



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

**General Meeting Minutes**  
**FDA White Oak Great Room**  
**1400-1530 EST on 07 August 2014**

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

**Meeting ID: 9675593**

**Password: 9675593 (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	Read the Surgeon General's National Prevention Strategy at <a href="http://www.surgeongeneral.gov/initiatives/prevention/strategy/">http://www.surgeongeneral.gov/initiatives/prevention/strategy/</a>
17 October 2014: pre-registration deadline	<b>Joint Forces Pharmacy Seminar (JFPS)</b> 19-22 October 2014 Washington DC Metro Area – Gaylord National Hotel and Convention Center (National Harbor) <a href="http://www.jfpsinfo.org/">http://www.jfpsinfo.org/</a>
2-5 December 2014	<b>AMSUS Meeting</b> 2-5 December 2014 Washington DC Walter E Washington Convention Center Visit Website for more details: <a href="http://amsusmeetings.org/annual-meeting/">http://amsusmeetings.org/annual-meeting/</a>

### Continuous Tasks

Task (Frequency)
Review CPO Report and complete its Action Items (Monthly). Note, a CPO report was not provided for August
Ensure <a href="#">Basic Readiness</a> . Checks are completed quarterly as follows: <ul style="list-style-type: none"> <li>• 30 September 2014</li> <li>• 31 December 2014 (Must be Basic Ready at this point for the following year's promotion boards)</li> <li>• 31 March 2015</li> <li>• 30 June 2015</li> </ul>
<i>PharmPAC Perspectives</i> Newsletter <ul style="list-style-type: none"> <li>• Review new issues (Quarterly)</li> <li>• Volunteer to submit articles to the Communication Section (Whenever you can!)</li> </ul>
PharmPAC Meetings/Minutes <ul style="list-style-type: none"> <li>• Review previous minutes if missed meeting (Monthly)</li> <li>• Review Liaison Reports for Agency Specific Information (Monthly)</li> <li>• Attend future meeting (first Thursday of the month at 1400 EST)</li> </ul>
Annual Physical Fitness Test (APFT) – <a href="#">Go To the PharmPAC's APFT Initiative Website</a>
USPHS Awards (Done annually, generally in March) <ul style="list-style-type: none"> <li>• Review Criteria (<a href="http://staging.usphs2.cit.nih.gov/corpslinks/pharmacy/sc_admin_awards.aspx">http://staging.usphs2.cit.nih.gov/corpslinks/pharmacy/sc_admin_awards.aspx</a>)</li> <li>• Nominate eligible officer(s), submitting all material as <b>ONE</b> .pdf to the Administration Section</li> </ul>

## Call to Order: CDR Jefferson Fredy, PharmPAC Chair-Elect

- The meeting began at 1405 EST.

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

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

Meeting ID: 9675593

Password: 9675593 (if requested)

Name	Section	OPDIV	CITY, STATE	PRESENT	Alternate	PRESENT
CAPT Pamela Schweitzer	CPO (acting)	CMS	Baltimore, MD	Yes	N/A	
CDR Marisol Martinez	Chair	DoD	Fort Sam Houston, TX	No	CAPT Nita Sood	No
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 Troy Bernardo	Career Development	BOP	Butner, NC	Yes	LCDR Anna Santoro	
CDR Anne Marie Bott	Recruitment	IHS	Anchorage, AK	Yes	LT Matthew Duff	
CDR Michael Crockett	Ex-Officio	BOP	Pollock, LA	Yes	LCDR Tami Rodriguez	
CDR Kavita Dada	Administration	FDA	Silver Spring, MD	Yes	CDR Jaewon Hong	
CDR Janelle Derbis	Readiness	FDA	Chicago, IL	Yes	CDR William Pierce	
CDR Dean Goroski	Career Development	IHS	Toppenish, WA	Yes	LCDR Mark Iseri	
CDR Kenda Jefferson	Readiness	DHS-OS	Washington, D.C.	Yes	LCDR Carl Olongo	
CDR Shary Jones	Career Development	OS	Washington, D.C.	Yes	LCDR Chaltu Wakijra	
CDR Jinhee Lee	Administration	SAMHSA	Rockville, MD	No	CDR Jennifer Fan	No
CDR Kara King	Recruitment	IHS	Anchorage, AK	Yes	CDR Damion KILLSBACK	
CDR Selena Ready	Recruitment	FDA	Silver Spring, MD	Yes	CDR Mark Miller	
CDR David Schatz	Administration	DHS/USCG	Clearwater, FL	Yes	LT Jeremy Gutasfson	
CDR Juliette Touré	Readiness	FDA	Silver Spring, MD	Yes	CDR Diem-Kieu Ngo	
CDR Jodi Tricinella	Communications	IHS	Claremore, OK	Yes	LCDR Stephanie Arnold	
LCDR Tina Bhavsar	Communications	CDC	Atlanta, GA	Yes	LT Jennifer Lind	
LCDR Brittany Keener	Recruitment	IHS	Anchorage, AK	Yes	LCDR Christina Eldridge	
LCDR Khang Ngo	Communications	IHS	Taholah, WA	No	LCDR Kimberly Walters	Yes
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	No	LCDR Alexis Beyer	Yes
LCDR Melinda McLawhorn	Exec. Secretary	FDA	Silver Spring, MD	Yes	N/A	

## Number of Callers on Line

August 2014: 124  
 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:

- **CAPT Pamela Schweitzer, (Acting CPO)**

- I am very excited about the next four years and I look forward to meeting and working with all of you. I am currently serving as your acting CPO as we await the secretary's approval.
- Please reference the email which was recently distributed regarding Dr. Koh's retirement.
- Please note that the PHS Athletics initiative will be discussed later during this meeting. Several pharmacy officers are already involved in this initiative and we would encourage all pharmacy officers, friends, and co-workers to participate in a manner consistent with our mission.
- Mission Update: As of 14 May 2014, there have been 351 total officers deployed to assist with the mission to unaccompanied minors, including 41 pharmacy officers.
- Application Process: During the recent call for nominations, DCCPR was bombarded with a surge of over 900 candidates for the 100 candidates from 7 to 11 July 2014. Two thirds of the applicants were new accession to Federal service. Many of these potential candidates cited challenges regarding telephone and internet access to help lines. Efforts are underway to improve the process in the future.
- Promotions: Congratulations to all those who have been promoted. Please utilize the resources offered by the Career Development such as career counseling and CV review. All officers should be encouraged to give their best effort towards serving our mission and developing their careers.
- OBC 75 is currently underway. All officers are encouraged to participate in the pinning, open house, and graduation ceremonies.
- I will be attending the BOP Meeting in Aurora CO at the end of the month.
- Officers are encourage to attend the Joint Federal Pharmacy Seminar
- In mid-July, I attended a Capstone Course by the Joint Executive Medical Skills Institute in Fort Sam Houston with Army, Navy, Air Force, and VA colleagues. We have an opportunity to leverage our work in the area of prevention to assist them with similar ongoing initiatives. Stay tuned for additional information regarding future opportunities.
- My first meeting was the pharmacy leadership meeting at HHS in July titled "Advancing Prevention in Public Health through Pharmacy Practice." During this meeting with top key stakeholders in pharmacy, we discussed efforts in a variety of pharmacy practice settings to promote and deliver a range of preventative services. CDR Aaron Middlekauff is collating the minutes from this meeting so please stay tuned for information on future opportunities.
- Challenge: Read the Surgeon General's National Prevention Strategy at <http://www.surgeongeneral.gov/initiatives/prevention/strategy/>
- *Questions:*
  - Will the BPS Ambulatory Care certification be recognized as a board certification for special pay? CAPT Mary Kremzner is working on this issue. For additional information, please contact her at [mary.kremzner@fda.hhs.gov](mailto:mary.kremzner@fda.hhs.gov)
  - Was there a discussion about immunizing the underserved or in rural areas of our country during the Advancing Public Health Meeting in July? This was a good point, however it was not discussed during the meeting. For additional information regarding the National Vaccine Program, please contact CDR Shary Jones to additional information - ([Shary.Jones@hhs.gov](mailto:Shary.Jones@hhs.gov))
  - What advice would you have for pharmacy students? Stay involved and advance your network. Develop a passion for public health and discover an area where you can excel.

Consider finding opportunities for rotations or other experiential opportunities. Please also consider the possibility of geographic mobility.

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## PHS Athletics

CDR Evan Shukan and CAPT Shelley Hoogstraten-Miller

- Thanks to CAPT Schweitzer for her pre-emptive endorsement of this initiative.
  - Please refer to the slide presentation distributed with these minutes.
  - For more information, please visit [www.PublicHealthServiceAthletics.org](http://www.PublicHealthServiceAthletics.org) or contact [PublicHealthServiceAthletics@gmail.com](mailto:PublicHealthServiceAthletics@gmail.com)
  - *Questions:*
    - If an event is approved, which shirt is approved to wear? Any PHS apparel is appropriate. While we have an apparel team, it will take a while to stand this up. Some events, such as the Army Ten Miler, will have their own shirts and you are encouraged to design your own shirt for your event. The Rio Grande also has PHS multisport wear available.
    - Does the roll call relate to the annual physical fitness test (APFT)? We are big supporters of the PACE program, however this program is a distinct program. Thus, PACE certificates and Roll Call awards are separate but synergistic. However, the APFT is the basic level of required fitness.
    - I participate in individual karate events. Could this activity be considered as part of this initiative? While we recognize this individual achievement, the focus is on teamwork. However, if you show an outstanding effort towards visibility, outreach, or health promotion through fitness we may discuss this.
    - Please contact the PHS Athletics team if you are considering coordinating an event.
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## Career Development Section Update

CAPT Aaron Sigler ([Aaron.Sigler@fda.hhs.gov](mailto:Aaron.Sigler@fda.hhs.gov))

CDR Dean Goroski ([dean.goroski@ihs.gov](mailto:dean.goroski@ihs.gov))

CDR Shary Jones ([Shary.Jones@hhs.gov](mailto:Shary.Jones@hhs.gov))

CDR Troy Bernardo ([tbernardo@bop.gov](mailto:tbernardo@bop.gov))

Section Web Address: [http://www.usphs.gov/corpslinks/pharmacy/sc\\_career.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_career.aspx)

Responsibilities: [Career Guidance](#), CV Template ([PDF](#), [Word](#)), [Mentoring \(Tools\)](#)

- Mentoring Program (CCPMN) had 28 matches during the last two months. This initiative is being led by CDR Ruby Wu. Please consider reaching out for a mentor if you have not done this already.
  - Topics in Public Health CE series: The call for logistics volunteers has been filled. However, we may be reaching out for speakers soon.
  - COERs, CVs, CV reviews, and Documents: Consider that the COERs are opening up soon and pay particular attention if you are up for promotion. The fillable CV template will be discussed next month. Consider having someone else outside of your organization review and provide feedback on your CV. Also, evaluate your eOPF to determine errors in your PIR and mitigate discrepancies.
  - The eOPF lines have been down, however will be up soon.
  - Take advantage of CV review by the Career Development section. Note that the earlier you request this service in advance of your promotion, the more likely you will receive a very detailed and thorough review for which you may be able to implement suggestions.
-

## Communications Section Update

CDR Jodi Tricinella ([Jodi.tricinella@ihs.gov](mailto:Jodi.tricinella@ihs.gov))

LCDR Tina Bhavsar ([TBHAVSAR@CDC.GOV](mailto:TBHAVSAR@CDC.GOV))

LCDR Khang Ngo ([Khang.Ngo.USPHS@hotmail.com](mailto:Khang.Ngo.USPHS@hotmail.com))

LCDR Rodney Waite ([rcwaite@bop.gov](mailto:rcwaite@bop.gov))

Section Web Address: [http://www.usphs.gov/corpslinks/pharmacy/sc\\_comms.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_comms.aspx)

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

- Soliciting articles for the next PharmPAC Perspectives newsletter
  - CDR Diem-Kieu Ngo and LCDR Kathryn Butler-Hodge: USPHS Pharmacist Facebook page
    - The page was started in 2010 by CAPT Laura Pincock. Thanks to all who have participated in this workgroup.
    - Refer to the attached analysis (see attachments) regarding our activity.
    - Please 'like' the PharmPAC Facebook page so that we may reach 8,000 likes by November!
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## Readiness Section Update

CDR Janelle Derbis ([Janelle.derbis@fda.hhs.gov](mailto:Janelle.derbis@fda.hhs.gov))

CDR Kenda Jefferson ([kenda.jefferson@live.com](mailto:kenda.jefferson@live.com), [kenda.jefferson@hq.dhs.gov](mailto:kenda.jefferson@hq.dhs.gov))

CDR Juliette Touré ([Juliette.toure@fda.hhs.gov](mailto:Juliette.toure@fda.hhs.gov))

LT Marie Manteuffel ([marie.manteuffel@cms.hhs.gov](mailto:marie.manteuffel@cms.hhs.gov))

Section Web Address: [http://www.usphs.gov/corpslinks/pharmacy/sc\\_readiness.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_readiness.aspx)

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

- Readiness Update --CDR Kenda Jefferson
  - 92% of the Pharmacy Category was listed as basic ready, based on the most recent preliminary quarterly report. This is a 3% decrease from the last quarter. Please don't wait until the last minute to send in your basic readiness information. You have from now until 30 September 2014 to send in this information.
  - The eOPF fax line is currently down to update their server, however you will receive a message when the fax line is restored.
- Congratulate May and June PACE recipients-- CDR Vandna Kishore and LCDR Dipti Kalra

May – Pharmacy Category	
CDR	Atkinson, Rowdy
CDR	Bott, Anne Marie
LCDR	Begansky, Stephanie
LT	LaRose, Ji Hyun
LT	Rhee, Susan

June	
Pharmacy Category	
CAPT	Tosatto, Rob
CDR	Miller, Mark
CDR	Oh, Eun (Kathy)
LCDR	Greenwood, Jenalyn
LCDR	McKillip, Katie Jo
LCDR	Young, Aimee
LCDR	Haney, Niki
LT	Thompson, Jessica
LT	Walker, Morgan

June	
Dietician Category:	
CAPT	Blasius, Kari
CAPT	Shaw, April
CDR	Wolcoff, Suzanne
CDR	McCormick, Mary
LT	Magill, Stephanie
LT	Piercy, Katrina

As always, we wish to thank the members of our workgroup for their hard work and dedication in helping make this program a continued success, especially with the expansion to Health Services (HSO), Sanitarian/Environmental Health (EHO), Scientist (SCI), Therapist (THER), and Dietician (DIE) categories as well! Way to go Dietician Category for having six recipients for June!

- We are hoping that through the PACE program, we have more officers do the APFT prior to the July 2015 when this becomes mandatory.
- Before the PACE initiative, the category had 10% of officers who were doing the President's challenge. We are down to 5% of members using the president's challenge, which is a positive direction for our category.

## Recruitment Section Update

CDR Anne Marie Bott ([ambott@anthc.org](mailto:ambott@anthc.org))

CDR Kara King ([kaking@anthc.org](mailto:kaking@anthc.org))

CDR Selena Ready ([Selena.Ready@fda.hhs.gov](mailto:Selena.Ready@fda.hhs.gov))

LCDR Brittany Keener ([blkeener@anthc.org](mailto:blkeener@anthc.org))

Section Web Address: [http://www.usphs.gov/corpslinks/pharmacy/sc\\_recruit.aspx](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!](#)

- Thank you letters from RADM Giberson have been distributed to the Officers who presented the USPHS Excellence in Public Health Pharmacy Practice Awards.
- *Website: LCDR Ryan Stevens, LCDR Zachary Woodward*
  - PHS Pharmacy Presentation 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](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 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](mailto:ambott@anthc.org).
  - Thank you to the officers who have completed the Activity and Biannual Reports.
  - The UPOC roster has been updated with information from the Biannual Report and the Promotion Results. The updated roster will be posted on the PharmPAC website with the next website update.

Please review the updated document to ensure accuracy. If you notice any changes needing to be made, please email CDR Anne Marie Bott at [ambott@anthc.org](mailto:ambott@anthc.org). Thank you to LCDR Jerome Lee and LCDR Zach Woodward for assisting with the website update.

- Officers joining the UPOC program from 12/1/13 to 6/16/14 have been emailed a letter of appreciation. Thank you to LCDR Eunice Chung-Davies for assisting with these letters.
  - UPOC Activity Report drop down menu for schools of pharmacy has been updated to reflect the American Association of Colleges of Pharmacy (AACP) list. Thank you to CDR Aaron Middlekauff for assisting with the website update.
  - *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](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](mailto:Lisa.Kubaska@fda.hhs.gov)) or LT Lena Choe ([Lena.Cho@fda.hhs.gov](mailto:Lena.Cho@fda.hhs.gov)).
    - Student listserv message topic for July: "PHS Opportunities". August topic: "Pharmacy and the US Public Health Service"
  - *PHS Vacancies Document Workgroup: CDR Glenna Meade*
    - The next pharmacy vacancy announcement posting is planned on or about August 1, 2014.
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## Administration Section Update

CDR Kavita Dada ([kavita.dada@fda.hhs.gov](mailto:kavita.dada@fda.hhs.gov))

CDR Jinhee Lee ([Jinhee.Lee@samhsa.hhs.gov](mailto:Jinhee.Lee@samhsa.hhs.gov))

CDR David Schatz ([david.j.schatz@uscg.mil](mailto:david.j.schatz@uscg.mil))

LT Jane McLaughlin-Middlekauff ([JMcLaughlin@hrsa.gov](mailto:JMcLaughlin@hrsa.gov))

Section Web Address: [http://www.usphs.gov/corpslinks/pharmacy/sc\\_admin.aspx](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](#)

- The official selection process for the PharmPAC voting members for the 2014-17 term is currently ongoing and the new voting members should receive a signed designation letter within the next couple months.
  - A solicitation for agency liaisons for IHS and HRSA will soon be released via listserv for interested candidates to apply.
  - A solicitation for the 2014-2015 PharmPAC executive secretary will be released soon.
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## PAC Chair Update/Open Forum: CDR Jefferson Fredy PharmPAC Chair-Elect for CDR Marisol Martinez, PharmPAC Chair

- Two Newsletters were sent out to the list serve:
  - PharmPAC Perspectives: This edition is packed with relevant information regarding career, readiness, and pharmacy highlights. Thanks to CDR Jodi Tricinella and the newsletter team for an outstanding job on this edition!
  - USPHS Combined Category Newsletter: This publication comes from the PAC Chairs Committee and is also led by CDR Tricinella. Here you will find pertinent information that benefits the Corps as a whole. We hope you enjoy the issue.

