping account log-in information. You will need to link a credit card or a bank account to send payments via Amazon Payments).
2. Once you are logged in, click on the “Send Money” tab.
3. In the “Send money to” field, enter: **joag**
4. Enter the amount of owed.
5. Click on the **Goods/Services** radio button.
6. In the Optional Notes section, please include **rank, first name, last name and the name of the merchandise being purchased**.

For check or money orders:

Please make out the check or money order to: **Commissioned Officers Foundation (COF).** In the memo line, please write: “JOAG.”

Rank / Name:		
Shipping Address 1:		
Shipping Address 2:		
Shipping Address 3:		
City:	State:	Zip Code:
Phone number:	Email:	

Item	Quantity	Size	Total
JOAG Medallion Coin (\$10) (buy one and get a 2nd coin ½ off)		N/A	
PHS Coin Rack (\$26) (free JOAG Medallion with purchase)		N/A	
“Not the Navy” T-Shirt (\$15) Sizes: S, M, L, XL			
Dog Tags (\$3)		N/A	
Shipping Costs If you need to have an item shipped to you, contact LT Okumura for shipping cost details. Shipping cost for most single items starts at \$5.80. Please contact LT Okumura to advise when ordering multiple items or with any questions about shipping.			

Total amount due plus shipping if applicable:
--

Delivery Options: Pick-up in the San Diego area or Ship to address listed above <i>(Please circle one)</i> <i>Please remember to contact LT Okumura for shipping costs.</i>
--

Email sent to Financial Liaison: Yes / No <i>(Please circle)</i>
--



Bureau of Prison Report to PharmPAC March 2014

Submitted by LT Michelle Williams, BOP PharmPAC Liaison

- BOP Clinical Practice Guidelines for Hepatitis C, Varicella, TB, Scabies, Schizophrenia, and Lipids are being updated; all with intimate pharmacist involvement.
- Preparing to expand Agency isoniazid/rifapentine pilot/study across BOP. This was done in collaboration with CDC. This initial pilot treatment modality resulted in a 93% completion rate with very few side effects. Results will be published.
- BOP Clinical Pharmacy is expanding. 24 BOP Pharmacists with NCPS and 16 Board Certified in either Ambulatory Care Pharmacy, Nuclear Pharmacy, Nutrition Support Pharmacy, Psychiatric Pharmacy, or Pharmacotherapy Specialist. 35% of BOP Pharmacists have Collaborative Practice Agreements on file.
- BOP will be hosting a recruitment booth in the federal pharmacy section of exhibit hall at APhA conference March 28-30th. We welcome anyone attending to stop by and say hi and learn more about BOP Pharmacy.



CDC Report to the USPHS PharmPAC

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

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

March 2014 Updates

[Join the CDC Foundation for the Fries Prize for Improving Health](#) On Monday, March 3, 2014 the CDC Foundation will recognize the recipient of the prestigious Fries Prize for Improving Health in partnership with the James F. and Sarah T. Fries Foundation. This year's recipient and noted researcher, Charles H. Hennekens, MD, DrPH, will discuss his groundbreaking work. Dr. Hennekens is the Sir Richard Doll Professor and Senior Academic Advisor to the Dean of the Charles E. Schmidt College of Medicine at Florida Atlantic University. He is credited as the first researcher to discover that aspirin helps prevent heart attacks, strokes, and cardiovascular deaths. Charles H. Hennekens is honored for his work recognizing the lifesaving benefits of aspirin, statins, angiotensin converting enzyme inhibitors, and beta adrenergic blockers, which today are used as vital drugs in the treatment and prevention of heart attacks and strokes. We invite all CDC staff to join us for this event. RSVP to this event [online](#) or by phone: (404) 443-1130 by Monday, February 24.

[Clinical Update: Yellow Fever Vaccine Shortage](#) The manufacturer of yellow fever vaccine (YF-Vax), Sanofi Pasteur (Swiftwater, PA), has informed CDC that the supply of YF-Vax (the only yellow fever vaccine available in the United States) is currently limited. As a result, the manufacturer has placed limits on orders of the single-dose and 5-dose vials of YF-Vax. These ordering limits are expected to be in place until April 2014.

[MMWR Weekly: Interim Estimates of 2013–14 Seasonal Influenza Vaccine Effectiveness — United States, February 2014](#) During December 2, 2013–January 23, 2014, overall vaccine effectiveness (VE) (adjusted for study site, age, sex, race/ethnicity, self-rated health, and days from illness onset to enrollment) against influenza A and B virus infection associated with medically attended ARI was 61%. The influenza A (H1N1) pdm09 (pH1N1) virus that emerged to cause a pandemic in 2009 accounted for 98% of influenza viruses detected. VE was estimated to be 62% against pH1N1 virus infections and was similar across age groups. As of February 8, 2014, influenza activity remained elevated in the United States, the proportion of persons seeing their health-care provider for influenza-like illness was lower than in early January but remained above the national baseline, and activity still might be increasing in some parts of the country.

[CDC Grand Rounds: Preventing Youth Violence](#) The latest CDC Grand Rounds was held Tuesday, February 18, 2014 and discussed Preventing Youth Violence. This session explored the societal burden of youth violence, and the evidence-based approaches and partnerships that are necessary to prevent youth violence and its consequences. Mark your calendars for Tuesday, March 18, 2014, at 1 p.m. - 2 p.m., EST where the topic will be Multidrug Resistant Tuberculosis.

Upcoming Conferences and Training:

- **American College of Medical Toxicology (ACMT) 2014 Annual Scientific Meeting Technotox: The Intersection of Technology and Toxicology; Date:** March 27 – 30; **Location:** Phoenix, AZ
This meeting's objective are to discussion of technology advances and how they affect the care of the toxicology patient, discussion of telemedicine and opportunities for toxicology, review ethical issues surrounding brain death and organ donation in the toxicology patient, update on scholarly and educational technologies, and advanced level discussion on medication safety and adverse drug reactions. http://www.acmt.net/2014_Annual_Scientific_Meeting.html
- **American Pharmacists Association (APhA) Annual Meeting and Exposition; Date:** March 28 – 31; **Location:** Orlando, FL
APhA's Annual Meeting and Exposition is the premier event in pharmacy. Exchange ideas and recharge your bond with our profession's promise — all while discovering the latest innovations and resources for future growth. <http://www.aphameeting.org/>



CMS Agency Report to PharmPAC

Submitted by LT Teisha A. Robertson

March 2014 Updates

Press Releases:

[New CMS initiative to improve health outcomes in sparsely populated areas](#)

Today, the Centers for Medicare & Medicaid Services (CMS) announced a request for applications for the Frontier Community Health Integration Project. In collaboration with the Federal Office of Rural Health Policy in the Health Resources and Services Administration (HRSA), this initiative aims to develop and test new models of integrated, coordinated health care in the most sparsely populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures.

[Medicare's delivery system reform initiatives achieve significant savings and quality improvements - off to a strong start](#)

Today, the Centers for Medicare & Medicaid Services (CMS) released findings on a number of its initiatives to reform the health care delivery system. These include interim financial results for select Medicare Accountable Care Organization (ACO) initiatives, an in-depth savings analysis for Pioneer ACOs, results from the Physician Group Practice demonstration, and expanded participation in the Bundled Payments for Care Improvement Initiative. Savings from both the Medicare ACOs and Pioneer ACOs exceed \$380 million.



FDA Agency Report March- 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:

Recall: Etomidate Injection/Pfizer-Mylan - Presence of Particulate Matter and/or Illegible and Missing Lot Number and/or Expiry Date. Feb20, 2014.

Agila Specialties notified medical care organizations of a nationwide recall to the hospital/user level of 10 lots of Etomidate Injection 2 mg/mL – 10 mL and 20 mL. All of the products bear a Pfizer label. Product was distributed Nationwide to distributors, retailers, hospitals, pharmacies, and/or clinics. [More information](#)

Recall: Trilogy Ventilator Models 100, 200 and 202 by Philips Respironics - Failure to Deliver Mechanical Breaths. Feb20, 2014.

Respironics, Inc., a Philips Healthcare business, announced a worldwide recall of approximately 600 Philips Respironics Trilogy Ventilators due to a potentially defective component on the Trilogy Ventilator power management board, which could affect the function of the device. [More information](#)

Recall: L-citrulline by Medisca- Product does not contain any L-citrulline. Feb 17, 2014.

