



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 02 October 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
1 October 2014	Online Annual COER is available to Officers Review the 2014 Annual COER POM : http://dcp.psc.gov/eccis/documents/POM14_004.pdf Review the COER Website : http://dcp.psc.gov/CCMIS/COER/COER_Index.aspx
17 October 2014	Online Annual COER is <u>due to</u> the Rater (Immediate Supervisor)
17 October 2014: pre-registration deadline	Joint Federal Pharmacy Seminar (JFPS) 19-22 October 2014 Washington DC Metro Area – Gaylord National Hotel and Convention Center (National Harbor) http://www.jfpsinfo.org/
31 October 2014	Category Day Presentation Topics are due to the COF Category Day Co-leads: CDR Timothy Lape (timothy.lape@cms.hhs.gov) LCDR Tami Rodriguez (t1rodriguez@bop.gov) LCDR Michelle Williams (mrwilliams@bop.gov)
7 November 2014	Online Annual COER is <u>due to</u> the Reviewing Official (RO)
2-5 December 2014	AMSUS Meeting 2-5 December 2014 Washington DC Walter E Washington Convention Center Visit Website for more details: http://amsusmeetings.org/annual-meeting/
28 November 2014	Online or paper Annual COER is <u>due to</u> Division of Commissioned Corps Personnel and Readiness (DCCPR)

Continuous Tasks

Task (Frequency)

Review CPO Report and complete its Action Items (Monthly). Note, a CPO report was not provided for August

Ensure [Basic Readiness](#). Checks are completed quarterly as follows:

- 31 December 2014 (Must be Basic Ready at this point for the following year's promotion boards)
- 31 March 2015
- 30 June 2015
- 30 September 2015

The annual seasonal Flu vaccination is required for the December 31st and March 31st readiness checks - NOT for June 30th or September 30th checks. The flu vaccination is required once each year. Officers can get a flu shot anytime during flu season but before December 31st. This means that you have until the end of December 2014 to get the flu shot and not be counted as non-ready for the September 31st readiness check. Always keep evidence/confirmation of the faxes you send to MAB. Once received, they will update info on EOPF and Direct Access.

PharmPAC Perspectives Newsletter

- Review new issues (Quarterly)
- Volunteer to submit articles to the Communication Section (Whenever you can!)

PharmPAC Meetings/Minutes

- Review previous minutes if missed meeting (Monthly)
- Review Liaison Reports for Agency Specific Information (Monthly)
- Attend future meeting (first Thursday of the month at 1400 EST)

Annual Physical Fitness Test (APFT) – [Go To the PharmPAC's APFT Initiative Website](#)

USPHS Awards (Done annually, generally in March)

- Review Criteria (http://staging.usphs2.cit.nih.gov/corpslinks/pharmacy/sc_admin_awards.aspx)
- Nominate eligible officer(s), submitting all material as **ONE** .pdf to the Administration Section

Call to Order: CDR Marisol Martinez, PharmPAC Chair

- The meeting began at 1405 EST.

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

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

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Name	Section	OPDIV	CITY, STATE	PRESENT	Alternate	PRESENT
RADM Pamela Schweitzer	CPO	CMS	Baltimore, MD	Yes	N/A	
CDR Marisol Martinez	Chair	DoD	Fort Sam Houston, TX	Yes	CAPT Nita Sood	
CDR Jefferson Fredy	Chair-Elect	IHS	Crownpoint, NM	Yes	LT Keith Warshany	
CAPT Aaron Sigler	Career Development	FDA	Rockville, MD	Yes	LCDR Craig Kiester	
CDR Troy Bernardo	Career Development	BOP	Butner, NC	Yes	LCDR Anna Santoro	
CDR Anne Marie Bott	Recruitment	IHS	Anchorage, AK	Yes	LCDR 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.	No	LCDR Carl Olongo	Yes
CDR Shary Jones	Career Development	OS	Washington, D.C.	No	LCDR Chaltu Wakijira	No
CDR Jinhee Lee	Administration	SAMHSA	Rockville, MD	Yes	CDR Jennifer Fan	
CDR Kara King	Recruitment	IHS	Anchorage, AK	Yes	CDR Damion KILLSBACK	
CDR Selena Ready	Recruitment	FDA	Silver Spring, MD	No	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	Yes	LCDR Kimberly Walters	
LCDR Rodney Waite	Communications	BOP	Milan, MI	Yes	CDR Jaime Morris	
LT Marie Manteuffel	Readiness	CMS	Baltimore, MD	Yes	LCDR Jeannette Joyner	
LT Jane McLaughlin – Middlekauff	Administration	HRSA	Rockville, MD	Yes	LCDR Alexis Beyer	
LCDR Melinda McLawhorn	Exec. Secretary	FDA	Silver Spring, MD	Yes	N/A	

Number of Callers on Line

October 2014: 189
 September 2014: 122
 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: RADM Pamela Schweitzer, CPO

Opening Remarks

- Welcome Pharmacy Students
 - JRCOSTEP application : <http://www.usphs.gov/student/jrcostep.aspx>
- Our thoughts and prayers go out for family and friends of LCDR Yves "Brian" Parker following his untimely passing.
- National Pharmacists Month – thank you for your service and for the leadership you provide within your Agency and the pharmacy profession.
- Ebola mission – Plans continue for the deployment of officers to staff a 25-bed Ebola treatment unit in Liberia. The Corps is collaborating with numerous Agencies internal and external to HHS to evaluate trainings, develop SOP's and to determine the staffing skillset that would be required to support an ETU.
- Special Assistant to the Chief Professional Officer (CPO), Pharmacy– Congratulations to LT Long Pham who was selected to be the Special Assistant for the upcoming year. He graduated from Massachusetts College of Pharmacy and Health Sciences and joined the Corps in 2012, starting his career in the Indian Health Service, Chinle Comprehensive Healthcare Facility. He is currently stationed with Assistant Secretary of Preparedness and Response (ASPR) in the Division of Logistics. For CPO related activities, please contact LT Pharm at: Long.Pham@hhs.gov
- Continue to work on opportunities for USPHS pharmacy officers to collaborate with each other and professional organizations to improve the health of our nation.
- A big thank you to CDR Marisol Martinez for her tireless efforts and accomplishments during her tenure as PAC chair. Thank you also to those transitioning off the committee and welcome to the incoming members!

CPO Outreach - September

- 4 September 2014: Attended IHS Pharmacy Residency webinar hosted by Chinle's LT Andrew Gentles. Also, included CAPT Ed Stein and CDR Rebecca Reyes.
- 10 September 2014: Conference call with IHS Area Pharmacy Consultants
- 12 September 2014 : Visit to NIH and met with pharmacists; coordinated by Bob DeChristoforo and CAPT Stacey Henning.
- 16 September 2014 – ASHP Leadership event.
- 23 September 2014 - American Public Health Association (APHA) sponsored Tobacco event - RADM Lushniak was the keynote speaker.

Upcoming Meetings

- 2014 Joint Federal Pharmacy Seminar (JFPS), 19-22 October 2014, Gaylord National Hotel and Convention Center, Washington, D.C. Registration is open: <http://www.jfpsinfo.org/>

OBC

Schedule is on CCMIS: <http://dcp.psc.gov/CCMIS/COTA/obcdates.aspx>. We are invited to attend the OBC Pinning and Graduation ceremonies. There are four pharmacists scheduled for October.

Course Number	Month	Course Dates	Open House	Pinning Ceremony	Graduation Date
OBC 76	Oct-14	10/05/14 - 10/17/14	10/09/14	10/10/14	10/17/14

CPO Initiatives Update

- Will be on a panel presenting on "Improving the Infrastructure for Continuity of Care" at the National (NCPDP) Educational Summit, 11 November 2014 in Indianapolis, IN. - <http://www.ncpdp.org/Education/Educational-Summit>

Final quote

“Leadership is practiced not so much in words as in attitude and in actions.”

Harold S. Geneen, American Businessman

Thank you for being Public Health Service Pharmacy Leaders! It is an honor to serve you!

- *Question: What should UPOCs discuss with pharmacy students interested in the COSTEP program or to increase their odds of joining USPHS?* Since most COSTEPS are in I.H.S, consider contacting CDR Damion Killsback (Damion.Killsback@ihs.gov) to identify sites which may take a COSTEP. Consider contacting those sites, even prior to the application process. Please also, do not limit yourself geographically. Also, note that COSTEPS may be eligible to be commissioned without having to wait until the application pool for officers to open. This is effective for COSTEPS who have completed their program from 2011 and beyond.
-

COF Pharmacy Category Day Update: CDR Timothy Lape

CDR Timothy Lape (timothy.lape@cms.hhs.gov)

LCDR Tami Rodriguez (t1rodriguez@bop.gov)

LCDR Michelle Williams (mrwilliams@bop.gov)

- Location/Dates for the Symposium: Atlanta Sheraton, Atlanta GA; 18-21 May 2015. For more information, please visit <http://symposium.phscof.org/>
 - Please consider attending the meeting and presenting during category day.
 - Category day presentations are being organized by CDR Lape and LCDRs Rodriguez and Williams. CDR Ray Ford is also a point of contact.
 - Presenting during the category day is a great opportunity to share with your fellow officers how you support our public health service mission. These presentations are important because they share information about what officers do in their agencies, identify best practices, and identify what officers may do to improve their practice and better serve their agencies.
 - The theme for this year's conference is "Public Health Diversity and Succeeding in a Flatter World." The meeting will focus on addressing the diverse public health needs we encounter in varying locations and populations as these issues become more interconnected and interdependent.
 - All topics relevant to this theme and the practice of pharmacy will be considered.
 - Category day presentations are 30 minutes in duration and can be done alone or in collaboration with another officer.
 - Please provide a brief description regarding how your presentation will address the theme of this year's meeting and four objectives you wish to cover during your presentation. You can email this information to the committee co-leads listed above. *Please provide your submission prior to the end of October.*
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Readiness Section Update

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

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

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

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

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

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

- Deployment Resources Survey Results – CDR Bill Pierce
 - Thank you to everyone involved in this initiative for taking time to complete the survey and for their thoughtful and insightful comments. Your voices were heard; and you have provided extremely valuable information that will help us move our readiness initiatives forward. We plan to take several actions based on the advice you have provided.
 - The 2013-2014 PharmPAC Readiness Section developed a comprehensive 20- question survey directed at all USPHS pharmacists to determine what deployment resources are most useful; and what deployment resources could be improved or are needed for training and deployment missions.
 - A working group that included CDR Bill Pierce, LT Marie Manteuffel, CAPT Peter Diak, CDR Janelle Derbis, CDR Juliette Toure, CDR Yoon Kong, CDR Jade Pham, LCDR Jeannette Joyner, and LCDR Carl Olongo was formed to collate and analyze the survey results. Everyone in this group made notable contributions to this effort and this is greatly appreciated. Special thanks to LT Marie Manteuffel, co-lead for this working group, for her continued efforts, inspiration, and major contributions.
 - The final report is nearing completion and will be shared with the PharmPAC members and key stakeholders later this month.
 - We received responses from over 250 pharmacists, with excellent representation from officers who have, and have not deployed; and from officers with broad ranges of time in service.
 - A majority of officers responding to the survey reported the following **general** resources were helpful:
 - Travel orders and transportation information
 - Uniform guidance
 - Pre-deployment packing lists
 - Team assignment and contact lists
 - Mission descriptions
 - Additionally, multiple officers responding to the survey reported the following **pharmacy** resources were helpful:
 - Pharmacy references
 - Medication formularies
 - Personal pharmacy equipment
 - Pharmacy guidelines and Standard Operating Procedures (SOPs)
 - Pharmacy forms
 - Regarding pharmacy references for use on deployment missions, survey respondents provided extensive advice related to these, both hard copy and electronic. Not surprisingly, smartphone apps that included Lexicomp drug information handbooks, pharmacy calculators, and drug identification guides were useful. Other advice included suggestions to not completely rely on internet based electronic resources since connectivity may not always be available. Some of the hard copy references recommended included the Drug Information Handbook, a Generic-to-Brand conversion book, and the Sanford Guide for Antimicrobial therapies. Obviously the type of mission may dictate the references we need and should be assessed before we deploy. With that in mind, mission specific references that were found valuable included the Drug Information Pediatric Handbook for missions with pediatric patients; and the Essential Spanish for Pharmacists Manual for missions in the Southern United States. We hope

to share more specific information on these recommendations with the category in the future, possibly through the PharmPAC website.

