



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 05 June 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
Now	Review Pharmacy Category 2015 Benchmarks at: http://dcp.psc.gov/CCMIS/PDF_docs/2015%20PHARMACY%20Benchmarks%20-%20Final.pdf
Now	Register for the Surgeon General's 5 K Run/Walk at the COF meeting <ul style="list-style-type: none"> ○ The event will be held on 11 June 2014 at 0645 at the Anderson Point Park Greenway in Raleigh, NC ○ To register, click on the following link: http://www.sportoften.com/events/eventDetails.cfm?pEventId=13016&pID=5B5B530507

Continuous Tasks

Task (Frequency)
Review CPO Report and complete its Action Items (Monthly). Note, a CPO report was not provided for April
Ensure Basic Readiness . Checks are completed quarterly as follows: <ul style="list-style-type: none"> • 30 June 2014 • 30 September 2014 • 31 December 2014 (Must be Basic Ready at this point for the following year's promotion boards) • 31 March 2015
<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: CDR Marisol Martinez, PharmPAC Chair

- The meeting began at 1402 EST.

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

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

Meeting ID: 9675592

Password: 9675592 (if requested)

Name	Section	OPDIV	CITY, STATE	PRESENT	Alternate	PRESENT
RADM Scott Giberson	CPO	OS	Rockville, MD	No	N/A	
CDR 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	No	LCDR Tami Rodriguez	Yes
CDR Kavita Dada	Administration	FDA	Silver Spring, MD	Yes	CDR Jaewon Hong	
CDR Janelle Derbis	Readiness	FDA	Chicago, IL	Yes	CDR William Pierce	
CDR Dean Goroski	Career Development	IHS	Toppenish, WA	Yes	LCDR Mark Iseri	
CDR Kenda Jefferson	Readiness	DHS-OS	Washington, D.C.	Yes	LCDR Carl Olongo	
CDR Shary Jones	Career Development	OS	Washington, D.C.	Yes	LCDR Chaltu Wakijra	
CDR Jinhee Lee	Administration	SAMHSA	Rockville, MD	Yes	CDR Jennifer Fan	
CDR Selena Ready	Recruitment	FDA	Silver Spring, MD	No	CDR Mark Miller	Yes
CDR David Schatz	Administration	DHS/USCG	Kodiak, AK	No	LCDR Jeremy Gutasfson	Yes
CDR Juliette Touré	Readiness	FDA	Silver Spring, MD	Yes	CDR Diem-Kieu Ngo	
LCDR Troy Bernardo	Career Development	BOP	Butner, NC	No	LCDR Anna Santoro	Yes
LCDR Tina Bhavsar	Communications	CDC	Atlanta, GA	Yes	LT Jennifer Lind	
CDR 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

June 2014: 115

May 2014: 107

April 2014: 119

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

- As stated in the last update, RADM Lushniak has extended my term (temporarily) as your CPO. Our original plan included transition of leadership in the position of Surgeon General; however that has been delayed indefinitely until the Senate confirms a new Surgeon General.
- HHS Secretary nominee Sylvia Burwell will be voted on by the full Senate today (June 5) at roughly 1345. We expect enough support to confirm her as the new HHS Secretary replacing Secretary Sebelius. She may be confirmed as of this briefing.
- RADM Lushniak continues to move forward with selection a new CPO of Pharmacy. Given that the steps of selecting a new CPO do involve signatures at the Secretary's level, we will facilitate signatures at the OSG and OASH level. We will then forward our recommendation to the Secretary's office and wait for approval. We have no pre-determined timeline; however *hope* to have the process completed by 1 July – which is subject to change due to the signatory process and potential new Secretary.

Application Process for new Calls-to-Active Duty

- HQ has opened the new call-to-active duty **process** for Physician Assistants, Nurse Practitioners, Engineers, EHOs and Nurses. 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. That said, we believe the next category will be Pharmacy. The Commissioned Corps website will post when the category opens. Please do not call Recruitment Branch at HQ at this time.
- If you have detailed questions after the category opens, your Commissioned Corps liaisons, Professional Advisory Committee, and DCCPR Recruitment 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 been completed at 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 all administrative checks are completed on the list of officers recommended for promotion and the Assistant Secretary for Health and Secretary have all signed off on the promotes.

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 month.** 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

- COA/COF Annual Conference – June 10-13, 2014, in Raleigh, North Carolina. See you there!

CPO Initiatives Update

- Articles on the PharmPAC list serve are sent out frequently for your situational awareness on the movement of the profession and advancement of scope in many states – including changes in provider status - almost weekly. There has been tremendous momentum in the private sector on provider status and they have sought appropriate input (as subject matter expertise, factual evidence, and practical experience) from the U.S. Public Health Service Pharmacy each step of the way. Be proud of this

movement in the profession as ultimately it is demonstrating that pharmacists can (and do) improve access to care, increase quality of care, contain costs and improve overall patient outcomes.

- CPO completed Commencement Remarks at the University of Houston in May and is scheduled for South University of Georgia in June. As well, CPO delivered a keynote lecture in May to the Interprofessional Education Collaborative (IPEC) made up of a consortium of organizations that include Physicians, PAs, Nurses, Dentists and other health care professionals with Pharmacists. The topic was moving interprofessional education to practice and was well received. A follow-up invite came immediately after the meeting for the next IPEC keynote. Look forward to continued interactions with other non-federal health care providers.
- As always, please consider utilizing the PharmPAC leadership (CDR 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.
- Please stay tuned for any information or a "Save-the-Date" for the Pharmacy Change-of-Command Ceremony. I invite any officer to attend.

*****Continue to know that you are unique facilitators in the entire paradigm of health for the nation. Think "above and beyond the silos". Use your skill sets, begin new projects, and lead the transition from healthcare to health for all Americans.*****

Thank you for all your hard work and efforts! It is inspiring.

Questions: *Will we continue to offer the sign-on bonus to pharmacists?* Yes, it will be allowed. However, there may be some small variables that may result in changes upon implementation of special pay policy in 2016. An agency must clear a proposal not to receive the bonus with PHS headquarters. There is still a robust and talented applicant pool of candidates and retention of officer in the Corps is not an issue at this time.

Are there expected changes for special pay for pharmacists? No. How it gets paid may be spread out throughout the year or every other year. However, the amounts will remain the same. Please contact CAPT Mary Kremzner (mary.kremzner@fda.hhs.gov) with additional questions.

Can you talk about the uniform changes that were recently released? Summer whites are not a prescribed uniform. However, this is a uniform that can be worn when indicated. There are other changes that can be found at the CCMIS website. See Uniforms for Female officers:

http://dcp.psc.gov/eccis/documents/CC421_02.pdf ; Uniforms for Male Officers

http://dcp.psc.gov/eccis/documents/CC421_01.pdf ; Special Uniform situations

http://dcp.psc.gov/eccis/documents/CC413_01.pdf; and Amendment to Uniform Policies

http://dcp.psc.gov/eccis/documents/PPM14_002.pdf

When the application process opens, are there specific agencies which will take the new applications? We are targeting the agencies and sites that have the highest vacancy rates over time, including harder to fill spots at I.H.S and BOP. One of the factors that increases a candidate's chances of acceptance is to have geographic mobility to serve the underserved. It may be very difficult to come straight out of school and go to the FDA, although possible. It may also be more likely for a candidate to be accepted if they seek residency opportunities within PHS.

Can you provide an update regarding provider status initiatives with APhA? The report to the surgeon general has been cited in support of these initiatives, however the lobbying work is done independently at the state level. There is significant momentum behind this movement and the next few years are exciting for our profession.

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)

- Meeting is next week (10-12 June), category day 12 June 2014. We have approximately 140 pharmacists registered for the meeting and over 1,000 officers registered for the meeting overall.
- Meeting registration is on-site.
- Wednesday begins at 0530 for APFT. Buses will leave the convention center to travel 10 minutes to a park to begin the APFT at 600. The Surgeon General's walk will begin at 0630. Volunteer opportunities exist to assist with the run/walk. Please bring a towel with you.
- Other activities on Wednesday include:
 - Career Counseling by the Pharmacy Category. Please contact LCDR Troy Bernardo
 - Social at 1745 PM in exhibitor hall with a concert from the USPHS Ensemble.
 - Joint social with PharmPAC, HSO PAC, JOAG following at Solas. Last date for ticket purchase is 6 June. If you don't have a ticket, you can still attend but will not have access to food.
- Thursday: Pharmacy Category day
 - Meeting starts at 0745
 - Pharmacy Category Social will occur on 12 June 2014 from 1900 to 2100 at The Flying Saucer- 328 W. Morgan St. Raleigh, NC 27601 <http://www.beerknurd.com/stores/raleigh/>
 - **Cost:** No cover charge- individual checks
 - **Uniform:** Civilian attire
 - RSVP to CDR Peter Diak at peter.diak@fda.hhs.gov- this is for headcount purposes only. You don't need to RSVP to be able to attend.

Administration Section Update

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

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

CDR David Schatz (david.i.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](#)

- Reviewing PharmPAC member Nominations.
 - Recipients of the Pharmacy Honor Awards will be announced the USPHS Scientific and Training Symposium on 12 June 2014.
-

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 \(Tools\)](#)

- COF Symposium Career Counseling: LCDR Bernardo will send out notifications to mentors/mentees. Look for specific information on matching on Friday.
 - 2015 Pharmacy Category Promotion Benchmarks have been approved and released:
 - Distributed via email on 5 June 2014, following PharmPAC General Meeting.
 - There were no changes made to the 2015 pharmacy-specific precepts (two and three). There were minor changes made to the precepts one and four, which are Corps-wide precepts. The benchmarks have not changed dramatically.
-

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

- Article due date for submission to the Summer edition of PharmPAC Perspectives is close of business on 15 June 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](#)

- Readiness data report (1 April to 30 June). Readiness compliance has been reduced since the last report. Please get updates into Direct Access prior to 1 July 2014.
- President's Challenge policy update – 1 July 2015 effective date of APFT (CDR Jefferson)
- Congratulate April PACE recipients (CDR Kishore/LCDR Kalra)

Rank	Name	Category
LT	Park, Sophia	Pharmacy
LT	Rhee, Susan	Pharmacy
LT	Williams, Phillip	Pharmacy
LT	Jefferies, Taran Lache	HSO
LT	Pascua, Nicole R	HSO

We should also point out that PACE has been expanded to the HSO and EHO categories so far.

As always, we wish to thank the members of our WG for their hard work and dedication in helping make this program a continued success, especially as we have expanded to other categories as well!

- Deployment Survey – deadline extended to 17 June 2014 (CDR Derbis)
 - Question: *Will pharmacist deployment roles change based on provider status?* You are in control over the roles you select for deployment, as long as you have the skills to support this role. If you want to deploy as a pharmacist, you should keep a record of your clinical hours.
-

Recruitment Section Update

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

CDR 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!](#)

- Presentations for the USPHS Excellence in Public Health Pharmacy Practice Award are currently ongoing. Thank You letters for all the Officers involved will be drafted and distributed soon.
- Reduced APhA Membership for PHS Pharmacists - The PharmPAC Recruitment Section secured a continued 50% reduction in federal pharmacist APhA membership.
- The Spring 2014 issue of the UPOC Newsletter has been released. The team has worked hard to implement significant changes to the newsletter; namely the addition of a COSTEP Corner and Residency Section to make it more relevant to our target audience, pharmacy students. Officers, please bring a copy of the newsletter to any recruitment-related events (e.g., university career fairs).
- *Website (LCDR Ryan Stevens, LT Zachary Woodward):*
 - Lcdr Jerome Lee and LT Zachary Woodward updated the PHS Pharmacy Presentation. It is posted on the PharmPAC Recruitment webpage, under "Recruitment Presentations". Please use this presentation for your upcoming speaking engagements regarding PHS Pharmacy.
 - http://www.usphs.gov/corpslinks/pharmacy/sc_recruit_pres.aspx
- *University Points of Contact (UPOC, CDR Anne Marie Bott):*
 - 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 to respond and serve and will allow us administratively to clean-up the list of officer volunteers. Any questions please e-mail CDR 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. These are due no later than 30 June 2014.
 - Biannual Reports are to be submitted to: <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/upoc-biannual-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. These are due no later than 30 June 2014.
- *Student Programs (LCDR Lisa Kubaska, LT Lena Choe):*
 - COSTEP summer experiences can be found posted on the PharmPAC website at http://www.usphs.gov/corpslinks/pharmacy/student_costep_experiences.aspx. If you have a pharmacy student participating in the COSTEP program this summer, please encourage them to write about their experience with PHS. You may forward students' written experiences to the Student Program Co-Leads, Lcdr Lisa Kubaska (Lisa.Kubaska@fda.hhs.gov) or LT Lena Choe (Lena.Cho@fda.hhs.gov).
 - Student listserv messages will resume in June.