Medisca is voluntarily recalling certain lots of its L-citrulline product. FDA has tested samples from recalled lots of Medisca's L-citrulline product, and were analyzed by several laboratory methods to identify the ingredient that was repackaged by Medisca and labeled as L-citrulline. FDA has found that the samples contain N-acetyl-leucine, which is used to treat a certain type of dizziness (acute vestibular vertigo). No L-citrulline was found in the samples FDA tested. [More information](#)

Recall: Acetylcysteine Solution 10 Percent - Glass Particles in Product. Feb 15, 2014.

Ben Venue Laboratories notified health professionals and their medical care organizations of a nationwide product recall of Acetylcysteine Solution 10%, manufactured for Roxane Laboratories, NDC #0054-3025-02 – Lot 2005479 – Exp. Date March 2014. The recall was initiated on February 14, 2014 after the discovery of a single visible glass particle in a vial within the lot listed above. [More information](#)

Saxagliptin (marketed as Onglyza and Kombiglyze XR): Drug Safety Communication - FDA to Review Heart Failure Risk. Feb11, 2014.

FDA has requested clinical trial data from the manufacturer of saxagliptin to investigate a possible association between use of the type 2 diabetes drug and heart failure. [More information](#)

January 2014 Drug Safety Labeling Changes includes 23 products with revisions to Prescribing Information. Feb11, 2014.

The MedWatch January 2014 Safety Labeling Changes posting includes 23 products with safety labeling changes to the following sections: BOXED WARNINGS, CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, ADVERSE REACTIONS and PATIENT PACKAGE INSERT. [More information](#)

Recall: Calcium gluconate 10 percent Injections by Rx Formulations - Microbial Contamination Feb7, 2014.

FDA notified healthcare professionals to follow up with patients who received calcium gluconate 10% injections made by Rx Formulations, Mesa, Ariz., between Nov. 7 and Dec. 11, 2013. FDA testing confirmed the presence of microbial contamination in lot #778961 of Rx Formulations' calcium gluconate injection product. [More information](#)

Drug Safety Communication: Testosterone Products - FDA Investigating Risk of Cardiovascular Events. Jan 31, 2014.

FDA is investigating the risk of stroke, heart attack, and death in men taking FDA-approved testosterone products. We have been monitoring this risk and decided to reassess this safety issue based on the recent publication of two separate studies that each suggested an increased risk of cardiovascular events among groups of men prescribed testosterone therapy. [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 Myalept to treat rare metabolic disease. Feb 25, 2014.

FDA approved Myalept (metreleptin for injection) as replacement therapy to treat the complications of leptin deficiency, in addition to diet, in patients with congenital generalized or acquired generalized lipodystrophy. [More information](#)

FDA approves Northera to treat neurogenic orthostatic hypotension

FDA approved Northera capsules (droxidopa) for the treatment of neurogenic orthostatic. Feb 18, 2014.

FDA approved Northera capsules (droxidopa) for the treatment of neurogenic orthostatic hypotension (NOH). NOH is a rare, chronic and often debilitating drop in blood pressure upon standing that is associated with Parkinson's disease, multiple-system atrophy, and pure autonomic failure. [More information](#)

FDA approves pediatric use of Dexcom's G4 Platinum continuous glucose monitoring system. Feb 3, 2014.

FDA approved the expanded use of the Dexcom G4 Platinum Continuous Monitoring System for patients with diabetes ages 2 to 17 years. The G4 Platinum System, which monitors blood glucose levels in people with diabetes, had been approved for patients ages 18 and older. [More information](#)

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

RESOURCES:

MedWatchLearn - Practice Reporting to FDA!

This web-based learning tool teaches students, health professionals, and consumers how to complete the forms necessary to report problems to FDA. [More information](#)

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:

Problems with Tobacco Products? Tell the FDA. Feb 4, 2014

The FDA wants to hear from you and has a new online tool you can use to report your problem. The Department of Health and Human Services' [Safety Reporting Portal](#) (SRP) has been revised

to add a new category for tobacco products. This update provides a standardized way for consumers and health care professionals to let FDA know when they suspect that there is an unexpected health or safety issue with a specific tobacco product. [More information](#)

FDA launches advisory committee membership nomination portal. Jan 22, 2014

FDA launched the [advisory committee membership nomination portal](#), an online, interactive system that allows interested individuals to submit nominations for membership to any of the agency's 33 advisory committees. [More information](#)

FDA Commissioner Margaret A. Hamburg's Statement on the 50th Anniversary Surgeon General's Report on Smoking and Health. Jan 17, 2014.

The 50th anniversary of the release of the Surgeon General's Report on Smoking and Health is an opportunity to reflect on the important progress that has been made in tobacco control and to look ahead on addressing this critical public health issue. In 2014, tobacco remains the leading preventable cause of disease and death in this country. For five decades, the Department of Human Health and Services has played a critical role in developing and implementing proven comprehensive tobacco control programs and policies aimed at preventing tobacco use, especially among youth, and encouraging cessation. [More information](#)

FDA Deputy Commissioner for Foods and Veterinary Medicine Michael R. Taylor's Statement on the Institute of Medicine Report on Caffeine in Food and Dietary Supplements. Jan 7, 2014

FDA thanks the Institute of Medicine (IOM) for convening the Aug. 5-6, 2013, public workshop on caffeine in food and dietary supplements. The summary report that IOM issued will be extremely informative as we continue our investigation of the safety of caffeine, particularly its effects on children and adolescents. [More information](#)

Free Resources Help People Stick to Their Prescriptions

More than 125,000 Americans die each year from not taking their medications properly. Many others experience worsening chronic health conditions because of it. With free educational tools from the Food and Drug Administration and the Script Your Future Campaign, you can help the people in your community keep track of their prescriptions and when to take them. And you can help them learn to talk with their pharmacist about the concerns or questions that might be keeping them from taking their medications as prescribed.

Don't miss out — [order your free resources in bulk today](#) to share with your community.

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

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

Submitted by CDR Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (2/13/2014)

- 2014 National Combined Council (NCC) face-to-face Meeting
 - Tentative dates: April 2014 in Phoenix. The Conference Approval Request has been submitted to the department for approval and works have started with the HQ Acquisition section.
 - Agenda
 - Face-to-Face NPC meeting blocks have been identified
 - NPC meets with the IHS Director to discussion Two Talking Points
 - NPC to put together a Summary Year-End Report for Dr. Karol and HQ Leadership.
- 2014 JrCostep Selection process.
 - Potential COSTEP students for the Summer of 2014 may apply through an application process and to be an eligible candidate. Student must apply to the **Job Announcement Number: IHS-14-HQ-1009740-ESEP/MP – Student Extern..** The online application closes on Friday, February 7th.
- Pharmacy Continuing Education Monthly Webinar series
 - The Pharmacy Last Wednesday of the month Webinar series successfully launched this last week. Registration for the series can be found at the CSC website www.ihs.gov/csc on the Event Calendar page. Recordings of prior sessions are available on the Recorded Sessions page. The recorded sessions are available for continuing education until the week of the next live webinar. The next offering will be February 26, 2014; Skin and Soft Tissue Infections - Rational Treatment Strategies (LCDR Jeff Gildow, Winnebago, NE).
- Medication Reconciliation/Synchronization
 - Workgroup members: LCDR Tyler Lannoye (Lead), CDR Michael Contos, CDR Cecil Aycock, CDR Chris Lamer & CDR Wil Darwin.
 - Action steps:
 - Develop a Best Practice Standards for the Med Recon processes
 - Workgroup will review concepts of medication reconciliation vs comprehensive medication review.
- EHR Pharmacy Documentation:
 - Workgroup members: CDR Chris Lamer (Lead), CDR Traci Patten, LCDR Adams Solola, CAPT Sheri Yoder, LCDR Julie King, & Nicholas Sparrow
 - Action steps:
 - Develop Best Practice Standards for the EHR Pharmacy Documentation processes (a How To Document)
 - SNOMED-CT: A number of documentation processes will change once our technologies move to SNOMED.
 - A draft document will be created and sent to PSG for their review.
- Resource Requirements Methodology (RRM) Workgroup
 - Workgroup consists of CDR Michael Contos (lead), LCDR Adams Solola, CDR Brandon Taylor, CDR Michael Lee, LCDR Mark Black, CDR Robin Bartlett, & CDR Tracie Patten.
 - Draft Proposal Pharmacy Staffing Model assumptions were reviewed and discussed.
 - Action Plan: The proposed 2014 Pharmacy Staff Model was reviewed by NPC to delineate and substantiate the proposal for endorsement. The 2014 Pharmacy Staffing Model was approved.
- 2014 IHS Southwestern Regional Pharmacy CE Meeting (the Quad)
 - Tentative dates: Quad, April 11-13 in Scottsdale, AZ. The Conference Approval Request has been submitted and is now awaiting the Director's final signature. Online registration and agendas will be released once the Approval is signed.
- 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

Adding chemotherapy following radiation treatment improves survival for adults with low-grade gliomas, a slow-growing type of brain tumor

Adults with low-grade gliomas, a form of brain tumor, who received a chemotherapy regimen following completion of radiation therapy, lived longer than patients who received radiation therapy alone, according to long-term follow-up results from a National Institutes of Health-supported randomized controlled clinical trial.