- If you did not receive these publications, please make sure you are on the PHS-PHARMACISTS list serve.
  - Please watch out for messages through the listserv on how you can contribute to both publications.
  - Announce new PharmPAC members
    - IHS: CDR Tim Murray, LCDR Scott Raisor, CDR (select) Aimee Young
    - BOP: LCDR Tami Rodriguez, LCDR Anna Santoro
    - FDA: CAPT Aaron Sigler
    - Ex Minimus from the Agency for Healthcare Research and Quality (AHRQ): Dr. Scott Smith
    - Department of Defense: CDR Marisol Martinez
  - Joint Federal Pharmacy Seminars
    - Registration is now open for this newly rebranded Seminar. It was previously called Joint Forces and was for the military, but now includes all Federal pharmacy colleagues including the VA and USPHS.
    - It is going to be at the Gaylord National Hotel and Convention Center just outside of Washington DC. 19-22 October 2014
    - The theme is “Standing at the Summit of Federal Pharmacy Practice”
    - There will be a PHS and Coast Guard Breakout Session with CE available
    - It is going to be a great meeting and we hope that you will make plans to attend.
  - Skin Cancer
    - On Tuesday, 29 July 2014, RADM Boris Lushniak released the Surgeon General’s Call to Action to Prevent Skin Cancer. This effort aims to launch a collaborative, multi-sector effort so that the Nation can reverse the rising numbers of skin cancer.
    - He encourages you to please spread the word through your stakeholder networks, partner agencies and organizations, and on social media
    - The Call to Action and related consumer materials are available on <http://www.surgeongeneral.gov/>
    - You can also read news clips on CNN Health, Time, Washington Post, and USA today
- 

## **PAC Chair-Elect Update: CDR Jefferson Fredy**

(Email: [Jefferson.fredy@ihs.gov](mailto:Jefferson.fredy@ihs.gov))

- OBC 75 is now in session. The Open house is tonight at 6 PM at the Holiday Inn in Gaithersburg. The Pinning Ceremony is at 8 AM tomorrow (8/8/14) and the graduation is next Friday (8/15/14) at 9:30 AM.
  - The 2015 COF Scientific and Training Symposium planning committee members are: CDR Timothy Lape (CMS), LCDR Tami Rodriguez (BOP), and LCDR Michelle Williams (BOP). LCDR Melinda McLawhorn will be the lead on the Combined Social Planning Committee and will also be tasked with leading the Pharmacy Category Day Social Planning. Congratulations to the each of the officers!
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## **Old/New Business: CDR Jefferson Fredy**

- None
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The meeting was adjourned at 1530 EST.

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**Next Meeting Date:**

**04 September 2014** from 1400 to 1530 EST  
White Oak Conference Room  
Bldg. 22  
Room 1419

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

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Useful Links and Contact Info:

## E-Mails

[PharmPAC@list.nih.gov](mailto:PharmPAC@list.nih.gov)

[PHS-Pharmacists@list.nih.gov](mailto:PHS-Pharmacists@list.nih.gov)

[PHS-RX-JOBS@list.nih.gov](mailto:PHS-RX-JOBS@list.nih.gov)

[PHS-Rx-Students@list.nih.gov](mailto:PHS-Rx-Students@list.nih.gov)

## List serves

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

## Websites

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

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--Respectfully Submitted,

Melinda McLawhorn / 04 September 2014  
LCDR Melinda McLawhorn, Executive Secretary Date

Marisol Martinez / 04 September 2014  
CDR Marisol Martinez, Chair Date

## Attachments

### Recurring Attachments

ATTACHMENT NAME	PROVIDED? ("Yes" or "No")	AGENCY'S PHARMPAC LIAISON
CPO Update	No	CAPT Pamela Schweitzer, Acting CPO
JOAG Liaison Report	Yes	LCDR Robert Kosko ( <a href="mailto:robert.kosko@fda.hhs.gov">robert.kosko@fda.hhs.gov</a> )
<b>AGENCY REPORTS</b>		
BOP Liaison Report	Yes	LT Michelle Williams ( <a href="mailto:Mrwilliams@bop.gov">Mrwilliams@bop.gov</a> )
CDC Liaison Report	Yes	LT Jennifer Lind ( <a href="mailto:JLind@cdc.gov">JLind@cdc.gov</a> )
CMS Liaison Report	Yes	LT Teisha Robertson ( <a href="mailto:Teisha.Robertson@cms.hhs.gov">Teisha.Robertson@cms.hhs.gov</a> )
FDA Liaison Report	Yes	LT Sadhna Khatri ( <a href="mailto:sadhna.khatri@fda.hhs.gov">sadhna.khatri@fda.hhs.gov</a> )
IHS Liaison Report	Yes	CAPT Wil Darwin ( <a href="mailto:Wil.darwinjr@ihs.gov">Wil.darwinjr@ihs.gov</a> )
NIH Liaison Report	Yes	CAPT David Diwa and CDR Richard DeCederfelt ( <a href="mailto:rdecederfe@cc.nih.gov">rdecederfe@cc.nih.gov</a> )
HRSA	No	CAPT Josephine Lyght ( <a href="mailto:JLyght@hrsa.gov">JLyght@hrsa.gov</a> )
DHS: USCG	Yes	LCDR Paul Michaud ( <a href="mailto:paul.t.michaud@uscg.mil">paul.t.michaud@uscg.mil</a> )
DHS: IHSC	Yes	LT Stephanie Daniels ( <a href="mailto:Stephanie.Daniels@phs.dhs.gov">Stephanie.Daniels@phs.dhs.gov</a> )
DoD	Yes	LT Kendra Jenkins ( <a href="mailto:Kendra.Jenkins@dha.mil">Kendra.Jenkins@dha.mil</a> )
OS	No	CDR Samuel Wu ( <a href="mailto:Samuel.wu@hhs.gov">Samuel.wu@hhs.gov</a> ).
<b>PROFESSIONAL ORGANIZATION REPORTS</b> Coordinated by CDR Robert Macky ( <a href="mailto:rmacky@bop.gov">rmacky@bop.gov</a> )		
<a href="#">AMCP</a>	Yes	LCDR Shannon Hill ( <a href="mailto:shannon.hill@fda.hhs.gov">shannon.hill@fda.hhs.gov</a> )
<a href="#">AAHIVM</a>	Yes	CDR Robert Macky ( <a href="mailto:rmacky@bop.gov">rmacky@bop.gov</a> )
<a href="#">AACP</a>	Yes	CDR Louis Flowers ( <a href="mailto:Louis.flowers@fda.gov">Louis.flowers@fda.gov</a> )
<a href="#">ACCP</a>	No	CDR Jill Reid ( <a href="mailto:jillr@searhc.org">jillr@searhc.org</a> )
<a href="#">AMSUS</a>	Yes	CDR Thomas Addison ( <a href="mailto:thomas.addison@ihs.gov">thomas.addison@ihs.gov</a> )
<a href="#">APhA</a>	Yes	LCDR Khang Ngo ( <a href="mailto:khang.ngo.usphs@hotmail.com">khang.ngo.usphs@hotmail.com</a> ), LCDR James Dvorsky <a href="mailto:james.dvorsky@fda.hhs.gov">james.dvorsky@fda.hhs.gov</a> )
<a href="#">APHA</a>	Yes	LCDR Liatte Krueger ( <a href="mailto:Liatte.Krueger@fda.hhs.gov">Liatte.Krueger@fda.hhs.gov</a> )
<a href="#">ASCP</a>	No	CAPT Wil Darwin ( <a href="mailto:wil.darwinjr@ihs.gov">wil.darwinjr@ihs.gov</a> )
<a href="#">ASHP</a>	Yes	CDR Randy Seys ( <a href="mailto:rseys@bop.gov">rseys@bop.gov</a> )
<a href="#">ASHP Foundation</a>	Yes	CDR Carrie Ceresa ( <a href="mailto:Carrie.Ceresa@fda.hhs.gov">Carrie.Ceresa@fda.hhs.gov</a> ),
<a href="#">IACP</a>	Yes	LT Joshua Hunt ( <a href="mailto:Joshua.Hunt@fda.hhs.gov">Joshua.Hunt@fda.hhs.gov</a> )
<a href="#">COA</a>	Yes	LCDR Alexis Beyer ( <a href="mailto:abeyer@hrsa.gov">abeyer@hrsa.gov</a> )

**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**

- Facebook Activity
- PHS Athletics

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

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DATE: June 27, 2014

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: July 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.
- Congratulations to the **2014 JOAG Award** winners:

**JOAG VADM Richard H. Carmona Inspiration Award: CAPT Diann Shaffer**

During his tenure as Surgeon General, VADM Richard H. Carmona exemplified qualities that junior officers throughout the Commissioned Corps admire. These qualities include outstanding mentorship and empowerment of junior officers, unwavering support of the Commissioned Corps and its mission, overall inspiration, leadership, and motivation to the PHS community. Nominations for this award are submitted by junior officers to recognize a senior officer in or retired from the Commissioned Corps who strives to exhibit the qualities above ascribed to VADM Carmona. The recipient demonstrates the following:

- Significant contributions and accomplishments as a senior officer, in terms of officership and leadership, and demonstrated impact on junior officers.
- Provision of support as a senior officer to junior officers to help them gain understanding of, and develop within, the Commissioned Corps.
- Served as an inspiration to junior officers regarding career development.

**JOAG Junior Officer of the Year (JOY) Award: LCDR Martin Casey**

This award recognizes an active duty junior officer at the rank of Lieutenant Commander (O-4) or below in the USPHS Commissioned Corps who has made a significant contribution to the overall mission of the U.S. Public Health Service. The recipient demonstrates the following:

- Commitment to the mission and core values of the USPHS Commissioned Corps.
- Leadership in his/her specialty field.
- Recognizable accomplishments within or outside of his/her OPDIV or agency.
- Innovative approaches and/or unique contributions to the mission of the Public Health.

### **Junior Officer Advisory Group (JOAG) Excellence Award: LCDR Jessica Cole**

The JOAG Excellence Award recognizes a non-voting junior officer at the rank Lieutenant Commander (O-4) or below in the USPHS Commissioned Corps, who is an active participant of JOAG, for demonstrating outstanding, dedicated effort, leadership ability, and commitment to JOAG through active committee or workgroup participation. The recipient demonstrates the following:

- Outstanding service as a junior officer (JO) with measurable outcomes or impact in JOAG projects.
  - Notable committee, subcommittee, or workgroup achievements.
  - Commitment to the mission and goals of JOAG and the vision of its committees and workgroups.
  - Leadership, both within JOAG and the Commissioned Corps.
- The **JOAG Professional Development Committee** is seeking volunteers for the **Mentoring Subcommittee** which oversees the **Junior Officer Job Shadowing Program**. The Job Shadowing is a professional, career development and exploration program that offers junior officers an opportunity to spend time with a more senior professional currently working in a person's career field of interest. Job shadowing offers a chance to see what it's actually like working in a specific job and provides a greater and more in depth understanding of one's profession. Individuals who participate in job shadowing get to observe the day-to-day activities of someone in the current workforce, and also get a chance to have their questions answered. There are no other recognized shadowing programs in the USPHS at this current time.

Volunteers are needed for the following roles in the Junior Officer Shadowing Program:

**Marketing Team Member**– The team responsible for leading the marketing efforts to expand participation in the Job Shadowing through PACs, liaisons, presentations, etc. Maintains and updates marketing material and enrollment forms and the point of contact for FAQ requests and enrollment forms in the marketing phase. (Looking for 6 volunteers) Please contact LCDR Jae Choi [jae.choi@cms.hhs.gov](mailto:jae.choi@cms.hhs.gov) or LCDR Janice Maniwang [janice.maniwang@fda.hhs.gov](mailto:janice.maniwang@fda.hhs.gov).

**Communications Team Member** – The team responsible for supporting and connecting the matched Junior and Senior officers with information necessary to successfully complete the shadowing event. Monitors and tracks information about when the shadowing event will take place to following up after the shadow event to send survey requests. Point of contact for FAQs in the post marketing phase (Looking for 6 volunteers). Please contact LCDR Christian Rathke [christian.b.rathke@noaa.gov](mailto:christian.b.rathke@noaa.gov) or LT Jonathan Owen [Jonathan.Owen@ihs.gov](mailto:Jonathan.Owen@ihs.gov).

- Please join the **JOAG Public Health and Community Service Committee, Uniformed Service Community Service Projects Subcommittee** in collecting or donating books for children who visit Walter Reed National Military Medical Center (WRNMMC), as part of the **Books 4 Kids program**.

Books 4 Kids is a pediatric literacy program that enhances the lives of military families and their children. Books 4 Kids offers a wide assortment of books for kids and adolescents who visit the waiting rooms of the WRNMMC pediatric, pediatric dental, pediatric specialty, hematology-oncology, and behavioral health clinics as well as the Uniformed Services University of the Health Science (USUHS) pediatric clinic. Children may select a book in the waiting room and not only read them in clinic but also take them home. The goal of Books 4 Kids is to make active duty parents aware of the importance of reading in early childhood and beyond, as reading alone or with a parent encourages early pediatric literacy and long-term academic achievement.

**Location:** Multiple HHS agencies in the D.C. area. Drop-off locations will be determined based on the locations of the volunteers.

**Date and Time:** July 1 to August 31, 2014, during business hours.

We would like 2-3 officers from each HHS agency in the D.C. area to volunteer to organize the book collection at their respective agencies. This event is open to both senior and junior officers. After the collection period, we will coordinate the consolidation of all the books for donation to Walter Reed National Military Medical Center. Please contact LCDR Suzette Peng [suzette.peng@fda.hhs.gov](mailto:suzette.peng@fda.hhs.gov) by Tuesday July 8th, 2014, if you are interested.

If you have any questions, please contact:  
LCDR Suzette Peng (USPHS/JOAG)  
JOAG Public Health and Community Service Committee  
Uniformed Service Community Service Projects Subcommittee  
(301) 796-4086  
[suzette.peng@fda.hhs.gov](mailto:suzette.peng@fda.hhs.gov)

- 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](mailto: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: August 8, 2014; 1300 - 1500 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: July 11, 2014; 1300 - 1400 EST.**

Topic and meeting information will be provided via JOAG listserv prior to the meeting.

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](http://www.usphs.gov/corpslinks/JOAG/meetings_journeyman.aspx)

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

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DATE: July 24, 2014

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: August 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.
- Congratulations the newly-elected JOAG **Executive Committee members** for the 2014-2015 operational year:

**Chair:** LCDR Jessica Otto  
**Chair-Elect:** LCDR Elizabeth Garza  
**Vice-Chair:** LCDR Robert Kosko  
**Secretary:** LT Lindsay Hatch  
**Financial Liaison:** LCDR Erin Nichols

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

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

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

[http://www.usphs.gov/corpslinks/JOAG/resources\\_withpride.aspx](http://www.usphs.gov/corpslinks/JOAG/resources_withpride.aspx).

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

- The JOAG **Professional Development Committee** is seeking volunteers for the **Mentoring Subcommittee** which oversees the **Junior Officer Job Shadowing Program**. The Job Shadowing is a professional, career development and exploration

program that offers junior officers an opportunity to spend time with a more senior professional currently working in a person's career field of interest. Job shadowing offers a chance to see what it's actually like working in a specific job and provides a greater and more in depth understanding of one's profession. Individuals who participate in job shadowing get to observe the day-to-day activities of someone in the current workforce, and also get a chance to have their questions answered. There are no other recognized shadowing programs in the USPHS at this current time.

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- Please join the JOAG **Public Health and Community Service Committee, Uniformed Service Community Service Projects Subcommittee** in collecting or donating books for children who visit Walter Reed National Military Medical Center (WRNMMC), as part of the **Books 4 Kids program**. Books 4 Kids is a pediatric literacy program that enhances the lives of military families and their children. Books 4 Kids offers a wide assortment of books for kids and adolescents who visit the waiting rooms of the WRNMMC pediatric, pediatric dental, pediatric specialty, hematology-oncology, and behavioral health clinics as well as the Uniformed Services University of the Health Science (USUHS) pediatric clinic. Children may select a book in the waiting room and not only read them in clinic but also take them home. The goal of Books 4 Kids is to make active duty parents aware of the importance of reading in early childhood and beyond, as reading alone or with a parent encourages early pediatric literacy and long-term academic achievement.

**Date and Time:** Book donations will be accepted until August 31, 2014.

**Collection Location:** We have multiple book drop-off locations through the DC metropolitan area, as well as one location in Phoenix, AZ. Please feel free to drop off books to any of the following points of contact.

**Maryland**

**AHRQ**

LCDR Karen Chaves, 540 Gaither Road, Rockville, MD 20850,  
karen.chaves@ahrq.hhs.gov

**CMC (Baltimore)**

LCDR Solita Cuthrell	N3-14-20
LT Joyce Ann Davis	C3-03-17
LT Marie Manteuffel	C1-25-10
LT Tracy Smith	C3-06-5

**FDA**

## White Oak 22

LCDR Tara Argual (Rm 3482), LCDR Heather Bullock (Rm 4200), LCDR Grace Chai (Rm 2464), LT Vicky Chan (Rm 3473), LT Mavis Darkwah (Rm 3111), CDR Ida-Lina Diak (Rm 3412), CDR Renmeet Grewel (Rm 4236), LCDR Dipti Kalra (Rm 3417), CDR Vandna Kishore (Rm 4165), LCDR Anna Park (Rm 4156), LCDR Suzette Peng (Rm 3340), LCDR Salvatore Pepe (Rm 6466)

## White Oak 51

LCDR Christine Corser (Rm 3246), LCDR Ashlee Januszewicz (Rm 5104), LCDR Margaret Whittaker-Caulk (Rm 4197)

## White Oak 66

LCDR QuynhNhu Nguyen (Rm 2531)

## White Oak 71

CDR Oluchi Elekwachi (Rm 5066), LT Thomas Maruna (Rm 4216)

## White Oak 75

LCDR Maria Cowen (Rm 3730), CDR Tom Hichliffe (Rm 1714), LCDR Theresa Lui (Rm 3631), CDR Sherbet Samuels (Rm 7688)

**HRSA**, 5600 Fishers Lane, Parklawn Building, Rockville, MD 20857

LCDR Deborah Belsky	15-99
LCDR Bryna Forson	15C-12
LCDR Sam Price	15C-12
LCDR Jaclyn Rubio	7-89
LCDR Sarah Trinidad	15-99
CDR Derrick Wyatt	16W13B

**IHS**

CDR Charissa Williar, 12300 Twinbrook Parkway, Suite 610 front desk, Rockville, MD 20852

**NIH**

CDR Shu Cai 5601 Fishers Lane, Lobby

CDR Linda Ellison-Dejewski Clinical Center/Building 10, Pediatric clinic and Inpt  
Pediatric Unit  
LT Janel Parham Clinical Center/Building 10, 5SWSDH  
CDR Margarita Velarde Clinical Center/Building 10, Outpatient Clinic 12th Floor  
(OP12), Patient Waiting Area

### **SAMHSA**

LT Danny Basset, 1 Choke Cherry Road, Rockville, MD 20857,  
danny.benbassat@samhsa.hhs.gov

### **Washington, D.C.**

#### **BOP**

CDR Cubie Beasley 320 First St., NW, Washington DC 20534

#### **CDC**

LCDR Elizabeth Garza Patriot's Plaza Building 1, 9th floor (9267), 395 E. Street,  
NW

### **Humphrey Building**

LT Laura Annetta 8th Floor Penthouse, Outside the Café  
LT Alicia Sherrell Office of Security and Strategic Information, Rm 120F  
LT Donnamarie Spencer Office for Civil Rights, 5th floor, Rm 533

### **Virginia**

LT Agatha D'Costa DHA, 3M364A, Falls Church, VA, 703-681-6802

### **Arizona**

LT Renee Cannon ICE, Phoenix, AZ, 520-868-7017

If you have any questions, please contact:

**LCDR Suzette Peng (USPHS/JOAG)**

JOAG Public Health and Community Service Committee

Uniformed Service Community Service Projects Subcommittee

(301) 796-4086

[suzette.peng@fda.hhs.gov](mailto:suzette.peng@fda.hhs.gov)

- 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](mailto:Nicole.lawrence@wihcc.org)

- 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: August 8, 2014; 1300 - 1500 EST.**

**Call in#: (626) 677-3000**

**Passcode: 7919605**

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

**NEXT JOAG JOURNEYMAN SPEAKER SERIES: September 12, 2014; 1300 - 1400 EST.**

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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](http://www.usphs.gov/corpslinks/JOAG/meetings_journeyman.aspx)



## **Bureau of Prison Report to PharmPAC August 2014**

Submitted by LCDR Michelle Williams, BOP PharmPAC Liaison

BOP has no new updates to report.