- *PHS Vacancies Document Workgroup (CDR Glenna Meade):*
 - The next pharmacy vacancy announcement posting is planned on or about 1 June 2014.
-

PAC Chair Update/Open Forum: CDR Marisol Martinez, PharmPAC Chair

- No PharmPAC meeting in July, resume in August
 - UPOC Unit Commendation Certificates will be available at the back of the room during category day at the COF Symposium.
 - See you at the COF Symposium!
 - Please be aware of the HHS smoking cessation resources recently distributed to you regarding prenatal smoking cessation and share them with your patients, as applicable.
 - Please review the powerpoint attached to the message from RADM Giberson regarding the 50th Anniversary of Surgeon General's report regarding tobacco use and share this information as applicable.
-

PAC Chair-Elect Update: CDR Jefferson Fredy

(Email: Jefferson.fredy@ihs.gov)

- Next OBC is 15 June to 27 June 2014. Open house 19 June, 20 June pinning ceremony, 27 June Graduation.
 - CPO Change of Command 1 July 2014 at 1400 at FDA WO Great Room.
-

Old/New Business: CDR Marisol Martinez

- None
-

The meeting was adjourned at 1459 EST.

Next Meeting Date:

07 August 2014 from 1400 to 1530 EST
White Oak Conference Room
Bldg. 22
Room **1315 (note revised room location)**

Agenda and call-in information will be distributed prior to the meeting.
Note: Meeting ID number will change for the August meeting

Useful Links and Contact Info:

E-Mails

PharmPAC@list.nih.gov

PHS-Pharmacists@list.nih.gov

PHS-RX-JOBS@list.nih.gov

PHS-Rx-Students@list.nih.gov

List serves

PHS Pharmacists	https://list.nih.gov/archives/phs-pharmacists.html
Commissioned Corps Vacancies	https://list.nih.gov/archives/ccvacancies-l.html
JOAG	https://list.nih.gov/archives/joag.html
OFRD	https://list.nih.gov/cgi-bin/wa.exe?A0=ofrd
PHS Immunizing Pharmacists	https://list.nih.gov/archives/phs-immunizing-pharm.html
PHS Rx Students	https://list.nih.gov/archives/phs-rx-students.html
RPh Job Vacancies	https://list.nih.gov/archives/phs-rx-jobs.html

Websites

PharmPAC	http://www.usphs.gov/corpslinks/pharmacy
Benchmarks for Pharmacy	http://dcp.psc.gov/ccmis/PDF_docs/PHARMACY%20Benchmarks%20Final%202014.pdf
CCMIS	http://dcp.psc.gov
Facebook	http://www.facebook.com/USPHSPharmacists
JOAG	http://www.usphs.gov/corpslinks/joag/
OFRD	http://ccrf.hhs.gov/ccrf/
PharmPAC APFT Site	https://sites.google.com/site/usphspharmacyreadiness/
USPHS	http://www.usphs.gov

--Respectfully Submitted,

Melinda McLawhorn / 07 August 2014
LCDR Melinda McLawhorn, Executive Secretary Date

Marisol Martinez / 07 August 2014
CDR Marisol Martinez, Chair Date

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	Yes	LT Kendra Jenkins (Kendra.Jenkins@dha.mil)
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 List serve 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

June 2014

Opening Remarks

- As stated in the last update, RADM Lushniak has extended my term (temporarily) as your CPO. Our original plan included transition of leadership in the position of Surgeon General; however that has been delayed indefinitely until the Senate confirms a new Surgeon General.
- HHS Secretary nominee Sylvia Burwell will be voted on by the full Senate today (June 5) at roughly 1345. We expect enough support to confirm her as the new HHS Secretary replacing Secretary Sebelius. She may be confirmed as of this briefing.
- RADM Lushniak continues to move forward with selection a new CPO of Pharmacy. Given that the steps of selecting a new CPO do involve signatures at the Secretary's level, we will facilitate signatures at the OSG and OASH level. We will then forward our recommendation to the Secretary's office and wait for approval. We have no pre-determined timeline; however *hope* to have the process completed by 1 July – which is subject to change due to the signatory process and potential new Secretary.

Application Process for new Calls-to-Active Duty

- HQ has opened the new call-to-active duty **process** for Physician Assistants, Nurse Practitioners, Engineers, EHOs and Nurses. 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. That said, we believe the next category will be Pharmacy. The Commissioned Corps website will post when the category opens. Please do not all Recruitment Branch at HQ at this time.
- If you have detailed questions after the category opens, your Commissioned Corps liaisons, Professional Advisory Committee, and DCCPR Recruitment 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 been completed at 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 all administrative checks are completed on the list of officers recommended for promotion and the Assistant Secretary for Health and Secretary have all signed off on the promotes.

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 month.** 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

- COA/COF Annual Conference – June 10-13, 2014, in Raleigh, North Carolina. See you there!

CPO Initiatives Update

- Articles on the PharmPAC listserv are sent out frequently for your situational awareness on the movement of the profession and advancement of scope in many states – including changes in provider status - almost weekly. There has been tremendous momentum in the private sector on provider status and they have sought appropriate input (as subject matter expertise, factual evidence, and practical experience) from the U.S. Public Health Service Pharmacy each step of the way. Be proud of this movement in the profession as ultimately it is demonstrating that pharmacists can (and do) improve access to care, increase quality of care, contain costs and improve overall patient outcomes.
- CPO completed Commencement Remarks at the University of Houston in May and is scheduled for South University of Georgia in June. As well, CPO delivered a keynote lecture in May to the Interprofessional Education Collaborative (IPEC) made up of a consortium of organizations that include Physicians, PAs, Nurses, Dentists and other health care professionals with Pharmacists. The topic was moving interprofessional education to practice and was well received. A follow-up invite came immediately after the meeting for the next IPEC keynote. Look forward to continued interactions with other non-federal health care providers.
- As always, please consider utilizing the PharmPAC leadership (LCDR Marisol Martinez, PAC Chair and PAC Chairs Chair) and the CPO's Special Assistant, LCDR Eunice Chung-Davies (eunice.chung-davies@fda.hhs.gov), for any CPO business related issues.
- Please stay tuned for any information or a "Save-the-Date" for the Pharmacy Change-of-Command Ceremony. I invite any officer to attend.

*****Continue to know that you are unique facilitators in the entire paradigm of health for the nation. Think "above and beyond the silos". 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: May 23, 2014

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: June 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 sent to the Surgeon General's Office in the beginning of January 2014.
- The 2014 Symposium in Raleigh, NC is right around the corner. If you plan on attending the symposium and want a great way to meet other officers while helping out JOAG, then consider **volunteering to staff either the JOAG Booth or the JOAG Uniform Inspection Booth.**

All volunteers will receive a Thank You Letter for contributing their time.

To sign up to volunteer, please click on the links below:

JOAG Booth <http://www.signupgenius.com/go/10C0B48ADAB2AA1FB6-merchandise>

JOAG Uniform Inspection Booth

<http://www.signupgenius.com/go/10C0B48ADAB2AA1FB6-uniform1>

For more details about volunteering at the JOAG Booth, please contact LCDR Judy Eisenberg at jne7@cdc.gov or LCDR Erica Sison at ilz7@cdc.gov

For more details about volunteering at the JOAG Uniform Inspection Booth, please contact LCDR Rachel Idowu at rbi0@cdc.gov or LCDR Jennifer Tate at Jennifer.Tate@ihs.gov

If you have problems accessing either one of the sign up links above, please contact LCDR Tricia Booker at tricia_booker@yahoo.com

- Please join the **JOAG Every Body Walk! Workgroup in National Trails Day.** National Trails Day is held annually on the first Saturday in June (June 7th this year). Organizations across the United States perform trail maintenance at State and National Parks. This year, PHS officers will be working at the State and National Parks near their duty stations across the United States of America.

Duties will include walking the trails and parks, as well as possible trail maintenance. Please contact the designated park contact to sign up or get more information. Please make sure that you identify yourself as United States Public Health Service Officers when contacting the project contacts.

Location: This year's programs are occurring at:

State	Park	Contact
California		
	San Diego	Diana Vargas (Diana.Vargas@foh.hhs.gov)
	Yosemite National Park	Tim Yett (timothy_yett@nps.gov)
Connecticut		
	Osbornedale State Park	Alyssa Fine (acfine@bop.gov)
Georgia		
	Pine Mountain Trail Association	Mark Freedman (fl10@cdc.gov)
Kansas		
	Clinton Lake	Mike Goodwin (goodwinmw@cox.net)
Maryland		
	Black Hill Regional Park	Lynn Vismara (lynn.vismara@montgomeryparks.org)
	C and O Canal (Swain's Lock in Potomac, MD)	Jim Heins (jheins57@verizon.net)
	Rachel Carson Conservation	Jim Corcoran (Jim.Corcoran@montgomeryparks.org)
	Susquehanna State Park	Garrette Martin-Yeboah (Garrette.Martin-Yeboah@fda.hhs.gov)
New Jersey		
	Smithville Park	Melka Argaw (margaw@bop.gov)
New Mexico		
	Elena Gallegos Park	Sophia Park (Sophia.Park@ihs.gov)
South Dakota		

	Fort Pierre Grasslands	Dan Svingen (dsvingen@fs.fed.us)
Tennessee		
	Barfield Crescent Park	Cynthia Chennault (cynthia.chennault@ihs.gov)
Texas		
	Brazos Bend State Park	Misty Rios (m1rios@bop.gov)
Washington		
	Toppenish National Wildlife Refuge	Scott Wiegand (scott.wiegand@ihs.gov)

Date and Time: Saturday, June 7st, 2014. Projects will be ~3 hours in duration.

Uniform of the Day: Black PHS t-shirt /PHS ball cap or Blue PHS t-shirt/ PHS ball cap; long pants; closed-toe shoes

National Trails Day is open to all junior and senior officers. Family members and friends are welcome to volunteer as well.

If you have any questions, please contact:

LCDR Margaret Whittaker-Caulk
JOAG Every Body Walk! Workgroup
301-796-2911
Margaret.whittaker-caulk@fda.hhs.gov

- **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
 - Atlanta-Federal Center, GA
 - Chicago, IL
 - Dallas, TX
 - Detroit, MI
 - Denver, CO
 - New York City, NY
 - San Francisco, CA

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 JOAG **Public Health and Community Service Committee** (PHCS) is responsible for encouraging, promoting, and building on established healthy lifestyles in PHS officers and in the community by providing officers with the tools and resources they need to empower themselves and their peers. During the 2014 Symposium, the JOAG PHCS will be sponsoring a **Let's Move!-My Plate Community Service Event**. The Let's Move! program is meant to encourage and support Commissioned Corps Officers in their pursuit of actively promoting health and wellness within their communities by leading activities that accomplish the Let's Move! Campaign objectives. For more information on the JOAG Let's Move Campaign, please visit http://www.usphs.gov/corpslinks/JOAG/resources_letsmove.aspx.

If you are interested in volunteering for this community service event (to be held at the local Boys and Girls Club located less than 1 mile from the convention center) on Tuesday, June 10th (4-6pm), please contact LCDR Kelly Ngan (Kelly.Ngan@fda.hhs.gov; 240-246-5225) or LCDR Catherine Beer (Catherine.Beer@fda.hhs.gov; 518-453-2314 x1015) for more details.

Date: Tuesday, June 10th

Time: 1600-1800

Location: Boys and Girls Club (travel options will be discussed during the volunteer teleconference)

Uniform: Blue or Black USPHS t-shirt (optional: Non-Rank Insignia Hat)

- As USPHS Officers, we thrive in our professional roles as uniformed officers when we have the support of our immediate supervisors and leaders and are given the autonomy to go to new places, try innovative ideas and take career-advancing risks. As providers and caretakers of our families, we are able to excel in our professional roles when we are assured that they are well supported and cared for by our USPHS family. We gain additional strength and peace of mind knowing that our family members will be cared for during times of hardship such as deployment, unexpected permanent change of station (PCS), or life threatening injury, illness, or death while on active duty.

Please join the JOAG **Public Health and Community Service Committee, Morale, Welfare & Recreation Sub-Committee** members to create a **Family Resource Guide** that will support our families during times of hardship and uncertainty.

Officers will collaborate via conference call and email to develop and disseminate the first ever “Family Resource Guide.”

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

LT Nicole Lawrence (USPHS/JOAG)

JOAG Public Health and Community Service Committee

Morale, Welfare & Recreation Subcommittee

(928) 289-6254

Nicole.lawrence@wihcc.org

- The **Retention Subcommittee of the Recruitment and Retention Committee** of JOAG is interested in learning how to best serve and retain you! Please take 10 minutes to complete this **survey** <https://www.surveymonkey.com/s/Z858QHP> designed to identify retention issues, for JOAG to advocate on your behalf. Please note the survey does not ask questions that will identify you as an individual and any responses you give will be kept confidential. Some Junior Officers on the Recruitment and Retention Committee may have already taken a similar survey several months ago. These officers may take this survey again. JOAG will use the results of the survey to assist DCCPR in developing solutions to retain officers.
- The JOAG **Communications & Publications Committee** is pleased to present the Spring 2014 issue of the **JOAG Journal**, which can be found at <http://www.usphs.gov/corpslinks/JOAG/journal.aspx>.

NEXT JOAG GENERAL MEETING: June 11, 2014; 1200 - 1330 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: June 6, 2014; 1300 - 1400 EST.