Since all three chemotherapy drugs in the regimen are commercially available, the treatment used in the clinical trial is available for use now. However, this form of chemotherapy is associated with some toxicities, such as reduced white blood cell counts leading to increased infection risk, and trial investigators recommend that it should be utilized only by physicians experienced with managing the side-effects that may occur.

Low-grade gliomas grow more slowly and have a better outcome than the more common type of brain tumor in adults, which is classified as glioblastoma.

The Radiation Therapy Oncology Group (RTOG), a clinical trials organization funded by the National Cancer Institute (NCI), part of NIH, and NCI are making the results public today because a long-term follow-up analysis showed significantly longer survival for those people on the trial who received chemotherapy. Full details from this analysis are to be presented at a scientific meeting in 2014 and in a peer-reviewed publication.

To view the entire article, go to: <http://www.nih.gov/news/health/feb2014/nci-03.htm>

Geroscience Summit Examines Intersection of Aging, Chronic Disease

Nearly 500 scientists, advocates and others interested in health and aging gathered in Natcher Conference Center recently for “Advances in Geroscience: Impact on Health-span and Chronic Disease.”

The meeting’s focus on “geroscience,” an integrated approach to the study of the diseases and disability associated with growing older, offered participants an opportunity to explore the interplay between chronic disease and its biggest risk factor—aging—in the hope of eventually opening new avenues for prevention and treatment.

NIH director Dr. Francis Collins welcomed participants, noting that geroscience represents the convergence of diverse areas of medical and scientific research on aging and disease.

Increasingly, he said, a more careful study of the process of aging is allowing scientists to propose that risk factors for disease, including aging, need to be considered together rather than in isolation. This applies to most major chronic diseases including cardiovascular disease, cancer, Alzheimer’s and many others.

To view the entire article, go to:

http://nihrecord.od.nih.gov/newsletters/2014/01_31_2014/story3.htm

NIH study offers insight into why cancer incidence increases with age

The accumulation of age-associated changes in a biochemical process that helps control genes may be responsible for some of the increased risk of cancer seen in older people, according to a National Institutes of Health study.

Scientists have known for years that age is a leading risk factor for the development of many types of cancer, but why aging increases cancer risk remains unclear. Researchers suspect that DNA methylation, or the binding of chemical tags, called methyl groups, onto DNA, may be

involved. Methyl groups activate or silence genes, by affecting interactions between DNA and the cell's protein-making machinery.

Zongli Xu, Ph.D., and Jack Taylor, M.D., Ph.D., researchers from the National Institute of Environmental Health Sciences (NIEHS), part of NIH, identified DNA methylation sites across the human genome that changed with age. They demonstrated that a subset of those sites — the ones that become increasingly methylated with advancing age — are also disproportionately methylated in a variety of human cancers. Their findings were published online in the journal *Carcinogenesis*.

To view the entire article, go to: <http://www.nih.gov/news/health/feb2014/niehs-03.htm>

NIH, industry and non-profits join forces to speed validation of disease targets

The National Institutes of Health, 10 biopharmaceutical companies and several nonprofit organizations today launched an unprecedented partnership to transform the current model for identifying and validating the most promising biological targets of disease for new diagnostics and drug development.

The Accelerating Medicines Partnership (AMP) aims to distinguish biological targets of disease most likely to respond to new therapies and characterize biological indicators of disease, known as biomarkers. Through the Foundation for the NIH (FNIH), AMP partners will invest more than \$230 million over five years in the first projects, which focus on Alzheimer's disease, type 2 diabetes, and the autoimmune disorders rheumatoid arthritis and systemic lupus erythematosus (lupus).

A critical and groundbreaking element of the partnership is the agreement that the data and analyses generated will be made publicly available to the broad biomedical community. The three- to five-year, milestone-driven pilot projects in these disease areas could set the stage for broadening AMP to other diseases and conditions.

To view the entire article, go to: <http://www.nih.gov/news/health/feb2014/od-04.htm>

Youth born with HIV may have higher heart disease risk, NIH network study shows

Nearly half of adolescents who have had HIV since birth may be at increased risk for cardiovascular disease—including heart attack and stroke—later in life, according to a National Institutes of Health network study.

The findings are the latest results from the Pediatric HIV/AIDS Cohort Study (PHACS), a multi-site, long-term follow-up study of children and youth who have had HIV since birth, sponsored by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and supported by eight other institutes at NIH.

The results are based on clinical assessments of 165 teens age 15 or older with HIV, who were born to mothers with HIV and who have been treated with anti-HIV medications since birth. The researchers estimated each study participant's overall cardiovascular risk using a score based on measures of cholesterol levels, blood sugar level, smoking, blood pressure, and weight. The combined score has been shown to predict the presence of buildup and thickening in the major arteries to the heart and abdomen, known to increase the risk for conditions such as heart attack and stroke.

To view the entire article, go to: <http://www.nih.gov/news/health/feb2014/nichd-24.htm>

NIH team discovers genetic disorder causing strokes and vascular inflammation in children

National Institutes of Health researchers have identified gene variants that cause a rare syndrome of sporadic fevers, skin rashes and recurring strokes, beginning early in childhood. The team's discovery coincides with findings by an Israeli research group that identified an overlapping set of variants of the same gene in patients with a similar type of blood vessel inflammation.

The NIH group first encountered a patient with the syndrome approximately 10 years ago. The patient, then 3 years old, experienced fevers, skin rash and strokes that left her severely disabled. Because there was no history of a similar illness in the family, the NIH group did not at first suspect a genetic cause, and treated the patient with immunosuppressive medication. However, when the NIH team evaluated a second patient with similar symptoms two years ago — a child who had experienced recurrent fevers and six strokes by her sixth birthday — they began to suspect a common genetic cause and embarked on a medical odyssey that has led not only to a diagnosis, but to fundamental new insights into blood vessel disease.

To view the entire article, go to: <http://www.nih.gov/news/health/feb2014/nhgri-19.htm>



14750 NW 44th Ct
Opa Locka, FL 33054
Phone: (305) 953-2369
Fax: (305) 953-2251

MEMORANDUM

From: LCDR Paul T. Michaud
USCG PharmPAC Liaison

To: LT Sadhna Khatri
PharmPAC Lead Agency Liaison

Subj: USCG PharmPAC liaison report

Accept this memorandum as written notification that USCG pharmacy has nothing new to report to the PharmPAC for the scheduled meeting on 6 March 2014. A USCG pharmacy report will be provided at the subsequent meeting scheduled on 3 April 2014.

#

Copy: CAPT Thompson, D., USCG, USPHS
CAPT (selected) Meagher, A., USCG, USPHS



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

February 26, 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

CAPT Don Brown Retirement

CAPT Don (Orville Donald) Brown retires from the Pharmacist category on April 1, 2014 after more than 30 years of honorable service. His uniformed career began with three years of active duty in the U.S. Army during the Vietnam Era. He then worked several years in retail pharmacy before joining the USPHS Commissioned Corps.

CAPT Brown began his Corps career in 1992 first as a staff pharmacist then assistant chief pharmacist with the Federal Bureau of Prisons at FCI El Reno, OK. In these positions he provided pharmacy and administrative services to the Federal Correctional Institute, associated Prison Camp, and the air-ops/transfer center located at the facility.