## **CDC Report to the USPHS PharmPAC**

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

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

### **August 2014 Updates**

**CDC Director Focuses on Lab Safety** CDC Director Tom Frieden, MD, MPH, hosted two important events Friday, July 11, to address lab safety and discuss recent lab incidents. In light of those recent laboratory incidents, he held a laboratory-focused staff meeting Friday afternoon at the Roybal campus. Laboratory workers and staff packed the auditorium while hundreds more watched on IPTV or listened on the bridge line.

**CDC Foundation's Business Pulse on Global Health Security Now Available Online** With the globalization of travel and trade, dangerous pathogens that arise anywhere in the world are just a plane ride away. New microbes are emerging and spreading, drug resistance is rising and laboratories around the world could release dangerous microbes, either intentionally or accidentally.

**Notes from the Field: Update: Vitamin B12 Deficiency Among Bhutanese Refugees Resettling in the United States, 2012** In 2008, clinicians performing routine medical examinations in the United States reported high rates of hematologic and neurologic disorders caused by vitamin B12 deficiency in resettled Bhutanese refugees ([1](#)). To confirm this finding, CDC screened Bhutanese refugees' serum samples for vitamin B12 levels and found vitamin B12 deficiency in 64% (n = 99) of samples obtained before departure and 27% (n = 64) of samples obtained after arrival in the United States ([1](#)). In response, CDC recommended that arriving Bhutanese refugees receive oral vitamin B12 supplements and nutrition advice ([1](#)). In 2012, based on anecdotal reports of decreasing rates of vitamin B12 deficiency in this population, CDC worked with select domestic refugee health programs to determine if the recommendations had reduced the vitamin B12 deficiency rate among Bhutanese refugees.

### **CDC Vital Signs: Opioid Painkiller Prescribing: Where You Live Makes a Difference**

Health issues that cause people pain don't vary much from place to place—not enough to explain why, in 2012, health care providers in the highest-prescribing state wrote almost three times as many opioid painkiller prescriptions per person as those in the lowest prescribing state in the United States or why there are twice as many painkiller prescriptions per person in the United States as in Canada.

### **Training Resources:**

- **American College of Emergency Physicians (ACEP) EMS and Disaster Preparedness**  
ACEP and CDC offers resources that may help local or state health officials prepare for, respond to, and mitigate the health effects of bombings and other mass casualty events. They also have information for health professionals about treating injuries and stress in patients affected by mass casualty events. <http://www.acep.org/disaster/>



## **CMS Agency Report to PharmPAC**

Submitted by LT Teisha A. Robertson

August 2014 Updates

### **Press Releases:**

#### **[CMS launches next phase of new Quality Improvement Program](#)**

The Centers for Medicare & Medicaid Services (CMS) today awarded additional contracts as part of a restructuring the Quality Improvement Organization (QIO) Program to create a new approach to improve care for beneficiaries, families and caregivers. QIOs are private, mostly not-for-profit organizations staffed by doctors and other health care professionals trained to review medical care and help beneficiaries with complaints about the quality of care and to implement improvements in the quality of care available throughout the spectrum of care.

#### **[CMS Fraud Prevention System Identified or Prevented \\$210 Million in Improper Medicare Payments in 2nd Year of Operations](#)**

In its second year of operations, CMS' state-of-the-art Fraud Prevention System, that employs advanced predictive analytics, identified or prevented more than \$210 million in improper Medicare fee-for-service payments, double the previous year. It also resulted in CMS taking action against 938 providers and suppliers, according to a report sent to Congress today.

#### **[CMS initiative helps people make the most of their new health coverage](#)**

Today, the Centers for Medicare & Medicaid Services (CMS) launched a national initiative "From Coverage to Care" (C2C), which is designed to help answer questions that people may have about their new health coverage, to help them make the most of their new benefits, including taking full advantage of primary care and preventive services. It also seeks to give health care providers the tools they need to promote patient engagement.

#### **[Prior Authorization to Ensure Beneficiary Access and Help Reduce Improper Payments](#)**

The Centers for Medicare & Medicaid Services today announced plans to expand a successful demonstration for prior authorization for power mobility devices, test prior authorization in additional services in two new demonstration programs, and propose regulation for prior authorization for certain durable medical equipment, prosthetics, orthotics, and supplies. Prior authorization supports the administration's ongoing efforts to safeguard beneficiaries' access to medically necessary items and services, while reducing improper Medicare billing and payments. The proposed rule is estimated to reduce Medicare spending by \$100 to \$740 million over the next ten years.

## **Fact Sheets:**

### **[Medicaid Innovation Accelerator Program Factsheet](#)**

The Center for Medicare & Medicaid Services (CMS) has launched a collaborative initiative called the Medicaid Innovation Accelerator Program (IAP). The goal of IAP is to improve care and improve health for Medicaid beneficiaries, and reduce costs by supporting states in accelerating new payment and service delivery reforms. The Medicaid Innovation Accelerator Program is an important new component of CMS' wide ranging efforts to support system-wide payment and delivery system reform innovation.



## FDA Agency Report August- 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:

#### **Sterile Drug Products by Unique Pharmaceuticals Ltd.: Alerting Health Care Professionals - Lack of Sterility Assurance. July 19, 2014**

FDA is alerting health care professionals, including hospital supply managers and hospital staff, not to use drugs marketed as sterile produced by Unique Pharmaceuticals Ltd., a company located in Temple, Texas, as they may be contaminated. [More information](#)

#### **Hospira Lactated Ringer's And 5% Dextrose Injection, 1000 ML, Flexible Containers: Recall (One Lot) - Mold Contamination. July 11, 2014**

Hospira, Inc. announced it is initiating a voluntary nationwide user-level recall of one lot of Lactated Ringers and 5% Dextrose Injection, USP, 1000 mL, Flexible Container. This action is due to one confirmed customer report where particulate was identified within the solution of the primary container. [More information](#)

#### **Weight Loss Products: Public Notification - Undeclared Drug Ingredients July 9, 2014**

The FDA is advising consumers not to purchase or use Mix Fruit Slimming, Lingzhi Cleansed Slim Tea, 24 Ince, Lipo 8 Burn Slim Capsules, Sliming (sic) Diet By Pretty White, and Trim-Fast Slimming Softgel products promoted and sold for weight loss on various websites and possibly in some retail stores. FDA laboratory analysis confirmed that these products contains sibutramine. Laboratory analysis also confirmed that Mix Fruit Slimming contains phenolphthalein. [More information](#)

#### **Langston V2 Dual Lumen Catheters (Models 5540 and 5550) by Vascular Solutions: Class I Recall - Inner Catheter May Separate During Use and Cause Injury July 7, 2014**

Vascular Solutions received reports that the inner catheter of some Langston V2 Dual Lumen Catheters have separated from the device hub during use. [More information](#)

#### **Medtronic Duet External Drainage and Monitoring System, Medtronic Neurosurgery: Class I Recall - Tubing May Disconnect and Lead to Injury July 2, 2014**

FDA notified healthcare professionals of a Class I recall of Medtronic Duet External Drainage and Monitoring System. The firm recalled the device because the patient line tubing may separate from the patient line connectors. [More information](#)

**FDA Warning: Potential Health Risks - Captomer and Captomer-250 by Thorne Research June 13, 2014**

FDA is warning consumers not to purchase or to use Thorne Research's Captomer or Captomer-250, marketed as a dietary supplement for heavy metal toxicity and heavy metal chelation therapy. The products list DMSA (meso-2, 3-dimercaptosuccinic acid) as an active ingredient, which is contained in an FDA-approved prescription product indicated for the treatment of lead poisoning in children. [More information](#)

**Class I Recall: One Lot Mislabeled - Smiths Medical Portex Low Dead Space Connector with Sideport, 3.5mm June 13, 2014**

FDA notified health professionals of a class I recall of this product due to one lot of 3.0mm sized connectors, Lot #2553426, which were mislabeled in packages as 3.5mm. The affected products were distributed in November 2013. [More information](#)

**Recall: Labeling Error - Advocate Redi-Code+ Blood Glucose Test Strips by Diabetic Supply of Suncoast June 11, 2014**

Diabetic Supply of Suncoast, Inc. initiated a nationwide voluntary recall of all BMB-BA006A Advocate Redi-Code+ blood glucose test strip lots manufactured by BroadMaster Bio-Tech Corp due to a labeling error which could result in confusion about which meter models the Redi-Code+ BMB-BA006A blood glucose test strips are designed to be used with. [More information](#)

**Public Notification: Undeclared Drug Ingredient - La Jiao Shou Shen June 11, 2014**

FDA is advising consumers not to purchase or use La Jiao Shou Shen, a product promoted and sold for weight loss. FDA laboratory analysis confirmed that La Jiao Shou Shen contains sibutramine and phenolphthalein. [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 Beleodaq to Treat Rare, Aggressive Form of non-Hodgkin Lymphoma .July 3, 2014.**

FDA approved Beleodaq (belinostat) for the treatment of patients with peripheral T-cell lymphoma (PTCL), a rare and fast-growing type of non-Hodgkin lymphoma (NHL). The action was taken under the agency's accelerated approval program. [More information](#)

### **FDA Approves Lymphoseek to Help Determine the Extent of Head and Neck Cancer in the Body June 13, 2014**

FDA approved a new use for Lymphoseek (technetium 99m tilmanocept) Injection, a radioactive diagnostic imaging agent used to help doctors determine the extent a squamous cell carcinoma has spread in the body's head and neck region. Lymphoseek can now be used to guide testing of lymph nodes closest to a primary tumor for cancer in patients with cancer of the head and neck. [More information](#)

### **FDA Approves the First Antihemophilic Factor, Fc Fusion Protein for Patients with Hemophilia A June 6, 2014**

FDA approved Eloctate, Antihemophilic Factor (Recombinant), Fc fusion protein, for use in adults and children who have Hemophilia A. Eloctate is the first Hemophilia A treatment designed to require less frequent injections when used to prevent or reduce the frequency of bleeding. [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.

## FDA Voice

FDA voice is the official blog from FDA's senior leadership and staff. [More information](#)

## Medical Product Safety Network (Medsun)

Medsun improves FDA's understanding of problems with the use of medical devices so that the FDA, healthcare facilities, clinicians, and manufacturers can better address safety concerns. The Medsun newsletter provides monthly updates about timely medical device issues that may impact patient safety. [More information](#)

## CONSUMER UPDATES:

### FDA and EPA Issue Draft Updated Advice for Fish Consumption

FDA and the U.S. Environmental Protection Agency issued draft updated advice on fish consumption. The two agencies have concluded pregnant and breastfeeding women, those who might become pregnant, and young children should eat more fish that is lower in mercury in order to gain important developmental and health benefits. [More information](#)

### FDA Takes Final Step on Infant Formula Protections

FDA oversees manufacturers of infant formulas and helps ensure that these products are safe and support healthy growth in infants who consume them. FDA is finalizing a rule that sets standards for manufacturers of infant formula. [More information](#)

### Consumer Update: Four Medication Safety Tips for Older Adults

FDA's recommendations for older adults taking prescription and over-the-counter medicines. [More information](#)

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

## DRUG SHORTAGES AND DISCONTINUATIONS

### FDA Revamps Drug Shortages Website with Enhanced Search Features and Status Updates

The new website provides sections for new and updated drug shortages, a listing of drug shortages by therapeutic category, the ability to report a shortage via a web form, and sorting functions for drug shortages by generic name or status. [More information](#)

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**  
**June 2014**

Submitted by CDR Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (6/13/2014)

- **National Clinical Pharmacy Specialist Committee**

- Pharmacists practicing within the USPHS and IHS systems are widely known for their innovative practice of pharmacy and expanded clinical roles, including provision of primary care services and disease state management. With this advanced level of clinical care provided through local practice agreements, it is important to establish best practices, promote uniformity among certification, document outcomes, and explore appropriate reimbursement for services. National Clinical Pharmacy Specialist (NCPS) certification is intended to uniformly recognize an advanced scope of practice aimed at managing one or more disease states and/or optimizing specific drug therapy after completing local policy approval and credentialing requirements. The committee evaluates and certifies each program's collaborative practice agreements (CPAs) for best practices as well as application requirements for pharmacists to be certified as providers within these services. NCPS certification is strongly recommended to serve as a base standard for local credentialing of pharmacists for this advanced scope of clinical care in disease state management within the I/T/U health systems.

- **Program statistics:**

Total NCPS certifications	Total NCPS Pharmacists	Total Active NCPS certifications	Total Active NCPS Pharmacists
603	431	429	306

Area	Certificate Distribution	
	Sites	Number of Certifications
Aberdeen – Great Plains	8	21
Alaska	5	48
Albuquerque	5	12
Bemidji	6	39
Billings	2	4
BOP	10	25
Nashville	3	5
Navajo	5	55
Oklahoma	22	105
Phoenix	7	77
Portland	4	31
Tucson	1	7

Disease State	Certification Categories	
	# of Pharmacists	# of programs
Anticoagulation	237	64
Nicotine Dependence	73	20
Dyslipidemia	22	8
Diabetes	23	10
Hypertension	15	7
Immunization	14	3
Pain Management	6	2
Seizure Disorder	4	1
Infectious Disease	19	9
Asthma	3	3
Family Practice (Practitioner)	2	1
CHF	3	1
Anemia of CKD	3	2
Alcohol Abstinence	2	1
Cardiovascular Risk Reduction	1	1

- **Meeting Schedule for 2014:**

- August 6, 2014

- November 5, 2014
- Meeting Summary:
  - May 2014:
    - Protocols reviewed – 14
    - Certificates granted – 39
    - Workgroup updates presented on establishing standardized outcomes for Anticoagulation, Diabetes, and Nicotine Dependence. Per discussion, will continue with workgroups for another quarter obtaining public assessment of 1 page tool and then present standardized tools at August meeting.
  - NPC/NCPC pharmacists credentialing workgroup presented updates and information to be included in the IHS Directors Briefing

- **National Pharmacy and Therapeutics Committee**

- NPTC Clinical Update
  - The IHS National Pharmacy and Therapeutics Committee (NPTC) held its spring meeting May 6-7, 2014 at the Oklahoma City Area IHS in OKC, OK. Representatives from all twelve of the IHS Areas were in attendance for this meeting. The DoD-PEB provided updates related to the various upcoming meeting topics and class reviews. Dr. Francine Goodman, PharmD from the VA provided specific insight on how the VA formulary relates to several NPTC discussions. The NPTC continues to appreciate the relationships with experts from the field and with other government agencies. Additionally, the committee appreciated the opportunity to hold its meeting at the Oklahoma City Area Indian Health Service Office in Oklahoma City, OK
  - The meeting had discussions on a variety of topics involving the pharmacologic treatment of chronic and acute non-malignant pain conditions. The NPTC reviewed the use of calcium channel alpha-2-delta ligands, nonsteroidal anti-inflammatory agents, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors, skeletal muscle relaxants, long- acting opioids, short-acting opioids, opioid agonist-antagonist analgesics, and opioid antagonists.
  - The resulting actions from the meeting were as follows:
    1. A clinical presentation over the use of calcium channel alpha-2-delta ligands in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed were gabapentin and pregabalin. The evidence supports and NPTC recognizes the consensus among the guidelines that agents in this class are effective in the treatment of neuropathic pain and are considered one of the first-line treatments. The current National Core Formulary (NCF) currently contains **gabapentin**. No specific modifications were made to the IHS NCF in this class. Gabapentin remains the sole product on the NCF.
    2. A clinical presentation over the use of nonsteroidal anti-inflammatory agents in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed included ibuprofen, naproxen, meloxicam, indomethacin, celecoxib, nabumetone, diclofenac, sulindac, and etodolac. Based upon the discussion, the NPTC **REMOVED sulindac and ADDED diclofenac “any formulation”, and meloxicam** to the NCF. With these changes, the NCF contains ibuprofen, naproxen, indomethacin, diclofenac, and meloxicam for analgesia. The NPTC evidence review supported NSAIDs as commonly used agents after acetaminophen for nociceptive pain and as an alternative first line agent in many of the pain management guidelines. A formulary brief will be developed and disseminated that provides guidance on the use of this class of medications in the treatment of pain.
    3. A clinical presentation over the use tricyclic antidepressants and serotonin and norepinephrine reuptake inhibitors in the treatment of chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed included amitriptyline, nortriptyline, imipramine, desipramine, venlafaxine, and duloxetine. Based upon the discussion, the NPTC **REMOVED imipramine** from the NCF. The NPTC **REMOVED Venlafaxine ER and ADDED Venlafaxine “any formulation”**. It was determined that market changes have removed past advantages of having a specific venlafaxine formulation named on the formulary. A formulary brief will be developed and disseminated that provides guidance on the use of this class of medications in the treatment of pain.
    4. A clinical presentation over the use of skeletal muscle relaxants in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed were cyclobenzaprine, baclofen, methocarbamol, tizanidine, and carisprodol. No specific modifications were made to the IHS NCF; however a formulary brief to discuss their place in the treatment of chronic pain will be developed and disseminated. A wide variety of pain conditions, both acute and chronic, may be accompanied by painful muscle spasm. Antispasmodics can be useful in

treating this aspect of the patient's symptoms, but their action may be more the result of sedation rather than muscle relaxation. Use of carisprodol is best avoided due to risk for misuse and diversion.