We are honored to have, **CAPT Postelle Birch-Smith**, PharmD and **LT Yandace K. Brown**, DVM, MPH, as they discuss a timely and important professional development topic: **“BCOAG 2014: New Orleans Mission (NOLA) Past, Present and Future: How Junior Officers Can Get Involved”**. The webinar will discuss the history of the NOLA, what they are presently planning for the October 2014 Mission as well as other future missions and How Junior Officers can get involved. Slides for the presentation will be available during the webinar for your viewing.

Please send any questions you have for CAPT Birch-Smith and LT Brown to LCDR Avena Russell (avena.russell@fda.hhs.gov).

To access meeting content please use the following below:

Meeting Login URL: <https://collaboration.fda.gov/bcoagnolamission/>

You must login as a guest in order to access the meeting content

Call in: 1-213-342-3000

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

Participant Access Code: 6904646#

Notes about the conference line and Login URL:

* You must login as a guest in order to access the meeting content

* Because of the number of people calling in, it may take more than one attempt to connect to the conference line. (You may hear a message that "All circuits are busy.") Please keep trying to connect, and consider dialing in several minutes before the call begins.

* Once connected, you may be instructed to announce yourself to the call. Please do not do so, as it interrupts the call. Thanks!

* Please put your phone on mute when not speaking. If your phone does not have a mute button, press *6 (star 6).

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



Bureau of Prison Report to PharmPAC June 2014

Submitted by LT Michelle Williams, BOP PharmPAC Liaison

- LT William LeHault and LT Michelle Williams were selected as this year's recipients of the BOP's RADM Kenneth P. Moritsugu Award. This award is open to Junior PHS officers (O-4 and below) assigned to the BOP. Officers must demonstrate a commitment to growing the Corps as evidenced by a significant contribution to the recruitment and/or retention of PHS officers to the BOP. Officers must demonstrate leadership and initiative in seeking out events and activities through which to recruit health professionals to the Corps and the BOP.
- Antibiotic Stewardship DUE release expected end of May 2014.
- BOP Psychiatric Clinical Pharmacist Consultant opportunity to be announced in very near future. This collateral duty position will be integrated into several clinical and administrative initiatives.
- Rolling out a new initiative/process development to mitigate mission Halfway House medications.
- A call for Poster Presentations has been issued for the National BOP Pharmacy Meeting to be held in Denver in August.
- A BOP Pharmacy Informatics Workgroup has been formed. Appointments to this workgroup by the BOP Chief Pharmacist are in process.



CDC Report to the USPHS PharmPAC

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

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

June 2014 Updates

[Health Alert Network \(HAN\) 361](#), The first case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) infection in the United States, identified in a traveler, was reported to CDC by the Indiana State Department of Health (ISDH) on May 1, 2014, and confirmed by CDC on May 2. The patient is in a hospital in Indiana after having flown from Saudi Arabia to Chicago via London. The purpose of this HAN is to alert clinicians, health officials, and others to increase their index of suspicion to consider MERS-CoV infection in travelers from the Arabian Peninsula and neighboring countries. Please disseminate this information to infectious disease specialists, intensive care physicians, primary care physicians, and infection preventionists, as well as to emergency departments and microbiology laboratories.

[MMWR Weekly: Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013](#) The Vaccines for Children (VFC) program was designed to ensure that eligible children do not contract vaccine-preventable diseases because of inability to pay for vaccine. To summarize the impact of the U.S. immunization program on the health of all children (both VFC-eligible and not VFC-eligible) who were born during the 20 years since VFC began, CDC used information on immunization coverage from the National Immunization Survey (NIS) and a previously published cost-benefit model to estimate illnesses, hospitalizations, and premature deaths prevented and costs saved by routine childhood vaccination during 1994–2013.

Announcements:

- **[Kudos for Joint Effort to Increase HCP Vaccinations](#)** A cross-center, joint effort to improve healthcare personnel influenza vaccination rates garnered the Healthcare Personnel Influenza Vaccination Team the Excellence in Quantitative Sciences award during the 2013 CDC Honor Awards Ceremony. Increasing healthcare personnel (HCP) influenza vaccination rates directly supports CDC's Winnable Battle to eliminate hospital-acquired infections by reducing transmission of nosocomial influenza between HCP and patients.

Upcoming Conferences and Training:

- **Association for Professionals in Infection Control and Epidemiology (APIC) Annual Conference; Date:** June 7 – 9; **Location:** Anaheim, CA
At this meeting, you'll join almost 5,000 attendees, including 2,500 clinical professionals to learn the latest science, technology, and best practices in infection prevention and control.
<http://ac2014.site.apic.org/>
- **CDC Learning Connection/Emergency Management (CDC)**
CDC Learning Connection features emergency preparedness and response learning products for public health professionals and clinicians that were developed by CDC and CDC partners.
http://www.cdc.gov/learning/resources/emer_management.html

- **CDC Learning Connection Quick – Learn Lessons**

Welcome to Quick-Learn Lessons! This page provides public health-related learning products and activities that take 20 minutes or less to complete. Products are also accessible from your mobile device, so you can learn on the go. http://www.cdc.gov/learning/quick_learns.html

- **CDC-Sponsored Preparedness and Emergency Response Learning Centers (CDC)**

CDC provides funding for 14 PERLC across the U.S. PERLC provide training to state, local, and tribal public health authorities within self-defined service areas and meet partners' unique workforce development needs in the area of public health preparedness and response; specialized training, education, and consultation. <http://www.cdc.gov/phpr/perlc.htm>

- **CDC Travelers' Health Resources and Training (CDC)**

On-Demand training, travel resources, and video presentations for clinicians.

<http://wwwnc.cdc.gov/travel/content/references-resources.aspx>



CMS Agency Report to PharmPAC

Submitted by LT Teisha A. Robertson

June 2014 Updates

Press Releases:

[CMS makes improvements to Medicare drug and health plans](#)

The Centers for Medicare & Medicaid Services (CMS) today issued final regulations (CMS-4159-F) for the Medicare Advantage and prescription drug benefit (Part D) programs that continue efforts to curb fraud and abuse and to improve benefits and the quality of care for seniors and people with disabilities enrolled in these programs. The final rule is projected to save an estimated \$1.615 billion over the next ten years 2015 – 2024.

[CMS launches improved Quality Improvement Program](#)

The Centers for Medicare and Medicaid Services (CMS) today took the agency's first step in restructuring the Quality Improvement Organization (QIO) Program to improve patient care, health outcomes, and save taxpayer resources.

Fact Sheets:

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

On May 19, 2014, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that will revise the Medicare Advantage (MA) and Part D prescription drug benefit programs regulations to implement statutory requirements, improve program efficiencies, clarify program requirements, and improve payment accuracy for Contract Year (CY) 2015 in general. These regulations implement MA and Part D program changes based on over 7,500 public comments to a proposed rule that was displayed on January 6, 2014. This fact sheet discusses the major provisions of the final rule and CMS' efforts to combat fraud and abuse in Part D. The final rule is projected to save approximately \$1.615 billion over the next ten years 2015 – 2024.



FDA Agency Report June- 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:

Class I Recall: Abbott Acclaim and Hospira Acclaim Encore Infusion Pumps by Hospira, Inc - Broken Door Assemblies. May 2, 2014

Hospira received customer reports of broken door assemblies on the Abbott Acclaim infusion pumps and the Hospira Acclaim Encore infusion pumps. When the door is closed properly, it helps ensure that the tubing is seated properly to ensure appropriate flow of therapy to the patient. If the door assembly breaks, it may prevent the door from closing properly and an over-infusion or a delay of therapy may occur. If the door cannot be closed, the pump cannot be used which can result in a delay of therapy. [More information](#)

Class I Recall: Gemstar Docking Station by Hospira, Inc - Potential for Error or Failure to Power Up May 2, 2014

Hospira, Inc., announced today a nationwide medical device correction of the GemStar Docking Station (list number 13075), used in conjunction with the GemStar infusion pump. [More information](#)

Class I Recall: Sigma Spectrum Infusion Pumps with Master Drug Library by Baxter Healthcare - System Error May Interrupt or Delay Therapy May 2, 2014

Baxter has received over 3500 reports of System Error 322 “Link Switch Error (low)” incidents in which the device has malfunctioned, including nine severe adverse events and no deaths. The System Error 322 occurs when the pump improperly detects that the door is open when it is physically closed. A System Error 322 may lead to an interruption or delay in therapy. [More information](#)

FDA Safety Communication: GenStrip Blood Glucose Test Strips by Shasta Technologies - May Report False Results April 29, 2014

The FDA is advising people with diabetes and health care professionals to stop using GenStrip Blood Glucose Test Strips because the strips may report incorrect blood glucose levels. [More information](#)

Class I Recall: HeartWare, Inc., Heartware Ventricular Assist System - Locking Mechanism of Pump Driveline Connector May Fail to Engage April 29, 2014

HeartWare, Inc. received reports where the driveline connector locking mechanism failed to engage as a result of a faulty manufacturing assembly process. This failure could result in the pump stopping and potentially lead to serious adverse health consequences, including death.

[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 Zykadia for late-stage lung cancer April 29, 2014

Zykadia is an anaplastic lymphoma kinase (ALK) tyrosine kinase inhibitor that blocks proteins that promote the development of cancerous cells. It is intended for patients with metastatic ALK-positive NSCLC who were previously treated with crizotinib, the only other approved ALK tyrosine kinase inhibitor. [More information](#)

FDA approves first human papillomavirus test for primary cervical cancer screening April 24, 2014

FDA approved the first HPV DNA test for women 25 and older that can be used alone to help a health care professional assess the need for a woman to undergo additional diagnostic testing for cervical cancer. The test also can provide information about the patient's risk for developing cervical cancer in the future. [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 Expert Commentary and Interview Series on Medscape

As part of the continuing collaboration between FDA and Medscape, a series of interviews and commentaries are available to communicate important safety information to clinicians. Featuring FDA experts, these original commentaries cover a wide range of topics related to FDA's multi-

faceted mission of protecting and promoting the public health by ensuring the safety and quality of medical products such as drugs, foods, and medical devices [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:

The way forward on opioid abuse: A call to action for science-based, comprehensive strategies

The recent attention paid by state policy makers around the serious public health problem of misuse, abuse, addiction, and overdose of prescription opioid painkillers is commendable. These efforts reflect the strong desire on the part of states where communities have been devastated by opioid addiction and overdose to prevent further tragic loss of life. However, it is important that such efforts comprehensively address the real root causes of the problem, are grounded in science, and will make a real and lasting difference. [More information](#)

Can an Aspirin a Day Help Prevent a Heart Attack?

Can an aspirin a day help you ward off a heart attack or stroke? That depends. Scientific evidence shows that taking an aspirin daily can help prevent a heart attack or stroke in some people, but not in everyone. It also can cause unwanted side effects. [More information](#)

FDA provides update on saline drug shortage

In response to the ongoing shortage of [0.9% sodium chloride injection](#) (normal saline), [Baxter Healthcare Corp.](#) of Deerfield, Ill., will temporarily distribute normal saline in the United States from its Spain manufacturing facility. FDA is temporarily exercising its discretion regarding the distribution of Baxter's saline product from Spain and Fresenius Kabi's saline product from Norway as needed to address this critical shortage, which poses a serious threat to patients. [More information](#)

FDA issues proposals to address risks associated with surgical mesh for transvaginal repair of pelvic organ prolapse

FDA issued two proposed orders to address the health risks associated with surgical mesh used for transvaginal repair of pelvic organ prolapse (POP). If finalized, the orders would reclassify surgical mesh for transvaginal POP from a moderate-risk device (class II) to a high-risk device (class III) and require manufacturers to submit a premarket approval (PMA) application for the agency to evaluate safety and effectiveness. [More information](#)

FDA reminds health care professionals to stop dispensing prescription combination drug products with more than 325 mg of acetaminophen

FDA is reminding health care professionals to stop prescribing and pharmacists to stop dispensing prescription combination drug products that contain more than 325 milligrams (mg) of [acetaminophen](#) per tablet, capsule, or other dosage unit. If a pharmacist receives a prescription for a combination product with more than 325 mg of acetaminophen per dosage unit, FDA recommends that they contact the prescriber to discuss a product with a lower dose of acetaminophen. These products are no longer considered safe by FDA and have been voluntarily withdrawn. We encourage pharmacists to return them to the wholesaler or manufacturer. [More information](#)

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

DRUG SHORTAGES AND DISCONTINUATIONS

FDA takes great efforts, within its legal authority, to address and prevent drug shortages, which can occur for many reasons, including manufacturing and quality problems, delays, and discontinuations. Shortage notifications and updates may be reported to FDA at drugshortages@fda.hhs.gov

More information about [drug shortages](#), [shortages resolved](#), and [discontinuations](#)

Information about [blood and biologic shortages](#), [resolved shortages](#), and [discontinuations](#)

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

Submitted by CDR Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (5/8/2014)