- Resources that pharmacists reported as not available, or in need of improvement, included:
 - A “cheat sheet” for interpreting travel documents and other deployment forms
 - Organizational charts, including more current contact information for team members
 - Information on drug cache or medication formularies; and available pharmacy equipment
 - Instructions on how to use the Electronic Medical Record (EMR)
 - Additional electronic pharmacy resources and references
- Based on the information gathered from the survey, the PharmPAC Readiness Section has four distinct and actionable recommendations:
 - **Recommendation Number 1: All PHS leadership, organizational and support staff, and affiliated groups are strongly encouraged to increase deployment-relevant training opportunities.** Requests for additional training opportunities made up the vast majority of feedback received from pharmacists for this part of the survey. Over 80% of the officers who responded have not participated in a training-only mission. Officers who responded to the survey expressed preferences for team-based training, field exercises, and community health and service or CHASM missions. Suggestions included conducting training sessions at regularly scheduled dates, times, and regional locations; conducting training at COA/COF annual meetings; and training on topics specific to deployment roles and responsibilities, personal preparation for deployment, packing for deployments, military courtesies, and proper uniform wear.
 - **Recommendation Number 2: Continue to increase the timeliness and access to both mission-specific and pharmacy-specific information.** Many pharmacists requested more information both before and during deployments. Specific suggestions included updating and expanding the deployment-related information on the PharmPAC Website; and providing or improving pre-deployment packing lists, team contact lists, deployment team descriptions, medication formularies, key pharmacy references and tools, and commonly used forms. One novel suggestion was to develop a Smartphone application or an app for PHS deployment information. For officers with experience in developing this type of application, please consider contributing towards this effort.
 - **Recommendation Number 3: Expand the opportunities for pharmacists in mission-critical billets with limited opportunities to deploy.** Approximately half or 54% of the survey respondents had not previously deployed for any emergency response, humanitarian, or medical missions. A subset of survey respondents associated his or her lack of participation to the inability to leave their duty station for an extended period of time. For example, some officers cited mission-critical status, or a lack of adequate coverage for extended absences, as reasons that they were unable to deploy. Three suggestions were provided that may address some of these concerns. The first was to provide earlier notification of non-emergency pre-scheduled response deployments to officers for planning purposes. The second was to expand the use of temporary duty assignments or TDYs to create opportunities for pharmacists typically unable to deploy. This would also provide opportunities for pharmacists interested in acquiring additional pharmacy hours and/or clinical experience. The third was to roster regularly scheduled events or other service missions that are planned in advance with more officers lacking previous deployment experience.
 - **Recommendation Number 4: To begin research on existing policies related to the use of information technology during deployment missions.** This initiative would evaluate existing guidelines and determine if additional policies are required. Suggested areas to focus on from survey respondents included provision of instructions for the use of personal and professional devices; and the management of patient or sensitive information during deployments.
- As previously mentioned, in the coming year, the PharmPAC Readiness Section will focus some efforts on addressing many of the concerns identified through this survey; and will promote

these four recommendations. Planned actions will include, but are not limited to, proposing PharmPAC Website updates and additions, discussing these findings with key stakeholders within the Readiness and Deployment Operations Group (RDOG, formerly known as OFRD) and the Office of the Assistant Secretary for Preparedness and Response or ASPR.

- We firmly believe that enhancing the preparedness and the response capabilities of PHS pharmacists, and our fellow officers in other categories, requires increased attention.
- The need to seize, create, and improve our response capabilities by expanding our training opportunities is of paramount importance.
- Similarly, creating opportunities for pharmacists to gain valuable deployment experience to advance our readiness capabilities, and grow as a category, and as a Corps, requires a concerted effort from all of us.
- We emphatically encourage each of you to join us in these efforts.
- Ebola Survey – CDR Janelle Derbis
 - If you did not receive the link to the survey, first, please ensure that your email address is up to date in Direct Access. You may then request the survey via OFRD-response@hhs.gov. Please do not use a link to the survey which was forwarded to you from another officer as each link is specific to each officer.
- New Immunization Process – CDR Juliette Toure
 - Please use the MAB fax coversheet to send in your flu immunization information.
 - Contact PHSccimmunizations@hhs.gov with questions.
 - When you send an inquiry to this mailbox, you will receive an automated reply that provides instructions, helpful hints and processing statistics pertaining to the average turnaround times for immunization processing, broken down by month. To receive the autoreply, place the word “INFORMATION” on the subject line.
 - Once your immunizations have been processed by MAB this year, you will receive an automated email stating that your submission has been processed with instructions to verify your information in Direct Access after a 24 hour period to validate the content.
 - Reference: http://dcp.psc.gov/ccbulletin/articles/Immunizations_08_2014.aspx
 - Immunization Team POCs: Sally Bentsi-Enchill (ph#t 301-427-3254) and Samuel Bell (ph# 301-427-3252).
- Congratulate August PACE recipients– CDR Vandna Kishore and LCDR Dipti Kalra

August – Pharmacy Category	
CDR	Young, Charla M. H.
LCDR	Krueger, Liatte
LCDR	Johnson, Mark
LCDR	Foss, David
LT	Locke, Michelle R
LT	Stambaugh, Aly
LT	Choe, Lena
LT	Berg, Gregory
LT	Briggs, Caleb
LT	Mistler, John

- 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! EHO, DIE, & HSO have actively submitted to the PACE program already.
 - Questions, please contact PharmPACReadiness@fda.hhs.gov.
 - Also, be sure to check out the APFT initiative website for upcoming APFT opportunities. <https://sites.google.com/site/apftinitiative/>
-

Recruitment Section Update

CDR Anne Marie Bott (ambott@anthc.org)

CDR Kara King (kaking@anthc.org)

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

LCDR Brittany Keener (blkeener@anthc.org)

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

Responsibilities: [Duty Station Map](#), Pharmacy's Best Kept Secret ([PBKS](#)), UPOC ([Activity Report](#), [Biannual Report](#), [Master List](#), [Newsletter](#), [Request to be a POC](#)), Recruitment Presentations ([BOP](#), [IHS](#), [PHS](#)), Vacancy Listings ([Vacancy Map](#)), [Welcome to the PHS!](#)

- No specific updates
-

Administration Section Update

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

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

CDR David Schatz (david.i.schatz@uscg.mil)

LT Jane McLaughlin-Middlekauff (JMcLaughlin@hrsa.gov)

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

Responsibilities: [Awards](#), [Charter](#), [Coins](#) ([Order](#)), History, [Liaisons](#) ([Agency Liaisons](#), [Organization Liaisons](#)), Legislation Monitoring, [PharmPAC Member Directory](#), [PHS Pharmacists List](#), [SOP](#)

- Updates: LT Jane McLaughlin-Middlekauff
 - We are currently reviewing the IHS and HRSA Agency Liaison applications and will announce the selected officers at the next meeting.
-

Career Development Section Update

CAPT Aaron Sigler (Aaron.Sigler@fda.hhs.gov)

CDR Dean Goroski (dean.goroski@ihs.gov)

CDR Shary Jones (Shary.Jones@hhs.gov)

CDR Troy Bernardo (tbernardo@bop.gov)

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

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

- Thanks to CAPT Sigler for his service on the committee.
 - COER Updates- CDR Dean Goroski
 - The COER became available on 1 October 2014. Please review the following:
 - 2014 Annual COER POM: http://dcp.psc.gov/eccis/documents/POM14_004.pdf
 - COER Website: http://dcp.psc.gov/CCMIS/COER/COER_Index.aspx
 - COER is due to rater on 17 October 2014. Please ensure you have the correct rater.
 - There may be an interruption in service with Direct Access 15 December 2014.
 - *2014 COER Tips:*
 - Maintain a working file of duties & accomplishments throughout the year.
 - Communicate regularly with your supervisor to ensure no surprises arise when you are evaluated.
 - Seek a mentor to review your DRAFT COER.
 - Create DRAFT officer comments and discuss with your Rater in advance.
 - Notepad works well and allows the officer to cut/paste directly into the online COER system.
 - DO NOT use bullets.
 - Raters and ROs - DO NOT use the % sign in the text box.
 - Save COER comments periodically as the system times out in 20 min.
 - Master's Degree Documentation: CDR Dean Goroski
 - Please visit http://dcp.psc.gov/ccmis/Officer_Profile_Update.aspx for details.
 - Note that you need to validate your degree and submit your transcripts.
 - CV Review – LCDR Anna Santoro
 - Please send CVs to LCDR Anna Santoro at astevenson@bop.gov
-

Communications Section Update

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

LCDR Tina Bhavsar (TBHAVSAR@CDC.GOV)

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

LCDR Rodney Waite (rcwaite@bop.gov)

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

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

- Thanks to vacating Communications Section members: LCDR Ngo and CDR Tricinella
 - Updates – LCDR Rodney Waite:
 - PharmPAC Perspectives: Fall issue to be disseminated on 31 October 2014
 - Upcoming meetings: AMSUS and Joint Federal Pharmacy Seminar – please note that this information is listed at the beginning of the PharmPAC meeting minutes
-

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

- This is the last meeting of the PharmPAC term and some members' terms are over and will be transitioning off. We would like to thank CDR Michael Crockett, CDR Jinhee Lee, CDR Troy Bernardo, CDR Jodi Tricinella, LCDR Khang Ngo, and LCDR Brittney Keener for their service on the PAC.
 - Over the past year, the PharmPAC completed the following initiatives:
 - PACE program- has been used by DCCPR to improve readiness across the board and has been implemented among other PACs
 - Deployment survey
 - Fillable CV Template
 - Workgroups have been established to support our CPO's initiatives
 - PharmPAC Awards and PHS Excellence Awards, including the Physician PAC implementing the PHS Excellence Awards
 - Cross-category readiness workgroup
 - Mentoring network
 - New liaisons from OPDIVS
 - Changes to charter and SOPs
 - PharmPAC Perspectives Newsletter
 - Next month's meeting will be chaired by CDR Fredy as the new PAC Chair and CAPT Sigler as the new PAC Chair-Elect
 - We thank LCDR Melinda McLawhorn for her service and dedication as executive secretary and for implementing the use of Adobe Connect for PharmPAC meetings. We welcome LCDR Ben Bishop as the new executive secretary.
-

PAC Chair-Elect Update: CDR Jefferson Fredy

- OBC- The Open House is on 9 October at the Holiday Inn in Gaithersburg at 1800, the Pinning Ceremony is on the 10th at 0800 and The Graduation Ceremony is on the 17th at 930
 - ASHP Midyear Federal Forum- LT Debbie Gallo. LCDR Christina Eldridge and CDR Aaron Middlekauff
 - These officers represent the USPHS Planning Committee for the ASHP Midyear Federal Form and welcome all officers to the meeting in Anaheim CA, 7-11 December 2014.
 - There will be a poster session at the meeting this year, which will offer CE credits.
 - We are looking for an officer to sing the national anthem at this meeting, please contact the planning committee if you are available and interested.
-

Old/New Business: CDR Marisol Martinez

- None
-

The meeting was adjourned at 1513 EST.