5. A clinical class-review presentation over the use of short-acting opioids in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed were acetaminophen (APAP)/codeine, hydrocodone, hydrocodone/APAP, hydromorphone, meperidine, morphine sulfate, oxycodone, oxycodone/APAP, tramadol, tramadol/APAP, pentazocine/APAP, and pentazocine/naloxone. The use of short-acting opioids in severe acute pain is well established, but no specific modifications were made to the IHS NCF. A formulary brief to discuss their place in the treatment of chronic and acute pain will be developed and disseminated.
  6. A clinical presentation over the use of long-acting opioids in the treatment of acute and chronic pain was provided. A utilization and procurement discussion was provided with IHS specific data. The medications reviewed included oxycodone extended-release (ER), hydrocodone ER, hydromorphone ER, morphine SR, buprenorphine transdermal, methadone, fentanyl transdermal and tramadol ER. The NPTC's review identifies the role of opioid therapy in the more severe forms of acute and chronic pain is established, but opioid therapy in many types of chronic non-cancer pain remains controversial, many times the clinical evidence is equivocal, and health systems policies and procedures vary greatly in the use of opioids in pain management. Due to these variables, no specific modifications were made to the IHS NCF and no long-acting opioid was added to the NCF. Opioid medications should be used on a chronic basis only in patients who have persistent pain despite trials of non-opioid agents. They should be used with extreme caution and very close monitoring in patients with a medium or higher risk for substance misuse and abuse. It should be recognized that the evidence for the effectiveness of long-term opioid therapy in terms of pain relief and improved functional outcomes is limited, and that the risk of opioid overdose increases with increasing dosing. A formulary brief to discuss their place in the treatment of chronic pain will be developed and disseminated.
  7. A clinical presentation over the use of opioid agonist-antagonist analgesics in the treatment of acute and chronic pain and opioid antagonists use in opioid overdose reversal was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed included buprenorphine sublingual, buprenorphine/naloxone, methadone, and naloxone. The NPTC **ADDED naloxone** to the NCF recognizing its expanded role in the treatment of opioid overdose in the ambulatory care and community setting.
    - The next meeting will be held in Oklahoma City, OK on August 5<sup>th</sup> and 6<sup>th</sup>, 2014. The agenda topics will include a review of current hypertension guidelines and the use of angiotensin-converting enzyme inhibitors, angiotensin II receptor antagonists, calcium channel blocking agents, diuretics, and beta-adrenergic blocking agents for the treatment of hypertension. Class reviews for phosphodiesterase type 4 and 5 inhibitors will also be conducted.
- 2014 National Combined Council (NCC) face-to-face Meeting
    - Dates: June 23-26, 2014 in Scottsdale, AZ.
    - Agenda
      - NPC meets with the Director to discussion Two Talking Points
        - The APCs had identified 2 hot topics on their last call to discuss with the Director:
          1. Credentialing of pharmacists with Medical Staff
          2. Electronic prescribing of controlled drugs and DEA requirements
      - NPC's Year-End Summary Report for Dr. Karol and HQ Leadership.

**PharmPAC IHS Liaison Report**  
**Indian Health Service National Pharmacy Council**  
**July 2014**

Submitted by CAPT Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (7/18/2014)

- **National Pharmacy Residency Coordinator Report – CDR Reyes**
  - INCOMING RESIDENCY CLASS
    - 23 residents were selected this cycle (runs from July 1, 2014 – June 30, 2015 for most sites).
    - OBC for all CO residents is scheduled for July 13-25, 2014. At this time there are no OBC courses officially schedule for after July as COTA is working to determine their future plan.
    - PPTP is tentatively scheduled for August 25-28, 2014 in Scottsdale, AZ.
  - OUTGOING RESIDENCY CLASS
    - Many of the outgoing CO Residents have chosen to work through the Reserve Corps to Regular Corps transition process with DCCPR.
    - It is anticipated that 17 of the 20 residents that started in July 2014 will complete their program this month and earn a residency certificate.
  - PROGRAM UPDATES
    - There are 2 new residency programs starting July 1, 2014: Sells, AZ and Norton Sound in Nome, AK. This brings our program total to 20 locations nationwide. One existing program expanded to add a second resident (PIMC).
- **Pharmacy PSG (Professional Specialty Group) Committee Report – CAPT Dial**
  - New Membership:
    - Chair: CDR Katie Johnson
    - Oklahoma Alt: Grant McElwee
    - Alaska Alt: Esther Jarvis
    - Adhoc: Max Burchett
  - Members rotating off:
    - Oklahoma – Cindy Gillis
    - Navajo – Cecil Aycock
    - Billings – Dan Maurer
    - Phoenix – Bev Wilcox
  - Scheduled Meetings:
    - Monthly Conference Call every third (3<sup>rd</sup>) Wednesday
  - Serena Business Items (Enhancement Requests)
    - PSG has reviewed >40 enhancement requests since January 2014
    - PSG has approved >20 enhancement requests for development since January 2014
  - Software Development/Enhancement Priorities:
    - Pharmacy Graphical User Interface (Rx GUI)
    - Pyxis/OmniceLL HL7 Interface (BOP)
  - Pharmacy Informatics
    - PSG sponsored the 2014 Pharmacy Informatics Course held on May 5<sup>th</sup> – 8<sup>th</sup> in Albuquerque, Oklahoma City, and Portland, OR
  - Best Practices Recommendations:
    - PSG has developed a document detailing recommended Best Practices in Pharmacy
- **2014 IHS Pharmacy Practice Training Program (PPTP)**
  - The 2014 IHS Pharmacy Practice Training Program (PPTP) has been approved. Online Registration is available at: <https://www.surveymonkey.com/s/REG2014PPTP> August 25-28, 2014, Scottsdale, Arizona
- **IHS National Pharmacy Council Strategic Plan June 2014**
  - The IHS NPC Pharmacy Strategic Plan identified six areas to prioritize over the next five years which are aligned with the Agency's shared vision. Moving forward in each of these six (6) areas simultaneously will create momentum to change our systems and our communities to enhance patient-centered pharmacy services.
  - NPC Strategic Planning June 2014 has been outlined and established
    - The six areas of the IHS NPC Pharmacy Strategic Plan include:
      1. To advocate for inclusion of pharmacists on medical staff across IHS
      2. To standardize pharmacy position descriptions across IHS
      3. To promote clinical initiatives, outcomes, and patient-centered delivery models across
      4. To expand utilization of the Department of Veteran Affairs Centralized Mail Outpatient Pharmacy (VA CMOP)
      5. To promote development of the pharmacy workforce
      6. To support POS pharmacy revenue generation



National Institutes of Health  
Bethesda, Maryland 20892

**DATE:** June 24, 2014

**TO:** Pharmacy Category Professional Advisory Committee

**FROM:** CAPT Richard DeCederfelt  
Pharmacy Department, Warren G. Magnuson Clinical Center, NIH

**SUBJECT:** PharmPAC Agency Report

This memo serves as documentation that there are no updates for the Agency report to the PharmPAC from NIH for August, 2014.



## PharmPAC USCG Liaison Report August 2014

Submitted by LCDR Paul T. Michaud, PharmD, NCPS

- **Epic Rollout and Implementation**
  - The electronic health record rollout continues with administrative input and program building increasing over the past few months.
  - The pilot rollout, scheduled for this summer has been postponed again due to server complications.
  - Due to the fluid nature of the project, the date of implementation continues to change and is now projected to the first half of 2015.
- **Strategic National Stockpile (SNS) Medications Maintained by the USCG**
  - DHS has issued a memorandum instructing all components to exercise their medical countermeasure (MCM) and closed point of distribution (POD) plans by the end of the 2014 calendar year. In addition per the department's pandemic workforce protection plan (PWPP), MCM POD training and exercising is an annual calendar year requirement.
  - All districts will participate with local and/or regional agencies to test their closed POD's and strengthen relationships with local assets.
  - DHS emulating USCG's participation with the shelf life extension program (SLEP) which has resulted in thousands of dollars of savings over the past year.
- **Upcoming Events and Meetings**
  - Joint Federal Pharmacy Seminar for 2014 will be held in Washington, DC from October 19-22. This year all federal pharmacy colleagues are invited to join including USPHS and the VA.
  - USCG pharmacy awards will be presented at this annual meeting to a pharmacist and C school trained pharmacy technician that has exemplified sustained excellence in leadership and innovation, or who has performed a specific act within the past 12 months that has had a significant impact which has improved practice, patient care, operations or cost-effectiveness.

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

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

### AMCP Professional Practice:

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

### AMCP Public Policy:

NTR

### Organization contact(s):

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

### **Date:**

July 2014

### **Announcements:**

The Academy of Managed Care Pharmacy (AMCP) invites submissions for abstracts to be presented at AMCP Nexus 2014, which will be held October 7-10, 2014, at the Hynes Convention Center in Boston, Massachusetts.

### **News:**

AMCP presented a talk about electronic Prior Authorization (ePA) via webinar on June 18, 2014. ePA provides an opportunity to enhance ePrescribing and Prior Authorization (PA) workflows. In turn, patients are directly benefited through identification of the most appropriate medications. AMCP believes that slow uptake of ePA adoption may lead to unnecessary PA mandates by state governments and avoidable time and costs associated with the current PA process.

## **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:**

#### **Announcements:**

AAHIVM is interested in collecting information on denials of Medicare claims for HIV screening. In keeping with the current USPSTF "grade A" recommendation for routine HIV screening, we have asked CMS to update its present coverage of only "at-risk" beneficiaries, to instead cover Medicare beneficiaries age 15-65, regardless of risk or perceived risk.

To help expedite CMS reconsideration of the current coverage determination, it would be helpful to provide them with examples and experiences from the field with Medicare denials of claims for HIV screening. If you know of instances in which your practice has been denied Medicare reimbursement for one or more HIV screening claims, we would greatly appreciate your feedback! Please email Policy Director Holly Kilness-Packett at [holly@aahivm.org](mailto:holly@aahivm.org) with your information.

#### **News:**

the Centers for Disease Control and Prevention (CDC) issued updated recommendations for laboratory testing for HIV infection in the United States. The recommendations feature a new HIV testing algorithm that enables the early detection of acute HIV infection.

[://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final](http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final).

## **American Academy of HIV Medicine (AAHIVM)**

### **Liaison Officer's Report by CDR Robert Macky**

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#### AAHIVM Public Policy:

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#### Organization contact(s):

Amber McCracken Director, Communications and Marketing

Ken South Director, Credentialing

**Date: 8/1/2014**

#### **Announcements:**

The 2014 electronic update of the 2012 edition of Fundamentals of HIV Medicine textbook, which includes 10 updated chapters, is now available!

The electronic USB card of updated chapters is being offered at a Member price of \$40 or a non-member price of \$90

#### **News:**

It is with heavy heart we learn many of those that perished in the crash of Malaysia Airlines Flight 17 were leading HIV/AIDS researchers traveling to the International AIDS Conference scheduled to begin on Sunday in Australia. While all names have not yet been released, the passing of Dr. Joep Lange, a leading HIV/AIDS researcher, has been confirmed.

## **American Association of Colleges of Pharmacy (AACP)**

### **Liaison Officer's Report by CAPT Louis Flowers**

Website: [www.aacp.org](http://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](mailto:lmaine@aacp.org)

**Date: August 2014**

#### **Announcements:**

**NTR**

#### **News:**

**NTR**

## **American Association of Colleges of Pharmacy (AACP)**

### **Liaison Officer's Report by CAPT Louis Flowers**

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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](mailto:lmaine@aacp.org)

**Date: July 2014**

#### **Announcements:**

**NTR**

#### **News:**

**NTR**

## **American Association of Colleges of Pharmacy (AACP)**

### **Liaison Officer's Report by CAPT Louis Flowers**

Website: [www.aacp.org](http://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.

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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](mailto:lmaine@aacp.org)

**Date: April 18, 2014**

#### **Announcements:**

##### **Pharmacy Featured In National Career Radio Show**

Jen Adams, AACP Senior Director of Strategic Academic Partnerships, was featured on LJNRadio's "I Want to be a..." a national Internet radio show that focuses on career paths in different industries. The episode, "I Want to be a Pharmacist" follows her path to pharmacy and details the many reasons why the pharmacist is a valuable member of the healthcare team. Please visit

[http://www.localjobnetwork.com/radio/details?rp\\_id=617&s.ra\\_id=976&s.rc\\_id=78](http://www.localjobnetwork.com/radio/details?rp_id=617&s.ra_id=976&s.rc_id=78)

##### **Call for IOM Pharmacy Fellowship Nominations**

The Boards of the American Association of Colleges of Pharmacy and the American College of Clinical Pharmacy have announced a call for nominations for the Anniversary Fellowship in Pharmacy at the Institute of Medicine (IOM). The fellowship will support a pharmacist as an early career health policy or health science scholar. Nominations for the fellowship will remain open through June 16. For details about the nomination process, please visit

<http://www.aacp.org/career/grants/Pages/IOMAnniversaryPharmacyFellowship.aspx>. For questions, please contact Lucinda L. Maine, AACP Executive Vice President & CEO.

# **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](http://www.amsus.org)

### **AMSUS Mission Statement**

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

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

### **AMSUS Vision Statement**

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

### **Organization Contact(s)**

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

[lori.lawrence@amsus.org](mailto:lori.lawrence@amsus.org)

**July 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**

#### **AMSUS SmartBrief**

**7/2/14**

The deadline for award submissions has been extended to midnight July 15. 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](#).

The AMSUS Awards Committee is seeking volunteers to assist in scoring of award nomination submissions. This is a short-term volunteer project during the month of August. The system is automated and can be done from anywhere with a computer/tablet and Internet access. If interested, please contact Diane Condrick at [diane.condrick@amsus.org](mailto:diane.condrick@amsus.org). You do not need to be a current AMSUS member to submit, be nominated or volunteer to score.

#### **7/9/14**

Register now for the [2014 Annual Continuing Education Meeting](#) to be held at the Walter E. Washington Convention Center in Washington, D.C., Dec. 2-5. There are two new and exciting additions offered: "Basic Tobacco Intervention Skills Certification Program" and "Battlefield Acupuncture," as well as other courses and sessions. Space is limited on some of the special programs -- so don't wait! Visit the Meetings website for the [preliminary agenda, registration rates and options](#) and a list of our current meeting sponsors. Housing registration is available upon completion of the meeting registration process. Hope to see many of you in D.C. this December!

#### **7/16/14**

Check out our new store where you can purchase [insignia, accessories or apparel](#). You can join AMSUS, [refer a colleague](#) to join or renew your membership and even write a customer review at the store as well! Take advantage of our FREE shipping -- order today! Due to Washington, D.C., tax laws, we will not be able to make any sales transactions at the Annual Meeting this year. However, we will have all of our items available to view and try on. Is there an item you wish AMSUS sold? Let us know at [membership@amsus.org](mailto:membership@amsus.org).

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

Website: [.pharmacist.](http://www.pharmacist.org)

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:** July 2014

**News:**

Community Pharmacy Accreditation

- Outpatient pharmacy practices seeking recognition for their high-quality, safe, and efficient patient care are invited to apply for the Center for Pharmacy Practice Accreditation's (CPPA) voluntary new accreditation program. The program is up and running and accepting applications.
- CPPA, a nonprofit organization, was established in 2012 by APhA, the National Association of Boards of Pharmacy, and the American Society of Health-System Pharmacists to recognize pharmacy practices for providing patient care services that improve health outcomes and contribute to lower health care costs.
- The accreditation process, which takes about 6 to 9 months, consists of an application, submission of documents, a site survey, and determination of accreditation status. The application, detailed information, and resources are available on CPPA's website at <http://pharmacypracticeaccredit.org/>.

**Announcements:**

2014 APhA Immunization Champions

- USPHS's Lt. Carlisha Gentles, PharmD, BCPS was awarded the Individual Practitioner Honorable Mention for the 2014 APhA Immunization Champions.
- When seniors on the Navajo reservation in Tsaile, AZ, began suffering from shingles, they went to Tsaile Health Center to ask for a vaccine, but the IHS clinic didn't stock the pricey vaccine, and pharmacists couldn't vaccinate anyway. Patients' only option was to visit a community pharmacy 2 to 4 hours away.
- Gentles acquired a small amount of the zoster vaccine to conduct a demonstration study. Following the Institute for Healthcare Improvement's Plan, Do, Study, Act model, Gentles demonstrated to medical staff that a pharmacist-led zoster vaccine program was sustainable. Her efforts led the health center's medical staff to add the vaccine to the formulary in 2013. That year, she and a pharmacist colleague vaccinated 150 people, while continuing their duties in the extremely understaffed clinic. This year, they expect to vaccinate 400 people by midsummer.

#### Joint Federal Pharmacy Seminar

- The draft schedule is now available for the JFPS in Washington DC, October 19-22. The full meeting registration cost will remain the same at \$175, a daily registration fee at \$100 (includes the Opening Reception and Service Award Program) is available for local attendees. Meeting and hotel registration will be available on July 7th.
- The Education Advisory Committee met to discuss plenary, breakout and service-specific questions. A good discussion took place and feedback was given regarding mission-critical, operational, and clinical topics to consider for the program development. 45 posters have been submitted representing most of the Services. The poster "Meet the Researcher" CPE sessions will be offered on Monday and Tuesday morning. Both MTM and Diabetes Certificate Training Programs (CTPs) will be offered at \$99 (in addition to the meeting registration) on Sunday, October 19th. The CTPs will both have a maximum attendance of 65 with Federal Pharmacists receiving first priority. More information will be forthcoming.
- See [://www.jfpsinfo.org/](http://www.jfpsinfo.org/) for more information.

#### PHS Pharmacists

- Federal Pharmacists: LCDR Ann Gorman (IHS), Maj Dave Jarnott (AF), and Eve Mendes (VA) invited to share their patient care experiences on "pharmacists provide care" initiative on [pharmacist.com](http://pharmacist.com)

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

Website: [www.pharmacist.com](http://www.pharmacist.com)

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- Creating unique opportunities for our members to connect and share with their peers across practice settings.

Organization contact:

Stacia Spridgen, PharmD, Director, Federal Pharmacy Program

[sspridgen@aphanet.org](mailto:sspridgen@aphanet.org)

**Date:** August 2014

**News:**

Pharmacist-Provided Service

- CMS has informed the American Academy of Family Physicians (AAFP) that a physician may bill the Medicare program for pharmacist-provided services as incident-to services if all the legal requirements are met.
- Incident-to services are defined by Medicare as services and supplies in a non-institutional setting that are an integral, although incidental, part of the physician's professional service; commonly rendered without charge or included in the physician's bill; of a type that is commonly furnished in physician's offices or clinics; and furnished by the physician or auxiliary personnel under the physician's direct supervision.