- National Pharmacy Residency Coordinator Report Quarterly Report – CDR Rebecca Reyes, PharmD
 - For the 2014-2015 residency cycle, IHS hired 24 residents to work at 20 locations. We are still expanding by 1-2 new programs annually! Retention rate within IHS immediately post-residency is still 95-100% annually. Overall retention rate is approximately 75-78%.
 - The current Corps residents are Ready Reserve Corps on a limited tour, and must apply for a spot in the Regular Corps and secure a post-residency job. The recent POM, effective 3/7/14, outlining the transition can be found at: http://dcp.psc.gov/eccis/documents/POM14_002.pdf
 - Several Corps Residents are not pleased with the process and have opted to separate from the Corps after residency, although they plan to continue working in IHS. Most Corps Residents are actively seeking placement at this time (or have already secured a job), and plan to apply to the Regular Corps. Should they be transitioned to Regular Corps, then they are eligible for the Accession Bonus and LRP (which are not offered during residency).
 - RADM Giberson has asked that we have discussions with the VA (and other agencies) to explore the potential for collaboration among Federal Pharmacy Residency Programs. Contact has been made and I will provide an update as talks move along. He also would like us to continue to expand the IHS residency program numbers/locations, as it is an ideal way to find and recruit high-quality Pharmacists.
 - IHS Pharmacy Residency Web site: <http://www.ihs.gov/MedicalPrograms/Pharmacy/Resident>
 - Post-Graduate Year 1 (PGY1) Pharmacy Residency Training Programs:
 - For the upcoming training year 2014-2015, there are twenty (20) residency training sites, who will train 24 pharmacy residents (many of whom have applied to the USPHS Commissioned Corps). For the current training year (2013-2014) there are eighteen (18) residency programs, training 21 residents. IHS residency sites have been expanding by 1-2 locations/positions annually for the past few years, with the potential to have 2 additional new programs for the 2015-2016 hiring cycle.
 - The training programs that have already made resident selections for the 2014-2015 training year include:
 - Alaska
 - Anchorage/ANTHC – 1 position
 - Anchorage/ South Central Foundation – 1 position
 - Nome – 1 position (new program starting July 2014)
 - Arizona
 - Fort Defiance – 2 positions
 - Phoenix – 2 positions
 - Sells – 1 position (new program starting July 2014)
 - Tuba City – 1 position
 - Whiteriver – 1 position
 - New Mexico
 - Albuquerque – 1 position
 - Crownpoint – 1 position
 - Gallup – 2 positions
 - Santa Fe – 1 position
 - Shiprock/NNMC – 2 positions
 - North Carolina
 - Cherokee – 1 position
 - Oklahoma
 - Chickasaw/Ada – 1 position (the only program that participates in the ASHP Match)
 - Claremore – 1 position
 - Tahlequah – 1 position
 - Talihina/Choctaw – 1 position
 - Oregon
 - Warm Springs – 1 position
 - South Dakota
 - Rapid City – 1 position

- IHS/Federal training sites: Phoenix, Whiteriver, Albuquerque, Gallup, Shiprock, Santa Fe, Cherokee, Claremore, Warm Springs, Rapid City, Crownpoint, Sells
- Non-Federal training sites: Tuba City, Fort Defiance, Choctaw, Tahlequah, Chickasaw, Southcentral Foundation (AK), Alaska Native Tribal Health Consortium, Norton Sound Health Care (Nome, AK); all of these sites accept USPHS officers except Chickasaw
- Statistics:
 - IHS Pharmacy Residents hired since July 2000 (includes current residents): **215**
 - **Between 2009-2013, residency applications increased by 150%**
 - Number of total applicants that qualified for program (completed application and certified by HR):
 - **Year 2014** = 129 applicants attempted; were certified by Human Resources; 23 USAJobs applications found to be ineligible or missing required data
 - **Year 2013** = 150 applicants attempted; were certified by Human Resources; 28 USAJobs applications found to be ineligible or missing required data
 - **Year 2012** = 130 applicants attempted; were certified by Human Resources; 51 USAJobs applications found to be ineligible or missing required data
 - **Year 2011** = 126 applicants
 - **Year 2010** = 86 applicants
 - **Year 2009** = 52 applicants
 - Residents who completed the one-year training program & earned residency certificate, including 2013-2014 residency class (all others did not earn certificate): **203/215 (94%)**
 - 95-100% of each graduating resident class remains within the I.H.S. system following residency
 - Residents who participated in the IHS Pharmacy Residency Program (regardless of whether certificate earned or not) AND are currently working for DHHS: approximately 75-78%
 - As of Spring 2013, at least twelve (12) former I.H.S. residents completed agency transfers to BOP, FDA, SAMSA or HRSA. Several are employed within the Veterans Health Administration system.
- Impact:
 - Many of the residency graduates are in Leadership Positions including:
 - Two (2) of the residency graduates have been selected as IHS Junior pharmacist of the year because of their impact within the pharmacy program/Agency
 - Thirteen (13) residency graduates are/have been IHS Residency Program Directors
 - Many former I.H.S. residents are in Advanced Practice Pharmacist or Clinical positions/billets
 - As of 2012, twenty-one (21) residency graduates are in Chief or Assistant Chief Pharmacist positions
 - As of 2012, at least seven (7) residency graduates are in/have served in specialty positions (national or area) in support of the IHS mission
 - Current and former residents perform extensive recruiting at schools, local, regional, and national meetings in uniform
- 2014 National Combined Council (NCC) face-to-face Meeting
 - Confirmed dates: June 23-26, 2014 in Phoenix.
 - 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 IHS CMO and HQ Leadership.
- 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.
- 2014 IHS Sr. and Jr. Pharmacist and Pharmacy Technician of the Year Awards
 - Congratulations to the awardees.
 - Senior IHS Pharmacist of the Year: CAPT Jon Schuchardt
Citation: In recognition of outstanding contributions to the Aberdeen Area Indian Health Service Pharmacy Program.
 - Junior IHS Pharmacist of the Year: LCDR Ann Bott
Citation: For positively impacting the health of the Alaska Native Oncology community by leading the development of a robust oncology pharmacy service program.

- IHS Pharmacy Technician of the Year: Kathy Crowther
Citation: For excellence and significant contributions to the profession of pharmacy in the Alaska Area
- 2014 IHS Residency Preceptor of the Year
 - On behalf of the IHS National Pharmacy Council we would like to congratulate LCDR J. Garrett Sims on his selection as the 2014 IHS Residency Preceptor of the Year. LCDR Sims goes by first name “Garrett” and is a former IHS resident (class of 2010 – Shiprock resident) who immediately became a Residency Preceptor after he completed his residency training. Since then he has become the Lead Preceptor for a novel Infectious Disease clinical rotation that utilizes the tiered approach to teaching, where the Lead Preceptor and Residents are both responsible for student learning. LCDR Sims developed a more standardized, comprehensive teaching curriculum, and ensures that the Residents are well prepared to precept students. This novel program has received overwhelmingly positive feedback from Residents and PharmD students alike, and has demonstrated to these students the capabilities of an advanced pharmacist practitioner.
- CMS 42 CFR Part 482 and 485
 - Executive Summary for this Rule:
 - Role of other practitioners on the Medical Staff:
We have broadened the concept of “medical staff” and have allowed hospitals the flexibility to include other practitioners as eligible candidates for the medical staff with hospital privileges to practice in the hospital in accordance with State law. All practitioners will function under the rules of the medical staff. This change will clearly permit hospitals to allow other practitioners (e.g., APRNs, PAs, **Pharmacists**) to perform all functions within their scope of practice. We have required that the medical staff must examine the credentials of all eligible candidates (as defined by the governing body) and then make recommendations for privileges and medical staff membership to the governing body.
 - Workgroup consists of CDR Michael Lee (lead), CAPT Stacey Thornton, CDR Traci Patten, and CDR Ryan Schupbach
 - The workgroup will provide an update at the next meeting.

Common treatment for patients with chronic, progressive lung disease found to be ineffective

A drug used to treat patients with mild to moderate lung damage from the disease idiopathic pulmonary fibrosis (IPF) is no better than placebo for preserving lung function, according to a study supported by the National Institutes of Health.

The finding is in the final report of a clinical trial called Prednisone, Azathioprine, and N-Acetylcysteine: A Study That Evaluates Response in Idiopathic Pulmonary Fibrosis (PANTHER-IPF). It will be published May 23 in the *New England Journal of Medicine*.

Previous studies suggested that therapies combining N-acetylcysteine, or NAC, with immunosuppressive and anti-inflammatory drugs could slow progression of the disease. IPF affects about 200,000 people in the United States, only half of whom survive more than 2-3 years from initial diagnosis.

“IPF is a devastating disease,” said James Kiley, Ph.D., director of the Division of Lung Diseases at the NIH’s National Heart, Lung, and Blood Institute (NHLBI). “While it is disappointing that NAC was ineffective in preserving lung function in IPF, these are the kind of high-quality data that patients and their caregivers need to make informed decisions.”

Among other measures, researchers relied on forced vital capacity (FVC) to assess changes in lung function. FVC is the total amount of air a person can exhale after taking the deepest breath possible. During 60 weeks of follow-up, the study found no statistically significant difference in FVC declines, IPF symptom flare-ups, deaths, or hospitalizations between patients treated with NAC and those treated with placebo.

“We have made major strides in understanding the biology and clinical implications of pulmonary fibrosis,” said Fernando J. Martinez, M.D., executive vice chair of medicine at Weill Cornell Medical College, New York City, and an author of the study. “As a result, there is tremendous hope for therapeutic options on the horizon.”

To view the entire article, go to: <http://www.nih.gov/news/health/may2014/nhlbi-18.htm>

Single episode of binge drinking linked to gut leakage and immune system effects

A single alcohol binge can cause bacteria to leak from the gut and increase levels of bacterial toxins in the blood, according to a study funded by the National Institutes of Health. Increased levels of these bacterial toxins, called endotoxins, were shown to affect the immune system, with the body producing more immune cells involved in fever, inflammation, and tissue destruction.

Binge drinking is defined by NIAAA as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08g/dL or above. For a typical adult, this pattern corresponds to consuming five or more drinks for men, or four or more drinks for women, in about two hours. Some individuals will reach a 0.08g/dL BAC sooner depending on body weight. Binge drinking is known to pose health and safety risks, including car crashes and injuries. Over the long term, binge drinking can damage the liver and other organs.

“While the negative health effects of chronic drinking are well-documented, this is a key study to show that a single alcohol binge can cause damaging effects such as bacterial leakage from the gut into the

blood stream,” said Dr. George Koob, director of the National Institute on Alcohol Abuse and Alcoholism, part of NIH.

To view the entire article, go to: <http://www.nih.gov/news/health/may2014/niaaa-14.htm>

NIDA offers tools for talking to teens about marijuana

Guides target both teens and parents with up-to-date science-based facts on marijuana

Two updated booklets about marijuana for teens and their parents will help families sort out marijuana myths from science-based facts. The revamped tools come from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health. These booklets are being released during the Substance Abuse and Mental Health Services Administration’s National Prevention Week 2014 on the day dedicated to the Prevention of Prescription Drug Abuse and Marijuana Use.

Marijuana Facts for Teens discusses the often confusing themes of health consequences of marijuana use in this age group, its effect on the developing brain, its addiction risk, and what we know about its potential as a medicine. Marijuana: Facts Parents Need to Know has updated tips for parents on how to tell if their child is using marijuana and how to talk about the issue with their teen in a climate of heated public debates over legalization. Both revised publications are now available online. Marijuana Facts for Teens is also available in print, and Marijuana: Facts Parents Need to Know will be available in print soon.

Along with updated data and research-based information, new sections in both guides cover the dangers of K2/Spice (often referred to as synthetic marijuana) and new research that shows smoking marijuana regularly as a teen can lower IQ. Both guides also include new information on the state of the science related to potential therapeutic uses for chemical compounds found in the marijuana plant. NIDA’s 2013 Monitoring the Future survey results indicate that by the time they graduate high school, 45.5 percent of U.S. teens will have tried marijuana at least once. Also, 36.4 percent of 12th graders, 29.8 percent of 10th graders, and 12.7 percent of eighth graders say they smoked it during the past year. More than 6 percent of seniors say they smoke it daily, putting them at higher risk for addiction.

To view the entire article, go to: <http://www.nih.gov/news/health/may2014/nida-20.htm>

NIH study links high cholesterol levels to lower fertility

Couples with highest cholesterol took longest to achieve pregnancy

High cholesterol levels may impair fertility in couples trying to achieve a pregnancy, according to a study by researchers at the National Institutes of Health, the University at Buffalo (New York), and Emory University in Atlanta.

Couples in which each partner had a high cholesterol level took the longest time to reach pregnancy. Moreover, couples in which the woman had a high cholesterol level and the man did not also took longer to achieve pregnancy when compared to couples in which both partners had cholesterol levels in the acceptable range.

“We’ve long known that high cholesterol levels increase the risk for heart disease,” said the study’s first author, Enrique Schisterman, Ph.D., chief of the Epidemiology Branch at the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the institute that led the study. “In addition to safeguarding their health, our results suggest that couples wishing to achieve pregnancy would improve their chances by first ensuring that their cholesterol levels are in an acceptable range.”

The study findings were published online in JCEM, The Journal of Endocrinology and Metabolism, a publication of the Endocrine Society.

