



# PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Vol. 1 Fall 2013

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## PAC Chairs' Corner

*Contributed by:*

*CDR Michael Crockett, PharmPAC Chair*  
*LCDR Marisol Martinez, PharmPAC Chair-Elect*

**G**reetings and welcome back to *PharmPAC Perspectives*, your category newsletter. From all of us on the PharmPAC, we thank you for the overwhelming response to *Perspectives*. It truly is an opportunity for all of us to share the many great things about the Corps and our Category. Well, they say that the only constant in life is change. I think we can all agree that certainly has held true lately!

We've seen the departure of VADM Benjamin followed by the selection of RADM Lushniak to serve as acting Surgeon General and our own fellow pharmacist RADM Giberson to serve as acting Deputy Surgeon General. We've also seen the roll-out of the Affordable Care Act, as well as that little government shut down. You may have heard about those events, too. Of course, I make light of these events, even though I am certain many of you were affected and had to sacrifice in many ways that will never be fully recognized. Some things that get lost in all of this are that storms still happen, natural disasters still occur, the public still needs to be assured their medications are safe and effective, inmates and Native Americans still require healthcare including prescriptions, and many other needs are unmet.

I say these things because as Officers it is our duty to guarantee that the mission still keeps moving forward. I had the fortune of a brief unplanned encounter with VADM Carmona this year and his words still ring in my ears to this effect. There is yet only one President, and but one Surgeon General, so it is our duty to keep the mission moving. What better chance to prove our mettle and our worth to this great Nation than for us, as uniformed Officers, to stand tall and serve, even at great sacrifice, because we see it as our duty. I hope you were unaffected by these recent events or the effects were minimal. But, I truly hope that you took advantage of the opportunity to make us all proud to say we belong to the Commissioned Corps.

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## PAC Chairs' Corner (cont.)

*(Continued from page 1)*

Keeping with the theme of change, this will be my last article as your PharmPAC Chair. Our operational year ends on October 31, bringing my term to an end. I can say without reservation that it has been the greatest honor of my professional life to serve as your Chair and you can count on me to continue to serve our Corps and our Category at every opportunity. Perhaps I will still see many of you at the Symposium each year and until then continue to represent our core values and make us all proud!

*Mike*



We are just about to begin the next PharmPAC term on 1 November and I am eager and excited to move into my role as PharmPAC Chair. The last 12 months have been a learning experience and I thank CDR Mike Crockett for mentoring me in my role as Chair-Elect. Also with the next term, we welcome nine new voting members to the PAC, with one member re-elected and another voted in from his previous position as Executive Secretary. We are glad to have this diverse new group who will offer fresh ideas and provide leadership to the pharmacy category.

Next year's landscape for PHS will venture into new territory with a different call-to-active duty procedure, a changing recruitment effort, and an increasingly competitive promotion process. The PharmPAC is here to serve as a conduit to acquiring the latest news from our Chief Professional Officer and as a channel of support to our pharmacists. As we all have seen in the last month with the lapse in government funding, situations can change in an instant and we are asked to lend a hand to keep things operating so that we can continue serving our mission. Thank you to all those who remained ready and responded when you were needed most. That is the esprit de corps that we need to keep moving forward!

*Marisol*



## Healthy Lifestyle and Fitness

### Fitness Tourism

Contributed by: CDR Cassandra White

*Love to travel? Then try “fitness tourism”!*

Personally, I enjoy state highpointing. Highpointing is traveling, usually by foot, to the geographically highest point in a particular county, state, country, etc... I have stood on the highest point in California, Connecticut, Hawaii, and 16 other states. CAPT Kathy Balasko and I successfully made it to the top of Mt. Humphreys (Nevada) on May 25, 2013. We traversed through several snow fields and winds were said to be 40-50 mph at the top. Having stood there, we believe that to be true. This was a 9+ mile round trip with an elevation gain of greater than 3000ft from the trailhead.



CDR Cassandra White on top of Mt. Humphreys.

Some state highpoints are extremely easy and require no physical fitness at all. Britton Hill in Florida is basically a “drive-up” with an elevation of only 345 feet above sea level. Conversely, California’s highpoint Mount Whitney (14,495 feet) was challenging – the hardest for me so far. This 22 mile round trip involved an overnight just above the tree line before the “switchbacks of infinity” started. Preparation for this trip included cardio conditioning, day hikes at Yosemite National Park, and spending a few nights at 8,000feet. Mount McKinley (aka Denali) in Alaska, is the highest point in the North America at 20,320

feet. An ascent involves technical climbing skills, about \$8,000, and 14 to 21 days to ascend and descend safely with time spent waiting out adverse weather.