Any Willing Pharmacy

- On June 10, APhA joined an open letter to Congress expressing "unified support" for giving Medicare patients more convenient access to discounted or "preferred" copays at independent community pharmacies willing to accept the terms and conditions of Medicare Part D prescription drug plans.
- "Right now, seniors in many communities face either trips of 20 miles or more to reach a 'preferred' pharmacy or must assume higher copays to use a local pharmacy they have maintained a trusted relationship with for many years," especially in rural and

underserved communities, wrote the more than 130 organizations that signed the letter. “Seniors should have greater access to discounted or ‘preferred’ copays at independent community pharmacies.”

- Although CMS decided not to finalize a proposed “any willing pharmacy” provision in its recently released 2015 Medicare Part D final rule, the agency expressed its “continued support for this concept based on [its] belief that opening restrictive pharmacy networks would have significant benefits including increased access for beneficiaries to reduced copayments [without] increased prices,” according to the letter. More than 30 Members of Congress support ensuring the “any willing pharmacy” standard for preferred pharmacy networks.

## **Announcements:**

### 2014 Joint Federal Pharmacy Seminar

- The draft schedule is now available for the JFPS in Washington DC, October 19-22. The full meeting registration cost will remain the same at \$175, a daily registration fee at \$100 (includes the Opening Reception and Service Award Program) is available for local attendees. Meeting and hotel registration will be available on July 7th.
- 45 posters have been submitted representing most of the Services. The poster “Meet the Researcher” CPE sessions will be offered on Monday and Tuesday morning. Both MTM and Diabetes Certificate Training Programs (CTPs) will be offered at \$99 (in addition to the meeting registration) on Sunday, October 19th. The CTPs will both have a maximum attendance of 65 with Federal Pharmacists receiving first priority. More information will be forthcoming.
- See <http://www.jfpsinfo.org/> for more information.

### PHS Pharmacists

- 3 Federal Pharmacists selected for 2015 APhA Annual Meeting Policy Committees (LCDR Ann Gorman, Gloria Davis-Brackins, Thomas Worrall)

### APhA

- Tom Menighan, APhA Executive Vice President and CEO assisted with remarks for RADM Giberson’s Change of Responsibility ceremony and also attended the event.
- 2015 APhA Awards Timeline and nomination process was announced (includes Distinguished Federal Pharmacist of the Year):
  - June 2014: APhA nominations process opens
  - June - September 1, 2014: Nominations accepted via online submission
  - December 2014: APhA Award recipients notified
  - March 27-30, 2015: 2015 APhA Award recipients recognized in San Diego, CA

# **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/memberships/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/memberships/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](mailto:membership.mail@apha.org))

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

### **Date:**

8/7/14

### **Announcements:**

#### **American Journal of Public Health's Mary Northridge to complete tenure as editor-in-chief**

Written by: Kim S

The American Public Health Association has announced that Mary E. Northridge, PhD, MPH, will complete her 16-year tenure as editor-in-chief of the American Journal of Public Health in March 2015. Northridge, who was also the first female editor of AJPH, will become the journal's first editor emeritus.

In announcing the news yesterday, APHA and AJPH celebrated Northridge's contributions. During her tenure, the top-ranked journal saw its highest impact factor rankings, increased submission numbers, decreased publication times, instituted online only publication of select departments and created new article types.

“Through her dedication to scientific rigor and scholarly publishing coupled with her abiding commitment to advancing health equity and social justice, Dr. Northridge helped usher in a new era for the American Journal of Public Health,” said APHA Executive Director Georges Benjamin, MD, publisher of the journal.

Under Northridge’s leadership, the journal published landmark issues on emerging topics ranging from mental health stigma to LGBT health to veterans and suicide.

“We are grateful for Dr. Northridge’s extraordinary contributions knowing her legacy will continue to shape AJPH and the field of public health,” said AJPH Editorial Board Chair Jeffrey Wilson, PhD.

“My appeal to the next team of journal editors is to remain steadfast in the honorable yet elusive pursuit of health equity, and I will be standing with you in support and encouragement,” Northridge wrote in her farewell editorial to be published in the September 2014 issue of the journal.

APHA has begun its search for a new editor-in-chief and has established a search committee to assist in the effort. A firm has been retained to work with the APHA Executive Board in conducting the search. More information will be made available on the APHA website soon.

## **Headlines**

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

### **Boston Globe – Few preparations in event of Ebola in US**

As the death toll from Ebola nears 900 in West Africa, medical ethicists warn that US medical facilities and states have few plans in place to allocate limited supplies of life-saving medications and equipment such as ventilators if such a deadly outbreak were to occur here. Public health officials say it is unlikely the disease would spread widely in the United States because infection control procedures and protective gear are more advanced than in Africa. But the unprecedented number of cases in Africa and the ease of travel have ethicists and emergency preparedness experts pondering what-if scenarios.

### **Time – ‘Gluten free’ label now actually means gluten free**

FDA enforces rule saying the claim can only be used for foods containing less than 20 parts per million of gluten

Starting Tuesday, the label “gluten free” will actually mean “gluten free.”

Before Aug. 5, there were no standards or regulations governing the use of gluten-free claims placed on packaged foods. As of Tuesday, however, the Food and Drug Administration determined that the claim can only be used for foods containing less than 20 parts per million of gluten.

### **Michigan Business Review – Michigan teens start HPV vaccine but don’t finish it, federal health data indicates**

Michigan is doing better than the national average at getting teen girls to start receiving the human papillomavirus (HPV) vaccine, but is one of the worst in the nation at making sure they finish it. Newly released data from a study of teen immunization rates from the federal Centers for Disease Control and Prevention show that about two-thirds of girls between the ages of 13 and 17 have received at least one dose of the vaccine, but fewer than half have finished the three-dose course.

### **The Washington Post – Toledo’s water ban and the sensitivity of our drinking systems**

On Monday morning, two days after residents of Toledo, Ohio, were ordered to stop drinking tap water, the ban was lifted and the water declared safe to drink. Adding a dose of theatricality to the announcement that the water was drinkable once again, Toledo Mayor D. Michael Collins stood in front of reporters, called the water safe and downed a glass himself.

The notice to stop using tap water, first issued by Toledo on Saturday, affected about half a million

people. Toledo's system produces 26 billion gallons of drinking water per year, water that is taken from Lake Erie to the Collins Park Water Treatment Plant for purification, according to last year's annual report from the Toledo Department of Public Utilities.

### **CDC launches third round of hard-hitting anti-smoking ads**

Written by: Maya Haynes

The Centers for Disease Control and Prevention has launched a new round of ads from Tips From Former Smokers, its successful campaign that graphically shows the effects of smoking-related diseases. The ads come as new findings show that more than 1 in 5 Americans are regularly using some form of tobacco.

The new Tips from Former Smokers ads feature seven true stories of people suffering from smoking-related ailments. They highlight three health conditions not previously mentioned in the campaign: smoking while pregnant, gum disease and smoking with HIV/AIDS. The ads highlight illnesses and suffering caused by smoking "that people don't commonly associate with cigarette use," said CDC Director Tom Frieden, MD, MPH, such as teeth loss and strokes.

Launched in 2012, the Tips From Former Smokers campaign has helped hundreds of thousands of people quit smoking and dramatically increased calls to a national quit line. The new round of ads, released July 7, will run for nine weeks on English- and Spanish-language television, radio, billboards and online.

"These new ads are powerful," Frieden said. "Smokers have told us these ads help them quit by showing what it's like to live every day with a disability and disfigurement from smoking."

The ads were released in the wake of new data from CDC's National Adult Tobacco Survey, which reported that about 21 percent of U.S. adults use tobacco every day or some days. Of those, about 73 percent use at least one tobacco product a day.

The study found also that tobacco use is higher among men; young adults; Americans living in the Midwest or South; people with less education and income; and lesbian, gay, bisexual and transgender adults.

"It is unacceptable that one in five U.S. adults — 50 million people — use a tobacco product every day or some days, the vast majority of them smoking cigarettes," Vince Willmore, vice president for communications at the Campaign for Tobacco-Free Kids, told *The Nation's Health*.

The new ads are aimed at reducing those numbers and preventing related illnesses. Among the new faces in the CDC ad campaign is Brian, whose life was seriously threatened by HIV/AIDS complications. After leaving the hospital following treatment, he felt "invincible" and that he had conquered AIDS. However, he continued to smoke. At age 43, Brian had a stroke. Smoking, in combination with HIV, led to clogged blood vessels that resulted in surgery on a neck artery, a blood clot in his lung and ultimately a stroke.

"Having HIV is a part of your life until you die, but smoking is something you have control over," Brian said in his two-minute ad. "Taking every advantage you have to stop smoking is going to save you."

The CDC ads also feature Rose, a woman diagnosed with lung cancer at age 58 as a result of smoking. Lung cancer kills almost twice as many women as any other cancer, unbeknownst to most women, Paul Billings, senior vice president for advocacy and education at the American Lung Association, told *The Nation's Health*. Shortly before the new CDC ads were released, the association launched its new Lung Force campaign, which rallies women in the fight against lung cancer.

The new round of the CDC campaign also features ads from Terrie Hall, the most well-known face of the ads, who died from cancer last year. About 480,000 Americans die from smoking each year, and 16 million people in the U.S. have a smoking-related disease, according to CDC.

To view the new ads, visit CDC's YouTube channel at [www.youtube.com/user/CDCStreamingHealth](http://www.youtube.com/user/CDCStreamingHealth). More information about the campaign is available at [www.cdc.gov/tobacco/campaign/tips/about](http://www.cdc.gov/tobacco/campaign/tips/about). Copyright The Nation's Health.

## 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](http://www.apha.org/meetings). For questions, email [annualmeeting@apha.org](mailto:annualmeeting@apha.org).

Closing General Session will focus on APHA's work to make the U.S. the healthiest nation in one generation. Hear some of the nation's top health strategists talk about the pathways to a healthier nation. (Wednesday, Nov. 19, 2:30 p.m.-4:30 p.m.)

### Behind the scenes of the APHA Annual Meeting program, part 1: 'It's completely member-driven'

10,000. Actually, it's more than 10,000. That's how many abstracts APHA member volunteers sifted through and reviewed to eventually find the more than 5,000 abstracts that will be presented at this year's 142nd APHA Annual Meeting and Exposition in New Orleans. And they did it all in less than a year — actually, they did it all in closer to half a year.

This blogger has been to 11 Annual Meetings and the size of the program has always been a bit of a running joke: Has anyone seen the phonebook — I mean the Annual Meeting program. Ha! But in reality, the APHA Annual Meeting program is like best Christmas presents from our childhoods. It's big, heavy and bulky, which almost always means there's something pretty awesome inside. The program is nearly an almanac of public health practice, detailing and preserving the latest research, trends and successes in creating healthier communities. But have you ever wondered what goes into creating this tome to public health? Here's the first in a series of peeks behind the proverbial curtain.

When it comes to creating the Annual Meeting program, APHA members sit in the driver's seat. But directing the traffic is Donna Wright, manager of scientific session development within APHA's Conventions Department. Appropriately, the program planning begins and ends at the Annual Meeting. In other words, as one meeting officially closes, Wright gathers program planners from all of APHA's Sections, Special Primary Interest Groups, Caucuses, Forums and the Student Assembly in that year's host city to kick off planning for the next year's meeting. While the rest of us are coming up for air after five days of jam-packed meeting events, Wright and a small army of volunteers are already getting to work on the next iteration of the world's largest public health gathering.

"It's completely member-driven," Wright says. "If it weren't for them, it would be a very small meeting."

Wright says there are so many moving parts to putting together the Annual Meeting program that it's actually quite difficult to put the enormity of the task into words. But like the profession of public health, this blog isn't going to shy away from trying. That's why this post is only the first in a series that goes behind the scenes to see what goes into creating the Annual Meeting program.

In the next month or so, we'll talk more with Wright as well as program chairs from the Mental Health and International Health Sections and the Ethics SPIG about a process that begins with each member group crafting a compelling call for abstracts and ends with organizing thousands of accepted presentations into hundreds of individual sessions, each with a cohesive thread and narrative. It's not easy, Wright says, but it's certainly fulfilling.

"I love being part of something so huge, so major," Wright says. "To see it come to fruition and just flow — that's the most rewarding part."

Stay tuned for more behind-the-scenes coverage coming next month!

### **Public Health Calendar:**

- [Parity & The Affordable Care Act: Bridging Gaps to Advance Mental Health](#)  
Sheraton Atlanta, GA  
September 10-12, 2014
- [2014 SEC Symposium entitled Prevention of Obesity: Overcoming a 21<sup>st</sup> Century Public Health Challenge](#)  
Hyatt Regency  
September 21-23

**American Society of Health System-Pharmacists (ASHP)**  
**Liaison Officer's Report by CDR Randy L. Seys**  
Website: [www.ashp.org](http://www.ashp.org)

**ASHP Professional Practice:**

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

**ASHP Public Policy:**

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

**Organization contact(s):**

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

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

**Date:** 6/26/2014

**Announcements:**

- 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**

**FDA Warns Of Serious Allergic Reactions From Acne Treatments.**

[USA Today](#) (6/25) reported that the FDA Wednesday warned that "life-threatening" allergic reactions can "occasionally" be caused by some popular OTC acne treatments. The paper noted that "the products contain benzoyl peroxide or salicylic acid and are sold under brand names including" Proactiv and Neutrogena, citing the FDA.

According to FDA medical officer Mona Khurana, serious allergic reactions cannot be found on the products' warning labels.

The [AP](#) (6/26, Perrone) reported that an FDA analysis found "131 reports of serious allergic reactions with topical acne drugs over the last 44 years." Although none of the people died, 44 percent of them "had to be hospitalized." The AP noted the FDA has warned that consumers should "stop using the products immediately if they experience tightness of the throat, breathing problems, lightheadedness or swelling of the eyes, face or lips."

According to the [Boston Globe](#) (6/25), the FDA pointed out that it is "working with manufacturers to determine whether warnings about dangerous reactions should be posted on the product labels."

The news was also covered by [Reuters](#) (6/26, Dey), [NBC News](#) (6/26), [TIME](#) (6/26), the [Cleveland Plain Dealer](#) (6/26), [HealthDay](#) (6/26) and [Medscape](#) (6/26).

## Resurgent Debate Over The Efficacy Of Vitamin Supplements Detailed.

In a piece for [Nature](#) (6/26), Melinda Wenner Moyer says "scientific opinion about the use of vitamin supplements by millions of seemingly healthy people has never been more divided." Moyer notes last year in *Annals of Internal Medicine*, "researchers at Johns Hopkins University...and other institutions proclaimed with certainty that the US public should 'stop wasting money' on vitamin supplements." Moyer says that "within months a counterattack ensued, headed by huge names in nutrition science and biochemistry, including Bruce Ames at the Children's Hospital Oakland Research Institute" and "Walter Willett at Harvard University...who argued that vitamin deficiencies are, in fact, widespread in the United States and that supplements can help to close nutritional gaps." The piece quotes Paul Coates, who directs the Office of Dietary Supplements at the US National Institutes of Health, who explains, "There will always be two polar sides to this argument, and the main reason for that is we don't know the answers — we don't have evidence one way or the other."

### Regulatory

## FDA Seeks Details Of Pneumonia Treatment From Swiss Firm.

The [Wall Street Journal](#) (6/26, Revill, Subscription Publication) reported the FDA told Basilea Pharmaceutica AG it needs additional details about the company's ceftobiprole pneumonia treatment before it can consider its approval.

[Bloomberg News](#) (6/26, Mulier) reported the Swiss firms disclosed it doesn't plan "to start the new late-stage clinical trials" of ceftobiprole "without a partner for the U.S." The article noted that the FDA's "decision is a setback for ceftobiprole, which will become available in some European markets in the second half of this year."

[Reuters](#) (6/26) also covered the news.

## FDA Panel Doesn't Recommend UK Firm's Ovarian Cancer Treatment.

[Bloomberg News](#) (6/26, Edney) reported and FDA advisory panel recommended that AstraZeneca Plc submit additional clinical data before its experimental ovarian cancer treatment is considered for approval. The article noted that "AstraZeneca should complete a study meant to confirm olaparib's benefit." Bloomberg noted that although "the London-based company scrapped plans for the drug in 2011, it revived olaparib after deciding to reanalyze data on patients with a hereditary mutation of the BRCA genes."

[Reuters](#) (6/26, Clarke) reported that panel members, who voted 11-2 for a second trial, raised concerns over risk of secondary cancers for patients taking olaparib, in addition to side effects such as nausea and gastrointestinal problems.

[MedPage Today](#) (6/26) also covered the news.

## “Controversial” Physician Gets FDA Approval To Resume Cancer Trial.

[USA Today](#) (6/25) reported that “controversial” doctor Stanislaw Burzynski has been approved by the FDA to restart “administering experimental cancer treatments.” Burzynski’s clinical trial had been placed on a “partial hold” by the FDA after “the 2012 death of a 6-year-old New Jersey boy in his study.” Still, USA Today noted, some cancer specialists “say they’re disappointed by the FDA’s decision and concerned for the safety of young patients,” with some critics worried over the financial impact on patients and families who have to raise \$100,000 or more for the treatments that are not covered by insurance.

## Advisory Committee Recommends Nasal Spray Over Injected Flu Vaccine For Kids.

The [AP](#) (6/26, Stobbe) reports that yesterday, the Advisory Committee on Immunization Practices recommended the FluMist nasal spray vaccine over injections for children aged two through eight. The recommendation follows studies concluding that the spray vaccine leaves children only half as likely to acquire the virus. Currently, AstraZeneca’s FluMist is the only available spray of this kind.

### Health Coverage and Access

## Surprising GDP Contraction Linked To Health Spending Drop.

On Wednesday, the Department of Commerce released [data](#) showing that US GDP shrunk at a 2.9 percent annual rate during the first quarter of 2014, far higher than previously projected. In their assessments of the figures, several outlets focus on healthcare spending: a sector of the economy that had been expected to grow at a healthy pace, but instead declined.

First, several major outlets make note of the health spending connection in their broader reports. For example, on Wednesday’s [CBS Evening News](#) (6/25, story 3, 1:05, Pelley), Anthony Mason pointed to “three contributing factors” to the contraction: “the brutal winter, which slowed construction, businesses also cut back on their inventories and there was a surprising drop in health care spending.”

Some go a step further, though, attributing the discrepancy to the uncertain effects of the Affordable Care Act. Focusing specifically on the health-spending angle, under the headline “Difficult Obamacare Measures Lead to Swing in GDP Reading,” the [Wall Street Journal](#) (6/26, Morath, Radnofsky) “Real Time Economics” blog reports that economists initially predicted health spending would shoot up at a nearly 10% annual rate in the first quarter, when in fact it declined at a 1.4% annual rate. The piece quotes Nicole Mayerhauser, an official that oversees GDP statistics at the Commerce Department’s Bureau of Economic Analysis, who explained, “Trying to initially estimate health care this first quarter was a very unique circumstance because of the rollout of the Affordable Care Act. We made an adjustment from our normal methodology...(but) our assumptions ended up being too strong.”