In 1995 he took the opportunity to become Chief Pharmacist in El Centro, CA with the then Health Services Division of the U.S. Immigration and Naturalization Service (INS). A year later he accepted another geographic transfer as Chief Pharmacist at the INS facility in Florence, AZ. Within two years CAPT Brown expanded his administrative experience by accepting the Health Service Administrator position at the facility and earning his master's degree. It was during this time that he began accepting TDY management assignments to Washington, D.C. as well as beginning a limited Telepharmacy Project within his organization.

By 2001 CAPT Brown assumed duties both as Chief Pharmacist and TeleHealth Project Manager for the organization which had been renamed the Division of Immigration Health Services (DIHS). This was a period of rapid growth and expansion with the addition of new pharmacies, new teleradiology units, and implementation of tele-mental health services.

CAPT Brown relinquished these duties in 2007 as he was moved to Washington, D.C. to serve as interim Chief Operating Officer and then interim Director of DIHS, now IHSC (Immigration Health Services Corps).

He has since served briefly as Health Service Administrator at ICE's Eloy, AZ facility and has resumed duties as Chief Pharmacist and until recently Telehealth Project Manager for the organization. He looks forward to applying the experience and expertise that he has gained during his Corps career to the next chapter of his life.

New Email Addresses

The Immigration Health Services Corps (IHSC) is currently in the process of switching from its own internal IT network to the Immigration and Customs Enforcement (ICE) network. Several facilities have already been transferred and the remaining sites will be upgraded over the next 2 months. As a consequence, all staff emails are being rolled over from their current domains. The new domain will appear as "@ice.dhs.gov" instead of "@phs.dhs.gov". If e-mails are sent to an officer's previous address after the conversion has occurred, they will not be forwarded to the officer's new email. The following officers have already had their emails updated, and may be reached at the addresses below:

Alvis, Amy LCDR - amy.alvis@ice.dhs.gov

Aparicio, Jose LCDR - jose.a.aparicio@ice.dhs.gov

Bennefield, Sye CDR - sye.d.bennefield@ice.dhs.gov

Brown, Don CAPT – orville.d.brown@ice.dhs.gov
Chong, Chae CAPT – chae.u.chong@ice.dhs.gov
Dunbar, Matthew LT – matthew.g.dunbar@ice.dhs.gov
Haug, Jeff CAPT – jeff.e.haug@ice.dhs.gov
McGrath, Holly CDR – holly.mcgrath@ice.dhs.gov
Nasirah, Malcolm LT – malcolm.m.nasirah@ice.dhs.gov
Olongo, Carl LCDR – carl.t.olongo@ice.dhs.gov
Patel, Jai LCDR – jai.m.patel@ice.dhs.gov
Valdespino, Eduardo LCDR – eduardo.r.valdespino@ice.dhs.gov



Department of Health and Human Services
Office of the Secretary (OS)
February 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

Updates:

1. The Department released the February enrollment report.^{3,4} The report covered the enrollment period from October 1, 2013 – February 1, 2014. Key findings include:
 - Nearly 3.3 million (3,299,500) people selected Marketplace plans from Oct. 1, 2013, through Feb. 1, 2014, including 1.4 million in the State Based Marketplaces and 1.9 million in the Federally-facilitated Marketplace.
 - Of the almost 3.3 million: ◦55 percent are female and 45 percent are male;
 - 31 percent are age 34 and under;
 - 25 percent are between the ages of 18 and 34;
 - 62 percent selected a Silver plan, while 19 percent selected a Bronze plan; and
 - 82 percent selected a plan and are eligible to receive Financial Assistance, up from 79 percent during the Oct. 1 through Dec 28, 2013 reporting period.
2. On February 11th, the Department held a stakeholder briefing call⁵ to discuss the [ASPE](#) (Assistant Secretary for Planning and Evaluation) brief on Latinos and ACA⁶.
3. On February 4th, the Senate Health, Education, Labor, & Pensions Committee held a hearing for the Surgeon General nominee, Dr. Vivek Murthy. Below is the link to the hearing:
<http://www.help.senate.gov/hearings/hearing/?id=7f4d5e03-5056-a032-5246-3fe3e2ebe224>

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

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

³ <http://www.hhs.gov/news/press/2014pres/02/20140212a.html>

⁴ http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Feb2014/ib_2014feb_enrollment.pdf

⁵ <http://www.hhs.gov/news/press/2014pres/02/20140211a.html>

⁶ http://aspe.hhs.gov/health/reports/2013/UninsuredLatinos/rb_uninsuredLatinos.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:

March 2014

Announcements:

AMCP's 26th Annual Meeting and Expo will be held April 1-4, 2014 in Tampa, Florida. Register at www.amcpmeetings.org. One of the keynote speakers is Scott Gottlieb, M.D., a practicing physician and former Deputy Commissioner at the FDA. He is expected to speak about the Affordable Care Act.

News:

AMCP provided an overview of the Biologics Workshop held February 4, 2014 by the Federal Trade Commission. The workshop focused on the following:

- The potential impact of state regulations affecting competition
- How regulations, if necessary, might be structured to facilitate competition while still protecting patient health and safety
- How naming may affect competition
- The experience of other countries with follow-in biologic competition

Speakers at the Workshop commented on areas such as the FDA Approval Process, State Regulation of Biosimilars & Naming.

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: 3/1/14

Announcements:

AAHIVM and the HIV Medical Association (HIVMA) released a joint statement urging private health insurance plans and Medicaid managed care plans to support high quality, cost-effective care by adopting a number of policy recommendations.

Portions of the recommendations include:

Follow the HIV Treatment Guidelines: We strongly urge coverage of all antiretrovirals according to the nationally recognized standard for HIV treatment

Apply Reasonable Cost Sharing: Plans that place all or most antiretrovirals on the highest sharing tier discriminate against people with HIV and undercut the benefits of health insurance.

Cover Single Tablet Regimens: Single tablet regimens (STR) are some of the mostly widely prescribed HIV medications and typically are no more expensive than the sum of their component parts.

Avoid Cumbersome Prior Authorization Processes: Such bureaucratic hurdles add administrative barriers and increased costs to the already complex delivery of HIV care.

Institute Effective Pharmacy Practices: For restricted pharmacy networks - particularly those limited to mail order options, we strongly urge health plans to include AIDS Drug Assistance Program (ADAP) pharmacies in their networks and to cover medication therapy management counseling for patients who require support with managing their complex daily drug regimen.

Include Ryan White Providers in Networks: We strongly recommend that health plans include all Ryan White medical providers in their networks to support continuity of care for these patients and to allow them to continue to benefit from the other key services that they offer.

Allow HIV Providers as Primary Care Providers: We urge health plans to have policies that streamline access to HIV medical providers, including allowing patients to designate them as their Primary Care Provider and instituting standing referrals to HIV providers. Failure to provide direct access to HIV providers leaves patients at risk medically and adds costs and inefficiencies to the delivery system.

Implement HIV Quality Measures: Following nationally recognized HIV care and treatment standards improves health outcomes and lowers health care costs. We strongly urge that HIV care be monitored by HIV quality measures.

The American Academy of HIV Medicine (AAHIVM), ACRIA, and the American Geriatrics Society (AGS) today launched HIV-Age.org , the GO-TO online site for clinicians seeking best practices for managing the care of older HIV patients. By 2015, half of the U.S. HIV population will be age 50 and older.

News:

Congressional lawmakers on Thursday unveiled a bicameral, bipartisan agreement to repeal Medicare's physician payment formula and replace it with a system that would provide stable payment updates for five years and shift Medicare to a system based on value versus volume of care. The deal is the product of three congressional committees-Senate Finance, House Ways and Means and House Energy and Commerce-working to eliminate Medicare's sustainable growth-rate formula and offer incentives for Medicare-participating physicians to move to alternative payment models.

American Association of Colleges of Pharmacy (AACP)

Liaison Officer's Report by CAPT 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: February 6, 2014

News:

AACP Commends CVS Decision to Discontinue Selling Tobacco Products

AACP applauds the CVS/pharmacy commitment to discontinue the sale of all tobacco products in more than 7,600 U.S. stores by October 1, 2014. Based on policy adopted by the AACP House of Delegates in 2003, AACP urges pharmacies that sell cigarettes and other tobacco products to discontinue doing so. In addition, AACP policy supports member colleges and schools giving preference to pharmacies that do not sell these products as sites for clerkships and experiential learning. To read the news release in its entirety, visit

<http://www.aacp.org/news/media/Documents/CVSPressRelease2014.pdf>.