Most of my highpoints have been worked into existing trips, so costs have been minimal. Only a few have been the primary purpose of a trip – Mount Whitney for example. If traveling for training or TDY, I will look for any highpoint destinations reasonably close and achievable. Regulations and restrictions limit access to certain destinations.



The Mt. Humphreys mountain peak in the Sierra Nevada

Charles Mound in Illinois, a private property, has designated “open dates”, so climbing any other time is considered trespassing. Black Mountain in Kentucky requires a waiver to be submitted prior to your visit. Dangers of highpointing include possible encounters with local wildlife, including bears. Bears can be a threat to people, your camp and pack. High Altitude Illness (HAI) can happen to anyone and cannot be “powered” through. Slips, trips, and falls may be more than painful – a severe sprain plus miles of uneven terrain can result in a backcountry medical evacuation. Exposure injuries such as sunburn, frostbite, hypothermia commonly threaten hikers upon ascent due to climate change.

Highpointing is only one of many avenues of “fitness tourism.” I recently met a 60+ year old marathon runner who had just finished his lifetime quest of com-

*(Continued on page 4)*

## Healthy Lifestyle and Fitness (cont.)

(Continued from page 3)

pleting a marathon in every state. Not a marathon runner? Consider a 5K or 10K, or any other physical activity you enjoy, in each state. Have children? Geocaching is a fun way to spend time hiking outdoors with your family. Enjoy charity fundraisers? Consider the MS 150 (bike), Walk to Defeat ALS, Race for the Cure, etc... The bottom line is to find something you truly enjoy that will help you maintain your readiness.



**Mt. Mount Whitney—the highest summit in the contiguous United States.**



### **Balance Between Play and the Joy of Eating**

*Contributed by: LCDR Tamy Leung*

Maintaining a healthy lifestyle requires an intricate balance between physical activities and what you eat. Living and working in Tuba City, AZ has its own set of challenges in terms of staying fit. The extremes of temperature range from the teens in the winter to the high 90's in the summer. There is no community gym here. Then there are the "res dogs" that gather around the reservation and decide whether your ankle should be their next meal. Despite all that, I found

working out at home with DVDs can be great tools to stay fit. Many of them cater to our busy schedules and last just 20-25 minutes long. I like the Jillian Michael's series because she incorporates aerobics, resistance training and the core build-up in a 22 min workout. There is a beginner, intermediate and advanced level all in one video. The goal is to work out moderately for 150 minutes a week or 30 minutes five times a week with no more than 2 days of rest in between.

After shadowing our diabetes educator for the past few years, I have learned about the Idaho Plate method and have applied these principles to my meals. Your plate should be a 9-inch plate, with half of it filled with non-starchy vegetables (starchy ones include corn, peas and potatoes),  $\frac{1}{4}$  of the plate should be a 3 ounce lean protein, the other  $\frac{1}{4}$  should contain 1 serving of a carbohydrate. Around the plate, you may have 2 more carbohydrates such as 1 cup of milk or 1 small piece of fruit. Many of us made the resolution to lose weight at the beginning of the year. If so, you will need to cut back 500 calories at each meal in order to lose about 1 pound per week. Keeping a food diary keeps you accountable for what you eat.

The last tip in maintaining a healthy lifestyle is setting a SMART goal which will hopefully turn into a lifelong habit. SMART stands for Specific, Measurable, Achievable, Realistic, and Time bound. Here are two examples: I will run 1 mile on Monday, Wednesday, and Friday every week for 4 weeks; I will have 1/2 plate of non-starchy vegetables for lunch four times a week for the next 2 weeks. Hopefully keeping these tips in mind will assist you in setting healthy personal goals in the future.



## Healthy Lifestyle and Fitness (cont.)

### Northern Navajo Medical Center Pharmacy Team Spirit

*Contributed by: LT Jennifer Bongartz & LT Helen Stevens*

The Shiprock Marathon is an annual event beginning on the border of Arizona in Red Valley and ending in the center of Shiprock, New Mexico. All proceeds of the race benefit the work of NavajoYES, a Navajo Nation-based nonprofit offering outdoor adventure, enrichment and service programs for reservation youth since 1994. This year marked the 30th anniversary of the race with over 1500 runners participating in the marathon, marathon relay, half marathon, and 10k walk/run. The pharmacy staff at Northern Navajo Medical Center (NNMC) entered 2 teams in the marathon relay race. Each co-ed team was made up of 5 members of PHS officers, pharmacists, and pharmacy technicians.