The [Washington Times](#) (6/26, Boyer) reports that, armed with the earlier predictions, the White House had “hail[ed] Obamacare for propping up the economy in the first quarter.” But on Wednesday, Jason Furman, President Obama’s top economic adviser, acknowledged “that weaker-than-expected spending on health care contributed to a bad first quarter.”

However, [Bloomberg BusinessWeek](#) (6/26, Philips, Tozzi) portrays the “dip in health-care spending” as “good news” for the Affordable Care Act, implying that its cost-control measures have worked to some degree.

[Vox](#) (6/26, McIntyre) echoes this, saying that while the economy’s contraction “might be all health care’s fault,” that is a “good thing” for health policy. Because despite many ACA detractors’ fears that an expansion in coverage would lead to a large increase in spending, the recent “slowdown in health spending” is actually continuing. And while “Obamacare is probably playing some role” in causing this, it remains “challenging to say how big that role is.”

Additional coverage focusing specifically on how health spending played into the newly-released GDP figures is offered by [CBS News](#) (6/26, Von Hoffman), the [Washington Examiner](#) (6/26, Klein), [The Hill](#) (6/26, Al-faruque),

[Modern Healthcare](#) (6/26, Evans, Subscription Publication), and segment on [CNBC's Squawk On The Street](#) (6/25, 10:31 a.m. EDT).

Major print coverage which includes passing mentions of the health-spending aspects is offered by the [Wall Street Journal](#) (6/26, House, Subscription Publication), [USA Today](#) (6/26, Davidson), the [Washington Post](#) (6/26, O'Brien), the [Washington Times](#) (6/26, Hill), and the [New York Times](#) (6/25, Irwin, Subscription Publication).

## **Medicaid Expansion Fight In Virginia Intensifies.**

The [AP](#) (6/26) reports that "Virginia House Republicans have retained" former solicitor general Paul Clement "in preparation for a potential legal showdown with Democratic Gov. Terry McAuliffe over the governor's ability to expand Medicaid eligibility." According to the AP, "Clement and another attorney produced a white paper analyzing Virginia law and the restrictions it places on McAuliffe's ability to bypass the General Assembly and expand Medicaid eligibility unilaterally." During "a conference call with reporters" yesterday, "Clement said the Virginia Constitution 'makes very clear' that the power of appropriation lies principally with the legislature, and McAuliffe cannot expend funds for expanded health care coverage on his own." In a 1,000-word article, the [Washington Post](#) (6/26, Vozzella, Portnoy) reports on Clement's involvement, as well as the larger picture surrounding the battle over Virginia Medicaid expansion.

The [Virginia Business Magazine](#) (6/26) reports that Clement's legal argument rests on the fact that the Supreme Court has made clear that States have the option to expand Medicaid and that "For each state, the state constitution dictates the answer on how to go about an expansion." Clements asserts that "In Virginia, the power...lies with the legislative branch." The [Hampton Roads \(VA\) Virginian-Pilot](#) (6/26, Sizemore), the [Richmond \(VA\) Times-Dispatch](#) (6/26), and the [Waynesboro \(VA\) News Virginian](#) (6/26) also report on this story.

Also covering Medicaid expansion debates across the country are the [Phoenix Business Journal](#) (6/26, Subscription Publication) in Arizona, The [Salt Lake \(UT\) Tribune](#) (6/26) in Utah, and The [Independence \(MO\) Examiner](#) (6/25, Lopez) in Missouri.

## **Rate Proposals Vary Across States, Insurers.**

As states continue to reveal insurers' proposed premiums for plans to be sold under the ACA next year, several outlets report on how they will affect consumers.

The [Detroit Free Press](#) (6/26, Erb) reports that while there may be "some sticker shock," there will also be "welcomed price cuts" for shoppers this fall on the Michigan Health Insurance Marketplace. In total, "it appears that Michigan's proposed average rate increase of just 2.2% is modest compared to changes in some other states."

[WUOM-FM](#) Ann Arbor, MI (6/26, Carmody) reports, however, that the state's major insurer, Blue Cross/Blue Shield of Michigan, is "proposing rate increases of 9.3% to 9.7% on their Obamacare health plans." The [AP](#) (6/26, Eggert) also reports, noting that premium proposals are higher on average for 2015.

From Florida, [CNBC](#) (6/26, Mangan) reports that "insurers selling Obamacare plans in the state were being allowed as late as Tuesday to claim in online filings that they are not raising their premium rates for next year at all—despite the fact that that is not true for at least some insurers." Claiming the information was "a trade secret," six insurers "entered the value zero when they reported their percentage changes for proposed rates" to the Florida Office of Insurance Regulation.

[LifeHealthPro](#) (6/26, Bell) considers how much members of Congress will pay for insurance coverage under the Affordable Care Act, given the subsidies they receive and how much rates are expected to change in DC for 2015.

## **Study Projects Cities' Uninsurance Rates Will Fall Under ACA.**

The [Charlotte \(NC\) Business Journal](#) (6/26, Thomas, Subscription Publication) "Health Care Inc." blog carries continuing coverage of the Robert Wood Johnson Foundation report which found "Charlotte's population of uninsured patients is projected to fall by 36 percent by 2016 because of Obamacare, despite North Carolina's decision not to

expand Medicaid.” However, the piece adds that cities in states that opted in to Medicaid expansion are projected to see their uninsured populations fall by larger amounts.

The [Denver Post](#) (6/26, Draper) “Daily Dose” blog reports that the study found that in Denver, Colorado, where Medicaid was expanded, the uninsurance rate is expected to fall by almost 50%.

## **ACA’s Open Enrollment Period Questioned.**

[Vox](#) (6/26, McIntyre) speculates that the Obama Administration has chosen “the very worst time to encourage people to enroll in health insurance” for 2015: between November and February. As the outlet explains, “between Thanksgiving and Christmas, late fall is also incredibly stressful, both financially and emotionally.”

## **Panelists: Hospitals Benefiting Financially From ACA’s Coverage Expansion.**

[Modern Healthcare](#) (6/26, Kutscher, Subscription Publication) reports that, according to panelists at the Healthcare Financial Management Association’s 2014 Annual National Institute, hospitals across the country “are redoubling their sign-up efforts to reach the most challenging of their uninsured patients,” in order to further reap the financial benefits of the coverage expansion brought about by the Affordable Care Act.

### **Health Business**

## **Danish Firm Eyes Doubling Revenue Over Next 10 Years.**

[Reuters](#) (6/26, Chayesteh, Mikkelsen) reported on an upbeat outlook by insulin-making giant Novo Nordisk, which disclosed it could more than double its annual revenue over the next 10 years, citing Deputy CEO Kaare Schultz. He pointed out that the revenue could jump even more if the FDA were to approve the company’s long-lasting insulin treatment Tresiba and obesity treatment liraglutide.

## **Dietary Supplement Recalled Over Presence Of Cholesterol Medicine.**

The [Cleveland Plain Dealer](#) (6/26) reported Doctor’s Best, which makes vitamin supplements, is “recalling more than 7,300 bottles of its ‘Best Red Yeast Rice’” product after FDA tests found it contained cholesterol-lowering medication lovastatin. The paper noted that the supplement, “marketed for heart health,” could be “dangerous for people already taking medications to treat their cholesterol or may cause drug interactions.”

### **Research**

## **Study: Regular Aspirin Use Could Cut Risk Of Pancreatic Cancer.**

The [New York Times](#) (6/26, Bakalar) reported that a new study has found that “low-dose aspirin,” used to “reduce the risk for heart disease,” could also cut “the risk for pancreatic cancer.” In the study, published online in *Cancer Epidemiology, Biomarkers & Prevention*, researchers compared “aspirin use in 362 pancreatic cancer patients with 690 randomly chosen controls.” They found regular aspirin use cut “the risk for pancreatic cancer by 48 percent.”

[Bloomberg News](#) (6/26, Ostrow) reported that while people “who took low-dose, about 75 to 325 milligrams, of aspirin daily” had “a 48 percent lower risk of pancreatic cancer,” those who took aspirin regularly for a decade reduced “the risk by 60 percent.” The article noted that “studies have found that regular aspirin use” cuts “the risk for colon, esophageal, lung and prostate cancers,” in addition to reducing heart attack and stroke risk.

The news was also covered by [McClatchy](#) (6/26, Pugh, Subscription Publication) and the [New Haven \(CT\) Register](#) (6/26).

## **Glaucoma Medicine Succeeds In Mid-Stage Trial.**

[Reuters](#) (6/26) reported Aerie Pharmaceuticals Inc. disclosed its once-daily experimental glaucoma treatment, Roclatan, met its clinical endpoints in a mid-stage trial. The treatment is a combination of experimental glaucoma drug Rhopressa and latanoprost, which is has been approved for glaucoma.

The [Triangle \(NC\) Business Journal](#) (6/25, Subscription Publication) reported the treatment “was tested in 297 patients over 28 days, and beat out the efficacy of the most widely prescribed drug, latanoprost.” Vicente Anido, CEO of Aerie, said, “We these strong data, we are even more confident that our products have blockbuster potential.” The paper noted that trials “are expected to start in July, with efficacy results in 2015. Should the trials be successful, the company expects to submit New Drug Applications in mid-2016.”

## **Simultaneous HIV, Meningitis Treatment May Increase Mortality Risk.**

[MedPage Today](#) (6/26, Smith) reports that according to a study published June 26 in the New England Journal of Medicine, cryptococcal meningitis patients receiving early HIV therapy face an increased risk of dying. Researchers found in a randomized trial that patients simultaneously receiving antiretroviral therapy (ART) and cryptococcal meningitis treatment were 73% more likely to die than those who deferred ART for one month. “The issue is important, since meningitis caused by *Cryptococcus neoformans* accounts for up to 25% of deaths from AIDS in Africa, the investigators noted.”

## **Biologic Targeting two B-Cell Factors In Patients With Lupus Fails To Meet Primary Endpoint.**

[MedPage Today](#) (6/26) reports that atacicept, “a biologic agent that targets two B-cell factors in patients with moderate-to-severe lupus failed to meet the primary endpoint in a year-long phase II/III trial.” Researchers found that “the rate of flare among patients treated with 75 mg of atacicept weekly was 58% during the 52-week trial, which did not differ from the 54% seen with placebo.” Although “a significant difference was seen for the 150-mg dose versus placebo, with flare rates of 37% and 54% (OR 0.48, 95% CI 0.30-0.77, P=0.002), respectively, two patients receiving that dose died of infections, and ‘a contributing role of atacicept could not be excluded, resulting in a premature termination of this group.” The [findings](#) were published online in *Annals of the Rheumatic Diseases*.

## **Antidepressant Monotherapy May Cause Problems In Patients With BD.**

[Medwire](#) (6/26, McDermid) reports that according to the results of a 2,758-patient [study](#) (6/26) published online June 17 in the *American Journal of Psychiatry*, a publication of the American Psychiatric Association, “antidepressants may cause problems in patients with bipolar disorder [BD] only when they are used in isolation.” After studying data on patients with BD who began antidepressant treatment following 12 months of no antidepressant therapy at all, researchers found that “patients taking an antidepressant as monotherapy were 2.83 times more likely to develop mania during the first three months of treatment than they were in the equivalent three months of the preceding year in which they were not taking an antidepressant.”

### **Also in the News**

## **Many Wikipedia Entries On Prescription Meds May Not Be Accurate, Up-To-Date.**

[HealthDay](#) (6/26, Mozes) reports that according to a [perspective piece](#) published June 26 in the *New England Journal of Medicine*, “many Wikipedia entries about prescription medications aren’t up-to-date and accurate.” Researchers arrived at this conclusion after exploring “to what degree Wikipedia entries reflected US Food and Drug Administration drug-safety communications in an accurate and timely manner.” In particular, investigators focused on

“22 drug safety warnings regarding prescription medications that the FDA issued over a two-year period between 2011 and 2012.”

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

## Liaison Officer's Report by CDR Carrie Ceresa

Website: [www.ashpfoundation.org](http://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."<sup>1</sup>

### **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.<sup>1</sup> 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.<sup>1</sup>

### **Organization contact(s):**

ASHP Research and Education Foundation  
7272 Wisconsin Avenue  
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- Facebook: [www.facebook.com](http://www.facebook.com) (search ASHP Research and Education Foundation)
- Twitter: [www.twitter.com/ASHPFoundation](http://www.twitter.com/ASHPFoundation)
- YouTube: [www.youtube.com/ASHPFoundation](http://www.youtube.com/ASHPFoundation)

**Date:** 7/1/14

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<sup>1</sup> [www.ashpfoundation.org](http://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](http://www.ashpfoundation.org/sterileproductstool).
- The ASHP Foundation offers research grant programs, traineeships and awards programs, as well as a number of meetings and events throughout the year (see below)

### Applications currently available:

- Awards
  - Award for Sustained Contributions
    - Deadline: July 11, 2014
  - Pharmacy Residency Excellence Awards
    - Deadline: July 18, 2014
- Education - Traineeships
  - Antithrombotic Pharmacotherapy Traineeship
    - 5 day experiential program for pharmacists
    - Application cycle will open summer 2015
  - Critical Care Traineeship
    - Application available: June 23, 2014
    - Application deadline: September 19, 2014
    - Selected trainee announced: November 2014
    - Distance education: December 2014-March 2015
    - Experiential training: April/May 2015
    - Post-training requirements: Fall 2015
  - Oncology Patient Care Traineeship
    - Application available: June 23, 2014
    - Application deadline: September 19, 2014
    - Selected traineeship announced: November 2014
    - Distance education: December 2014-March 2015
    - Experiential training: April/May 2015
    - Post-training requirements: Fall 2015
  - Pain and Palliative Care Traineeship
    - 3-tiered educational initiative
      - Level 1: Pain Management and Palliative Care Self-Assessment Tool – ongoing registration
      - Level 2: Application of the Principles of Pain Management and Palliative care – ongoing registration

- Level 3: Live Experiential Program
- Leadership Programs
  - LeadersINNOVATION Masters Series
    - Registration opens: June 30, 2014
    - Registration deadline: September 3, 2014
  - leadersEDGE Webinar: Pharmacists Thinking Differently: Transformational Breakthrough in Ideas, Skills, and Insights for a Better Patient Future and a More Enriching Practice
    - September 25, 2014
- Research Grants
  - No research programs are accepting applications at this time
- Meetings:
  - ASHP Summer Meeting
    - 2014 summer meeting completed
    - 2015 meeting TBD
  - ASHP 2014 Midyear Clinical Meeting
    - December 7-11, 2014, Anaheim, California

**News:**

**ASHP Research and Education Foundation names William P. Owad as Chair of the Board of Directors.** William (Bill) P. Owad Jr. is the senior vice president of operational excellence at Cardinal Health.

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

## **Liaison Officer's Report by CDR Carrie Ceresa**

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

**Date:** 8/1/14

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<sup>1</sup> [www.ashpfoundation.org](http://www.ashpfoundation.org)

## Announcements:

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- 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 – none open at this time
- Education - Traineeships
  - Critical Care Traineeship
    - Application available now
    - Application deadline: September 19, 2014
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      - Level 2: Application of the Principles of Pain Management and Palliative care – ongoing registration
      - Level 3: Live Experiential Program
        - Application available now
        - Application deadline: September 19, 2014
- Leadership Programs
  - LeadersINNOVATION Masters Series
    - Module 1 registration now open
    - Registration deadline: September 24, 2014
    - Course period: October 6 – November 14, 2014
  - leadersEDGE Webinar: Pharmacists Thinking Differently: Transformational Breakthrough in Ideas, Skills, and Insights for a Better Patient Future and a More Enriching Practice
    - September 25, 2014
- Research Grants
  - New Investigator Research Grant
    - Application available now
    - Letter of intent deadline: October 3, 2014

- “How to submit a successful application” webinar: August 13, 2014
  - Pharmacy Resident Practice-Based Research Grant
    - Application deadline: October 17, 2014
    - “How to submit a successful application” webinar: August 6, 2014
  - Pharmacy Practice Model Initiative Demonstration Grants
    - Application available now
    - Letter of intent deadline: September 26, 2014
    - “How to submit a successful application” webinar: August 20, 2014
- Meetings:
  - ASHP Summer Meeting
    - 2014 summer meeting completed
    - 2015 meeting TBD
  - ASHP 2014 Midyear Clinical Meeting
    - December 7-11, 2014, Anaheim, California

## News:

**ASPH Foundation Announces Pharmacy Leadership Academy Class of 2014.** The program is offered through ASHP Foundation’s Center for Health-System Pharmacy Leadership and has chosen 67 pharmacists to participate in the 2014 program. The program includes the following modules and is geared toward pharmacists who practice in large or small hospitals and health systems:

### Leading the Pharmacy Enterprise: Building the Business of Pharmacy

- Leadership Influence: Maximizing Yours & Developing Others
- Leading Effective Financial Management
- Leading Transformational Change and Innovation
- Leading for System Reliability in Safety and Quality
- Leading Technology Advancement & Systems Design
- Leading the Pharmacy Enterprise for Organizational Success

# International Academy of Compounding Pharmacists (IACP)

## Liaison Officer's Report by LT Joshua Hunt

Website: <http://iacp.site-ym.com/default.asp>

### IACP Professional Practice:

The International Academy of Compounding Pharmacists (IACP) is an association representing more than 3,600 pharmacists, technicians, students, and members of the compounding community who focus upon the specialty practice of pharmacy compounding. Compounding pharmacists work directly with prescribers including physicians, nurse practitioners and veterinarians to create customized medication solutions for patients and animals whose healthcare needs cannot be met by manufactured medications.

*IACP Mission: The mission of the International Academy of Compounding Pharmacists is to protect, promote and advance the art and science of pharmacy compounding.*

### Organization contact(s):

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Member Services Coordinator

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### **Date: 07/01/2014**

**Announcements:** IACP released a statement on June 23<sup>rd</sup>, 2014 stating that Pharmacy Benefit Managers (PBMs) and insurance companies, including Express Scripts, Catamaran, Optum, United Healthcare, and Blue Cross Blue Shield (BCBS) or various states, will be restricting coverage to certain compounded medications. Thus, if patients intend to remain on certain compounded only preparations, increased out-of-pocket expenses will be incurred.