To view the entire article, go to: <http://www.nih.gov/news/health/may2014/nichd-20.htm>



USCG AIRSTA Miami
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 5 June 2014. A USCG pharmacy report will be provided at the subsequent meeting scheduled on 3 July 2014.

#

Copy: CAPT Thompson, D., USCG, USPHS
CAPT 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

June 2, 2014

From: LT Stephanie Daniels
IHSC Liaison to PharmPAC

To: LCDR Melinda McLawhorn
PharmPAC Executive Secretary

CC: CAPT Jeff Haug
Acting IHSC Chief Pharmacist

Re: June Agency Liaison Report

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 few 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
Bowman, Timothy CAPT - timothy.r.bowman@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

Pharmacist Professional Advisory Committee
May 28, 2014
Department of Defense (DoD) Liaison Report - June 2014
Submitted by LT Kendra Jenkins

- DoD Pharmacy and Therapeutics (P&T) Meeting
 - February 2014 DoD P&T Committee Meeting
 - Class Reviews: pulmonary-1 agents, gastrointestinal-1 agents, pancreatic enzyme agents
 - New Drug Reviews: Forfivo XL, Brintellix, Fetzima, Khedezla
 - Minutes signed: 12 May 2014
 - Formulary changes made
 - Forfivo XL, Brintellix, Fetzima, Khedezla designated non-formulary based on clinical and cost effectiveness
 - Pulmonary-1 agents
 - UF and step-preferred: fluticasone/salmeterol (Advair Diskus and Advair HFA)
 - NF and non-preferred: budesonide/formoterol (Symbicort), mometasone/formoterol (Dulera), and fluticasone/vilanterol (Breo Ellipta)
 - This recommendation includes step therapy, which requires a trial of Advair Diskus or Advair HFA in all new and current users of Symbicort, Dulera, and Breo Ellipta who are older than 12 years
 - Advair Diskus and Advair HFA remain BCF
 - Gastrointestinal-1 agents
 - UF: sulfasalazine, balsalazide 750 mg (Colazal, generics), olsalazine (Dipentum), and the mesalamine products Delzicol, Lialda, and Apriso
 - NF: Pentasa, Asacol HD, and the balsalazide 1,100 mg product (Giazo)
 - Sulfasalazine remains BCF and Lialda will be added
 - Pancreatic Enzyme Agents
 - UF: Creon, Pancreaze, Zenpep, and Viokace
 - NF: Pertzye and Ultresa
 - Agents reclassified as BCF instead of ECF. Creon designated BCF and Pancreaze removed from ECF
 - May 2014 DoD P&T Committee Meeting
 - Class Reviews: osteoporosis agents, nasal allergy agents, pulmonary agents (corticosteroids)
 - New Drug Reviews: Myrbetriq, Farxiga, Sovaldi, Uceris, Eliquis, Zorvolex, Quillivant XR, and Arcapta Neohaler
 - Minutes signed: TBD
 - Formulary changes made: TBD upon signing of minutes
 - Next DoD P&T Committee Meeting: 13-14 August 2014

- Class Reviews: multiple sclerosis agents, targeted immunomodulatory biologics, narcotic analgesics and combinations: Fentanyl
- New Drug Reviews: TBD



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

No updates for the month of June.

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

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

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

Website: [.amcp.org/home](http://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:

May 2014

Announcements:

NTR

News:

NTR

American Academy of HIV Medicine (AAHIVM)

Liaison Officer's Report by CDR Robert Macky

Website: [://www.aahivm.org/](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:

5/1/14

Announcements:

AAHIVM is pleased to announce the winners of the third annual AAHIVM/Institute for Technology in Health Care HIV Practice Award. Dr. Joanna Eveland of San Francisco, California and Steve McCrosky of Flagstaff, Arizona, will each receive \$10,000 in recognition of their innovative use of technology in the HIV care setting.

While Dr. Eveland stressed that the service at Clinica Esperanza, which serves about 400 HIV+ patients annually, "was very strong" before the i2i Tracks software was implemented, she said it has consistently improved outcomes over time and has made a big difference. The software has allowed the clinic to shift from a system based on annual audits to real time population management. I2i stands for "interface-to-interface," and the program inputs data from the Electronic Health Record, practice management system, laboratory, and manually entered data to populate an easily searchable database that can be accessed by any staff member.

In the Arizona desert, Steve McCrosky, MSN, FNP, AAHIVS, has implemented multiple telehealth technologies to improve and expand direct clinical care services that help him serve some 200 patients who live in a vast area that takes some seven hours to travel from the eastern-most clinic to the western-most.

Because of this time and distance problem, McCrosky normally would be able to see patients face-to-face from once a month to once every six months, depending upon the number of patients attending the clinic. But through the telemedicine system, meant to augment, not replace, existing services, he can see them as often as twice weekly.

[://www.aahivm.org/frnHomeDetails.aspx?nId=](http://www.aahivm.org/frnHomeDetails.aspx?nId=) =

News:

In 2011, in the Southern states of Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas made up 37 percent of the US population, yet accounted for 49 percent of all new HIV/AIDS cases.

These targeted states had the highest new HIV diagnoses rates, as well as the highest AIDS mortality rates. Seven of the 10 metropolitan areas with populations of at least 500,000 with the highest HIV diagnoses rates were in these targeted Southern states and they also have the highest number of individuals living with HIV, death rates greater than the US average, and the highest STI rates.

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: May 2014

Announcements:

NTR

News:

NTR

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

Liaison Officer's Report by CDR Thomas E. Addison

Website: www.amsus.org

AMSUS Mission Statement

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

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

AMSUS Vision Statement

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

Organization Contact(s)

Lori Lawrence Continuing Education Program Manager
9320 Old Georgetown Rd Bethesda, MD 20814-1653
(301) 897-8800/(800) 761-9320

lori.lawrence@amsus.org

May 2014

Action Items

1. Annual Continuing Education Meeting December 2-5 2014 in Washington, DC.
2. Online submission for Poster Presentations will be open 2 June 2014 – Friday 29 August 2014. The 2014 AMSUS Poster Presentations will be held Tuesday 2 December 4:00-6:00 pm, and Wednesday 3 December 10:00-12:00 in Exhibit Hall C, Walter E. Washington Convention Center, Washington, DC.

Accomplishments

1. Basic Tobacco Intervention Skills Certification for Native Communities posted on Annual Continuing Education Meeting website.
2. "Expanding Roles of Pharmacy Technicians" abstract submitted for consideration.

AMSUS SmartBrief

5/7/14

The [AMSUS Awards site](#) is open for nominations. As a member of federal health care, you are in a unique position to nominate a deserving individual for a competitive AMSUS award. So many individuals do outstanding work in their fields, yet are never publicly recognized for what they do. This is your opportunity to see that appreciation is given. If you know of someone who should receive recognition and whose work qualifies him or her for one of the 19 competitive AMSUS awards, please take a few minutes to submit a nomination.

Nominations take place through the [AMSUS Awards site](#) and will be accepted until June 30.

5/21/14

Do you have colleagues or staff who you think will find AMSUS SmartBrief as invaluable and informative as you do? You can easily send a [sign-up link](#) and personal message to an individual or a distribution list! AMSUS membership is not a requirement to receive the weekly e-newsletter -- anyone can [subscribe!](#) You can also [review/update your account information.](#)

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

Website: [.pharmacist.](http://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

[@aphanet.](https://twitter.com/aphanet)

Date: June 2014

News:

Medicare star ratings: APhA, AMCP publish article in JAPhA

[://www.pharmacist.com/medicare-star-ratings-apha-amcp-publish-article-japha-](http://www.pharmacist.com/medicare-star-ratings-apha-amcp-publish-article-japha-)

- Because payers need to achieve the highest possible CMS star ratings and community pharmacists can influence performance measures at the patient level, health plans and community pharmacists must forge partnerships based on well-defined goals and innovative tactics to ensure care quality consistent with evolving public and private payment models in the U.S. health care system.
- That's the conclusion of a free-access special feature, star ratings: Stakeholder proceedings on community pharmacy and managed care partnerships in , published by APhA and the Academy of Managed Care Pharmacy (AMCP) in the May/June 2014 *of the American Pharmacists Association*. In March 2013, the two pharmacy associations convened 15 thought leaders—representatives of independent and chain pharmacies, managed care organizations, pharmacy associations, and CMS—at a conference, CMS Star Ratings: A Stakeholder Discussion.
- “The Medicare star rating system is part of CMS’s efforts to define, measure, and reward quality health care,” according to the . “Approximately one-half of the star rating performance measures can be influenced directly by community pharmacists working in conjunction with payers that must meet the quality measures. In fact, pharmacists can

make the strongest contributions to the performance measures that are weighted most heavily for medication use, adherence, and chronic disease outcomes.”

Evidence growing for pharmacists’ positive impact on outcomes

<http://www.pharmacist.com/evidence-growing-pharmacists-positive-impact-outcomes>

- The evidence around pharmacists’ impact on improving clinical and economic outcomes is growing, but continued research may help to further inform policy makers and health care providers, Avalere Health concluded in an independent report, Exploring Pharmacists’ Role in a Changing Health Care Environment.
- The report also concluded that reimbursement policies should be aligned to increase use of pharmacists’ services to deliver the highest value health care to patients.
- Released May 21, 2014, Avalere Health’s new analysis found that the most recent and relevant 171 U.S. research articles support the value of pharmacist-provided services such as medication management, medication reconciliation, preventive care services, educational and behavioral counseling, and collaborative care models between pharmacists and physicians.

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:

6/1/14

Announcements:

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

APHA elections are around the corner

The polls for APHA elections will open June 18, and your vote counts! APHA members are eligible to vote for their Section, SPIG or Student Assembly leadership beginning June 18 through July 23. Current members were sent voting instructions on Friday, May 28, via e-mail. Members with no or invalid e-mail addresses will be mailed a paper ballot. If you do not receive either an e-mail or paper ballot by June 18, contact our election vendor by phone at 866-720-4357. Elected candidates will assume office after the close of the 138th APHA Annual Meeting in November. For more information on elections, e-mail natasha.williams@apha.org. Be sure to vote for the future of your Section and APHA!

Tell Congress to adequately fund public health!

Congress is beginning to make important spending decisions for fiscal year 2015 for public health agencies, including the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Your members of Congress need to hear from you about the importance of public health in your community and why investing in a strong public health system is important to improve the health of our nation. [Send a message](#) to your senators and representative urging them to make public health funding a priority in this year's appropriations process!

Opportunities:

Strategic framework on chronic conditions posted for public comment

An Interagency Workgroup on Multiple Chronic Conditions constituted by the U.S. Department of Health and Human Services has created a strategic framework aimed at coordinating and prioritizing efforts across the divisions of HHS to improve the health of this population. A draft version of the strategic framework was recently posted for public comment <http://edocket.access.gpo.gov/2010/pdf/2010-12013.pdf>. Comments are due by June 18.

Applicants sought for workshop on health care change, tracking

The Inter-University Consortium for Political and Social Research Summer Program is seeking applicants for a [five-day workshop — Health Care Change in the United States: Working with the Community Tracking Study and Health Tracking Surveys](#). The workshop will be held Aug. 2-6 in Ann Arbor, Mich., and will cover key features of the Community Tracking Study, a large-scale longitudinal investigation of the evolution of the U.S. health system change and its effects on people and providers. Application deadline is June 16.

Annual Meeting News:



Start Planning Now for APHA'S Annual Meeting

Join your colleagues for the most important public health event of the year. APHA's 142nd Annual Meeting and Exposition will take place in New Orleans from Nov. 15-19. The Annual Meeting will also include a **new** general session on Monday, Nov. 17, from 4:30 to 5:30 p.m. featuring some of the former U.S. surgeons general, who will have a conversation about their terms in office and current issues in public health. Network with more than 13,000 public health professionals. Learn from experts in the field. Discover the latest public health products and services. Review the Annual Meeting [highlights](#) or visit the [Virtual Expo](#) to explore the exhibit hall. Add your favorite exhibitors to your MyExpo account. Registration and housing open on June 3. Attendees who **register for the meeting by Aug. 28 can save as much as \$115**. For more information on APHA's 142nd Annual Meeting and Exposition in New Orleans, including early-bird registration rates and program highlights, visit www.apha.org/meetings. For questions, email annualmeeting@apha.org.

Public Health Calendar:

- [Institute 2014 Plus](#)
Washington State Convention Center
June 11-13

- **39th Annual National Wellness Conference**
University of MN-Twin Cities (West Bank Campus)
June 23-26

American Society of Health System-Pharmacists (ASHP)

Liaison Officer's Report by CDR Randy Seys

Website: .ashp.

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:** @ashp.org

Date: 5/27/2014

Announcements:

- 2014 Summer Meeting and Exhibition, Las Vegas, Nevada, May 31 - June 4, 2014
- National Pharmacy Preceptors Conference, Washington, D.C. August 20 – 22, 2014
- Midyear Clinical Meeting and Exhibition, Anaheim, CA, December 7 – 11, 2014

News:

Leading the News

Nintedanib, Pirfenidone May Benefit Patients With Idiopathic Pulmonary Fibrosis.