Next Meeting Date:

06 November 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.

Useful Links and Contact Info:

E-Mails

PharmPAC@list.nih.gov

PHS-Pharmacists@list.nih.gov

PHS-RX-JOBS@list.nih.gov

PHS-Rx-Students@list.nih.gov

List serves

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

Websites

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

--Respectfully Submitted,

Melinda McLawhorn / 06 November 2014
LCDR Melinda McLawhorn, Executive Secretary Date

Marisol Martinez / 06 November 2014
CDR Marisol Martinez, Chair Date

Attachments

Recurring Attachments

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

Disclaimer: Original versions of the reports listed in the previous table were provided via email to the PHS Pharmacists List serve by the PharmPAC Executive Secretary following the monthly PharmPAC meeting. In addition, these reports have been merged at the end of the monthly minutes for reference and appear on the following pages. However, due to

differences in file and version types and the need to minimize the size of the minutes to allow for posting to the website, you may notice a loss in formatting from some of the original reports. If you would like another copy of the original attachment, then please contact the PharmPAC Executive Secretary.

Special Attachments

- none



**U.S. Public Health Service
Pharmacist Professional Advisory Committee**

Chief Professional Officer, Pharmacy Update

October 2014

Opening Remarks

- Welcome Pharmacy Students students
 - JRCOSTEP application : <http://www.usphs.gov/student/jrcostep.aspx>
- Our thoughts and prayers go out for family and friends of LCDR Yves "Brian" Parker following his untimely passing.
- National Pharmacists Month – thank you for your service and for the leadership you provide within your Agency and the pharmacy profession.
- Ebola mission – Plans continue for the deployment of officers to staff a 25-bed Ebola treatment unit in Liberia. The Corps is collaborating with numerous Agencies internal and external to HHS to evaluate trainings, develop SOP's and to determine the staffing skillset that would be required to support an ETU. See below for general information about
- Special Assistant to the Chief Professional Officer (CPO), Pharmacy– Congratulations to LT Long Pham who was selected to be the Special Assistant for the upcoming year. He graduated from Massachusetts College of Pharmacy and Health Sciences and joined the Corps in 2012, starting his career in the Indian Health Service, Chinle Comprehensive Healthcare Facility. He is currently stationed with Assistant Secretary of Preparedness and Response (ASPR) in the Division of Logistics. For CPO related activities, please contact LT Pharm at: Long.Pham@hhs.gov
- Continue to work on opportunities for USPHS pharmacy officers to collaborate with each other and professional organizations to improve the health of our nation.
- A big thank you to CDR Marisol Martinez for her tireless efforts and accomplishments during her tenure as PAC chair. Thank you also to those transitioning off the committee and welcome to the incoming members!

CPO Outreach - September

- September 4, 2014 Attended IHS Pharmacy Residency webinar hosted by Chinle's LT Andrew Gentles. Also, included CAPT Ed Stein and CDR Rebecca Reyes.
- September 10, 2014 – Conference call with IHS Area Pharmacy Consultants
- September 12, 2014 – Visit to NIH – pharmacists; coordinated by Bob DeChristoforo and CAPT Stacey Henning.
- September 16, 2014 – ASHP Leadership event.
- September 23, 2014 - American Public Health Association (APHA) sponsored Tobacco event - RADM Lushniak was the keynote speaker.

Upcoming Meetings

2014 Joint Federal Pharmacy Seminar (JFPS), October 19-22, 2014, Gaylord National Hotel and Convention Center, Washington, D.C. Registration is open: <http://www.jfpsinfo.org/>

COER's

Note the rating scale definitions changed this year to:

- 1 = Unsatisfactory range
- 2 to 3 = Adequate range
- 4 to 5 = Effective range
- 6 to 7 = Exceptional range

Special Pays

Working on details for implementing new special pays, including frequently asked questions.

OBC

Schedule is on CCMIS: <http://dcp.psc.gov/CCMIS/COTA/obcdates.aspx>. We are invited to attend the OBC Pinning and Graduation ceremonies. There are 4 pharmacists scheduled for October.

Course Number	Month	Course Dates	Open House	Pinning Ceremony	Graduation Date
OBC 76	Oct-14	10/05/14 - 10/17/14	10/09/14	10/10/14	10/17/14

Office of the Surgeon General (OSG) Update

General Ebola Information

- The incubation period, from exposure to when signs or symptoms appear, is 2 to 21 days but the average is 8 to 10 days.
- Ebola virus is spread through direct contact with the blood or body fluids (such as feces, saliva, sweat, urine, vomit, and semen) of a person sick with Ebola, or with objects like needles that have been contaminated with the virus.
- Ebola is not spread through the air or by food or water in the United States.
- Ebola virus is killed with hospital-grade disinfectants (such as household bleach).
- No FDA-approved vaccine or medicine (e.g., antiviral drug) is available for Ebola.
- Symptoms of Ebola are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival:
 - Providing intravenous fluids and balancing electrolytes (body salts)
 - Maintaining oxygen status and blood pressure
 - Treating other infections if they occur
- Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.
- Recovery from Ebola depends on good supportive clinical care and the patient's immune response. Available evidence shows that people who recover from Ebola infection develop antibodies that last for at least 10 years, and possibly longer. It isn't known if people who recover are immune for life or if they can become infected with a different species of Ebola.
- For more information about Ebola, visit the CDC Ebola site: www.cdc.gov/ebola

CPO Initiatives Update

- Will be on a panel presenting on "Improving the Infrastructure for Continuity of Care" at the National (NCPDP) Educational Summit, November 11, 2014 in Indianapolis, IN. - <http://www.ncdpd.org/Education/Educational-Summit>

Final quote

"Leadership is practiced not so much in words as in attitude and in actions."

Harold S. Geneen, American Businessman

Thank you for being Public Health Service Pharmacy Leaders! It is an honor to serve you!

RADM Schweitzer

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



DATE: September 24, 2014

TO: Pharmacist Professional Advisory Committee

FROM: LCDR Robert Kosko

SUBJECT: October 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.
- Please join the JOAG **Public Health and Community Services Committee’s National Prevention Strategy Subcommittee** in supporting the **ALexandrians InVolved Ecumenically (ALIVE!)** organization in its mission to help Alexandrians in need. USPHS volunteers are needed to sort food received from the annual Boy Scouts of America Food Drive.

This volunteer event will take place from 1300 – 1600 (EST) on Saturday, November 8, 2014 at 801 South Payne Street, Alexandria, VA (at the corner of Payne and Jefferson streets near the Alexandria National Cemetery)

Desired Attire: Black or blue PHS T-shirt, comfortable shoes and appropriate clothing for the weather.

This event will be open to USPHS junior officers. A maximum of 5 volunteers is needed. If these spots cannot be filled by junior officers, then the event will be opened to senior officers, family members and friends of officers. If you are interested in participating or have any questions, please contact:

LCDR Samantha Fontenelle (USPHS/JOAG)
JOAG Public Health and Community Service Committee
National Prevention Strategy Subcommittee
(202) 566-2083 (work)
Fontenelle.samantha@epa.gov

- The JOAG **Professional Development Committee, Job Shadowing Program Subcommittee** is inviting all USPHS officers to participate in a **one-day job shadowing event**. Job shadowing is a professional, career development and exploration activity that can offer an opportunity to spend time with a more senior professional currently working in a person’s career field of interest. Individuals who participate in job shadowing will

observe the day-to-day activities of someone in the current workforce, and also get a chance to have their questions answered.

Starting August 25th, 2014 we're accepting nomination forms for junior officers interested in shadowing a senior officer, and senior officers willing to serve a one-day commitment to help junior officers explore future professional opportunities.

For more information, please contact LCDR Joanna Gaines (iym2@cdc.gov).

- Please join the **JOAG Public Health and Community Services, National Prevention Strategy Sub-Committee** and Manna Food Center to participate in a **“Harvest Day”** to help provide fresh produce to residents of Montgomery County.

The Harvest Day will take place 0800-1200 on Saturday, October 11, 2014, at First Fruits Farm in Freeland, MD, north of Baltimore (firstfruitsfarm.org). USPHS volunteers will harvest and bag potatoes and other vegetables for distribution to those who cannot afford to purchase fresh produce. Volunteers will be responsible for their own gloves, snacks, and beverages.

Friends and family members, including children aged 7 or above, are invited to participate.

The names of volunteers must be submitted by September 30, 2014. If you are interested in participating or have any questions, please contact:

LT Joyce Davis (USPHS/JOAG)
JOAG Public Health and Community Service Committee
National Prevention Strategy Subcommittee
410-786-0877
joyce.davis1@cms.hhs.gov

Manna Food Center Harvest Day (no cost event):

Location:
First Fruits Farm
2025 Freeland Road
Freeland, MD 21053

Date and Time: October 11, 2014 (Saturday) 0800 – 1200 EDT

Desired Attire: Black or Blue PHS T-shirt, Long Pants, Closed Toe Shoes or Boots.
Optional: Black PHS Ball Cap (NO RANK INSIGNIA) or other hat

A Liability Release form will need to be signed by all volunteers releasing First Fruits Farm from liability for any injuries sustained during the activity.

- Please join the JOAG **Public Health and Community Services Committee, National Prevention Strategy Subcommittee** and the Whitman-Walker Health organization to participate in the annual “**Walk to End HIV**” on October 25, 2014.

The volunteer event will take place 0800-1100 on Saturday, October 25, 2014, at Freedom Plaza at Pennsylvania Avenue and 13th Street, NW, Washington, DC.

All commissioned officers, their families and friends are invited to walk. Please note that there is a \$25 registration fee to participate, but that fundraising will not be permitted by members of the “USPHS Walk to End HIV” team. If you would like to be part of the “USPHS Walk To End HIV” team, please email LCDR Hilary Hoffman for instructions.

Walk To End HIV (Washington): \$25

Location:

Freedom Plaza
1455 Pennsylvania Ave NW
Washington, DC 20004

Date and Time:

Saturday, October 25, 2014
0800 – 1100 EDT

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

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

LCDR Hilary Hoffman (USPHS/JOAG)
JOAG Public Health and Community Service Committee
National Prevention Strategy Subcommittee
(540) 809-5519
hilary.hoffman@fda.hhs.gov
hilaryhoffman1@gmail.com

NEXT JOAG GENERAL MEETING: October 10, 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: November 14, 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



Bureau of Prison Report to PharmPAC

October 2014

Submitted by LCDR Michelle Williams, BOP PharmPAC Liaison

As part of an overarching reentry initiative, BOP pharmacy is working with its Agency's reentry division regarding injectable therapies that could be provided at Residential Reentry Centers (RRCs).