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)

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February 2014

Action Items

1. CDR Addison and CDR Craig suggested to CDR Gresham and LCDR Thornton that we could teach a Tobacco Treatment Specialist Certification CE for AMSUS 2014. It would consist of approximately 8 hours in the classroom and 5.5 hours online. They were receptive to this idea and will try to sell it at the first meeting of AMSUS HQ event planners.
2. Annual Continuing Education Meeting December 2-5 2014 in Washington, DC.

Accomplishments

1. The 2014 AMSUS Continuing Education Meeting will provide a unique platform to share innovative and sustaining developments of interest to federal health professionals. Abstracts will be accepted until May 5. If you're new to the submission process, an [Online Abstract Submission Guidelines](#) document is provided.

AMSUS SmartBrief

2/5/14

1. The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America, in collaboration with the International Antiviral Society-USA, announced the launch of HCVguidelines.org, a website that provides guidance for clinicians and patients dealing with hepatitis C virus infection.

2. Avoid antibiotics in pill form for 'swimmer's ear,' new guidelines say.

2/12/14

3. The Affordable Care Act is supposed to reduce Indian Health Service underfunding by providing all Native Americans and Alaska Natives with basic health insurance policies that pay for care. However, a study published in the journal Health Affairs found that many people will forgo preventive care and screening in states that refuse to expand Medicaid eligibility, resulting in preventable deaths. One-third of American Indians and Alaska Natives are uninsured, and many of the states that refuse to expand Medicaid have large American Indian and Alaska Native populations.

4. The American Heart Association and the American Stroke Association released new guidelines designed to help reduce stroke risk in women. The recommendations include low-dose aspirin or calcium supplements for pregnant women with a history of hypertension, blood pressure screening before use of oral contraceptives and screening of women over 75 for atrial fibrillation risk. "If you are a woman, you share many of the same risk factors for stroke with men, but your risk is also influenced by hormones, reproductive health, pregnancy, childbirth and other sex-related factors," said Dr. Cheryl Bushnell, author of the statement in the journal Stroke.

2/19/14

5. Advocates are trying to reach uninsured Native Americans who are eligible for health insurance through Medicaid or an Affordable Care Act exchange. Many Native Americans travel long distances for care at Indian Health Service clinics, which experts say are severely underfunded. The ACA has the potential "to transform Indian health," says Roxane Spruce Bly, director of health care and education outreach for Native American Professional Parent Resources, a nonprofit that aims to change attitudes about health care among Native Americans.

6. The White House confirmed February 18 that it has backed off its request last year to Congress to cap contract support costs (CSC) owed to tribes for services provided to tribal citizens by tribal contractors.

2/26/14

7. The Senate voted unanimously to open debate on a \$24 billion bill that would expand veterans' access to health care and education. The bill would create 27 new health care facilities in 18 states and Puerto Rico and expand health coverage for veterans without war-related injuries, among other provisions. Senate Democrats proposed paying for the expanded benefits through savings from cuts in other military spending.

8. The American Academy of Neurology has recommended the use of blood thinners in patients with irregular heartbeat to lower the risk of stroke. The guidelines published in the journal

Neurology say the novel blood thinners dabigatran, rivaroxaban and apixaban are less likely to cause bleeding in the brain than older treatments. These blood thinners may be used in patients with atrial fibrillation who were previously excluded due to old age, mild dementia or moderate risk of falls.

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: March 2014

News:

California Provider Status

- The California provider status law technically went into effect January 1, 2014, including its important declaration of pharmacists as health care providers, but a number of the law's provisions need regulations in order to either authorize or clarify them.
- The state board of pharmacy intends to begin the rulemaking process on several of those pieces in March. The process usually takes an average of nine months to complete depending on how controversial a particular regulation is, so some provisions requiring regulations may be done before the end of 2014; however, the provisions related to the new Advanced Practice Pharmacist recognition may take longer.

Provisions in effect January 2014 authorize all licensed pharmacist to:

- Administer drugs and biologics when ordered by a prescriber. Previously, this was limited to oral and topical administration. Now it allows allows pharmacists to administer drugs via other methods, including by injection.
- Provide consultation, training, and education about drug therapy, disease management, and disease prevention.

- Participate in multidisciplinary review of patient progress, including appropriate access to medical records.
- Furnish travel medications recommended by CDC not requiring a diagnosis.
- Independently initiate and administer immunizations to patients 3 years of age and older if certain training, certification, recordkeeping, and reporting requirements are met. If a pharmacist wants to provide immunizations to children younger than 3 years, the pharmacist must have a physician protocol.
- Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, in coordination with the patient's primary care provider or diagnosing prescriber.

Notable potential future provisions, once a statewide protocol is adopted, authorize all licensed pharmacists to:

- Furnish self-administered hormonal contraceptives (the pill, the patch, and the ring) pursuant to a statewide protocol.
- Furnish prescription nicotine replacement products for smoking cessation pursuant to a statewide protocol if certain training, certification, and notification requirements are met.
- Order and interpret drug therapy–related tests in coordination with the patient's primary care provider or diagnosing prescriber.
- Initiate, adjust, and discontinue drug therapy pursuant to an order by a patient's treating prescriber and in accordance with established protocols.

Medicare Better Care Program

- Also known as the Better Care, Lower Cost Act, the proposed legislation was introduced by Senators Ron Wyden and Johnny Isakson and Representatives Erik Paulsen and Peter Welch on January 15, 2014. It seeks to remove barriers “that prevent Medicare providers from building on existing successful delivery models,” and to provide a framework “for encouraging innovative chronic care delivery across the country” to care for Medicare patients with multiple chronic conditions.
- The new bill would name pharmacists as a necessary member of health care teams “to provide integrated care for Medicare beneficiaries with chronic conditions, and for other purposes” by adding a new section to Title XVIII of the Social Security Act called the “Medicare Better Care Program.”
- In the Wyden legislation, “pharmacists” are not only explicitly named but are required to be included in the provider team: “The qualified BCP [Better Care Program] shall include physicians, nurse practitioners, registered nurses, social workers, pharmacists, and behavioral health providers who commit to caring for BCP eligible individuals.”
- APhA has always supported that pharmacists should be members of the health care team, and now Members of Congress and their staff are beginning to understand the important role pharmacists can play in reducing costs in the health care system while increasing access.

Announcements:

American Heart Month

- February was American Heart Month, and we are reminded that heart disease is the leading cause of death for both men and women. As pharmacists, we can have a significant impact because heart disease is both preventable and controllable. Sharing our knowledge of lifestyle changes and medications that can improve heart disease empowers patients to take better control of their condition. Through APhA Foundation's research in Project ImPACT: Hypertension, it was explored how home blood pressure monitoring can provide the pharmacist with the unique opportunity to relate treatment and monitoring to patient goal setting. By implementing these innovative models through practice-based research, the role of the pharmacist in improving the health of patients across a variety of chronic disease states can be demonstrated.
- In Project ImPACT, patients were given home blood pressure monitoring devices that wirelessly transmitted readings to the pharmacy computer. Pharmacists used this data to identify patterns and hypertensive triggers so they could tailor education and strategies for controlling blood pressure to individual patients.
- As a result of the pharmacist consultations, patients' knowledge about hypertension increased and they reported high satisfaction with the pharmacy service. Patients who were not at their treatment goal also saw improvements in blood pressure control. To learn more about Project ImPACT: Hypertension, [read the published manuscript](#).

Draft Compounding Guidance

- On Monday, February 3rd, APhA submitted comments to the FDA on the draft guidance for traditional compounding under Section 503A of the Food, Drug, and Cosmetic Act. APhA's comments, developed with input from members, called for additional clarity and detail, particularly around the relationship between existing state law and the language in the guidance.
- APhA anticipates that pharmacists and pharmacies engaged in traditional compounding will continue to be regulated by state boards of pharmacy if they comply with the draft guidance, but that some provisions of the guidance require more clarity.
- APhA noted that during the development of the Drug Quality and Security Act (DQSA) and following the release of the guidance, policymakers assured pharmacists that the DQSA and the resulting guidance would not undermine existing state laws related to compounding, including laws related to "office-use", and asked the FDA clarify that its guidance is not designed to infringe on areas historically regulated by the states.
- APhA raised concerns regarding the arbitrary limitations on the out-of-state distribution of compounded drug products. APhA requested that the FDA refrain from using the 1999 Memorandum of Understanding (MOU) regarding out-of-state sales of compounded drug products and suggested instead that the FDA gather feedback from states, pharmacists, and other stakeholders to develop a flexible MOU.
- Furthermore, APhA encouraged FDA to provide additional details regarding such terms as the "established relationship" between a pharmacist and provider and the thresholds for "inordinate amount" and "commercially available" products.