The [York Times](#) (5/19, Grady, Subscription Publication) reports that research published in the New England Journal of Medicine and presented at the American Thoracic Society meeting suggest that two medications, nintedanib and

pirfenidone, “can slow the decline of people with...idiopathic pulmonary fibrosis.” Researchers found that “patients taking either drug had significantly smaller drops in lung function than those taking placebos.”

[News](#) (5/19, Gale) points out that “neither treatment is approved for sale yet by U.S. regulators.”

[Today](#) (5/19, Phend) reports on the nintedanib study, pointing out that it “had disappointed in non-small cell lung cancer, with small gains in progression-free survival and no impact on overall survival with one chemotherapy drug and no effect with another.” However, “these results in IPF, along with positive results with another novel agent reported alongside it, offer new hope for a condition that has a worse prognosis than many cancers, Gary M. Hunninghake, MD, MPH...wrote in an accompanying editorial.”

Separately, [Today](#) (5/19, Phend) reports that pirfenidone “nearly halved the incidence of a decline in forced vital capacity (FVC) by 10 percentage points or death at 1 year compared with placebo.”

(5/19, Thompson) reports on the studies and points out that the NEJM “also reports on a third IPF drug called acetylcysteine that proved ineffective in a clinical trial.”

[Today](#) (5/19, Phend) reports that n-acetylcysteine “didn’t slow decline in forced vital capacity (FVC) over 60 weeks compared with placebo (-0.18 liters and -0.19 liters, P=0.77).”

Medication Use

New Uses For Botox Sought.

In a piece titled “Botox Itself Aims Not to Age,” the [Street Journal](#) (5/19, Walker, Subscription Publication) reports on ambitious spending and R&D efforts to expand the use of Botox beyond a wrinkle-erasing treatment, from chronic migraine and overactive bladder to juvenile cerebral palsy and depression.

ASHP in the News

Saline Solution Shortage Attributed To Recalls, Manufacturing Shutdown.

In a 1,200-word article, [Leaders Media](#) (5/17, Weiner) reported that the “widespread shortage of saline solution is forcing hospital pharmacists and healthcare clinicians to stretch existing supplies, find workarounds, and formulate substitutes.” This year alone, the Food and Drug Administration has already issued three updates on the US-wide saline shortage. Bona E. Benjamin, director of medication-use quality improvement with the American Society of Health-System Pharmacists, “believes the saline shortage is rooted in product recalls.” Benjamin pointed out that two of three firms making saline solution had recalls late last year, while another supplier announced a shut-down for maintenance purposes.

Regulatory

FDA Doesn’t Approve Heart-Failure Medicine.

[News](#) (5/19, Edney) reported Novartis AG heart-failure medicine serelaxin didn’t get FDA approval, “setting back the company’s plan to build a portfolio of cardiac therapies around the drug.” The company disclosed the FDA sought additional details of the medicine. The FDA’s failure to approve the medicine follows a unanimous recommendation by a panel of advisers to the FDA “against approval March 27.” The article noted that the panel members “agreed with FDA staff members who said in a March 25 report they found insufficient evidence that serelaxin will benefit patients.” Novartis is planning to speed up a program of clinical trials to generate more evidence, the article added.

(5/16) provided additional details of the medicine, noting it also known as RLX030, “is a recombinant form of the naturally occurring human hormone relaxin-2,” which is said to help women “adjust to the cardiovascular changes that occur during pregnancy.” Forbes also noted that the serelaxin wasn’t approved in Europe either earlier this year.

The news was also covered by (5/19) and [Today](#) (5/19).

Colorado Legislation Allows Terminally Ill Patients To Try Experimental Medicines.

[ABC World News](#) (5/18, story 3, 1:55, Muir) reported in its broadcast that Colorado is set to allow access to experimental drugs to terminally ill patients. The report cited the case of cancer victim Nick Auden, who died while awaiting access to an experimental medicine. NBC said, "This weekend, Colorado may be the first state to enact a so-called right to try law, meant to cut through red tape and allow faster access to experimental drugs for patients that are termly sick." Still, critics say Colorado's new Bill is "largely symbolic. A state law are no power to force action from the federal FDA or drug makers."

The [Street Journal](#) (5/19, Loftus, Frosch, Subscription Publication) reported the FDA already has a process under which it allows patients access to patients experimental medicines but can't compel pharmaceutical firms to provide them.

In its report, the (5/19, Wyatt) reported that Colorado Gov. John Hickenlooper Saturday did sign the state's "Right To Try" bill, which permits terminally ill patients get experimental medicines "without getting federal approval." The AP noted that "similar bills await governors' signatures in Louisiana and Missouri, and Arizona voters will decide in November whether to set up a similar program in that state."

Growing Support For US Approval Of Meningitis B Vaccine.

[News](#) (5/18, Aleccia) reports on advocacy for the FDA to approve Novartis' Bexsero in the United States. The vaccine protects against meningitis B and has already been approved for use in Europe, Australia and Canada. Bexsero was given to some college students last year as an emergency action to protect against outbreaks, and Federal officials say they are working to fast-track approval. In the meantime, NBC News notes, Alicia Stillman has started taking bus-loads of children to Canada to receive the vaccination after losing her daughter, a 19-year-old sophomore at Kalamazoo College, to the disease.

The [Free Press](#) (5/18, Erb) reports on Miss Stillman's death in a 1,000-word article, adding "Meningitis vaccines in the U.S. are approved against serogroups C, Y, A and W, but not B."

The [\(MI\) Gazette](#) (5/19, Monacelli) also reports on the story.

Shire Plans Business Unit Focused On Eye Diseases, Will Seek Drug Approval.

The [Globe](#) (5/17, Reidy) reports that the Irish firm Shire said it would form a business unit focused on eye diseases and is preparing an application to the FDA for a drug called lifitegrast to treat adults with dry eye disease. The company said the new unit would be led by Robert Dempsey, formerly of Bausch & Lomb. Shire also recently said it would acquire a California company, Lumena Pharmaceuticals, that develops "treatments for rare gastrointestinal diseases." Shire employs 1,800 people in Massachusetts.

FDA Eyes Coupon System To Speed Up Medicines For Neglected Diseases.

(5/17, Hensley) reported in its "Shots" blog on a novel FDA tactic to encourage pharmaceutical companies to develop medicines for neglected diseases. For instance, when Knight Therapeutics received approval for a new medicine to treat parasitic disease leishmaniasis in late March, the agency awarded the company a voucher "that the bearer can redeem to have any drug it likes moved toward the front of FDA's line for review." NPR noted that the company has the option to "sell the voucher to the highest bidder," and whichever firm redeems the voucher, could cut months "from the time it takes for the agency to decide whether a new drug is ready to go to market."

Report: Government May Be Paying Incorrect ACA Subsidies To Over One Million Americans.

On its front page Saturday, the [Post](#) (5/17, Goldstein, Somashekhar) cited internal documents and unnamed sources in a report that “the government may be paying incorrect subsidies to more than 1 million Americans for their health plans in the new federal insurance marketplace and has been unable so far to fix the errors.” There is no computer capability to reconcile stated incomes with verifiable pay information, so it must be done by hand and will probably start this summer. Some consumers also ran into “questions about their citizenship status.” The Post says that, overall, some three million people “have an application containing at least one kind of inconsistency,” and it notes that “members of the Obama Administration are sensitive because they promised congressional Republicans during budget negotiations last year that a thorough income-verification system would be in place.” Jessica Waltman, senior vice president for government affairs at the National Association of Health Underwriters, told the paper, “I have this sick feeling that there are these people out there who have made unintentional errors, and in a few years will be subject to massive tax bills.”

The [Quarterly](#) (5/19, Reichard, Subscription Publication), [Hill](#) (5/17, Hattem) and [News](#) (5/17) offered coverage based on the WPost report.

CMS Releases Final Rule Governing ACA’s Exchanges.

The [Quarterly](#) (5/16, Adams, Subscription Publication) reports that CMS has released the final version of the rule “outlining how health law marketplaces will operate in 2015.” According to the article, it “adopted some but not all of the suggested revisions to an earlier draft that consumer advocates recommended.” The piece runs through the various “concessions” various stakeholders did or did not receive after lobbying.

[Healthcare](#) (5/16, Dickson, Demko, Subscription Publication) reported that the rule touched upon “a potpourri of policies,” including those “that address consumer notices, quality reporting and enrollee satisfaction surveys, the Small Business Health Options Program (SHOP), [and] standards for navigators.”

The [Examiner](#) (5/16, Klein) reported that, “buried” in the new rule, the Obama Administration revealed it “would use ‘other sources of funding,’ if needed, to finance a bailout for insurance companies if the industry racks up excessive losses through President Obama’s health care law.”

[Hill](#) (5/16, Viebeck) added that the rule said, however, that the government believes the risk corridor “collections will be sufficient to pay for all risk corridors payments,” but “in the unlikely event of a shortfall for the 2015 program year,” HHS “will use other sources of funding for the risk corridors payments.” The Hill says the rule “is sure to spark criticism from congressional Republicans eager to use the program as a means to hammer the White House.”

Medicaid Expansion Could Impact Prescription Drug Access.

(5/19) reports that “prescription drugs often come with high price tags, meaning not everyone — particularly the uninsured — can afford the drugs they are prescribed,” but “the Medicaid expansion has the potential to change this for many low-income uninsured.” The piece explains that “expansion states are required to offer prescription drug benefits that, at a minimum, mimic the state’s standard on the private exchange,” and “paired with Medicaid’s financial protections — premiums and co-pays are small, if the state uses them at all — this ought to bring important prescription drugs within financial reach for millions of previously-uninsured Americans.”

Report: Community Health Centers Adding Staff Due To Medicaid Expansion. The [Quarterly](#) (5/19, Subscription Publication) reports that according to a report from the Commonwealth Fund, “many community health centers are looking to add staff, particularly bilingual workers, because the expansion of Medicaid through the 2010 health law will boost demand for their services, researchers said.” The report found that “almost 70 percent of centers in the survey reported hiring staff to help people apply for insurance coverage,” while “about 17 percent of the centers are expanding remote access care, such as telehealth to meet demand.”

Study Finds Medicaid Surgical Patients Have Higher Costs Than Privately Insured.

The [York Times](#) (5/18, Pear, Subscription Publication) reports that a University of Michigan research study found that Medicaid surgical patients enter hospitals “in worse health, experience more complications, stay longer and cost more than patients with private insurance,” which “may offer a preview of what to expect as millions of uninsured people qualify for Medicaid under the Affordable Care Act.” The researchers analyzed data of some 14,000 surgical patients at 52 Michigan hospitals in a year-long period that ended in June 2013. Their results were published this month in JAMA Surgery. Though the data suggest Medicaid surgical patients are younger than those who are privately insured, they are also “were twice as likely to smoke and had higher rates of conditions that made surgery riskier,” including “diabetes, lung disease and blood vessel blockage.”

Health Business

AstraZeneca Rejects Pfizer’s “Final Offer” Of \$120 Billion This Morning.

In print outlets this morning, media reported that Pfizer had made what is described as its last bid for AstraZeneca before the May 26th deadline. Media portrayed Pfizer as skeptical that the deal would go through, with other outlets highlighting an FT report suggesting AstraZeneca would reject the offer as early as this morning. Indeed, as morning dawned in the UK, AstraZeneca released a statement saying it had rejected the deal.

[News](#) (5/19) reports this morning that AstraZeneca said the offer “undervalues the company and its attractive prospects.” BBC News quotes AstraZeneca Chairman Leif Johansson as saying, “We have rejected Pfizer’s final proposal because it is inadequate.” Striking a similar tone, the [York Times](#) (5/19, Bray, Subscription Publication) quotes Johansson as saying, “Pfizer’s approach throughout its pursuit of AstraZeneca appears to have been fundamentally driven by the corporate financial benefits to its shareholders of cost savings and tax minimization.” Among other outlets with early reports on AstraZeneca’s rejection of the bid were, (5/19), the [Street Journal](#) (5/19, Walker, Subscription Publication), (5/19) and the [Times](#). (5/19, Hammond, Ward, Massoudi, Subscription Publication)

Meanwhile, in its print-edition, the [Street Journal](#) (5/18, B1, Rockoff, Raice, Subscription Publication) reported that Pfizer said the offer was for £55 a share, with cash comprising 45% of the value. Similarly, on the front-page of its business section, the [York Times](#) (5/18, Gelles, Subscription Publication) explains that under the \$119 billion offer, Pfizer “shareholders would own 74 percent of the combined company, with AstraZeneca shareholders owning 26 percent” if the latter accepted the deal. However, like other media, the Times portrays this as unlikely.

(5/19, Hirschler) and [Insider](#) (5/18) highlighted a [Times](#) (5/19, Hammond, Ward, Massoudi, Subscription Publication) report stating the AstraZeneca was expected to reject the bid. [Biotech](#) (5/18) also notes the FT report, emphasizing that the firm was getting ready to reject the offer and release a statement “as early as Monday morning.”