BOP met with Office of Personnel Management (OPM) to discuss Hepatitis C treatment.

BOP Pharmacy has implemented over 20 workgroups that BOP pharmacists are involved with as collateral duties which have resulted in better communication, improved outcomes, and enhanced teamwork.

BOP is in line with the Executive Order -- Combating Antibiotic-Resistant Bacteria -- as evidenced through the BOP National Antibiotic Stewardship DUE and corresponding Centra (webinar) providing education regarding the appropriate use of antimicrobials.



CDC Report to the USPHS PharmPAC

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

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

October 2014 Updates

[President Obama Visits CDC](#) President Barack Obama made his first visit to CDC on September 16, for a briefing about CDC's response efforts to the unprecedented Ebola outbreak in West Africa. The President was accompanied by HHS Secretary Sylvia Burwell and other US government officials.

[CDC 24/7: Fighting Ebola \(Part III\)](#) Back from a trip to West Africa to visit Ebola outbreak responders, CDC Director Tom Frieden, MD, MPH, held a press conference September 2 to provide a public health assessment of the outbreak and to give an update on CDC and USG efforts to control the spread of the disease and to stop the largest-ever outbreak of Ebola. "It's a problem for the world and the world needs to respond," Frieden said, as he emphasized three key needs, including more resources, technical experts, and global coordination with a unified approach.

[CDCU Launches First-Ever Training Courses Targeting Clinical Professionals within the Medicine Occupational Series](#) CDC/ATSDR employees in the medicine occupational series represent 10 percent of the entire agency's population and play a critical role in accomplishing the agency's mission. When a needs assessment conducted in 2012 revealed a big gap in training for this group, senior leadership committed to address the issue.

[MMWR Notes from the Field: Reports of Expired Live Attenuated Influenza Vaccine Being Administered — United States, 2007–2014](#) Two vaccine types are approved in the United States, injectable inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV), which is administered intranasally. IIV has a standard expiration date of June 30 for any given influenza season (July 1 through June 30 of the following year). In contrast, after release for distribution, LAIV generally has an 18-week shelf life (Christopher Ambrose, MedImmune, personal communication, 2014). Because of its relatively short shelf life, LAIV might be more likely than IIV to be administered after its expiration date. Of the 4,699 LAIV reports, 866 (18.4%) involved administration of expired vaccine; 97.5% of these reports did not document any adverse health event.

[MMWR Announcement: Now Available Online: Final 2013–14 Influenza Vaccination Coverage Estimates for Selected Local Areas, States, and the United States](#) Final 2013–14 influenza season vaccination coverage estimates are now available online at FluVaxView. The online information includes estimates of the cumulative percentage of persons vaccinated by the end of each month, from July 2013 through May 2014, for select local areas, each state, each U.S. Department of Health and Human Services region, and the United States overall.



CMS Agency Report to PharmPAC

Submitted by LT Teisha A. Robertson

October 2014 Updates

Highlights:

2014 Consortium of Medicare Health Plan Operations (CMHPO) – Regional Office /Central Office Pharmacists Summit

CMHPO Regional Pharmacists organized and participated in a 2-day pharmacy conference in Baltimore on 8/20/14 and 8/21/14. Their purpose was to further develop working and strategic relationships in key pharmacy related program areas such as Medicare Part D, Affordable Care Act Marketplace, Medicaid, Audit Operations, and Program Integrity. Various key CMS staff spoke with the group about collaborative next steps to support the overall CMS mission in providing and overseeing various prescription medication programs

Press Releases:

[Number of Uninsured Projected to Decrease, Faster Health Expenditure Growth Expected as Coverage Expands and the Economy Improves, CMS Actuary Reports](#)

The number of uninsured is expected to decline by nearly half from 45 million in 2012 to 23 million by 2023 as a result of the coverage expansions associated with the Affordable Care Act, according to a report from the Centers for Medicare & Medicaid Services (CMS) Office of the Actuary. The report is being published today in *Health Affairs*.

Fact Sheets:

[Data show National Partnership to Improve Dementia Care exceeds goals to reduce unnecessary antipsychotic medications in nursing homes](#)

The Centers for Medicare & Medicaid Services (CMS) established the National Partnership to Improve Dementia Care. The partnership catalyzed a broad range of activities by provider organizations and others, and ultimately led to the formation of state-based coalitions to improve dementia care in every state. The goal of the Partnership is to continue to reduce the use of unnecessary antipsychotic medications, as well as other potentially harmful medications in nursing homes and eventually other care settings as well. The Partnership includes consumers, advocacy organizations, nursing home staff, and professional associations, such as American Health Care Association (AHCA) and LeadingAge.

[Delivering Better Care at Lower Cost](#)

Over the past five years, the Obama Administration has made significant progress towards improving access to quality, affordable care for all Americans. Purchasers of health care, both public and private, are *increasingly pursuing innovative approaches* to health care improvement, wellness and cost containment, and encouraging results over the past several years show that *success is achievable*, particularly where public and private actors are aligned.



FDA Agency Report October- 2014

Submitted by: LT Sadhna Khatri

Here is a summary of recent product safety, product approvals and announcements to keep you informed about FDA issues. A brief summary of each issue and a web link to detailed information on the FDA website is included.

PRODUCT SAFETY:

Recall: Potassium Chloride Injection (Baxter) - Shipping Carton Mislabeling. September 17, 2014.

Potential risk of medication error or delay in therapy for patients that require high concentration potassium chloride. [More information](#)

Recall: Pharmacy Creations Certain Products – Potential Non-Sterility. September 6, 2014.

Compromised sterility of a product may lead to risk for infection. [More information](#)

Recall: Clover Snare 4-Loop Vascular Retrieval Snare by Cook Medical - Risk of Loop to Separate From Shaft. September 4, 2014.

Classified as Class I Recall. [More information](#)

Recall: Martin Avenue Pharmacy, Inc. Compounded Sterile Preparations - Lack of Assurance of Sterility

Compromised sterility of a compounded preparation may lead to risk for infection. [More information](#)

Recall: Dermatend Original and Dermatend Ultra - Safety Concerns.

Using these Dermatend products instead of seeking medical attention could result in delayed diagnosis of conditions such as cancer. [More information](#)

Recall: RegeneSlim Appetite Control Capsules - Presence of DMAA. September 2, 2014.

Voluntary nationwide recall expanded. [More information](#)

Class I Recall: DePuy Synthes Craniomaxillofacial Distraction System - May Reverse Directions After Surgery. August 28, 2014.

Infants at highest risk for injury. Sudden obstruction of trachea could lead to respiratory arrest/death. In all patient populations, failure may result in need for surgical intervention to replace failed device. [More information](#)

Other Recalls

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

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

PRODUCT APPROVALS AND CLEARANCES:

FDA allows marketing of the first test to identify five yeast pathogens directly from a blood sample

FDA allowed marketing in the U.S. of the first direct blood test for detection of five yeast pathogens that cause bloodstream infections: *Candida albicans* and/or *Candida tropicalis*, *Candida parapsilosis*, *Candida glabrata* and/or *Candida krusei*. [More information](#)

FDA approves Trulicity to treat type 2 diabetes

FDA approved approved Trulicity (dulaglutide), a once-weekly subcutaneous injection to improve glycemic control (blood sugar levels), along with diet and exercise, in adults with type 2 diabetes. [More information](#)

FDA approves Movantik for opioid-induced constipation

FDA approved Movantik (naloxegol), an oral treatment for opioid-induced constipation in adults with chronic non-cancer pain. [More information](#)

FDA approves weight-management drug Contrave

FDA approved Contrave (naltrexone hydrochloride and bupropion hydrochloride extended-release tablets) as treatment option for chronic weight management in addition to a reduced-calorie diet and physical activity. [More information](#)

FDA allows marketing of the first test to assess risk of developing acute kidney injury

FDA allowed marketing of the NephroCheck test, a first-of-a-kind laboratory test to help determine if certain critically ill hospitalized patients are at risk of developing moderate to severe acute kidney injury (AKI) in the 12 hours following the administration of the test. [More information](#)

FDA approves Keytruda for advanced melanoma

FDA granted accelerated approval to Keytruda (pembrolizumab) for treatment of patients with advanced or unresectable melanoma who are no longer responding to other drugs. [More information](#)

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

RESOURCES:

MedWatchLearn - Practice Reporting to FDA!

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

FDA Expert Commentary and Interview Series on Medscape

As part of the continuing collaboration between FDA and Medscape, a series of interviews and commentaries are available to communicate important safety information to clinicians. Featuring FDA experts, these original commentaries cover a wide range of topics related to FDA's multi-faceted mission of protecting and promoting the public health by ensuring the safety and quality of medical products such as drugs, foods, and medical devices [More information](#)

FDA Basics

Each month, different Centers and Offices at FDA will host an online session where the public can ask questions to senior FDA officials about a specific topic or just listen in to learn more about FDA. [More information](#)

FDA Voice

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

Medical Product Safety Network (Medsun)

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

CONSUMER UPDATES:

New FDA Educational Program: Know Your Source There is a growing network of rogue wholesale drug distributors selling potentially unsafe drugs in the U.S. market. FDA has launched “[Know Your Source](#),” an educational program advising health care professionals and practice administrators to only purchase prescription drugs from wholesale drug distributors licensed in your state to protect your patients from unsafe and ineffective drugs. [More information](#)

Consumer Update: FDA Explores New Uses for MRI Scans FDA’s National Center for Toxicological Research in collaboration with the Center for Drug Evaluation and Research, is studying the effects of various chemicals on a live rat’s brain. What is unique, is its study to develop MRI biomarkers of neurotoxicity. By using a set of compounds that cause known damage to the brain, the researchers can check the efficiency of the MRI scans compared to the conventional methods by making sure the MRI machine finds the same problems, and perhaps even more.

Consumer Update: Psoriasis Treatments Are Getting More Personalized The most recent biologic product approved by the FDA for the treatment of psoriasis is [Stelara \(ustekinumab\)](#). Ustekinumab contains an antibody that’s produced in a laboratory and designed to bind to a specific target in the immune system. [More information](#)

Consumer Update: First Rapid Home-Use HIV Kit Approved for Self-Testing FDA has approved the OraQuick In-Home HIV Test, a rapid home-use HIV test kit that does not require sending a sample to a laboratory for analysis. The kit provides a test result in 20-40 minutes, and you can test yourself in your own home. The kit, which tests a sample of fluid from your mouth, is approved for sale in stores and online to anyone age 17 and older. [More information](#)

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

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

Submitted by CAPT Wil Darwin, PharmD CDE, IHS National Pharmacy Council Chair (9/16/2014)

• **Inventory Management Coordinator Report**

- Survey Monkey
 - Sent to RX List Serve
 - Reminder to complete annual Inventory
- Enhanced Surveillance Inventory Update

IHS facilities should conduct enhanced surveillance of select pharmaceuticals as a means of assessing inventory control measures. A list of pharmaceuticals has been updated by the Sub-Committee and includes pharmaceuticals that are either high cost or have a high potential for diversion. Each Area Pharmacy Consultant will direct their sites to review at minimum 5 medications from the list on a quarterly basis and others if deemed necessary. Each year the list will be updated and modified as necessary. Below is the current list of medications.