- APhA urged the FDA to work with States to develop the most appropriate control on a State-by-State basis, rather than applying arbitrary limits that may impede patient access to vital compounded drugs.

Meetings

- APhA participated in the Federal Pharmacy Leadership Summit (hosted by RADM Giberson) on 23 January 2014. This meeting brought together pharmacy organizations (NABP, ASHP, APhA, AACP, etc) and federal pharmacy leaders from the DoD, USPHS, and VA to discuss common goals and opportunities to collaborate.
- Stacia Spridgen, Federal Pharmacy Program Director, attended the Defense Health Agency Industry Forum. This meeting provided an introduction to industry partners (Pharma, technology, equipment, etc) of the new Agency (formerly TRICARE Management Agency), organization chart changes, scope and responsibilities.

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:

3/6/14

Announcements:

*** Please note that some links may not be available to non-APHA members.**

Get involved: National Public Health Week 2014

The National Public Health Week 2014 website is now [online](#). During NPHW 2014, April 7-13, APHA invites you to promote ways to live healthier lives and highlight the theme "Public Health: Start Here." NPHW daily themes will focus on the following public health areas:

- Be healthy from the start
- Don't panic (disaster preparedness)
- Get out ahead (prevent disease and injury)
- Eat well
- Be the healthiest nation in one generation

[Become involved](#) and help make public health a priority in your community. Join the movement as we work together to build the healthiest nation in one generation. Download the [NPHW toolkit](#).

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.

APHA's Get Ready campaign helps Americans prepare themselves, their families and their communities for all disasters and hazards, including pandemic flu, infectious disease, natural disasters and other emergencies. Visit the website for further information: <http://www.getreadyforflu.org/newsite.htm>.



Daylight saving time begins Sunday, March 9, 2014. Is your emergency preparedness stockpile up to date?

Legislative News:

Senate HELP Committee considers surgeon general nominee

On Feb. 4, the U.S. Senate Health, Education, Labor and Pensions Committee held a hearing to consider Vivek Murthy, MD, to serve as U.S. surgeon general. Murthy is an attending physician at Brigham and Women's Hospital, instructor at Harvard Medical School and co-founder of Doctors for America, a national movement bringing together 16,000 physicians and medical students working to ensure access to quality health care for all people. Murthy also serves on the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, which advises the National Prevention Council on evidence-based prevention and health promotion strategies. Murthy would replace Regina Benjamin, MD, MBA, who stepped down in July 2013, and Boris Lushniak who is currently serving as acting surgeon general. APHA sent a [letter of endorsement](#) for Murthy's nomination and calling for immediate approval to the Senate HELP Committee in advance of the hearing.

APHA joins brief in support of contraceptive rule

APHA joined a [friend-of-the-court brief](#), led by the National Health Law Program, in support of contraceptive coverage. Hobby Lobby Stores and Conestoga Wood Specialties, for-profit, secular corporations, are claiming the U.S. Department of Health and Human Services' rule requiring contraceptive coverage in employees' health care plans violates the company's religious rights. The brief argues that well-established standards of medical care and federal laws and policies pre-dating the Affordable Care Act widely require coverage of contraception. Preventive health services, including

contraceptive care, are essential for the health of women and communities. Additionally, the brief rebutted the plaintiffs' arguments for the government to make contraception widely available through other existing means, such as Title X. The brief argued that as the nation's safety net and only dedicated source of federal funding for family planning services, Title X is not designed nor does it have the capacity to absorb the unmet needs of higher-income, insured individuals.

The U.S. Courts of Appeals denied injunctive relief from the contraceptive rule for both companies. On March 25, the Supreme Court is scheduled to hear oral arguments on Hobby Lobby and Conestoga Wood.

President signs FY 14 omnibus spending bill; some health programs see boost in funding

The [FY 2014 Consolidated Appropriations Act](#), which President Barack Obama signed on Jan. 17, provides necessary funding for important public health agencies and programs and, contrary to some reports by the media, the bill [fully allocates the funds](#) available through the Prevention and Public Health Fund for FY 2014. The measure marks the first time since FY 2012 that Congress has produced an appropriations bill for the departments of Labor, Health and Human Services and Education. It is a welcome improvement that provides agencies and grantees with greater budgetary certainty compared to operating under another continuing resolution.

Of the \$1 billion available in FY 2014 through the prevention fund, more than \$830 million was transferred to the Centers for Disease Control and Prevention for activities to address heart disease, tobacco control, diabetes prevention, prevention of health care-associated infections and other critical public health priorities. The remaining funds went to agencies including the Substance Abuse and Mental Health Services Administration, the Administration for Community Living's Administration on Aging and the Agency for Healthcare Research and Quality. Another \$72 million of the funding was cut due to sequestration. Sen. Tom Harkin, D-Iowa, chief author of the fund, delivered a [floor statement debunking the rumored cuts](#) to the fund and citing [APHA's support](#) for the allocation of the fund.

While the prevention fund was fully allocated, one existing program created by the fund, Community Transformation Grants, will not receive funding in FY 2014. Money that had gone for CTGs was equally divided and allocated to CDC's heart disease and diabetes prevention programs. In addition, the bill creates a new Community Prevention Grant program funded at \$80 million. The National Public Health Improvement Initiative, which had funded activities at state and local health departments as well as territorial and tribal entities was also eliminated. At the same time, the Preventive Health and Health Services Block Grant, flexible funding for state public health activities, was doubled to \$160 million and entirely funded through the prevention fund. Specific details on how the reshuffling of funds will be implemented will likely become clearer in the coming months as CDC develops plans for the FY 2014 funding. The bill provides a nearly \$569 million boost to [CDC's total program-level funding](#) compared to the post-sequestration FY 2013 levels. The bill also restores about 60 percent of the FY 2013 sequestration cuts to the Health Resources and Services Administration.

Congress sends five-year farm bill to president; mixed bag for public health

The final version of the farm bill approved by Congress, signed by Obama on Friday, Feb. 7, included several policy improvements for the Supplemental Nutrition Assistance Program, but the bill also cut \$8.6 billion over 10 years from the program. Under the measure, which has been debated by Congress for more than two years, APHA advocated against cuts to SNAP and SNAP nutrition education which provide millions of seniors, children and families with food assistance and nutrition education to improve access to healthy food and food security.

While [APHA was disappointed](#) with the cuts to SNAP contained in the final bill, we are pleased that the final bill maintained full funding for SNAP-Ed and also rejected the much more significant cuts to SNAP and the dangerous policy riders included in the House version of the bill that was strongly opposed by APHA and other members of the public health and anti-hunger communities.

The conference report contained several additional important improvements that would:

- require retailers who participate in SNAP to keep stores stocked with nutritious meal options, including perishable and non-perishable foods in the categories of fruits, vegetables, grains and meat;
- increase funding for the Community Food Projects Competitive Grant program that assists in the development of efforts to improve nutrition education and nutrition resources for low-income communities;
- provide increased funds for emergency food assistance to our nation's food banks; and
- authorize the Healthy Food Financing Initiative.

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 Crumline Award

Entries are still being accepted for the 2014 Samuel J. Crumline Consumer Protection Award for Excellence in Food Protection at the Local Level, given annually to local environment health jurisdictions that demonstrate achievement in providing outstanding food protection services to their communities. The award, sponsored by the food service packaging institute is supported by APHA. Local environmental health jurisdictions meeting the basic criteria are encouraged to apply. Past winners have included the Hamilton County, Ohio Public Health Food Program and the Salt Lake Valley, Utah Health Department. [Review guidelines online](#). The entry deadline is March 17.

Annual Meeting News:



2014 APHA Annual Meeting Schedule

Schedule can be viewed at: <http://www.apha.org/meetings/eventschedule/>. The Online Program Schedule will be available in June 2014.

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: 2/26/2014

Announcements:

- 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

FDA Finds Little Evidence Of Link Between Diabetes Medicines, Cancer.