NNMC pharmacy had not entered a team in the marathon relay in many years. Current officers sought to change that while promoting team building, commu-



From left to right: Ruth Baldwin, LT Keith Warshany, Jeff Brill, Rita Lewis, Sharlene Joe, LT Jennifer Bongartz, LT Patrick Harper, Omojean Taylor, LT Helen Stevens, Bryan Moon

nity involvement, and health activities. Preparation for the marathon began. Once a week, pharmacists, pharmacy technicians, and friends came together for group runs and dedicated time to train together.

May 4, 2013 marked race day and the first runners were ready to take on the marathon in the dark, braving 35 degree weather. The relay teams were grouped based on combined age in years (125 years and below, 126 – 175, 176 – 225, and 226 and above). Both teams, RxRunQD (126 – 175 years) and Rx Runners (176 – 225 years) averaged less than a ten minute mile and placed thirteenth in their age groups.

The greatest feeling however, was seeing the spirit of the reservation come alive as many members of the hospital staff and community ran together to accomplish goals set before them.

Are you Interested in participating in the Shiprock Marathon Relay in 2014? Information can be found at:

<http://www.shiprockmarathon.com/index.html>

Or if you are interested in joining the NNMC relay team you can contact:

LT Jennifer Bongartz at [Jennifer.Bongartz@ihs.gov](mailto:Jennifer.Bongartz@ihs.gov) or LT Helen Stevens at [Helen.Stevens@ihs.gov](mailto:Helen.Stevens@ihs.gov).



### Hatha Yoga

*Contributed by: LT Samina Khan*

Hatha yoga is especially known for its use of controlled breathing, known as ‘pranayama’, and holding a series of physical postures, referred to as ‘asana’. These positions are designed to help align your muscle, skin and bones. Controlled breathing is used to help flow from one pose to another.

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## Healthy Lifestyle and Fitness (cont.)

*(Continued from page 5)*

Hatha yoga is considered to be “new” form of yoga, even though it originated from India in the 15th century because yoga as a whole dates back at least 3,000 years. Hatha yoga was brought over to the United States in 1947 when the first institute was opened in Hollywood by Indra Devi, who was known as the “first lady of yoga.” Born into Russian nobility, she studied yoga in India before moving to Hollywood, where she taught Marilyn Monroe, Gloria Swanson, and Robert Ryan the practice, among others. Hatha Yoga is now one of the most widely practiced forms of yoga in the world.



The word Hatha originates from the Sanskrit ‘ha’ meaning ‘sun’ and ‘tha’ meaning ‘moon.’ Thus, the principle behind the practice is to unite the opposite forces in your body to achieve harmony. This balance is thought to lead to mental clarity, and is regarded as a powerful tool for self-transformation. Hatha yoga was originally intended to prepare the body for meditation, and is a great practice for someone who is new to yoga.



The health benefits of Hatha Yoga are believed to include:

- \* Decreased stress
- \* Increased flexibility
- \* Increased muscle tone
- \* Improved balance
- \* Increased strength
- \* Proper body alignment
- \* Increased lung capacity
- \* Improved circulation
- \* Reduction in heart rate
- \* Blood pressure.

Hatha yoga uses pranayama to hold a series of postures with the goal of achieving harmony, as well as physical and mental balance in the body.

## Healthy Lifestyle and Fitness (cont.)



### Fitness Secrets of an Admiral

*Interview by CDR Juliette Touré; Photos by CDR Kun Shen, assisted by LCDR Trang Tran and LCDR Hamet Touré*

RADM Sandra Kweder, MD (ret.) elevates the energy in any room she enters. She exudes warmth, confidence, and passion for the missions of the Food and Drug Administration (FDA) and U.S. Public Health Service (USPHS). As the Deputy Director of the Office of New Drugs in the Center for Drug Evaluation and Research, she has been one of the most visible representatives of the USPHS in the regulatory environment and one of our greatest champions. In her illustrious career, she has served as a medical reviewer in the Division of Antiviral Drugs, a division created at the time to address the growing field of HIV drug development, and held a number of challenging leadership positions within the FDA. She maintains her clinical skills in internal medicine, teaches at the Walter Reed Medical Center, and serves as an Associate Professor at the Uniformed Services University. Last but not least, she is the wife of a Commissioned Officer and devoted, proud mother of three, ages 22, 20, and 18.