 - The following medications were selected as the “core” set of medications for each facility to review:
 - Fluticasone/Salmeterol
 - Rosuvastatin
 - Insulin Glargine
 - Erythropoietin/Darbepoetin
 - Aripiprazole
 - Tiotropium
 - Lidocaine Patches
 - Zoster Vaccine
 - Blood Sugar Diagnostics (diabetic test strips based upon formulary)
 - 10) Tramadol - if not controlled locally.
 - If facilities do not carry 1 or more of the above medications, facilities under the supervision of their Area Pharmacy Consultant may select from one of the following medications:
 - Sildenafil (or any other PD5 Inhibitor)
 - Sofosbuvir
 - Adalimumab
 - Duloxetine
 - U- 500 insulin
 - Epinephrine auto-injectors (i.e. EpiPens)
 - Nalbuphine (if not controlled locally)
 - Ipratropium MDI
 - Human Growth Hormone (HGH)
 - Linezolid
- Inventory Process:

Facilities should conduct the enhanced surveillance by completing a baseline count and monitor/adjudicate on a monthly basis.

 - Adjudication should be calculated with the following formula:
 - Count = Invoiced quantity received + product returned to stock – dispensed quantity (including stock to ancillary clinics)
 - Recommendation:
 - Physically count all product under review and reconcile to the quantity determined by formula above
 - The count is considered adequate if within 5% of quantity determined to be on hand
 - Investigate and determine the root cause for all inventory exceeding 5% and report to Director of Pharmacy
- Future Projects
 - Compliance Check list
- Schedule Next Meeting Time
 - November 14th, 2014 at 11:00 AM Central Time

- **National Pharmacy and Therapeutics Committee Report**

- The IHS National Pharmacy and Therapeutics Committee (NPTC) held its summer meeting August 5-6th, 2014 at the Oklahoma City Area IHS in Oklahoma City, OK. Representatives from 11 of the 12 IHS Areas were in attendance for this meeting. The DoD-PEB representative was unable to attend the meeting, however, the VA-PBM staff participated in Areas of their expertise. 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 including a review of contemporary practice guidelines in the pharmacologic treatment of hypertension, erectile dysfunction and the role of phosphodiesterase-4 enzyme inhibitors in chronic obstructive pulmonary disease (COPD). The NPTC reviewed the use of angiotensin-converting enzyme inhibitors, angiotensin II receptor antagonists, calcium channel blocking agents, diuretics, beta-adrenergic blocking agents, phosphodiesterase-4 enzyme inhibitors and phosphodiesterase-5 enzyme inhibitors.
- The resulting actions from the meeting were as follows:
 1. A clinical presentation on the 2013 ESH/ESC, 2014 JNC 8, 2014 ASH/ISH, 2014 CHEP and 2013 AHA/ACC/CDC guidelines in the treatment of hypertension was provided. A utilization and procurement discussion was provided with IHS specific data. The medication classes reviewed included the guideline-preferred ACEIs, ARBs, CCBs, diuretics and BBs. A formulary brief will be developed and disseminated, providing updated guideline recommendations in the treatment of hypertension.
 2. A clinical presentation on the use of angiotensin-converting enzyme inhibitors (ACEIs) in the treatment of hypertension was provided. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. Consensus among the guidelines supports that agents in this class are equally effective in the treatment of hypertension and are considered one of the first-line treatments. No specific modifications were made to the IHS NCF in this class. **Lisinopril remains the sole ACEI on the NCF.** Based on IHS specific data, a formulary brief will be developed and disseminated, providing guidance on the use of ACEIs in pregnant and women of child-bearing age in hypertension.
 3. A clinical presentation on the use of angiotensin II receptor antagonists (ARBs) in the treatment of hypertension was provided. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. Consensus among the guidelines supports that agents in this class are equally effective in the treatment of hypertension and are considered one of the first-line treatments. No specific modifications were made to the IHS NCF in this class. **Losartan remains the sole ARB on the NCF.** A formulary brief will be developed and disseminated, providing recommendations on the use of ARBs in hypertension.
 4. A clinical presentation on the use of calcium channel blocking agents (CCB) in the treatment of hypertension was provided. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. Consensus among the guidelines supports that agents in this class are equally effective in the treatment of hypertension and are considered one of the first-line treatments. Based on IHS specific utilization and procurement data, the NPTC **REMOVED nifedipine SA and REMOVED verapamil** from the NCF. Adverse events, current utilization, cost, drug-drug interactions and therapeutic duplicity contributed to the Committee's decision to remove the two agents. **With these changes, amlodipine and diltiazem remain on the NCF.** A formulary brief will be developed and disseminated, providing recommendations on CCBs in the treatment of hypertension.
 5. A clinical presentation on the use of diuretic agents in the treatment of hypertension was provided. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. Although the thiazide diuretic class is recognized in all guidelines as first-line therapy for hypertension, there is no consensus on which agent is preferred. No specific modifications were made to the IHS NCF in this class. **Chlorthalidone, furosemide, hydrochlorothiazide and spironolactone remain on the NCF.** A formulary brief will be developed and disseminated, providing recommendations on the use of diuretics in hypertension.
 6. A clinical class-review presentation on the use of beta-adrenergic blocking agents was provided in the treatment of hypertension and other various indications. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. The majority of current hypertensive guidelines support beta-adrenergic blocking agents in the treatment of hypertension as second-line treatments. Based on IHS utilization and procurement data, the NPTC **ADDED propranolol** to the NCF. Current IHS utilization and broad application of propranolol contributed to the Committee's decision. **With these changes, atenolol, carvedilol IR, metoprolol and propranolol remain on the NCF.** A formulary brief will be developed and disseminated, providing recommendations and specific emphasis on the second-line use of beta-adrenergic blocking agents in hypertension.

7. A clinical presentation on the use of phosphodiesterase-5 enzyme inhibitors (PDE5Is) in the treatment of erectile dysfunction was provided. A utilization and procurement discussion was provided with IHS specific data. All medications within the class were reviewed. No specific modifications were made to the IHS NCF in this class. A formulary brief will be developed and disseminated, providing recommendations for PDE5Is in the treatment of erectile dysfunction.

8. A clinical presentation over the use of phosphodiesterase-4 enzyme inhibitors (PDE4Is) in the treatment of COPD was provided. A utilization and procurement discussion was provided with IHS specific data. Medications reviewed in this class included roflumilast and cilomilast. No specific modifications were made to the IHS NCF in this class. A formulary brief will be developed and disseminated, providing recommendations for PDE4Is in the treatment of COPD.

The next meeting will be held via teleconference on November 13th, 2014. The agenda topics will include a review of the classification, diagnosis and treatment of epilepsy and the use of anti-epileptic medications in the management of epilepsy.

- Medication Reconciliation/Synchronization Workgroup
 - Recommendations for performing and documenting Medication Reconciliation and Comprehensive Medication Reviews:
The following recommendations were created by subject matter experts and endorsed by the IHS National Pharmacy Council to assist pharmacists in performing and documenting Medication Reconciliation and Comprehensive Medication Reviews.

I. MEDICATION RECONCILIATION (MED RECON)

Definition:

Medication Reconciliation: The process of comparing multiple medication lists (previous and existing) and instructions from multiple sources, during every transition of care* to generate the most accurate list of medications that a patient is taking.

* Transition of Care - The transfer of patient care from one healthcare setting to another.

Purpose of Medication Reconciliation:

To develop and utilize the most accurate list of medications a patient is taking, identify and resolve discrepancies, and assist the provider in the development of a plan of care.

Benefits and uses of Medication Reconciliation include:

- Reduction in medication errors and improved patient safety.
- Improved data integrity and interoperability of patient data.
- To assist in identifying of Chronic Medications across the Continuum of Care.
- To encourage Patients to become more involved with their healthcare maintenance.
- To improve compliancy with Accreditation Standards regarding Med Rec.
- Achieving CMS' Meaningful Use incentivized performance measures:
 - the Eligible Provider (EP) performs Medication Reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.
 - the Eligible Hospital or CAH performs Medication Reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the Eligible Hospital's or CAH's inpatient or emergency department (POS 21 or 23).

When to Perform:

Medication Reconciliation should be performed at each transition/admit of patient care. This may include but is not limited to changes in setting, service, level of care, or practitioner. Logic used in Meaningful Use performance measure can be found in Appendix A.

How to Perform:

Medication Reconciliation is performed by comparing a medication list from an external health care program with your system's medication list to ensure all medications are accurately documented by following these five steps:

1. Obtain a list of the patient's medications from their transition in care location.
2. Review the patient's current medications in the RPMS/Electronic Health Record (EHR).

3. Compare the medications on the two lists.
4. Make clinical decisions based on the comparison:
 - a. Discontinue all non-active medications.
 - b. Review all expired medications.
 - c. Document all medications including OTC, herbal, dietary supplements, and traditional medications into the system.
5. Communicate the new list to appropriate caregivers and to the patient.

Note: It is assumed the local RPMS/EHR technologies has been properly configured and optimized to assist with medication reconciliation processes.

How to Document:

Medication Reconciliation is documented with SNOMED-CT® Code 428191000124101 [Documentation of current medications (procedure)]. This documentation will take place on the “back end” of RPMS when any of the following activities take place:

- Clicking the medication reviewed button.
- Modifying the patient’s medication list.
- Utilizing the Clinical Information Reconciliation tool.

Medication Reconciliation will take place on the day of the outpatient patient care (encounter) visit to count for the Meaningful Use performance measure. For inpatient admissions, Medication Reconciliation will take place within 24 hours of an admission to count for the Meaningful Use performance measure.

In Stage 1 Meaningful Use, the patient sub-education code Medication-Medication Reconciliation was utilized to document the practice of Medication Reconciliation. While use of the education code is still appropriate, documentation of the Medication-Medication Reconciliation sub-education code will NOT count towards the Meaningful Use performance measure once updating to the 2014 Certified RPMS-EHR (for both Stage 1 and Stage 2). Once updating to the 2014 Certified RPMS-EHR, only documentation that triggers the SNOMED-CT® code will count towards medication reconciliation and meaningful use.

Medication Reconciliation Patient Education Protocol and Codes (PEPC) Standard;

MEDICATION RECONCILIATION Patient Education Code Protocol

OUTCOME: The patient/family will receive and review a printed medication profile.

STANDARDS:

1. Emphasize the importance of maintaining an accurate and updated medication profile.
2. Provide the patient/family with a copy of the patient’s medication profile.
3. Discuss the content of the medication profile with the patient/family. Emphasize that the profile should consist of all medications including prescription, over-the-counter, herbals, traditional, and medications dispensed at any pharmacy.
4. Emphasize the need to provide a copy of the complete medication profile at every medical visit.