The [AP](#) (2/27, Marchione) reported patients taking Januvia (sitagliptin), Byetta (exenatide) or "certain other widely prescribed medicines for diabetes can breathe a little easier" – FDA and European "regulators have found no compelling evidence of a link between these drugs and pancreas problems or pancreatic cancer." According to the

AP, the New England Journal of Medicine unveiled a report from US and European scientists with their conclusions after “reviews of animal and human studies, plus new studies commissioned to look at this risk.”

Still, the [New York Times](#) (2/27, Pollack, Subscription Publication) reported, the officials “cautioned that they had not reached a final conclusion and would continue to gather more data.” However, they said that “the totality of the data that have been reviewed provides reassurance,” according to the Times.

[HealthDay](#) (2/27) also covered the news.

Regulatory

Health Groups Ask FDA To Revoke Opioid Painkiller.

In continuing coverage, the [Washington Times](#) (2/27, Chumley) reported many in the medical community are coming together to oppose a newly approved opioid painkiller, Zohydro (hydrocodone bitartrate) “aimed at easing the suffering of long-term patients.” They are concerned that the medicine could become the “next and more powerful drug of choice for recreational users and abusers.” The paper noted that a “coalition of more than 40 different health care and addiction treatment groups” have written to the FDA “urging officials to revoke approval of the drug.” The FDA and Zohydro maker Zogenix, however, pointed out the medicine’s benefits outweigh the risks but the physicians “aren’t assuaged,” according to the paper.

[The Hill](#) (2/27, Devaney) reported in its “Regwatch” blog the health group’s are coming together against the painkiller, just weeks after three lawmakers, Senate Minority Leader Mitch McConnell (R-KY), Sen. Lamar Alexander (R-TN), ranking member on the Health Committee, and Sen. Tom Coburn (R-OK) criticized the FDA’s move to approve the medicine. They wrote: “This decision contradicts the FDA’s own advisory panel, and could undermine the important measures taken by the FDA, lawmakers, and state attorneys general to curb prescription drug abuse across the country.”

The news was also covered by [FOX News](#) (2/26), the [Portland \(OR\) Business Journal](#) (2/27, Subscription Publication) in its “Health Care Inc. Northwest” blog, [HealthDay](#) (2/27), [MedPage Today](#) (2/27) and [Modern Healthcare](#) (2/26, Subscription Publication).

Debate Continues Over Distributing Naloxone Publicly.

The [AP](#) (2/27, Zezima) reports in a 1,100-word article that physicians and public officials are working to distribute naloxone, medication that can reverse the effects of heroin and painkiller overdoses, to paramedics and police officers. However, a debate exists as to whether such medication should be publicly available to “people who abuse drugs, and their friends and families.” Opponents have voiced concern that “the promise of a nearby antidote would only encourage drug abuse,” while supporters believe “the opportunity to save potentially thousands of lives” is more important. Currently, 17 states and Washington, DC distribute it to the public while 10 of those states also allow distribution to friends and family members of people who use intravenous drugs.

FDA Criticized Over Monitoring Of Generics Sold In US.

[Bloomberg News](#) (2/26, Edney) reported that the FDA “has failed to track the effectiveness of generics that make up 80 percent of medicines sold in the U.S.,” citing doctors and researchers “who told Congress today that new efforts by the FDA still aren’t strong enough.” Preston Mason, a researcher at Brigham & Women’s Hospital in Boston who has evaluated “the effectiveness of copies” of Pfizer Inc.’s Lipitor (atorvastatin calcium) made both in the US and elsewhere, pointed out that generic heart medicines from firms in India weren’t as effective as expected. Bloomberg reported that after the briefing, FDA spokesman Chris Kelly “said the agency’s India office has ‘been working closely with India’s drug regulators to reinforce the importance of producing quality products for patients.’”

Researcher Suggests Aviation Treaty Model To Enhance International Medicine Safety.

[CQ](#) (2/27, Subscription Publication) reported that a researcher, “citing concerns” about the safety of medicines being imported, has suggested “a radical shift” in the US “approach to regulation of imported medicines.” Amir Attaran, an associate professor in law and medicine at the University of Ottawa, suggested that the US should develop a system similar to the one “already in place for international regulation of aviation” – a model based on “treaties and international cooperation.” He said US aviation officials’ efforts in that area have led to flight safety procedures around the world. He was critical of the FDA’s recent move to increase its inspectors to 19 in India, saying, “What are you going to do, put 19 inspectors in New Delhi and think that covers a country of a billion people? Good luck.”

Stronger Labeling Suggested For Antibiotics Targeted At Specific Patients.

[Modern Healthcare](#) (2/26, Subscription Publication) reported that more than 30 organizations Wednesday asked Congress to push for “stronger labeling requirements on a bill that would allow antibiotics to be fast-tracked and used in a limited population of patients.” The groups suggested adding “a visual element, such as a special logo, picture or color, which they said would make it easier for physicians and pharmacists to distinguish these drugs from existing antibiotics.” The measure is also aimed at preventing misuse of the medicines, the groups noted. Rep. Phil Gingrey (R-GA) unveiled the Antibiotic Development to Advance Patient Treatment Act in December 2013, “an effort to address the growing public health threat of superbugs, strains of bacteria that are resistant to many of the available antibiotics on the market,” according to the article.

Study Warns Of Rising Prices Of Generic Medicines Under New FDA Rule.

[The Hill](#) (2/27) reports in its “Regwatch” blog that the price “of generic drugs would skyrocket under a proposal” from the FDA “that would open manufacturers to lawsuits for failures to warn consumers about the potential side effects,” citing a new report. In the study unveiled “earlier this month that contradicts the FDA’s numbers, conservative economic consulting firm Matrix Global Advisors” noted “the cost of producing generic drugs would” jump by about \$4 billion a year for the industry, “or \$1.16 per prescription, which would be passed down to consumers.” Industry groups argue the FDA may not have weighed the full impact of the rule, noting it some manufacturers and insurers may be forced out of market because of the rule. That could hurt the consumers because they may not be able to get the generic medicines and may also raise their prices.

FDA Chief Discusses Medication Approval Process At Life Sciences Conference.

The [Durham \(NC\) Herald Sun](#) (2/27, Oleniacz) reports that FDA Commissioner Margaret Hamburg, speaking at a life sciences conference in Raleigh Wednesday, discussed the drug approval process. She told the crowd, “Drugs coming off market (are not) a failure,” before explaining that her agency must protect patients “in order to ensure access to new and effective medicines.” At the conference, Hamburg also discussed 3-D printing and mobile health apps.

Health Coverage and Access

Toll Of Non-Expansion On Mental Illness Considered.

The [Washington Post](#) (2/26, Shin) reports that tensions over Medicaid expansion in Virginia have reached the point where they threaten a state government shutdown. The five largest mental health groups active in Virginia yesterday

announced their support of a policy that would “use federal dollars to help lower-income Virginians pay for private health insurance would help cover medication, therapy and inpatient hospitalization.” The proposal would also provide additional funding for mental health services. The [Roanoke \(VA\) Times](#) (2/27, Sluss) and the [Newport News \(VA\) Daily Press](#) (2/26, Ress) also report.

The [Baton Rouge \(LA\) Advocate](#) (2/27) reports on a study that found 160,000 Louisianans with mental illnesses uninsured because of the state’s non-participation in Medicaid expansion. The study was released yesterday by the American Mental Health Counselors Association.

Politicians Oppose Medicare Part D Changes.

The [Wall Street Journal](#) (2/27, Dooren, Subscription Publication) reports that Democrats and Republicans in Congress asked the Obama Administration to abandon a proposed change to Medicare Part D. The change would alter the availability and payment of several types of medications.

Health Business

Pharmaceutical Firm Agrees To Share Data On Medicines.

[Bloomberg News](#) (2/26) reported that Novartis AG “will join companies such as GlaxoSmithKline Plc” in “allowing researchers access to clinical trial data, as regulators demand more transparency.” According to Bloomberg, researchers “will be able to request information on medicines that were newly approved in the U.S. and the European Union via an Internet portal,” citing the firm. A UK House of Commons panel said in a report last month that “opening up information about all clinical trials to medical researchers would support the work of regulators by permitting thorough, independent external review by doctors and researchers.”

Senators Investigate Claims Firms Paid To Meet With Regulators.