[News](#) (5/18, Armstrong) also reports that Pfizer said it does not anticipate that AstraZeneca will accept the offer and will not “take its bid hostile.” Bloomberg News quotes Mark Schoenebaum, an analyst with ISI Group in New York as saying that the offer appeared to be Pfizer’s last if AstraZeneca does not “engage,” but he added, “My guess is that they might go up slightly if they enter friendly discussions.”

The (5/18) notes that Pfizer CEO Ian Read said in a statement that he did not think AstraZeneca’s board was “prepared to recommend a deal at a reasonable price,” but hoped that AstraZeneca’s shareholders would press for a deal.

[Guardian](#) (5/18) writes that Read’s statement “addressed political concerns over the mooted takeover in two parliamentary appearances last week,” quoting it as saying, “We are excited at the opportunity to create a scientific powerhouse, delivering great benefits to patients and science in the UK and across the globe. We stand by our unprecedented commitments to the UK government.”

[Today](#) (5/18, Belton), (5/18, Hirschler), [News](#) (5/18), (5/18) were among others reporting in that vein before AstraZeneca’s announcement. Meanwhile, (5/17) has analysis under the headline, “Why Pfizer Should Walk Away

From AstraZeneca,” and Jeff Jacoby’s [Globe](#) (5/17) column argued, “Only Congress Can Stop Pfizer From Fleeing High US Taxes.”

Analysis: Soriot’s Tenure Has Been Strong At AstraZeneca. In an analysis for the [\(UK\)](#) (5/19), James Ashton favorably examines AstraZeneca CEO Pascal Soriot’s tenure at the drug firm. On a similar note, highlighting a London Evening Standard report, (5/18) said that Soriot argued a “a merger with Pfizer could delay the development of life-saving medicines.” In particular, he pointed to his company’s “lung cancer compound AZD9291,” which the piece contended “could go from the laboratory all the way to patients and market approval in record time. This could be the shortest-ever development in the industry.”

MedImmune’s Value To AstraZeneca Highlighted. The [Post](#) (5/18, Overly) reported that Pfizer’s bid has “raise[d] questions about the future of 3,100 scientists and manufacturers employed in the Maryland offices of MedImmune,” if AstraZeneca were acquired. The Post touts MedImmune’s value to its parent firm, pointing out that its “roster of biologics under development represents half of AstraZeneca’s worldwide drug pipeline.” The Post quotes Bahija Jallal, head of MedImmune as saying, “In the drug development cycle, this is the fastest [expansion] I have seen, from being 5 percent of AstraZeneca’s pipeline to 50 percent in just seven years.”

The [Sun](#) (5/18, Hopkins, Sun) highlighted the “research labs closed by pharmaceutical giant Pfizer” from across the US, adding, “Maryland officials don’t want this state to join that list.” The Sun went on to provide similar positive coverage of MedImmune’s facility in Gaithersburg.

The [Business Journal](#) (5/16, Subscription Publication) “Techflash” blog reported under the headline, “As Pfizer Pursues AstraZeneca, A MedImmune Molecule Takes Center Stage.”

Pfizer Eyes FDA Nod For Breast Cancer Medicine.

The [Street Journal](#) (5/18, Prior, Subscription Publication) reported Pfizer Inc. disclosed Friday that it plans to submit for FDA approval its breast-cancer medicine palbociclib. The company plans to file following results from a mid-stage trial as well as talks with the agency.

The (5/19, Johnson) highlighted the significance of the company’s latest move, noting it won’t have to do “bigger, and very expensive, late-stage patient studies to apply for approval of” the medicine, “as company executives and investors had hoped.” The AP noted that having to conduct “those additional studies could have delayed Pfizer’s application by up to a couple of years, keeping patients and doctors waiting and ultimately reducing how much money the drug could bring Pfizer before its 20-year patent expires.”

(5/18, Barber) notes that Bernstein Research analyst Tim Anderson said the Pfizer’s move “should not be viewed as an implicit approval of sorts.” Anderson added that while his firm was forecasting sales “reaching \$1.9 billion in 2020,” this could change “given heightened competition in the CDK-4/6 inhibitor space, with Eli Lilly and Novartis not that far behind.” In fact, Anderson added that Lilly’s compound was “potentially” better.

The news was also covered by the [Times](#) (5/19, Subscription Publication), (5/19, Staff), [Business](#) (5/16), and (5/16) among others.

Abbott Labs In Pact To Acquire Latin American Firm.

The [Street Journal](#) (5/18, Rubin, Subscription Publication) reported that Abbott Laboratories has signed an agreement to acquire Chile-based CFR Pharmaceuticals for \$2.9 billion in its push to boost its presence South America.

[News](#) (5/18, Cortez, Thomson) provided additional details, noting the deal will “more than double” Abbot’s “drugs sales in the \$73 billion Latin American industry, the company said.” According to the piece, CFR “will add to Abbott’s business of selling brand-name versions of generic medicines, an area that hasn’t met investor expectations.” CFR is Chile’s biggest pharmaceutical firm, selling “a range of products for women’s health, heart and respiratory diseases in 15 markets across Latin America.”

[Today](#) (5/19, Yu) reported the deal, which “more than doubles Abbott’s Latin American branded generics business,” will push the firm “among the top 10 drug companies in the region.” The paper noted that CFR has about

7,000 employees, and operates R&D and manufacturing plants in Chile, Colombia, Peru and Argentina. “This acquisition will significantly enhance and broaden Abbott’s Latin American footprint, and is well aligned with our long-term strategy and commitment to fast-growing markets,” said Abbott CEO Miles D. White in a statement.

The news was also covered by the (5/19), (5/19, Humer) and [Business](#) (5/16).

Concern Raised Over Expense Of Cancer Immunotherapies.

In a 3,000-word post to the (5/16) “Apothecary” blog entitled “Sure, We’ll (Eventually) Beat Cancer. But Can We Afford To?”, Paul Howard expresses concerns over the high costs of cutting-edge cancer treatments. He mentions immunotherapies such as CTLA-4, PD-1, and CARTs. In reviewing the history of such treatments, he mentions that “vaccinologist Maurice Hilleman at Merck is credited with saving more lives through the dozen or so vaccines he pioneered than any other scientist in history.”

Portage Pharmaceuticals Enters Research Agreement With National Eye Institute.

The [Business Review](#) (5/16) reports that Portage Pharmaceuticals “has entered into a materials collaborative research and development agreement (M-CRADA) with the National Eye Institute.” Under the agreement, Portage “will provide its lead cell permeable peptide targeting inflammatory diseases to Dr. Robert Nussenblatt to investigate its efficacy in animal models of uveitis” and will support the studies financially.

Breast-Feeding, Birth Control Medication Use Linked To Lower Ovarian Cancer Risk In Women With BRCA Mutations.

(5/17, Preidt) reported that research published in the Journal of the National Cancer Institute suggests that “breast-feeding, birth control pills and having fallopian tubes tied may help reduce ovarian cancer risk in women with BRCA gene mutations.” Investigators “reviewed 44 studies and found that breast-feeding and tubal ligation were associated with lower rates of ovarian cancer in women with a BRCA1 mutation.” Additionally, the researchers found that “the use of birth control pills was associated with a reduced risk of ovarian cancer in women with BRCA1 or BRCA2 mutations.”

Research

Studies Find No Benefit To Statins In Respiratory Disorders.

Larry Husten, writing in (5/18), notes that “two NHLBI studies have failed to find any benefit for statin therapy in patients with chronic obstructive pulmonary disease (COPD) and acute respiratory distress syndrome (ARDS).” Previously, researchers had hoped that statins could assist in the treatment of those conditions. The studies, which explored the possible effects of simvastatin and rosuvastatin (Crestor), were halted due to “futility.” Results were presented at the annual meeting of the American Thoracic Society and published in the New England Journal of Medicine. The studies into and are available online, as well as an accompanying (5/19, Drazen).

Sleeping Medication May Increase Risk Of Serious Heart Problems, Death In People With Heart Failure.

(5/18, Preidt) reports that research presented at the Heart Failure Congress “suggests that the use of sleeping pills greatly increases the risk of serious heart problems and death in people with heart failure.” Investigators “examined the medical records of 111 heart failure patients admitted to a Tokyo hospital from 2011 to 2013.” These individuals were followed for as long as 180 days after being discharged from the hospital. The researchers found that participants “who took sleeping pills – drugs called benzodiazepine hypnotics – were eight times more likely to be

readmitted to hospital for heart failure or to die from heart-related causes than those who did not take” the medications. The [\(UK\)](#) (5/18, Smith) and [News Today](#) (5/18, Whiteman) also cover the story.

Chagas Disease Medicine Trial Results Seen As Disappointing.

(5/19) reported “disappointing results” from a study of an experimental medicine as “a possible player against Chagas disease,” citing a paper published in the May 15 issue of the New England Journal of Medicine. Still, HealthDay noted, “the lead researcher suggested” that the medicine, “known as posaconazole, might still have a place alongside the standard treatment for the parasitic infection.” Researchers “compared posaconazole with benznidazole in 78 patients with chronic Chagas disease.” After two weeks, there was no sign of symptoms of the Chagas parasite in subjects from both the groups. However, “during a follow-up of 14 months, 92 percent of those who were treated with low-dose posaconazole and 81 percent of those given high-dose posaconazole tested positive for the parasite, compared with only 38 percent of those who received benznidazole,” the article noted.

Vitamin D Supplements May Do Little To Help Control Asthma.

(5/19, Preidt) reports that research presented at the American Thoracic Society meeting and published online in the Journal of the American Medical Association indicates that “vitamin D supplements do little to help control asthma...although they might help cut the level of medication some patients need.” Investigators found “no differences in all major measures of asthma control, such as the number of asthma attacks, the need for emergency care or the number of treatment failures that resulted in having to take more medication” among participants given vitamin D3 and those given a placebo. The investigators did, however, “find that patients taking vitamin D were more successful in reducing their daily dosages of inhaled steroid medications.”

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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- **Twitter:** www.twitter.com/ASHPFoundation
- **YouTube:** www.youtube.com/ASHPFoundation

Date: 6/1/14

¹ www.ashpfoundation.org

Announcements:

- 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.
- The ASHP Foundation's Center for Health-System Pharmacy Leadership is now offering the leadersInnovation Masters Series. The first course has been completed. The second course "Strategy and Tactic: Creating Transformational Change" will be offered in the fall of 2014.
 - Each course offers 15 hours (1.5 CEUs) of continuing pharmacy education credit
- 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
 - ASHP Foundation Literature Awards for the following categories (Deadline: June 6, 2014):
 - Award for Sustained Contributions
 - Award for Innovation in Pharmacy Practice
 - Drug Therapy Research Award
 - Pharmacy Practice Research Award
 - Student Research Award
 - Pharmacy Residency Excellence Awards
 - Deadline: July 18, 2014
- Education
 - Pain and Palliative Care Traineeship – levels 1 and 2
 - Ongoing registration
 - PPMI State Affiliate Workshop
 - Ongoing registration
- Leadership Programs
 - No leadership programs are accepting applications at this time
- Research Grants
 - No research programs are accepting applications at this time
- Meetings:
 - ASHP Summer Meeting
 - May 31-June 4, 2014, Las Vegas, Nevada
 - The ASHP Foundation will hold the following events during the Summer Meeting
 - 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:

- May 21-23, 2014, ASHP Research and Education Foundation welcomed six pharmacists who were selected to participate in the 2014 Research Boot Camp to ASHP headquarters. The Boot Camp is hosted by the ASHP Foundation and consists of a research skills development program.
- May 21, 2014, ASHP Foundation Announces Oncology Traineeship Participants. The ASHP Research and Education Foundation's 2014 Oncology Patient Care Traineeship is a 4 month educational experience for pharmacists who specialize in oncology.

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](#).

MPH at GW 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/>

Organization contact(s):

Executive Director	Mr. Jerry Farrell gfarrell@coausphs.org
Deputy Executive Director	Mr. John McElligott JMcElligott@coausphs.org
Membership Coordinator/ <i>Frontline</i> Editor	Ms. Malissa Spalding mspalding@coausphs.org

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

Date: June 5, 2014

Frontline:

There are some great articles in the May edition of *Frontline*. As always, the update from the Executive Director and legislative update from Judy Rensberger. Want to learn more about attractions in Raleigh and throughout North Carolina? Read page five for activities to tag on to your symposium trip. Read about the Washington Nationals' Ian Desmond and his decision to quit tobacco and much more. COA members can logon to their account through the link below to view an electronic version *Frontline*. <https://members.coausphs.org/secure/>

Announcements:

Welcome to new Pharmacist COA members:

LCDR Susan Alu, North Carolina COA Branch
LT Jean M. Lester, Unaffiliated

Please see the following letters attached with this month's COA Liaison Report

- Letter to Navy Times re: Exchange Tobacco Sales
- Letter to the Secretary of the Navy re: Tobacco and Military Exchanges

USPHS Symposium Registrations are Up! Dynamite Speakers Will Re-Energize You

From May 2014 Frontline - Over 700 people have registered to attend the 49th annual USPHS Scientific and Training Symposium to be held in Raleigh, North Carolina on June 10-12. Thanks to all COA members and guests who will attend to earn continuing education credits, discuss advances in treatment and prevention, and net-work with fellow PHS officers and state and local health professionals.