For example, Express Scripts will be implementing a new “compound management program” beginning in July 2014. A number of ingredients will not be covered as part of this program, which will cause historically “approved” claims to be rejected in the near future. Express Scripts stated that such a compounded ingredient would have to then be switched to a covered ingredient by the physician or prescribed an FDA-approved drug. Express Scripts will move to this new option in three phases, with the first phase to occur on July 15<sup>th</sup>, 2014. The top 25 non-covered drugs under Express Script’s “compound management program” will include: *Fluticasone Propionate Powder (Topical Pain), Gabapentin Powder (Topical Pain), Lipo-max cream (Vehicle Base), Pracasil TM-Plus Gel (Vehicle Base), Ketamine HCL Powder (Topical Pain), Flurbiprofen Powder (Topical Pain), Lipoderm Base (Vehicle Base), Cyclobenzaprine HCL Powder (Topical Pain), Baclofen Powder (Topical Pain), Bupivacaine HCL Powder (Topical Pain), Ethoxy Diglycol Liquid (Solvent), Meloxicam Powder (Topical Pain), Versapro Cream Base (Vehicle Base), Mometasone Furoate Powder (Topical Pain), Spira-Wash Gel (Vehicle Base), Diclofenac Sodium Powder (Topical Pain), Levocetirizine Dihydrochl Powder (Scar Gel), Versatile Cream Base (Vehicle Base), Lipopen Plus Cream (Vehicle Base), Tramadol HCL Powder (Topical Pain), Ketoprofen Micronized Powder (Topical Pain), Prilocaine HCL Powder (Topical Pain), Resveratrol Powder (Anti-inflammatory).*

# **International Academy of Compounding Pharmacists (IACP)**

## **Liaison Officer's Report by LT Joshua Hunt**

Website: [IACP](http://iacp.org)

### IACP Professional Practice:

The International Academy of Compounding Pharmacists (IACP) is an association representing more than 3,600 pharmacists, technicians, students, and members of the compounding community who focus upon the specialty practice of pharmacy compounding. Compounding pharmacists work directly with prescribers including physicians, nurse practitioners and veterinarians to create customized medication solutions for patients and animals whose healthcare needs cannot be met by manufactured medications.

*IACP Mission: The mission of the International Academy of Compounding Pharmacists is to protect, promote and advance the art and science of pharmacy compounding.*

### Organization contact(s):

**Dagmar Anderson**

Director of Marketing & Communications

[dagmar@iacprx.org](mailto:dagmar@iacprx.org)

**Melissa Lampp**

Member Services Coordinator

[melissa@iacprx.org](mailto:melissa@iacprx.org)

Date: 08/01/2014

Announcements:

IACP supported two congressional letters sent to FDA Commissioner Margaret Hamburg, which relates to questions surrounding the intention of FDA to regulate community-based compounding providing “office use” medications to patients. The letter also conveyed concerns that limited access to re-packaged medications, either by requiring a patient specific prescription in advance of administration in all cases or by not allowing new outsourcing facilities under section 503B to engage in repackaging, would have consequences for the patients relying on such drug products. Additionally, requests for more information regarding how the Agency approaches perceived violations to the Drug Quality & Security Act (DQRS) Act prior to promulgating the administrative regulations required under the DQRS Act. See links for [June 27th, 2014 letter](#) and [July 2nd, 2014 letter](#). Lastly, IACP also wants more clarification regarding whether State (e.g. Boards of Pharmacy) or Federal (FDA) regulatory bodies will have primary jurisdictional oversight for pharmacies falling under both 503A (traditional compounding) and 503B (outsourcing facility) practice models. For example, 503B facilities do not currently require direct pharmacist oversight of compounding whereas 503A facilities do require direct oversight practice models.

Based on numerous questions surrounding what an “essential copy” of a commercially available product is as described in FDA compounding pharmacy inspectional guidances. IACP has provided the following recommendations for when a product is “allowed” to be compounded and not violate the sections 503A/B of the FD&C statute banning copies of commercially available products to be compounded. According to IACP, “*The new guidance documents from the FDA*

*aren't particularly different from the previous guidance and the existing language in 503A for compounding an "essential copy" of a commercially available product. In other words, compounding 17-P can still be done so long as certain conditions are met, most importantly that the prescriber makes a decision based on clinical/medical need for an individual patient."*

ICAP has recommended to the following approach for compliance:

1. Upon receipt of a request or prescription for an "essential copy", the pharmacy contacts the prescriber and documents date/time of the call.
2. The pharmacy informs the prescriber that a commercially available version of the medication is available (document that).
3. The pharmacy informs the prescriber that a compounded version can be prepared if in his/her determination of "medical need" that is in the best interests of the patient (document that conversation and response).
4. Remind prescriber to document that in the patient's records as the prescriber is considered equally responsible for selecting the compound over the commercial product (document that).
5. Upon dispensing to the patient, inform the patient that while a manufactured version of the medicine is commercially available, the prescriber has specifically determined that a compound is in the patient's medical interests. (a standard flyer comes in handy here).

## **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	COL James Currie (Ret.) <a href="mailto:JCurrie@coausphs.org">JCurrie@coausphs.org</a>
Deputy Executive Director	Mr. John McElligott <a href="mailto:JMcElligott@coausphs.org">JMcElligott@coausphs.org</a>
Membership Coordinator/ <i>Frontline</i> Editor	Ms. Malissa Spalding <a href="mailto:MSpalding@coausphs.org">MSpalding@coausphs.org</a>

COA Board Chair	CAPT Sara Newman <a href="mailto:Sara_Newman@nps.gov">Sara_Newman@nps.gov</a>
COA Immediate Past Chair	CDR Jonathan Rash <a href="mailto:Jonathan.Rash@ihs.gov">Jonathan.Rash@ihs.gov</a>
COA Board Pharmacy category rep	CAPT Beth Fritsch <a href="mailto:Beth.Fritsch@fda.hhs.gov">Beth.Fritsch@fda.hhs.gov</a>

**Date:** August 7, 2014

### **Frontline:**

There are some great articles in the June/July edition of *Frontline*. As always, the update from the Executive Director and legislative update from Judy Rensberger. Check out CAPT Gene Migliaccio's (Ret) *President's Corner* on Leadership. 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:**

LT Paul M. Chefor, Unaffiliated  
 LT Domewk G. D'Alessandro, Unaffiliated  
 LT Alisha A. Edmunds, Unaffiliated  
 LT Brittany R. English, Unaffiliated

#### **Recent COA Activities:**

- COA drafted a letter to Jon Jarvis, Director of the National Park Service, asking that PHS officers be afforded access to national parks on the same basis as military officers. Letter is posted on the COA website available at:  
[http://www.coausphs.org/documents/Letter\\_to\\_NPS\\_Director\\_Jarvis\\_June\\_2014.pdf](http://www.coausphs.org/documents/Letter_to_NPS_Director_Jarvis_June_2014.pdf)
- COA continues to monitor the autism legislation, which is currently included in the House version of the FY 2015 National Defense Authorization Act (NDAA) and which may be added in different language to the Senate version of the NDAA.
- Drafted letter to USO President asking that our officers be afforded full access to USO centers. Letter is posted on the COA website at:  
[http://www.coausphs.org/documents/Letter\\_to\\_Brig\\_Gen\\_Prayer\\_USO\\_June\\_2014.pdf](http://www.coausphs.org/documents/Letter_to_Brig_Gen_Prayer_USO_June_2014.pdf)
- The recent Symposium in Raleigh included 80 exhibitors (maximum that could be accommodated) and 1047 registrants (including exhibitors). This compared with total registrants of 965 in Phoenix (2013), 1204 in DC (2012), and 744 in New Orleans (2011).

#### **New PHS Officer's Guide Available for Purchase**

Buy your copy of the new and improved PHS Officer's Guide, a must-have for every officer in the PHS Commissioned Corps. Authors CAPT Jim Knoben (Ret.) and CAPT Alice Knoben added a chapter on leadership principles and updated all other content. RADM Boris Lushniak

wrote, "The Public Health Service Officer's Guide is an excellent reference & (that) provides an opportunity for officers to enhance their knowledge base."

Chapters in the book include: Uniformed Service Essentials, Leadership Principles, Courtesy & Protocol, Ceremony Protocol, Special Duty Positions, Communications, Meetings, Table Protocol, and much more. The appendices include planning for various ceremonies, Dining-Out, formal receptions, and distinguished visitors. COA members can buy copies for \$15 each. [Order Form for PHS Officer's Guide](#)

### ***BCOAG Will Be Returning to New Orleans Again in 2014***

For the past seven years, BCOAG has made a commitment to serve the people of New Orleans, Louisiana one week annually through outreach missions trips. BCOAG is continuing its tradition and is planning its 2014 NOLA mission. Click the following link to view the announcement.

[BCOAG - NOLA](#)

### ***Updates to USPHS Uniform Policy and Service Khakis Refresher***

The presentation linked below is one of the best, most comprehensive sources of information and guidance regarding uniform requirements in the Corps. It is also up to date. Thanks to LCDRs Scott Steffen and James Lyons for creating the updates and allowing us to post them online.

[USPHS Uniform Policy, as of 25 June 2014](#)

### **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**

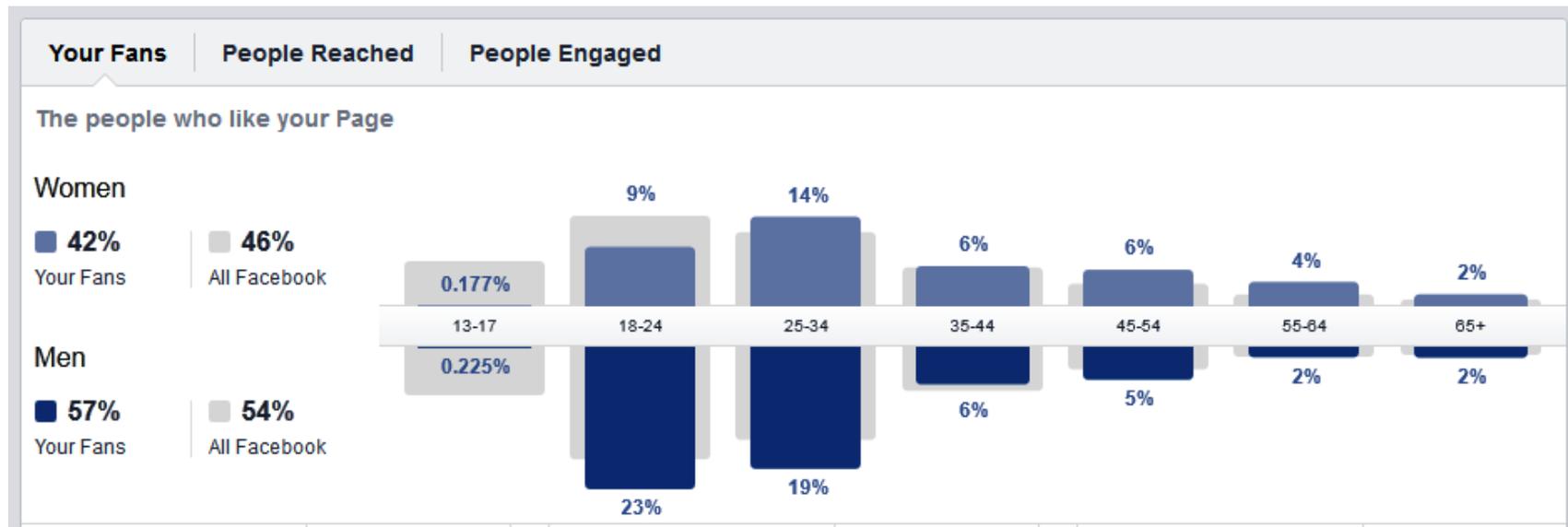
To give a COA Membership as a Gift, you may sponsor an officer by filling out the [Sponsor Form](#) complete with your credit card information and then click the "Submit by E-mail" button, or mail the completed form to COA with an enclosed check (payable to "COA").

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.

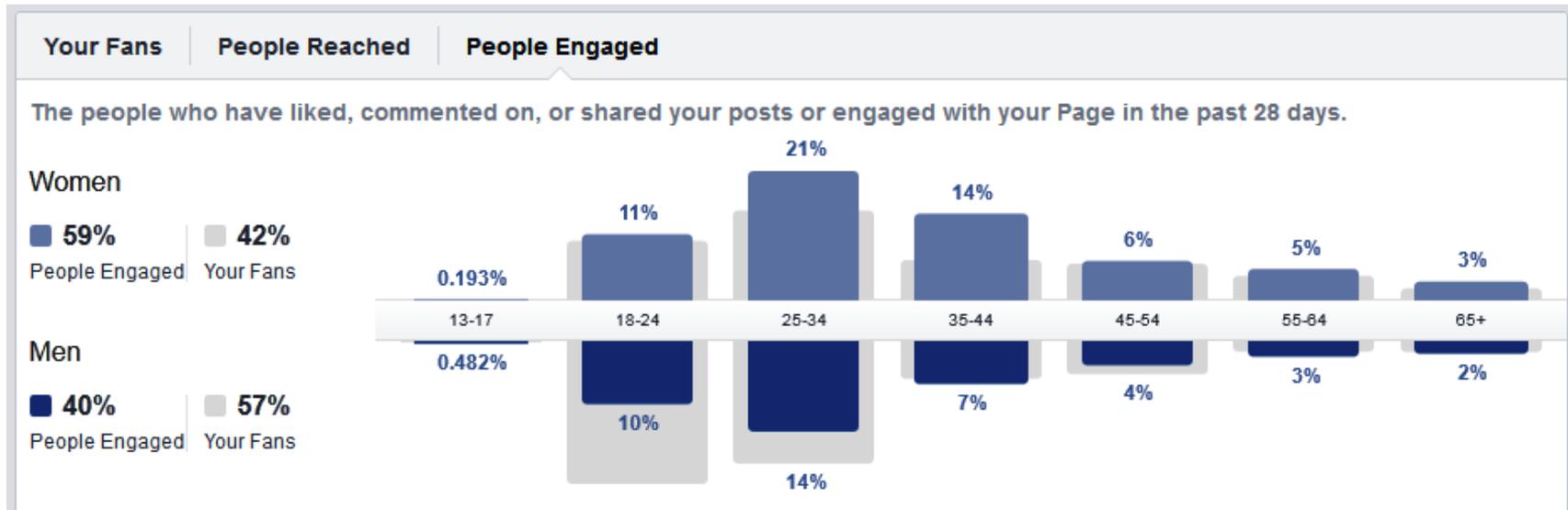
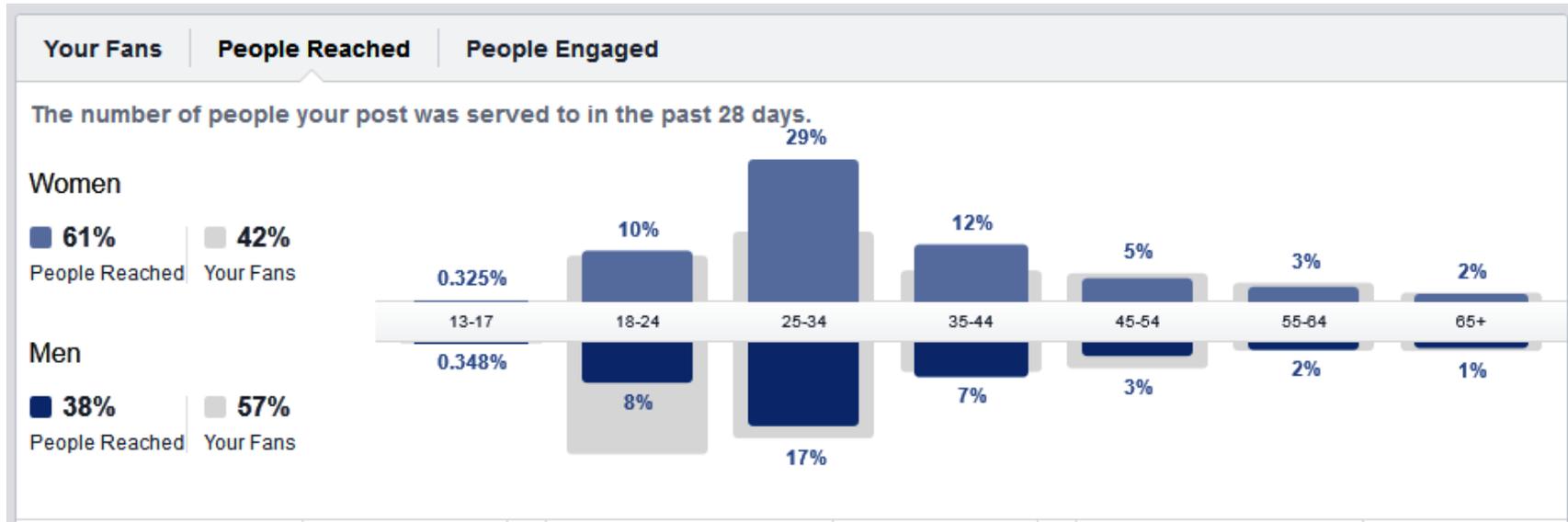
## PharmPAC Facebook Workgroup Update: August 7, 2014

Below is a summary of the USPHS Pharmacists Facebook (FB) Page activities as of August 6, 2014. Please “like” our page at <https://www.facebook.com/USPHSPharmacists> and invite your FB friends to “like” our page too! With your help, we hope to reach at least 8K “likes” by November 2014.

### Demographics of People Who Like the USPHS Pharmacists FB Page



Demographics of People Who Like the USPHS Pharmacists FB Page (cont.)