II. COMPREHENSIVE MEDICATION REVIEW (CMR)

Definition:

Comprehensive Medication Review (CMR): An interactive, real-time review and consultation that occurs between the patient, provider, pharmacist, nurse, or other qualified provider that is designed to improve patients’ knowledge of their prescriptions, over-the-counter medications, herbal therapies and dietary supplements, which will identify and address problems and concerns that patients may have, and empower patients to take part in managing their medications and their health conditions.

Purpose of CMR:

To improve patients’ knowledge of medications, disease states, and health management through medication review and consultation to improve compliance, health literacy, and outcomes.

Benefits and uses of the CMR include:

- Reduction in medication errors and improved patient safety,
- Improved data integrity and completeness of the patient’s medical record

- Opportunity to assess medication adherence, adverse effects, and expectations of therapeutic outcomes
- To assist in identifying of Chronic Medications across the Continuum of Care.
- To encourage Patients to become more involved with their healthcare maintenance.
- To improve compliancy with Accreditation Standards regarding Med Rec.
- Providing Medication Therapy Management (MTM) services when documented with an appropriate MTM CPT Code:
 - 99605: Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; initial 15 minutes, new patient
 - 99606: Initial 15 minutes, established patient
 - 99607: Each additional 15 minutes (List separately in addition to code for the primary service)

When to Perform:

A CMR should ideally be conducted at every patient encounter to ensure optimal management of the patient's medication list. CMR should be a high priority for patients:

- receiving multiple medications,
- who may be uncertain of their appropriate medication regimen,
- who may be having difficulty fully participating in the medication therapy plan,
- who may be taking medications in addition to those dispensed at your pharmacy

How to Perform:

There are many ways to conduct a CMR including the teach back method or a brown bag medication review. Be sure to review the patient's medication list and days supply received prior to beginning the CMR with the patient. Assess all medications the patient is taking as well as their adherence, side effects, and therapy expectations. Follow-up on findings as appropriate.

How to Document:

There is no single specific method to document a CMR at this time, but the following steps will help to ensure a complete medication list and therapy evaluation:

1. Update the medication list in RPMS/EHR as appropriate indicating which medications the patient is or is not taking
 - a. add medications that the patient is taking using the Outside Medications if they are not filled by your pharmacy
2. Document all findings and actions in a note in RPMS/EHR so other clinicians and medical community are aware. This would include any information on:
 - a. deviations from the way the patient is taking their medication from the way it was prescribed such as chronic medications that may not be taken daily
 - b. medications the patient reports not taking including reasons for not taking as appropriate
 - c. side effects that the patient may be experiencing
 - d. expectations that the patient expects but is not achieving with current medication therapy
3. Document any patient education/patient counseling provided in RPMS/EHR utilizing the appropriate patient education codes

Note: It is assumed the local RPMS/EHR technologies has been properly configured and optimized to assist with medication reconciliation processes.

- **Announcing New eLearning – “Pharmacy Workflow Changes EHRp13/APSP Patch 1017”**
 - Pharmacy PSG will be hosting an e-learning opportunity for pharmacist to see what changes are coming and what it will mean for your pharmacy workflow when EHRv1.1p13 is installed.
 - These 1 hour calls, offered at 4 different dates and times, are meant for pharmacy leadership and staff to get an overview of the changes. If you are a site with multiple pharmacy staff, please try to listen and watch as a group if possible. This is aimed at sites that operate onsite pharmacies that use RPMS Pharmacy Package.
 - Click here <http://www.ihs.gov/RPMS/index.cfm?module=Training> to register for one of the one-hour eLearning demonstrations that can be taken from your desk.

Single animal to human transmission event responsible for 2014 Ebola outbreak

NIH-funded scientist uses latest genomic technology to make discovery

Scientists used advanced genomic sequencing technology to identify a single point of infection from an animal reservoir to a human in the current Ebola outbreak in West Africa. This research has also revealed the dynamics of how the Ebola virus has been transmitted from human to human, and traces how the genetic code of the virus is changing over time to adapt to human hosts. Pardis Sabeti, M.D., Ph.D, a 2009 National Institutes of Health Director’s New Innovator awardee and her team carried out the research.

“Dr. Sabeti’s research shows the power of using genomic analysis to track emerging viral outbreaks,” said NIH Director Francis S. Collins, M.D., Ph.D. “This ability produces valuable information that can help inform public health decisions and actions.”

The 2014 Ebola outbreak is now the largest outbreak in history, with current estimates of 2,473 infections and 1350 deaths since it began in late December 2013 according to the World Health Organization. This outbreak is also the first in West Africa and the first to affect urban areas. There are no approved drugs for Ebola virus disease, though prompt diagnosis and aggressive supportive care can improve survival. The disease is characterized by high fever, headache, body aches, intense weakness, stomach pain, and lack of appetite. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function and in some cases, internal and external bleeding.

To better understand why this outbreak is larger than previous outbreaks, Dr. Sabeti, senior associate member of the Broad Institute, Cambridge, Massachusetts, led an extensive analysis of the genetic makeup of Ebola samples from patients living in affected regions. Joined by an international team of scientists, Dr. Sabeti used advanced technology to analyze the genetics of the Ebola samples extremely rapidly and with high levels of accuracy. Using this technology, the researchers pinpointed a single late 2013 introduction from an unspecified animal reservoir into humans. Their study showed that the strain responsible for the West African outbreak separated from a closely related strain found in Central Africa as early as 2004, indicating movement from Central to West Africa over the span of a decade. Studying RNA changes occurring over the span of the outbreak suggests that the first human infection of the outbreak was followed by exclusive human to human transmissions.

To view the entire article, go to: <http://www.nih.gov/news/health/aug2014/od-29.htm>



National Institutes of Health
NIH to Launch Human Safety Study of Ebola Vaccine Candidate
Turning Discovery Into Health
Trial is First in Series of Accelerated Safety Studies of Ebola Vaccines

NIH Agency Report – October 2014

Submitted by CAPT Richard DeCederfelt

Initial human testing of an investigational vaccine to prevent Ebola virus disease will begin next week by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health.

The early-stage trial will begin initial human testing of a vaccine co-developed by NIAID and GlaxoSmithKline (GSK) and will evaluate the experimental vaccine's safety and ability to generate an immune system response in healthy adults. Testing will take place at the NIH Clinical Center in Bethesda, Maryland.

The study is the first of several Phase 1 clinical trials that will examine the investigational NIAID/GSK Ebola vaccine and an experimental Ebola vaccine developed by the Public Health Agency of Canada and licensed to NewLink Genetics Corp. The others are to launch in the fall. These trials are conducted in healthy adults who are not infected with Ebola virus to determine if the vaccine is safe and induces an adequate immune response.

In parallel, NIH has partnered with a British-based international consortium that includes the Wellcome Trust and Britain's Medical Research Council and Department for International Development to test the NIAID/GSK vaccine candidate among healthy volunteers in the United Kingdom and in the West African countries of Gambia (after approval from the relevant authorities) and Mali.

Additionally, the U.S. Centers for Disease Control and Prevention has initiated discussions with Ministry of Health officials in Nigeria about the prospects for conducting a Phase 1 safety study of the vaccine among healthy adults in that country.

The pace of human safety testing for experimental Ebola vaccines has been expedited in response to the ongoing Ebola virus outbreak in West Africa. According to the World Health Organization (WHO), more than 1,400 suspected and confirmed deaths from Ebola infection have been reported in Guinea, Liberia, Nigeria, and Sierra Leone since the outbreak was first reported in March 2014.

To view the entire article, go to: <http://www.nih.gov/news/health/aug2014/niaid-28.htm>

NIH announces network to accelerate medicines for rheumatoid arthritis and lupus

Partnership includes support from industry and non-profits

The National Institutes of Health has awarded grants to 11 research groups across the United States to establish the Accelerating Medicines Partnership in Rheumatoid Arthritis and Lupus (AMP RA/Lupus) Network. Launched in February of this year, the NIH AMP Program is a public-private partnership developed to transform the current model for identifying and validating the most promising biological targets for the development of new drugs and diagnostics. Through a competitive process, the AMP RA/Lupus Network Leadership Center and Research Sites were

selected, and \$6 million of first-year funding was awarded on Sept. 24, 2014. The network will implement the goals of the broader AMP RA/Lupus Program.

“These awards represent the first phase of an unprecedented approach to identify pathways that are critical to disease progression in rheumatoid arthritis and lupus,” said NIH Director Francis S. Collins, M.D., Ph.D. “Insights gained from this effort hold the promise of enhancing quality of life for patients and family members affected by these and other devastating autoimmune diseases.”

RA and lupus are relatively common, severe autoimmune diseases. These disorders share similar flaws in immune function and regulation, leading to inflammation that damages tissues. RA and lupus can last a lifetime, cause severe disability, greatly affect quality of life, and are associated with increased risk of early death.

“To date, treatments for RA and lupus have been aimed at decreasing inflammation and pain,” said Stephen I. Katz, M.D., Ph.D., director of the NIH’s National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). “For the first time, we are bringing together multidisciplinary research teams to achieve a broad, systems-level understanding of these diseases, setting the stage for the development of more effective diagnostic and treatment approaches.”

To view the entire article, go to: <http://www.nih.gov/news/health/sep2014/niams-24.htm>

NIH funds next phase of Tissue Chip for Drug Screening program

Scientists will integrate chips mimicking human organ functions into full body system to evaluate drugs

The National Institutes of Health will award funds to support the next phase of its Tissue Chip for Drug Screening program to improve ways of predicting drug safety and effectiveness. Researchers will collaborate over three years to refine existing 3-D human tissue chips and combine them into an integrated system that can mimic the complex functions of the human body. Led by the National Center for Advancing Translational Sciences (NCATS), the program will support 11 institutions at \$17 million in 2014 with additional support over the remaining two years if funds are available.

Because these tissue chip systems will closely mimic human function, scientists can probe the tissue chips in ways that they aren’t able to do in people, and the knowledge gained may provide critical clues to disease progression and insights into the development of potential therapeutics.

Fifteen NIH Institutes and Centers are involved in the coordination of this program. Current funding is being provided by NCATS, the National Institute for Biomedical Imaging and Bioengineering, the National Cancer Institute, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institute of Environmental Health Sciences, NIH Common Fund, and NIH Office of Research on Women’s Health.



NIH Agency Report – October 2014

Submitted by CAPT Richard DeCederfelt

Researchers create human tissue chips using techniques that result in miniature models of living organ tissues on transparent microchips. Ranging in size from a quarter to a house key, the chips are lined with living cells and contain features designed to replicate the complex biological functions of specific organs.

“The development of tissue chips is a remarkable marriage of biology and engineering, and has the potential to transform preclinical testing of candidate treatments, providing valuable tools for biomedical research,” said NIH Director Francis S. Collins, M.D., Ph.D.