Anchor & Caduceus Dinner: Over 250 tickets have already sold for the formal dinner to celebrate 125 years of the Commissioned Corps and honor outstanding officers. Listen to CDC Director Tom Frieden accept the COA Health Leader of the Year Award.

5K Run/Walk: RADM Boris Lushniak has already signed up for the Surgeon General's 5K Run/Walk. Sign up yourself and start training for the 3.1-mile Run/Walk.

Dynamite Speakers: Retired RADM Fitzhugh Mullan will deliver the C. Everett Koop Memorial Lecture during the Anchor & Caduceus Dinner on June 10. Dean Barbara Rimer from the UNC Gillings School of Global Public Health will share the research and practice conducted by faculty and students, especially the innovation labs program. Dr. Arthur Kellermann of USUHS will

deliver the Luther Terry Lecture on June 11, noting progress and new health threats over the past 50 years. Dr. William Lanier of the Mayor Clinic Proceedings will deliver the closing keynote on June 11, sharing his insight into why publishing advances public health.

COA Branch Market Place

Informational session for COA Branches, COA Branch Marketplace, will be held at the Annual Symposium. Please visit [COA Branch Marketplace](#) for more information.

Be Active! Be Committed! Be a BCOAG Voting Member!

Black Commissioned Officer Advisory Group (BCOAG) is a collective public health professional body whose primary mission is to provide advice and consultation to the Surgeon General on matters related to public health and the Commissioned Corps of the U.S. Public Health Service. A BCOAG voting member serves as an advocate for African-American officers regarding their careers and professional development, while simultaneously exemplifying values of officership, excellence, and service. Please click the link below for full details and criteria.

[BCOAG-Be Active!](#)

USPHS Commissioned Corps 125th Anniversary Celebration July 26, 2014 at Knappton Cove Heritage Center in Knappton Cove, Washington

Knappton Cove Heritage Center, the “Ellis Island of the Columbia River,” will celebrate the 125th Anniversary of the U.S. Public Health Service Commissioned Corps in 2014. RADM Patrick O’Carroll, the Regional Health Administrator for PHS Region X, will be attending the celebration and providing a presentation on the role of PHS Commissioned Officers as they work to protect the health and safety of both citizens and immigrants today. The public and all current and past PHS officers and their families are invited to join us on Saturday, July 26, 2014 as we revisit this important milestone in our nation’s history. The Center is located in the historic PHS quarantine station on the banks of the Columbia River across from Astoria, Washington. It is on the National Register of Historic Places and part of the National Park Service’s Lewis and Clark National Historic Trail, and is open from 1-4 PM on Saturdays from late May through early November, or by appointment at other times. For more information on Knappton Cove and the important role of the Commissioned Corps in its history, please visit

<http://knapptoncoveheritagecenter.org/>

BASPAG 2014 Membership Drive

The Basic and Applied Sciences Professional Advisory Group (BASPAG) provides advice to the Surgeon General, through the Health Services Professional Advisory Committee (HS PAC), and the Health Services Chief Professional Officer on professional and personnel issues related to Public Health Service officers working in basic and applied science disciplines.

Requirements and Term Duration: Each Officer in the role of BASPAG Voting Member is required to serve a 2-year term beginning January 1, 2015. In addition, voting members are expected to Chair a BASPAG committee, serve on the BASPAG executive committee, or lead other activities as deemed necessary by the BASPAG Chair. The BASPAG is comprised of the following committees: Awards, Communications, Membership, Mentoring, Policy, Professional Development, and Recruitment and Retention.

How to Submit a Self-Nomination: Please contact LCDR Simleen Kaur at simleen.kaur@fda.hhs.gov for a self-nomination form and related documents. Email the form with "2014 BASPAG Nomination" in the subject line. Supervisor approval should be obtained prior to submitting self-nominations.

Questions: If you have questions, please contact the Membership Committee Chair, LCDR Simleen Kaur at simleen.kaur@fda.hhs.gov or at (301) 827-2484 or (301) 728-4162.

Click the link below to access the Self-Nomination Form for Voting Membership.

[BASPAG Self-Nomination Form](#)

News:

COA Expands Partnership with the George Washington University

Thanks to a partnership with the prestigious George Washington University Milken Institute School of Public Health, COA members are eligible to receive a \$7,500 scholarship to attend one of GW's renowned online master's degree programs:

MPH@GW - A Master of Public Health that develops leaders who impact the health of communities worldwide. [Learn more.](#)

MHA@GW - An Executive Master of Health Administration for professionals with three or more years of experience in the health care or health services industry who are seeking leadership roles in their organization. [Request more information.](#)

Both of these online programs blend top-level curricula, face-to-face interactions and real-world experiences to help you advance your career without putting it on hold.

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.

Time for Shinseki to step down at VA

VA scandal over alleged "wait lists" for health care treatments, which may have resulted in the deaths of dozens of veterans whose treatment delayed, is still unfolding. The allegations at the core of the scandal are hardly new: A December 2012 report by the Government Accountability Office revealed that four VA medical centers nationwide hid wait list data and backlogged appointments for the purpose of fabricating compliance department timeliness.

Shinseki should have served as a wakeup call to clean up and bring overdue transparency and reform to what long has been viewed as the most dysfunctional agency in the federal government.

However, it is clear that in the months since that report was issued, VA is still widely failing to charge to provide timely medical care for the nation's veterans as demand for those services grows.

These, therefore, are concerns that include falsification of records at Phoenix VA included criminal offenses which have brought federal prosecutors into the picture.

Simply put, things are getting no better, in VA medical facilities veterans are the victims of medical incompetence, negligence and possibly malfeasance. In situations such as this, the only just stop at the top: After a year on the job, it is time for Secretary Eric Shinseki to own up.

One can deny that Shinseki, a combat veteran with Purple Hearts who has given of himself to service to his country, is a man of honor and integrity. And his concern and passion for his fellow veterans is heartfelt. He has led efforts to get homeless veterans off

the streets and reduce the backlog of disability benefits claims.

But going back to his four-star days as Army chief of staff, Shinseki has long been recognized as a behind-the-scenes leader, one who uses his influence outside the public eye. Unfortunately, that's simply the wrong style for what VA needs now: a forceful, highly visible leader who publicly demands reforms and bluntly details the resources necessary to carry them out — someone who will hold people accountable, bruise egos when necessary and push hard to bring VA into the modern age.

VA will never be fully successful in its broad, critical mission without a comprehensive, system-wide rebuild. It stands today as a model of outdated programs and wasteful inefficiencies.

In many respects, to walk into many VA centers today is to walk into the 1950s, as staffers push paper amid crowded waiting rooms and facilities in disrepair.

VA essentially has become a stodgy federal jobs program that is in deep need of new talent with modern skill sets and the cutting-edge technology to do their jobs swiftly and effectively. The need for investment in IT updates, in particular, has long been critical and today is more dire than ever.

Admittedly, with just two years until the next presidential election, anyone who replaces Shinseki at this juncture would be a lame duck in that role, with an expectation that the incoming administration would want to appoint a new slate of cabinet-level officials.

Still, the rapidly growing wave of anger over the wait list scandal has made it painfully clear that allowing the status quo at VA to remain intact is unacceptable.

The time for change at VA is now.



GREG BAKER/THE ASSOCIATED PRESS

A retired Army colonel and head of a group that represents U.S. Public Health Service officers expressed his organization's support for Navy Secretary Ray Mabus' push to end Navy tobacco sales.

BACKING TOBACCO BAN

On May 9, the Commissioned Officers Association of the U.S. Public Health Service and the PHS Commissioned Officers Foundation for the Advancement of Public Health sent a letter to Navy Secretary Ray Mabus commending his effort to combat tobacco use among sailors and Marines, as reported in recent issues of Navy Times ["Tobacco sales may end on Navy, Marine bases," April 7; "Lawmakers move to block restrictions on tobacco sales," May 19].

We offered the following thoughts in our letter to the secretary:

- A higher percentage of service members smoke (32 percent) than do civilians (20 percent).

- Exchanges sell tobacco products at a significant discount from civilian retail, despite a Defense Department directive which restricts such discounts

- Eliminating the sale of discounted tobacco products would almost certainly reduce tobacco use among service members.

- Service members who smoke are less fit than those who do not.

- Service members who smoke take longer to recover from wounds than those who do not.

- Tobacco use costs the Defense Department hundreds of millions of dollars per year.

The PHS went tobacco-free in uniform as of Jan. 21 for its commissioned officers. We are not recommending that the Defense Department do the same, but we do believe that eliminating the sale of tobacco products from exchanges and ship's stores is the right thing to do for the health and well-being of service members.

Army Col. James T. Currie (ret.), Ph.D.

Executive director,
Commissioned Officers
Association of the U.S. Public Health
Service/PHS Commissioned
Officers Foundation for the
Advancement of Public Health
Landover, Md.

TRICARE WARNING

Last October, my wife was plucked out of Tricare Prime. We had to get civilian insurance.

But recently, she was offered an opportunity to enroll in Prime again. The excitement was short-lived when we found out that our providers, known as primary care managers, or PCMs, were not allowed to re-enroll.

So, the good news is, you can re-join Tricare. The bad news is, you can't see any of your old Tricare doctors.

So much for "if you like your doctors, you can keep 'em."

Lt. James N. Phillips Jr. (ret.)
Grass Lake, Mich.



Commissioned Officers Association

of the U.S. Public Health Service

May 9, 2014

The Honorable Ray Mabus
Secretary of the Navy
Navy Pentagon, Room 4E686
Washington, DC 20350

Dear Secretary Mabus:

The Commissioned Officers Association of the United States Public Health Service commends your efforts to reduce tobacco use by sailors and Marines. Beginning in January of this year the U.S. Public Health Service took a giant step toward doing so within its own ranks by forbidding the use of tobacco products by any of its commissioned officers when they are in uniform. We are proud to represent these officers, who are setting a fine example for the other uniformed services. It has been a full fifty years since U.S. Surgeon General Luther Terry's landmark *Report on Smoking and Health*, and tobacco use has clearly been reduced in this country. Yet, statistics indicate that a larger percentage of servicemembers (32%) smoke than is the case among civilians (20%). Part of the reason for this excessive tobacco use is the military culture, which still somehow sees smoking as a part of the warrior ethos. The other is that exchanges and commissaries still sell tobacco products at a significant reduction from civilian retail prices.

These discounts are quite common, despite Defense Department Directive 1330.9, which states that exchanges in the U.S. will "set prices no more than 5% below the lowest local competitor." In 2012, your service removed the 5% advantage over local competition, and we applaud you for taking that action. A 2013 study by Christopher K. Haddock, *et al.*, published in *Military Medicine* found that, "discounts on cigarettes [were] as much as 73% below prices on comparable brands at the nearest Walmart, with an average discount on the Marlboro Red brand of 25.4%. For one Navy installation, the lowest priced cigarette brand was \$1.97/pack, while the lowest price for which one could buy a pack of cigarettes at the nearest Walmart was \$7.29." According to another article ("Military underprices tobacco more than law allows," *Marketplace*, June 1, 2011), an exchange in Brooklyn got around the "lowest local competitor" requirement by choosing an Indian reservation in Oneida, NY—five hours driving time from Brooklyn—for its comparison. It is clear to us that some exchange managers are not living up to either the letter or the spirit of the DoD directive.

Eliminating the sale of discounted tobacco products at exchanges and commissaries would almost certainly reduce tobacco use among servicemembers. An April 21, 2014, *Washington Post* editorial ("Higher taxes on cigarettes make good sense") stated that, "It is clear that higher cigarette taxes [and therefore, prices] have a direct effect on smoking rates, and they are particularly effective in dissuading young people from taking up the habit." The Haddock, *et al.* article cited above states that "the low cost and easy access to tobacco products at military retail outlets creates the belief that tobacco use is an expected part of military life. In fact, the low cost of tobacco products is often cited

Commissioned Officers Association of the U.S. Public Health Service

as the most significant barrier to tobacco control in the US military.” A study in the *Yale Journal of Biological Medicine* found that, “for every 10% increase in the price of cigarettes there is a 14% decrease in the prevalence of smoking among youth.” This is even further support for the proposition that ending the discounted sale of tobacco products to military servicemembers would most probably lead to a reduction in such use.

Study after study has also demonstrated that servicemembers who smoke are less fit than those who don't; that they recover from wounds more slowly; and that they cost the Defense Department hundreds of millions of dollars per year in additional healthcare costs. These are all good reasons for you to eliminate the sale of tobacco products on Navy and Marine Corps bases and in ship's stores. You will undoubtedly get pushback from certain members of Congress (we are aware of the recent action by the House Armed Services Committee), certain active duty and reserve personnel, and from retirees, but we believe it is the right thing to do, and we unequivocally support your efforts. We are including with this letter our “Talking Points” paper on tobacco use among servicemembers, and we stand prepared to work with you in your efforts to reduce tobacco use in your service.

Sincerely,

James J. Currie

James T. Currie, Ph.D.
Colonel, U.S. Army (Ret.)
Executive Director
Commissioned Officers Association of the
United States Public Health Service and the
PHS Commissioned Officers Foundation for the Advancement of Public
Health