She often speaks with pride for the dedication and work of USPHS officers. She inspires us to stand in our uniforms a little taller, perform better, and be proud of the unique, multi-faceted opportunities that we have as officers. Although she retired from the Corps on June 1, 2013, she will always be an officer at heart and model for us to emulate. In a candid interview, she expresses how being a USPHS officer and having to be a model for health has been a blessing in some ways, teaching her how the mental and physical

wellness are tied. She also shares a few of her secrets to maintaining a fitness level of someone decades younger.

### *Why is fitness so important to you, personally?*

Fitness is as much about what goes on in the head as what goes on in the periphery. The times in my life when I have been the most physically fit, I have also been the most mentally and emotionally fit. I can work more efficiently, think more clearly. I'm better able to cope with stress in all aspects of my life.



**Set a goal and go for it!**

### *What's your workout routine? How do you fit fitness into your busy schedule?*

It's on the loose side, but if I don't have a routine way of going about it, I won't get to it and will end up dropping off the fitness wagon. I usually exercise first thing in the morning. I'm not typically a morning person, so that means I have had to train myself to get to bed earlier. I also like to have variation in what I do. I have structured workouts, usually involving aerobic exercises such as running or swimming, 4-6 times a week. I strive for that and make it a priority. A typical run is about 40 minutes (4 miles) and swim is about 3,000 yards (1hr 10 min). I started doing yoga recently once a week, as an investment in flexibility and core strength.

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## Healthy Lifestyle and Fitness (cont.)

### *How has your fitness regime changed over time?*

I used to run like a fiend. I don't think I could have stayed sane through residency without it. Over time, I've ramped up my swimming, reduced running, and added yoga. I try to keep it fresh by setting goals for myself. For example, my goal last year was to improve my backstroke and to complete a triathlon. This year, I'm going to work on my breaststroke and complete a longer triathlon. If I don't set these goals, I just get stale and bored.

### *What about when you are on travel?*

Travel is actually a great opportunity to exercise. I often have more down time. I try to focus on forms of exercise that are low budget and don't require special equipment, e.g., running, walking. If I'm going to be in a location for a while, I will seek out a local pool.

### *Have you ever had a serious injury?*

No. I've had annoying overuse injuries such as achilles tendonitis, plantar fasciitis, and knee problems. They've become less frequent as I've become better at preventing injuries through changing my running stride and wearing the right shoes. With shoulder and elbow injuries from swimming – I've learned to identify potential injuries early on and focus on why that's happening rather than waiting. I swim in a coached workout, so someone can analyze my stroke and provide feedback on how to improve. I also read up on injury prevention and sought advice from others such as training professionals, therapists, fellow athletes.

### *How do you get back into shape, or maybe I should ask first, have you ever been out of shape?*

Oh, sure I have! [And I got back into shape], with great difficulty and vowed that I wouldn't put myself through that again. I remember reaching a point after my third pregnancy, having moved to a new place and started a fellowship, I knew that I had to do something. I started slowly, getting my neighbor to walk with me first thing in the morning before we both went to work, in the dark. Then I began to run the course and gradually continued to build from there.

### *How are you going to prepare for your next APFT? What level are you shooting for?*

I'm going to spend a couple of weeks practicing pushups and try to max out. I usually shoot for Level 4 of the age-group below mine, and better yet, 2 age-groups below. I have to say that I don't like the sit-ups. They are bad for the back. We should consider changing sit-ups to crunches, like some of the other uniformed services. Even in retirement, fitness will still be an important part of my life – I will still be encouraging officers to do the APFT and proctoring them if they'd like!