To view the entire article, go to: <http://www.nih.gov/news/health/sep2014/ncats-23.htm>

Pharmacist Professional Advisory Committee
September 25, 2014
Department of Defense (DoD) Liaison Report - October 2014
Submitted by LT Kendra Jenkins

- DoD Pharmacy and Therapeutics (P&T) Meeting
 - May 2014 DoD P&T Committee Meeting
 - Minutes signed: 12 September 2014
 - Formulary changes made: UF-uniform formulary, NF-nonformulary, BCF-basic core formulary
 - Class Reviews: osteoporosis agents, nasal allergy agents, pulmonary agents (corticosteroids)
 - Osteoporosis Agents
 - UF and step-preferred (e.g., "in front of the step"): alendronate (Fosamax, generic)
 - UF and non step-preferred (e.g., "behind the step"): ibandronate (Boniva, generic)
 - NF and non step-preferred: risedronate (Actonel), risedronate DR (Atelvia), alendronate effervescent (Binosto), and alendronate/Vitamin D (Fosamax Plus D)
 - This recommendation includes step therapy, which requires a trial of alendronate prior to use of ibandronate only in new users, as the patient impact is less than if all current and new users were affected by the step
 - Alendronate remains BCF, while Boniva and Fosamax Plus D are no longer on the BCF
 - Nasal Allergy Agents
 - UF and step-preferred ("in front of the step"): azelastine 137 mcg, flunisolide, fluticasone propionate, and ipratropium
 - NF and non-preferred ("behind the step"): azelastine 205 mcg (Astepro), beclomethasone (QNASL and Beconase AQ), ciclesonide (Omnaris and Zetonna), budesonide (Rhinocort Aqua), fluticasone furoate (Veramyst), fluticasone/azelastine (Dymista), mometasone (Nasonex), and olopatadine (Patanase)
 - This recommendation includes step therapy, which requires a trial of azelastine 137 mcg, flunisolide, fluticasone propionate, or ipratropium in all new and current users of the Nasal Allergy Drugs who are older than 4 years
 - Fluticasone propionate remains on the BCF
 - Pulmonary Agents (corticosteroids)
 - UF and step-preferred ("in front of the step"): fluticasone (Flovent Diskus and Flovent HFA)
 - NF and non-preferred ("behind the step"): beclomethasone (QVAR), budesonide (Pulmicort Flexhaler), ciclesonide

- (Alvesco), flunisolide (Aerospan), and mometasone (Asmanex Twisthaler)
 - This recommendation includes step therapy, which requires a trial of Flovent Diskus or Flovent HFA in all new users of QVAR, Pulmicort Flexhaler, Alvesco, Aerospan, or Asmanex Twisthaler who are older than 12 years
 - Fluticasone remains on the BCF and Asmanex Twisthaler is no longer on the BCF
- New Drug Reviews: Myrbetriq, Farxiga, Sovaldi, Uceris, Eliquis, Zorvolex, and Arcapta Neohaler
 - Sofosbuvir (Sovaldi) designated with formulary status on the UF
 - Sovaldi, and telaprevir (Incivek) and boceprevir (Victrelis), be added to the TRICARE Specialty Drug list to facilitate recapture from the Retail Network to the Mail Order Pharmacy
 - Telaprevir (Incivek) removed from extended core formulary (ECF)
 - Mirabegron (Myrbetriq) designated UF and non step-preferred (“behind the step”)
 - Apixaban (Eliquis) designated formulary
 - Dapagliflozin (Farxiga) designated NF
 - Indacaterol (Arcapta Neohaler) designated NF
 - Budesonide Extended Release (ER) Tablets (Uceris) designated NF
 - Diclofenac Low Dose (Zorvolex) designated NF
- August 2014 DoD P&T Committee Meeting
 - Class Reviews: targeted immunomodulatory biologics
 - New Drug Reviews: Quillivant XR and Tanzeum
 - Minutes signed: TBD
 - Formulary changes made: TBD upon signing of minutes
- Next DoD P&T Committee Meeting: 19-20 November 2014

American Academy of HIV Medicine (AAHIVM)

Liaison Officer's Report by CDR Robert Macky

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

AAHIVM Professional Practice:

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

AAHIVM Public Policy:

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

Organization contact(s):

Amber McCracken Director, Communications and Marketing

Ken South Director, Credentialing

Date: 10/01/2014

Announcements:

Washington, DC: On the eve of National HIV/AIDS and Aging Awareness Day, HIV-Age.org today announced the addition of a first-person narrative by Olympic star Greg Louganis on his personal experience of aging with HIV. Louganis was diagnosed with HIV in 1988, just six months before his second triumphant appearance at the Olympic Games.

Mr. Louganis celebrates his unexpected longevity in his editorial, giving credit to both medical advancements and positive attitude. He states "...in addition to the growing treatment options, I think another secret to my surviving and thriving is that I didn't allow my HIV/AIDS to take over as an obsession in my life. It was and still is only a mere part of me. It does not define me."

News:

New Survey Finds Gay and Bisexual Men See HIV as the Top Health Issue Facing Their Community, But Majorities Are Not Personally Worried About Getting Infected & Not Getting Tested Regularly

More than thirty years into the HIV/AIDS epidemic, and at a time when infections among gay and bisexual men are on the rise in the U.S., a new national survey of gay and bisexual men by the Kaiser Family Foundation (KFF) finds that though HIV/AIDS is named as the number one health issue facing their population, a majority (56%) are not personally concerned about becoming infected, and relatively few report having been tested recently. Only three in 10 (30%) gay and bisexual men say they were tested for HIV within the last year, including 19 percent who report being tested within the last six months (these figures exclude the 10% who self-identify as HIV-positive). Gay and bisexual men under the age of 35 are twice as likely as those who are older to report never having been tested for HIV (44% vs. 21%). The CDC recommends at least annual HIV testing for this population with more frequent testing advised by many health departments. Only about a quarter (26%) know about PrEP (pre-exposure prophylaxis), a daily pill that people who are HIV-negative can take to lower their risk of becoming infected. Eight in 10 (80%) say they have heard "only a little" or "nothing at all" about the new prevention option.

CDC Launches New Campaign: HIV Treatment Works

The Center for Disease Control (CDC) has announced HIV Treatment Works, a new campaign under the Centers for Disease Control and Prevention's Act Against AIDS initiative encouraging people living with HIV to Get in care, Stay in care, and Live well. This campaign focuses on helping people living with HIV get into care, start taking HIV medications, remain in care, and adhere to treatment. The campaign website provides access to information and resources that can be used to help reach the goal to increase the proportion of people living with HIV who enter and remain in care.

American Association of Colleges of Pharmacy (AACP)

Liaison Officer's Report by CAPT Louis Flowers

Website: www.aacp.org

AACP Professional Practice:

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

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

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

AACP Public Policy:

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

Organization contact(s):

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

Date: September 2014

Announcements:

Save the Date: Oct. 2 #Pharmacist Tweet-a-thon

Join @AACPharmacy and pharmacy organizations from around the world for a day celebrating pharmacists and their contributions to healthcare. On **Thursday, Oct. 2**, tweet how pharmacists are helping patients, other health professionals or their communities using the hashtag #Pharmacist. For more information, visit the NCPA Web site at

<http://www.ncpanet.org/newsroom/october-2nd-tweet-a-thon-pharmacists-helping-patients>

Recognize a Master Preceptor: 2015 Nomination Applications Now Available

The Master Preceptor Recognition Program recognizes preceptors, who are not full-time employees of a school or college of pharmacy, for their sustained commitment to excellence in experiential education and professional practice. Application materials must be submitted to AACP by **Friday, Jan. 30, 2015, at 5:00 p.m. EST**. For more information, visit the AACP Web site at <http://www.aacp.org/career/awards/Pages/MasterPreceptorRecognitionProgram.aspx>

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

Liaison Officer's Report by CDR Thomas E. Addison

Website: www.amsus.org

AMSUS Mission Statement

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

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

AMSUS Vision Statement

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

Organization Contact(s)

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September 2014

Action Items

1. Annual Continuing Education Meeting December 2-5 2014 in Washington, DC.
2. 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

9/3/14

Please extend a warm welcome and fond farewell to AMSUS members in this month's [Member Updates](#). Congratulations and thank you to CAPT George A. Durgin Jr., USPHS, for his outstanding participation in the [AMSUS Member-Get-a-Member program!](#) He is the first member ever recorded to reach the top goal of recruiting 10 members within a campaign year -- he surpassed that goal with 13 new members and all within the first three months of the campaign! Keep 'em coming, George!

9/17/14

AMSUS is now a part of [AmazonSmile!](#) Now, when you go shopping at amazon.com, just go to smile.amazon.com first, pick [AMSUS](#) as your charity/organization, and Amazon will donate a percentage of your purchase to the association.

9/24/14

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. 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!

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

Website: www.pharmacist.com

APhA Professional Practice:

Founded in 1852, APhA is the largest association of pharmacists in the United States, with more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians as members. APhA is the organization whose members are recognized in society as essential in all patient care settings for optimal medication use that improves health, wellness, and quality of life.

APhA Public Policy:

To empower its members to improve medication use and advance patient care by:

- Providing timely and accurate information that is vital to our members.
- Raising societal awareness about the role of pharmacists as essential in patient care for optimal medication use.
- Providing state-of-the art resources to enhance our members' continuing professional development.
- Educating and influencing legislators, policy makers, regulators, and the public to advance our vision and mission.
- Creating unique opportunities for our members to connect and share with their peers across practice settings.

Organization contact:

Stacia Spridgen, PharmD, Director, Federal Pharmacy Program
sspridgen@aphanet.org

Date: October 2014

Announcements:

American Pharmacists Month

October is American Pharmacists Month and all members of the pharmacy profession are encouraged to celebrate and showcase the valuable contributions pharmacists, student pharmacists, and pharmacy technicians make to public health. American Pharmacists Month is a time to show pride in all that you and your pharmacy colleagues do to ensure the safe and effective use of medications.

American Pharmacists Month is a grassroots public image campaign highlighting pharmacists as the medication experts to raise pharmacists' profile directly with the patients interacted with every day. The messaging of American Pharmacists Month is based on one essential fact seen in pharmacies, clinics, and other care sites: the more that patients know their pharmacist, the more they will know about their medications, including documented successes and cautionary tales, risks and benefits, and potential adverse effects and contraindications. With the slogan of "Know Your Pharmacist— Know Your Medicine," American Pharmacists Month is a great way to promote and celebrate the profession.

2014 Joint Federal Pharmacy Seminar

- The schedule is now available for the JFPS in Washington DC, October 19-22. The full meeting registration is \$175, and a daily registration fee is offered for \$99. Meeting and hotel registration are available now.
- See <http://www.jfpsinfo.org/> for more information.