[The Hill](#) (2/27, Easley) reports in its “Healthwatch” blog that Sens. Joe Manchin (D-WV) and David Vitter (R-LA) are investigating “allegations that members of the pharmaceutical industry paid big money to meet with members” of the FDA “ahead of the agency’s approval of a controversial painkiller.” The senators “sent a letter on Wednesday” to Mark Taubman, to the Dean of the School of Medicine and Dentistry at the University of Rochester, after disclosures “that the school arranged for members of the pharmaceutical industry to sit with FDA officials at conferences at a cost of between \$25,000 and \$35,000 each.” The blog posting noted that the senators probing whether the meetings were a factor in the approval of a new painkiller, Zohydro ER (hydrocodone bitartrate). “Manchin said he sent a similar letter to FDA commissioner Margaret Hamburg last year, but did not hear back,” the Hill added.

[CQ](#) (2/27, Ethridge, Subscription Publication) also covered the news.

Research

Current Data Suggest Biologics May Not Further Increase Lymphoma Risk In Patients With RA.

[MedPage Today](#) (2/27) reports that individuals “with severe rheumatoid arthritis (RA) can undergo aggressive biologic therapy without excessive concern that their already increased risk for lymphoma will be further heightened, current data suggest.” Patients “with RA have a very clear two- to six-fold higher risk of lymphoma – usually non-Hodgkin’s B-cell lymphoma – compared with the general population, and a longstanding argument has been whether anti-rheumatic treatments themselves are at least partly to blame.” Among those who contend that the treatments are to blame is “Ola Landgren, MD, PhD...a senior investigator in the Lymphoid Malignancies Branch of the National Cancer Institute,” who “told MedPage Today that three factors are likely to contribute to autoimmune-associated lymphoma:

immune overstimulation, genetic factors, and immunosuppressive drugs that interfere with B-cell control.” However, other experts disagree.

Also in the News

New Group B Streptococcus Variety Could Be “Superbug.”

[HealthDay](#) (2/27) reports physicians have found “a garden-variety type of bacteria” that generally appears in the human intestinal tract and could be changing into a “superbug” in a recent Centers for Disease Control and Prevention report describing two patients’ group B streptococcus infections that demonstrated resistance to last-resort antibiotic vancomycin. The new cases are reported in today’s New England Journal of Medicine.

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):

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- **Facebook:** www.facebook.com (search ASHP Research and Education Foundation)
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- **YouTube:** www.youtube.com/ASHPFoundation

Date: 3/1/14

Announcements:

- The ASHP Foundation's Center for Health-System Pharmacy Leadership is now offering the leadersInnovation Masters Series. The first course is offered April 12 - May 23, 2014 and is titled, "Perfecting Transformational Leader Skills". The second course "Strategy and Tactic: Creating Transformational Change" will be offered in the fall of 2014.

¹ www.ashpfoundation.org

- Deadline to register for the first course is April 2, 2014
 - See website for registration and cost information
 - Each courses offers 15 hours (1.5 CEUs) of continuing pharmacy education credit
- The Pharmacy Leadership Academy: Shaping Future Leaders is currently recruiting for the 2014 Academy. The Academy focuses on enhancing leadership and improving patient care. The modules run back to back from July 12, 2014, through June 19, 2015. (See the website for course schedule, description and fees).
 - Application deadline is April 11, 2014
- Safe insulin-use recommendations have been developed by the ASHP Foundation and were first published in the August 15, 2013, print of the *American Journal of Health-System Pharmacy* (AJHP). See the website for a link to the article.
- Videos of the ASHP Foundation 2013 Midyear Events now available on YouTube
- Free online tool now available to pharmacies to assist in assessing contractors for sterile product preparation. www.ashpfoundation.org/sterileproductstool.
- 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 programs are not accepting applications at this time
 - Education
 - Pain and Palliative Care Traineeship – levels 1 and 2
 - Ongoing registration
 - PPMI State Affiliate Workshop
 - Ongoing registration
 - Leadership Programs
 - Pharmacy Leadership Academy (discussed in detail above)
 - leadersEDGE Webinar – “Leading for Financial Effectiveness: Pharmacy’s Fiscal Balancing Act”
 - deadline 4/23/2014
 - leadersEDGE Webinar – “Pharmacists Thinking Differently: Transformational Breakthrough in Ideas, Skills and Insights for a Better Patient Future and a More Enriching Practice”
 - deadline 6/19/2014
- 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 Officers 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. Please see this video produced by 2U, COA/COF partners in advanced public health education. <http://2u.com/no-back-row/>

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COA Immediate Past Chair	CAPT Nita Sood Nita.Sood@dha.mil
COA Board Pharmacy category rep	CAPT Beth Fritsch Beth.fritsch@fda.hhs.gov

Date: March 6, 2014

Announcements:

Jerry Farrell Retiring

COA members are encouraged to sign an online gift book for Jerry Farrell's retirement.

Personalized Gift Book for Jerry Farrell's Retirement

Follow the link below to contribute your fond farewells and photos of Jerry. The COA and Foundation boards will present a printed version to Jerry during the Symposium in Raleigh.
http://www.celebrateahero.com/invited-guests/?book_id=103054

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: For 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](#)

Register for USPHS Symposium

Hotel rooms are filling quickly for the 49th annual conference. Register today. Earn continuing education credits, learn from colleagues, and reconnect with friends. June 10-12 in Raleigh, NC.
<http://symposium.phscof.org/>

Foundation Releases 2014 Dependent Scholarship Application

COA affiliate the PHS Commissioned Officers Foundation released the 2014 Dependent Scholarship application due May 2. Eligible applicants are dependents of COA members in good standing. A change from previous years is the essay, which asks students to identify what they intend to accomplish with their degree and how their area of focus relates to any of the PHS categories (e.g., physician, dentist, nurse, engineer, etc.). The Foundation thanks local branches

of COA and individual members who donate money to support the Dependent Scholarship.
[Link to Dependent Scholarship Application](#)

COA Seeks Nominations for Board of Directors

The following seats on the COA Board of Directors will be up for election this spring: Dietitian, HSO, Nurse, Medical, one Retired Officer, and one Field Officer (1). Incumbents in seats are completing their first three year terms and are eligible for re-election to a second term. The Retired Officer member of the COA Board of Directors also serves as an appointed Trustee of the PHS Commissioned Officers Foundation. For detail and criteria, click the link below.

[Call for Nominations - Board of Directors](#)

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](#)

Call for Nominations for the 2014 BCOAG Annual Awards

The Black Commissioned Officers Advisory Group (BCOAG) is seeking nominations for the Hildrus A. Poindexter Award, the George I. Lythcott Award, and the Retired PHS Officers Recognition Award. These awards recognize and honor contributions made by individuals who have had a substantial impact on the mission of the U.S. Public Health Service (PHS) Commissioned Corps, the Department of Health and Human Services (HHS), other federal government agencies as well as community health care organizations. Award nominations are due Monday, March 31, 2014 and should be submitted electronically to CDR Tarsha Cavanaugh at bcoagawards@gmail.com. Self-nominations are accepted. Nomination packages are available at <http://www.usphs.gov/corpslinks/bcoag/>. Questions regarding the nomination process should be directed to CDR Tarsha Cavanaugh at bcoagawards@gmail.com.

News:

2014 Oklahoma Area Dining Out

The Oklahoma Commissioned Officers Association is hosting "2014 Oklahoma Area Dining Out" on April 5th, 2014. Please click the link below for more details. [Oklahoma Area Dining Out](#)

New COA Member Application -

[Click here](#) to access the online membership application. Once your application is processed, you will receive a New Member Welcome Packet via email and the COA Ribbon (via mail), which can only be worn during a COA meeting or the Annual Symposium.

COA's Member Benefits [Brochure](#) details COA's mission, benefits and current membership rates.

Renew Your COA Membership -

[Click here](#) to access the *Members Only* Website to renew your membership and update your information.

Give COA Membership as a Gift -

To give a COA Membership as a Gift, you may sponsor an officer by filling out the [Sponsor Form](#) complete with your credit card information and then click the "Submit by E-mail" button, or mail the completed form to COA with an enclosed check (payable to "COA").

Please ask the officer who will be receiving the COA Membership if they are currently a COA Member; if they are not a COA Member, please ask the recipient to fill out the [Recipient Form](#) and "Submit by E-mail" to complete the process. If the officer is currently a COA Member, they do not need to do anything further.