### *What are your future fitness goals? Or events?*

I'd like to complete an Olympic distance-triathlon this year – 1 mile swim, 25 mile bike, 10K run. Training for the bike is the hardest part, mainly because it takes time. It's another exercise to add to the regime. I want to push myself, but I'm shooting for completion and not ending up in the medical tent. I did Olympic-distance triathlons before kids and haven't done one since. Last year, I completed a sprint [triathlon] – the Athleta Iron Girl Sprint (half-mile swim, 17 mile bike ride, 5K run) and ended getting first place in my age group. It was great – it's women only and you can get free massages afterward. I got two! Projecting an image of health and wellness, both physically and mentally, is an important component of your [USPHS] career. It is as important as the job you do. It's part of the package. It inspires confidence in those with whom we work. If you cannot run or do certain types of fitness activities, it is your job to pull yourself out of inertia. You will always stand out and be remembered in uniform. If you do a great job or a lousy job they'll remember you in uniform. It is our duty to always be remembered for doing a great job.



*Get Connected...*

To help you train like an Admiral, you now have APFT and fitness resources at your fingertips. PharmPAC has launched a one-stop shop for setting, training for, and achieving your APFT goals. We are leveraging technology to connect us on the **NEW APFT Initiative Website** at:

<https://sites.google.com/site/usphspharmacyreadiness/>

**APFT Locator Map** Help your fellow officers, especially those in more remote locations, by volunteering to proctor their APFT or providing information on upcoming or regular APFT events.

**APFT Fitness Resources** Escape the cold this Winter by, looking for a pool or indoor gym at a local military facility. This page has the link and other fitness resources for each of the exercise components of the APFT, e.g., smart phone app suggestions. Feel free to share with us your favorite fitness resources, so others can benefit too!

**“Dear Jess” Column** Do you have specific questions about fitness or the APFT? Pharmacists with experience in personal training are here to help. Don't worry, your information will be confidential.

**PharmPAC-PACE Program** Challenge your level of fitness this year and earn the **PHS APFT Certificate of Excellence (PACE)**. PharmPAC-PACE certificates will be awarded to pharmacists who meet any of the following criteria:

- ◆ Complete first time APFTs and attain APFT Fitness Levels 1 - 4 (awarded one-time only)
- ◆ Increase APFT Fitness Level compared to the previous APFT Fitness Level recorded (awarded with each increase in APFT Fitness Level)
- ◆ Attain APFT Fitness Level 4 on any APFT (awarded once per year) Qualifying APFT must be completed on or after May 1. Send an email: [PharmPACReadiness@fda.hhs.gov](mailto:PharmPACReadiness@fda.hhs.gov) or reach out to your PharmPAC-PACE liaisons – they will be happy to help:

**PharmPAC Pace Liaisons:**

LT Ashley Knapp  
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*Be your fittest this year and always.*

## Pharmacy Spotlight

### An Incredible STEP: A JrCOSTEP's Reflection on his Experience in the OSG

*Contributed by: Trey K. Draude, JrCOSTEP*

**A**s a pharmacy student at the University of Pittsburgh, I was overwhelmed with pride at the opportunity to work for the United States Public Health Service (USPHS) as a JrCOSTEP this summer. Expecting to receive a COSTEP somewhere out west with Indian Health Services, I will admit I was surprised to be stationed in the Office of the Surgeon General (OSG) with the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC). Under the direction of CAPT Robert Tosatto and my preceptor LT Katie Hager, this opportunity – in more ways than one – has been a once in a lifetime experience.

One of my responsibilities this summer included coordinating an OSG orientation for two groups of interns who traditionally visit the DCVMRC office for one week in July and August. This internship allows students and advisors from the Health Occupations Students of America (HOSA) organization. Future Health Professionals the opportunity to learn about public health while interacting with leading professionals within the OSG and the USPHS. The internship provided a wonderful experience to grow.

Being an “extern” responsible for interns was an interesting dynamic, considering I was working with fellow students only a few years younger than myself. Many of the meetings and interactions I coordinated for their week were also brand new for an Ensign less than two months into his service. It took a great deal of strength to maintain my excitement as I led the interns into the Secretary’s Operations Center (SOC) for a tour on their first day. Not many (if any) Ensigns can say they were able to tour the SOC, tour the Humphrey Building, and meet with RADM Lushniak and RADM Giberson all in a single day. The experience was not lost on me. The week continued with visits to Capitol Hill, DC monuments, a tour of the Uniformed Services University of Health Sciences (USUHS), Walter Reed National Military Medical

Center at Bethesda, and many presentations from several departments in the Office of the Surgeon General. It was humbling to watch the wide-eyed interns grow as the days unfolded.