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

Liaison Officer's Report by CDR Carrie Ceresa

Website: www.ashpfoundation.org

ASHP Foundation Professional Practice:

The ASHP Foundation is the philanthropic arm of the American Society of Health Systems-Pharmacists. The vision of the ASHP Foundation is as follows, "Patient outcomes improve because of the leadership and clinical skills of pharmacists, as vital members of the health care team, accountable for safe and effective medication use."¹

ASHP Public Policy:

The mission of the ASHP Foundation is to improve the health and well-being of patients in health systems through appropriate, safe and effective medication use.¹ This is accomplished by sponsoring practice research leading to advances in patient outcomes, working to educate and develop pharmacists and pharmacists staff as leaders and clinicians, providing funding for programs that optimize medication-use systems, encouraging innovation and adopting best practices, providing recognition and support to diffuse best practices in research and education and establishing partnerships and alliances to inform their mission and goals.¹

Organization contact(s):

ASHP Research and Education Foundation
7272 Wisconsin Avenue
Bethesda, Maryland 20814

- Phone: (301) 664-8612
- Fax: (301) 634-5712
- Website: www.ashpfoundation.org
- Email: foundation@ashp.org
- Facebook: www.facebook.com (search ASHP Research and Education Foundation)
- Twitter: www.twitter.com/ASHPFoundation
- YouTube: www.youtube.com/ASHPFoundation

Date: 10/1/14

¹ www.ashpfoundation.org

Announcements:

- ASHP Ambulatory Care Summit Proceedings 2014, download a free copy. ASHP membership is NOT required. <http://www.ashpmedia.org/amcare14/Download.html>
- Free online tool now available to pharmacies to assist in assessing contractors for sterile product preparation. www.ashpfoundation.org/sterileproductstool.
- The ASHP Foundation offers research grant programs, traineeships and awards programs, as well as a number of meetings and events throughout the year (see below)

Applications currently available:

- Awards – none open at this time
- Education - Traineeships
 - Critical Care Traineeship
 - Application deadline over
 - 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 deadline over
 - 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
 - Application deadline over
- Leadership Programs
 - LeadersINNOVATION Masters Series
 - Application deadline over
 - Course period: October 6 – November 14, 2014
- Research Grants
 - New Investigator Research Grant
 - Application available now
 - Letter of intent deadline: October 3, 2014
 - Pharmacy Resident Practice-Based Research Grant
 - Application deadline: October 17, 2014

- Research Boot Camp
 - Application available now
 - Application deadline: November 21, 2014
 - This is a development program which consists of experiential, distance education and research conduct
- Meetings:
 - ASHP 2014 Midyear Clinical Meeting
 - December 7-11, 2014, Anaheim, California
 - See website for a list of ASHP Foundation events held during the conference
 - ASHP Summer Meeting
 - 2015 meeting TBD

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: [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

Melissa Lampp

Member Services Coordinator

melissa@iacprx.org

Date: 10/01/2014

Announcements:

Working with U.S. Senators John Cornyn (R-TX) and Sherrod Brown (D-OH), the International Academy of Compounding Pharmacists (IACP) has introduced legislation that would allow a pharmacist to deliver a controlled substance to a practitioner. S. 2825 "Ensuring Safe Access to Prescription Medication Act of 2014" is designed to "amend the Controlled Substances Act to treat as dispensing the delivery of a controlled substance by a pharmacy to a practitioner, pursuant to a patient-specific prescription of the practitioner, under certain circumstances." [Link to Bill](#)

The Food & Drug Administration (FDA) has sent their responses to the Questions for the Record submitted by U.S. Representative Morgan Griffith (R-VA). IACP's questions regarding Office Use are included below.

1. While the Senate has now passed and the President has signed into law the Drug Quality and Security Act (H.R. 3204), I am still focused on the overwhelming need to protect patient safety and ensure the drugs patients are receiving are sterile and safe. Many patients rely on the availability of compounded medications to treat a

variety of conditions. Without these medications, many patients may not be able to receive treatments they need. Recognizing that both contamination and lack of access may pose serious health risks to patients, how does FDA intend to balance these risks and both ensure safe compounded products while maintaining access to products for providers and patients, specifically including access to compounded products for office use?

FDA shares your interest in ensuring that patients receive the drugs they need and that those drugs that are required to be sterile are sterile and are safe. It is important to remember, however, that drugs made by compounders, including those made at human drug compounding outsourcing facilities, are not FDA-approved. When a drug is FDA-approved, patients are assured that FDA has reviewed the safety and efficacy of the drug product and the adequacy of the manufacturing process to produce a quality product prior to marketing. Compounded drugs do not provide such assurance. Therefore, when an FDA-approved drug is available, FDA recommends that practitioners prescribe the FDA-approved drug rather than a compounded drug, unless the prescribing practitioner has determined that a compounded product is necessary for the particular patient and would provide a significant difference for the patient as compared to the FDA-approved drug product. Under the DQSA, hospitals and health care professionals can purchase compounded drugs without a prescription from a compounder that is registered as an outsourcing facility under section 503B of the FD&C Act. Section 503A requires, among other things, that to qualify for the exemptions under section 503A, there be a prescription for an identified individual patient. The Agency intends to exercise its authority, as appropriate to protect the public health, against compounded drugs that do not qualify for the exemptions in section 503A or section 503B, and drugs that are adulterated or misbranded or otherwise violate Federal laws.

2. While the DQSA provides clarity on oversight authority for compounding pharmacies, it lacks some much needed clarity on the issue of office use. However, while office use is not mentioned in 503(a), it is expressly permitted under numerous state laws and regulations governing the practice of pharmacy. Will the FDA defer to a state regulatory agency when such a conflict between federal and state law exists?

FDA is examining its compounding enforcement policies and practices in light of recent outbreaks and the new legislation. We anticipate communicating further with the public as that examination progresses.



Commissioned Officers Association (COA) Liaison Officer's Report by LCDR Alexis Beyer

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

Legislative Advocacy: <http://www.coausphs.org/legis.cfm>

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):

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

Date: October 2, 2014

Frontline:

There are some great articles in the September edition of *Frontline*. As always, the update from the Executive Director and legislative update from Judy Rensberger. Check out the cover article, *Gifts that Keep on Giving: GI Bill Education Benefits*, and CAPT Sara Newman the Chair of COA explains the difference between COA and the Commissioned Officers Foundation for the Advancement of Public Health (COF). COA members can logon to their account through the link below to view an electronic version *Frontline*. <https://members.coausphs.org/secure/>

The *Frontline* newsletter will become digital in October. The electronic version will be in color and allow readers to link directly to additional documents and websites.

Announcements:

Welcome to new Pharmacist COA members:

LCDR Joseph Allen, Phoenix
 LT Gregory Berg, Unaffiliated
 LT Heng Cheng, Unaffiliated
 LT Fiona Chow, Unaffiliated
 LT Christopher Chong, Unaffiliated
 LT Tabitha Dillinger, Unaffiliated
 LT Makia Dove, Unaffiliated
 LT Katherine Fromm, Unaffiliated
 LT Carlos Gonzalez-Mercado, Unaffiliated
 LT Tenzin Jangchup, Unaffiliated
 LCDR Sara Lout, Aberdeen
 LT Kristen Mazurkiewicz, Unaffiliated
 LCDR Aaron Meusborn, Portland
 LT Rachael Moliver, Unaffiliated
 LT Kyle Snyder, Unaffiliated
 LT Nikloas Stajduhar, Unaffiliated
 LT Alyson Stambaugh, Unaffiliated
 LT Marleen Tran, Unaffiliated
 LCDR Evan Wearne, District of Columbia

Recent COA Activities:

- Letter to the Editor of Army Times: Clarifying staffing of the 25-bed field hospital in Liberia
- http://www.coausphs.org/documents/Letter_to_Army_Times_re_Liberia_Hospital_Sep_2014.pdf

- 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
- 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

Corps Officers on Front Line of Ebola Outbreak

9/17/2014 - President Obama and Secretary Burwell announced response teams from the Commissioned Corps of the Public Health Service will travel to Liberia to assist with the outbreak of Ebola. PHS officers, who will be trained in dealing with the deadly virus, will coordinate with members of the military, USAID, World Health Organization, and international partners like *Médecins Sans Frontières*. They will care for health care workers who contracted Ebola, provide technical assistance, and logistical support for the growing international response.

Building on decades of experience as America's Health Responders for disasters and outbreaks throughout the world, Public Health Service officers will be stepping into a "hot zone" in which mortality rates are high and time is precious to treat cases and trace contacts to put out the wildfire that is Ebola.

The PHS response teams will succeed. [HHS Press Release on Corps Response - 9/16/2014](#)

PHS Officers Respond to Ebola Outbreak

9/8/2014 - Dozens of Public Health Service officers continue to respond to the Ebola outbreak spreading throughout West Africa. Most of these officers are detailed from the Centers for Disease Control and Prevention. Their missions include treating cases, preventing more cases, and tracing anyone who came in contact with Ebola-infected persons. PHS officers working stateside are supporting those in the field and helping to develop a vaccine for Ebola. They are doing amazing work. President Obama and CDC Director Tom Frieden agree that more work is needed to stem the tide of Ebola. Rest assured that PHS officers will be involved.

[CNN article](#)

Remembering 911

9/11/2014- For many of us the events of September 11, 2001, will always remain in our memories and in our hearts. For our parents and grandparents the question was often posed, "Where were you when you heard about Pearl Harbor?" For those of us who span several younger generations, it will be the equivalent question about 911. It will likely be a completely personal experience, as it is for me.

I will always remember that on September 11, 2001, I was teaching a class at one of the war colleges at Fort McNair in Southwest, DC. I was partway through the lesson of the day when a faculty member burst into the classroom and said, "Turn on CNN. An airplane has just crashed into the World Trade Center." We projected the television live feed onto the big screen in the front of the room, and watched, incredulous that such could have happened. I seem to recall

watching as the second airplane crashed into the World Trade Center, but I may be imagining that we did so. Before long we saw smoke arising from the Pentagon, where so many of us had served, and we were told that an airplane had also crashed into that building. We learned later that some of our colleagues who were trained as EMTs had left Fort McNair and driven as close to the Pentagon as they could get, given the extreme traffic snarl. They then walked to the Pentagon, identified themselves to those in charge, and began assisting the injured. Our classes were cancelled for the remainder of the day. I waited in my office until early evening, by which time traffic had cleared enough for me to go home.

Our country had been changed, perhaps forever, and increased security—some of it ill-advised and some of it quite prudent—began to intrude itself into our lives. As we remember the thirteenth anniversary of this series of attacks and the brave souls who died that day--some of them fighting the hijackers until the end--let us consider the strengths of our country and its resilience. We will always face disasters, whether from high winds and water or from a virulent disease or from terrorist attacks, but I have no doubt that our country will emerge strong and determined to persevere.

You all as commissioned officers in the U.S. Public Health Service will undoubtedly play a large role in the recovery from such disasters, as you have done so many times in the past. Please remember those who perished on 9/11 in whatever way you find appropriate, secure in the knowledge that we as a country emerged from this terrible day thirteen years ago undaunted and unbowed. That is the spirit of our great country, a beacon to the world around us, and a magnet for those who seek freedom and opportunity.

Jim Currie

News:

COA Creates a Work Group on the National Defense Authorization Act (NDAA)

This workgroup is led by CAPT Beth Fritsch and CAPT Nita Sood. The idea is to avoid unpleasant legislative surprises by doing a line-by-line review of the relevant sections of the House-passed bill, the Senate Committee mark up, and all report language, focusing on issues that may affect the Commissioned Corps.

COA members can receive a 30% discount

COA members can receive a 30% discount on journalist Mike Stobbe's new book *Surgeon General's Warning: How Politics Crippled the Nation's Doctor*. Find your coupon code in September's *Frontline*, page 18.

New COA Webinars

From *Frontline* September 2014 edition

COA is trying to ramp up the number and quality of webinars for our members. During a 30 minute webinar in July, Executive Director COL Jim Currie shared tips for "Communicating with News Media." Dozens of officers from across the country, including some CPOs, joined the discussion to learn how the news media works, what types of stories they like to publish, and how officers can communicate effectively without getting in trouble. COA encourages you to

connect with your local media outlets to publish or air stories about the impact that active duty and retired officers are having on the community. Spread the word about the Commissioned Corps Grow more local supporters.

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.