**Demographics of People Who Like the USPHS Pharmacists FB Page (cont.)**

<b>Country</b>	<b>Your Fans</b>	<b>Country</b>	<b>Your Fans</b>
United States of America	2,197	Afghanistan	31
Egypt	864	Puerto Rico	31
India	674	Albania	31
Pakistan	277	Cambodia	29
Iraq	131	Greece	28
Indonesia	98	Vietnam	27
Yemen	90	United Kingdom	26
Philippines	90	Tunisia	26
Syria	71	United Arab Emirates	26
Thailand	70	Brazil	25
Libya	68	Canada	24
Saudi Arabia	66	Japan	22
Bangladesh	64	Mexico	22
Jordan	58	China	22
Sudan	56	Colombia	22
Iran	55	Peru	20
Nepal	51	Romania	20
Palestine	49	Italy	19
Nigeria	45	Ukraine	18
Myanmar	43	Turkey	18
Malaysia	38	Taiwan	18
Algeria	36	Kenya	18
Ethiopia	31		

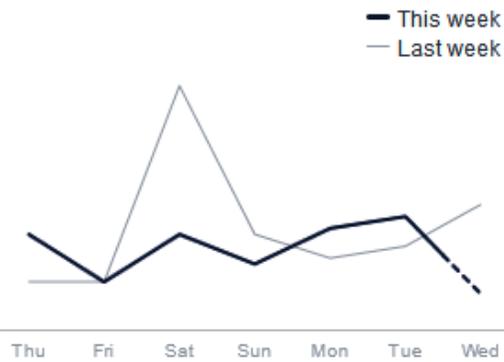
## Overview of the Page's Activities

Showing data from 07/31/2014 - 08/06/2014

### Page Likes >

**6.3K** Total Page Likes  
▲ 1.5% from last week

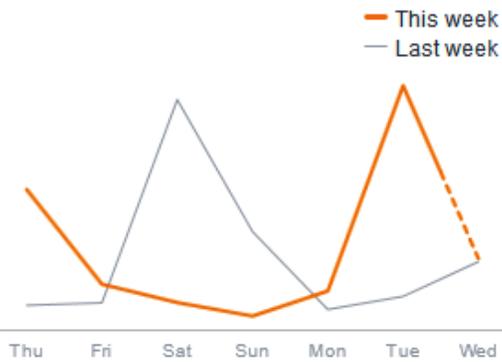
**93** New Page Likes  
▼ 22.5%



### Post Reach >

**21.6K** Total Reach  
▲ 25.3% from last week

**21.1K** Post Reach  
▲ 32.7%



### Engagement >

**1.4K** People Engaged *i*  
▼ 19.3% from last week

**430** Likes



**13** Comments



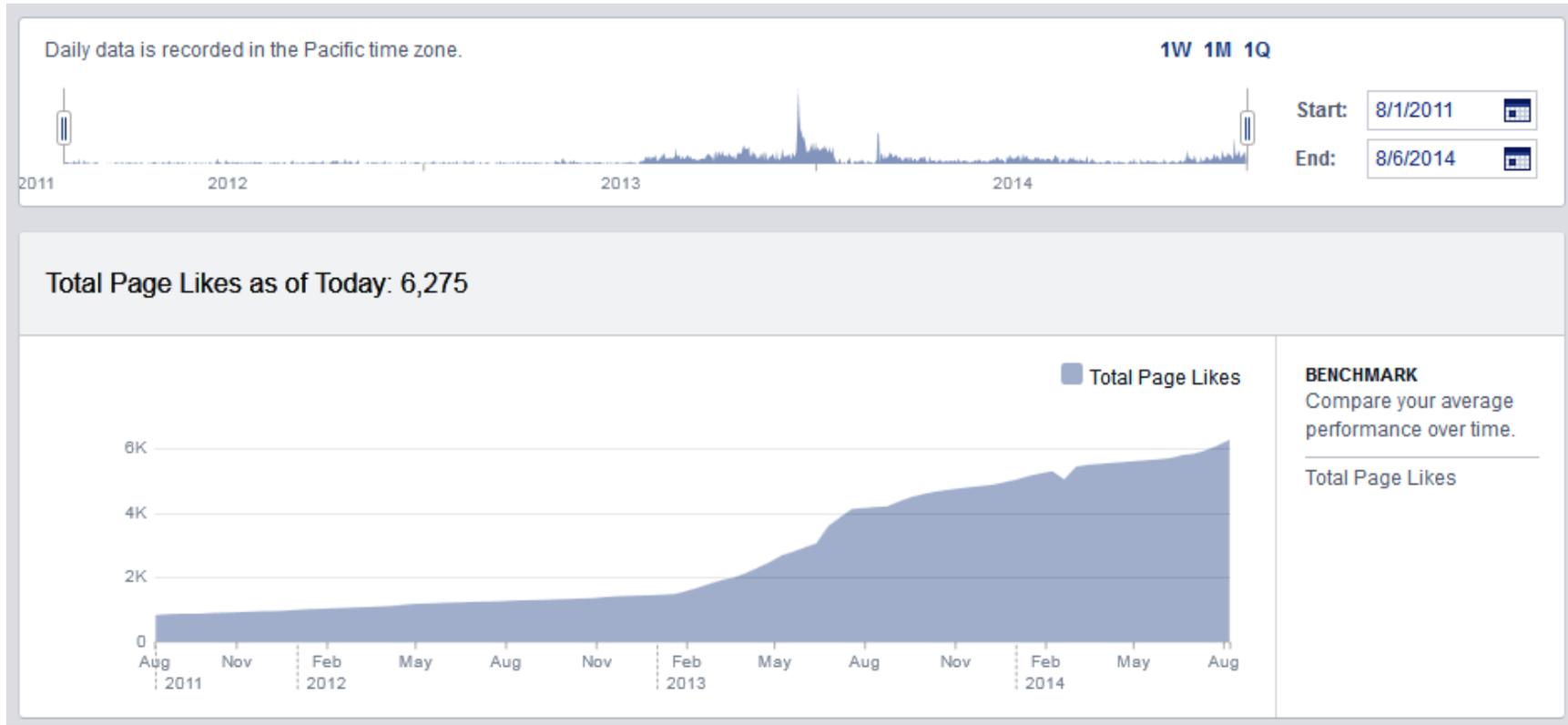
**72** Shares



**1.9K** Post Clicks *i*



**Overview of the Page's Activities (cont.)**



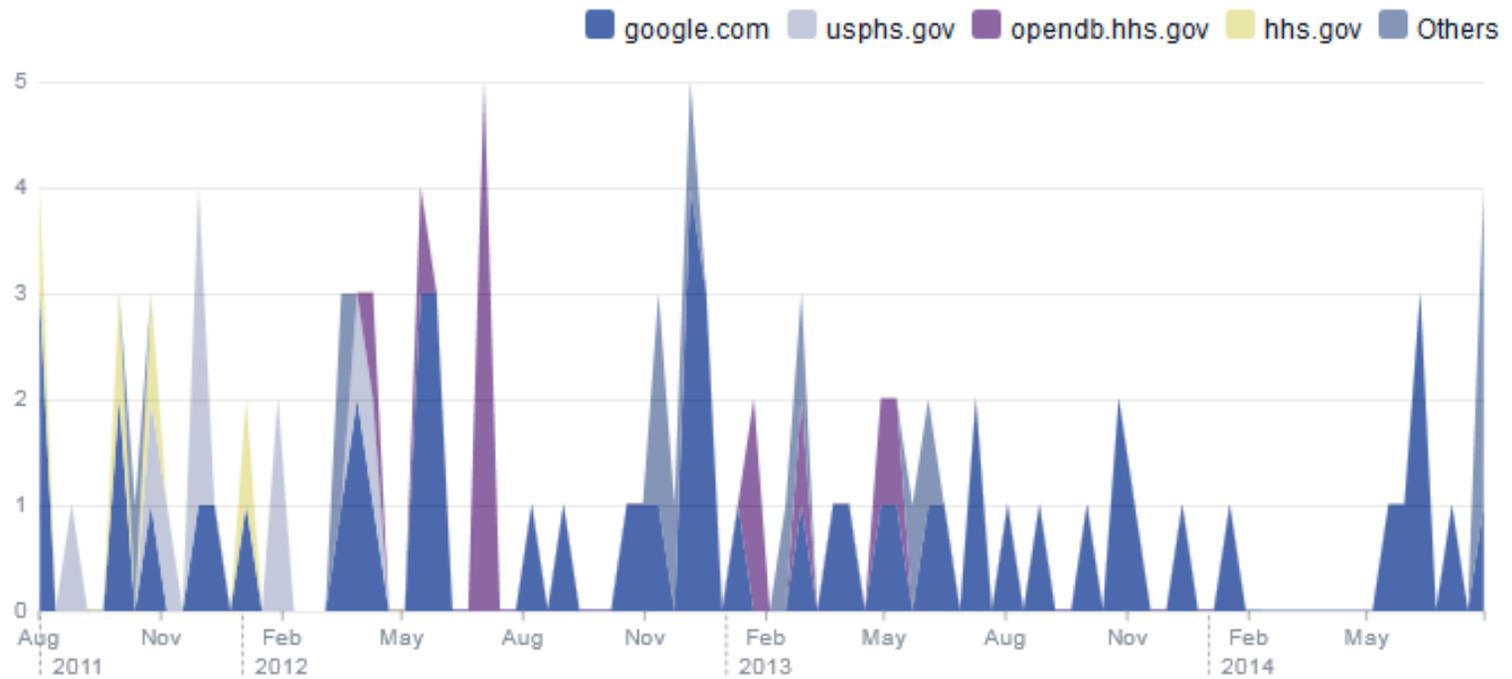
**Overview of the Page's Activities (cont.)**

Your 5 Most Recent Posts <span style="float: right;">&gt;</span>							
<span style="color: orange;">■</span> Reach: Organic / Paid <span style="color: blue;">■</span> Post Clicks <span style="color: purple;">■</span> Likes, Comments & Shares							
Published	Post	Type	Targeting	Reach	Engagement	Promote	
08/05/2014 8:07 pm	 Federal Correctional Institution Pharmacy Services in Estill, SC implemented several initiatives to			935 <span style="color: orange;">█</span>	28 16 <span style="color: blue;">█</span> <span style="color: purple;">█</span>	<a href="#">Boost Post</a> ▼	
08/05/2014 4:32 pm	 Arizona recently joined 34 other states in passing legislation that legally recognizes pharmacists as			9.6K <span style="color: orange;">██████████</span>	359 233 <span style="color: blue;">██████</span> <span style="color: purple;">████</span>	<a href="#">Boost Post</a> ▼	
08/05/2014 10:52 am	 Pharmacists are excellent and accessible immunizers. This is a short clip that uses			3.8K <span style="color: orange;">████</span>	52 80 <span style="color: blue;">█</span> <span style="color: purple;">█</span>	<a href="#">Boost Post</a> ▼	
08/04/2014 11:03 pm	 Join the U.S. Surgeon General in sharing this message together at the same time - automatically.			1.1K <span style="color: orange;">█</span>	25 7 <span style="color: blue;">█</span> <span style="color: purple;">█</span>	<a href="#">Boost Post</a> ▼	
08/04/2014 4:07 pm	 USPHS Pharmacists serve across multiple departments and agencies serving the			2K <span style="color: orange;">█</span>	53 29 <span style="color: blue;">█</span> <span style="color: purple;">█</span>	<a href="#">Boost Post</a> ▼	

Summary of External Referrers

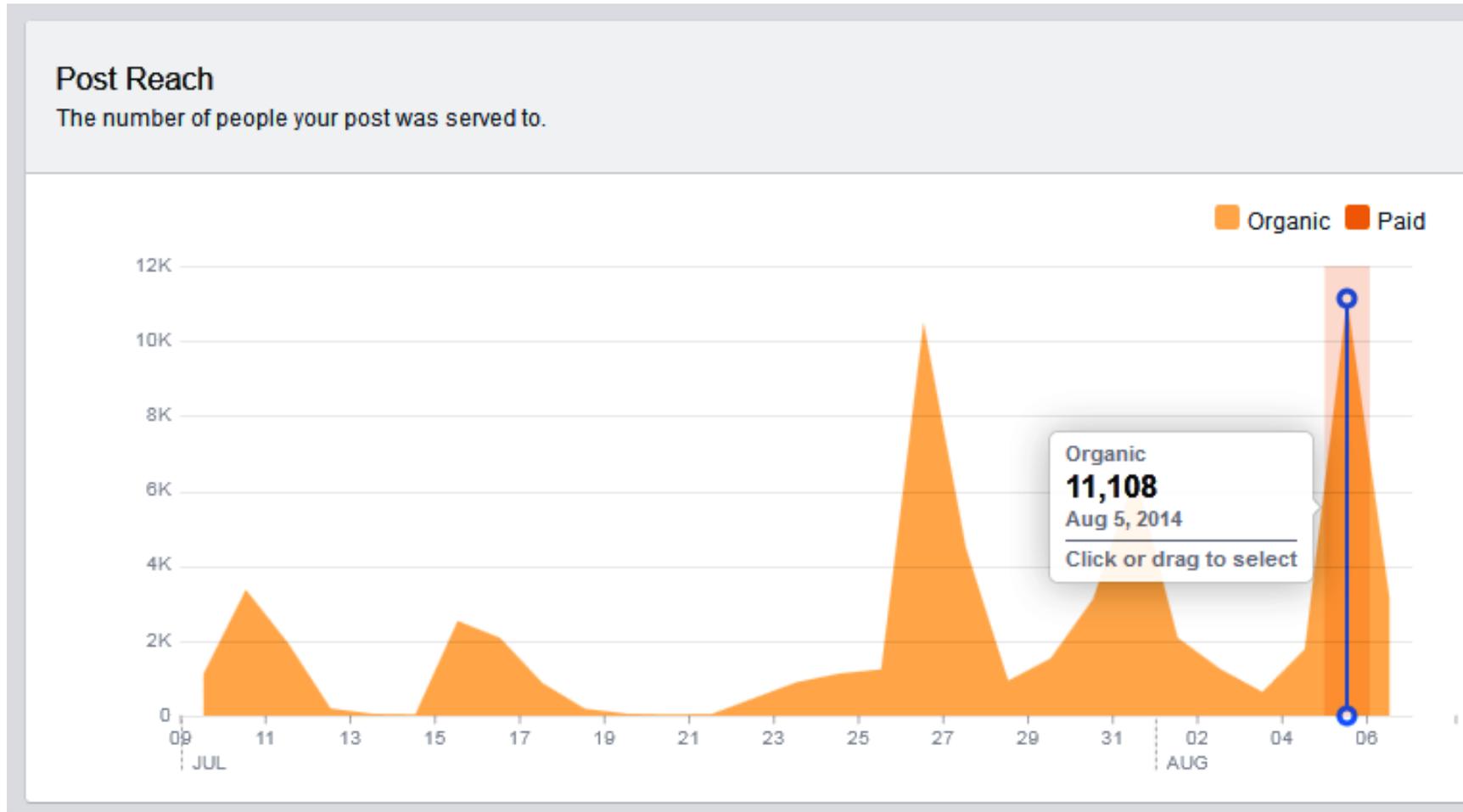
### External Referrers

The number of times people came to your Page from a website off of Facebook.



Summary of Our Posts' Reach

July 2014 – August 2014



# United States Public Health Service Athletics



## The Surgeon General's Fitness Team



# Our Mission



To protect, promote and advance the health  
of the American people through fitness

**Rebranding the Corps as a leader in health  
promotion through fitness**



# Physical Activity Guidelines for Americans - Adults 18-64

## Aerobic

At least:

- 150 minutes (2 hours and 30 minutes) a week of *moderate-intensity aerobic activity* (this is equivalent to 30 minutes a day x 5 days/week)  
*OR*
- 75 minutes (1 hour and 15 minutes) a week of *vigorous intensity aerobic activity*  
*OR*
- An equivalent combination of the two



## Muscle-strengthening

Two or more days a week (examples: push-ups, weight lifting, sit-ups)

More information: [www.health.gov/paguidelines](http://www.health.gov/paguidelines)

# The Basics of Participation



- Events may include running, swimming, biking, walking, weightlifting, or other speed, strength, and endurance events.
- Choose an event you are interested in (either from our calendar or one you'd like to do) and
  - Become an Event Leader (if it's a new event)
  - Or, join an existing team!
- Anyone can join a Public Health Service Athletics team but every event must have at least one PHS Commissioned Corps officer as an Event Leader.

# Event Leaders



- Event leaders are individuals who have decided to participate in a Qualifying Event and will organize and lead a Public Health Service Athletics team.
  - Event Leaders ensure that their teams meet the requirements of the Surgeon General's Fitness Team Roll Call
  - Ensures that all team members wear clothing identifying the Public Health Service and/or the PHS Commissioned Corps and/or Public Health Service Athletics while participating.
- Want to become an Event Leader? Choose an event and email us and we'll help you get started!
- Got an idea for an event but it's not on the calendar? Contact us and we'll help you make it work!



# Participants

- Anyone can join a Public Health Service Athletics team!
  - Corps officers
  - Family members, co-workers, friends, neighbors
- Check out the events on our calendar and email the Event Leader(s) to find out more.
- Is your favorite event missing from the calendar?  
Then become an Event Leader!



# Outreach



- “To protect, promote and advance the health of the American people through fitness.”
- Get neighbors, friends, family members, co-workers involved.
- People often participate in fitness events because they’re doing it with a friend or someone they know. **BE THAT CONNECTION!**



# Qualifying Events



**Distance running:** USA Track and Field (USATF) sanctioned or comparable events 5K or longer

**Obstacle course endurance events:** Events in this category should generally be 5K and longer and will be evaluated by the Executive Directors on a case-by-case basis based on degree of athleticism and training required for said events

**Running (track events):** USATF sanctioned or comparable events. Must compete in at least two events per meet, regardless of distance

**Swimming:** U.S. Master's Swimming, USA Swimming, or comparable events. Must compete in at least two events per meet or one long distance open water event 1 mile or longer (1500M/1650yd pool races only count as one of two meet events)

**Triathlon:** USA Triathlon sanctioned or comparable events

**Bicycling:** USA Cycling sanctioned events, including criterium races or comparable level events, charitable events of at least 25 miles/day

**Weightlifting:** USA Powerlifting, USA Weightlifting sanctioned or comparable events. Must compete in at least two different lifting events per meet

**Walking-type endurance events:** May include the Norwegian Foot March, U.S. Freedom Walk Festival (minimum three-day participation), or American Volkssport Association sanctioned or comparable events. Events in this category will be evaluated by the Executive Directors on a case-by-case basis based on degree of athleticism and training required for said event

**Other disciplines and events** will be evaluated for suitability by the Executive Directors on a case-by-case basis. Evaluation criteria will include degree of athleticism and training required for said event

# Surgeon General's Fitness Team Roll Call

## Recognition for accomplishments!!!

- Complete  $\geq 2$  Qualifying Events per calendar year
- Per event minimum
  - 5 PHS officers and 3 supporters\*, or
  - 2 PHS officers, 8 civilians and 3 supporters\*
- The Roll Call will be publicized through official Commissioned Corps channels, so fame and fortune await! (okay, maybe just fame...)



# Surgeon General's Fitness Team Roll Call

## The Fine Print



- There must be at least one Event Leader, and at least one Event Leader must be a PHS officer
- Participants must wear clothing that clearly identifies either the Public Health Service or the Commissioned Corps
- Must be official, public events (i.e. open to the public)
- Athletes are generally expected to complete the events they have entered



# For more information:

[www.PublicHealthServiceAthletics.org](http://www.PublicHealthServiceAthletics.org)



[PublicHealthServiceAthletics@gmail.com](mailto:PublicHealthServiceAthletics@gmail.com)

Find Public Health Service Athletics on  
Facebook! 

Executive Directors:  
CDR Evan Shukan  
CAPT Shelley Hoogstraten-Miller



# Our Team—Getting bigger every day!

- Executive Directors:
  - CDR Evan Shukan
  - CAPT Shelley Hoogstraten-Miller
- IT and Social Media:
  - CDR Juliette Toure (Blog)
  - CDR Diem-Kieu Ngo (Facebook)
  - LT Jessica Fox (website)
  - Listserv—tba



- Awards: tba
- Apparel: tba