The DCVMRC and the internship they host for HOSA, Future Health Professionals provided me as a JrCOSTEP with an immeasurable amount of opportunities within PHS that otherwise I would not have been afforded. While the HOSA internship was among many duties I was assigned during my three month COSTEP, it certainly was one of the most memorable and rewarding two weeks of my life. I plan to continue to pursue a future in the USPHS by applying for a SrCOSTEP and cannot wait to return to my University to share my experience. As I begin classes this fall, I will continue to live out the mission of the USPHS on a daily basis and feel honored to be a part of the leadership, service, integrity, and excellence of the Commissioned Corps. I have nothing but excitement for what is ahead in my career as a PHS officer.



**Trey K. Draude, JrCOSTEP**

## Pharmacy Spotlight (cont.)

### National Indian Health Service Anticoagulation Training Program - 2013 Claremore IHS Hospital, Claremore, OK

*Contributed by: CAPT Lisa Becker*

The Claremore Indian Hospital (CIH) was one of the first pharmacy programs in the Indian Health Service (IHS) to manage patients in the highly specialized area of anticoagulation management (AM). Each member of the CIH AM clinic underwent formalized training in this area and became certified and recognized nationally for their work in AM. In 1999, members of the AM program developed a formalized training program for IHS pharmacists. This program was developed because of an identified shortage of training programs available to IHS pharmacists for this highly specialized area of clinical management.

The Anticoagulation Training Program (ATP) is an interactive, advanced clinical 3-day certificate training program that offers both didactic and practicum learning opportunities. This allows the participant to apply the didactic knowledge in a true clinical setting with direct patient care opportunities provided. Upon completion, each participant receives 20.5 hours of *accredited* continuing education through the *Accreditation Council for Pharmacy Education (ACPE)*. Didactic lectures are provided by practicing IHS providers who are nationally credentialed in AM through the IHS National Clinical Pharmacy Specialist Committee.

Review of participant evaluations confirm the ATP is well received and has changed pharmacy clinical practice in the IHS, PHS and the private sector. To date, 471 participants have received training through this program through 50 program sessions. The ATP has led to or been directly involved with the implementation of over 67 anticoagulation services nationwide. The ATP has been recognized in several national medical publications and has received numerous accolades. One such award was the prestigious D.R.E.A.M award, a national award presented in recognition of excellence in anticoagulation management.

ATP was primarily developed for pharmacists. However, physicians, nurse practitioners, physician assistants, dentists, and nurses have sought and received training. Pharmacists from other federal agencies as well as the private sector have attended including the Federal Bureau of Prisons, the Veterans Administration, the Department of Defense (Army and Air Force) and various private institutions including the Saint Francis Medical Center and the Cancer Treatment Centers of America. Due to the program's reputation and an existing need for practical anticoagulation training, the programs' sponsoring foundation recently listed this program as one "worthy of expansion." To help meet this demand, the ATP expanded the number of annual trainings, thus increasing availability and access to training by 33%.

To aid in dissemination of newly acquired knowledge, skills and guidelines, the ATP offers all 13 program didactic lectures electronically to ATP participants. Also identified as a critical need through program evaluations, the ATP distributes a locally developed Anticoagulation Outcomes database program for individual clinic management, assessment and quality improvement. This database offers a unique system for de-identified data collection to help emphasize national outcomes generated through IHS pharmacy clinical services. Similar commercially available outcome collection systems remain cost prohibitive for most IHS facilities, therefore the ATP has indirectly saved facilities considerable monies. Perhaps more importantly and as an additional cost-savings to the IHS, similar training programs in private sector are estimated at approximately \$1250 per participant. Extrapolation of the volume of ATP participants trained over the life of the program highlights a substantial savings to the agency of approximately \$500,000.

The ATP began and remains the only national pharmacy based, disease-state management training program in the IHS. Lastly, it is the only IHS program that offers clinicians the opportunity to train and receive advanced practice, clinical skills while establishing a network with other IHS, PHS, DoD, and private sector peers.

## Pharmacy Spotlight (cont.)

### Increased Access to Care Through Successful Implementation of a Mail Order Pharmacy Program

*Contributed by: CDR Cindy Gillis*

In February 2012, Claremore Indian Hospital implemented a pharmacy mail order program through a collaborative effort with the Veterans Health Administrations Consolidated Mail Outpatient Pharmacy (CMOP). Within just a few short months, Claremore became the largest utilizer of this IHS joint venture and has provided over 100,000 prescriptions through CMOP to date. This volume consistently accounts for over 30% of Claremore's total refills.

When Claremore decided to implement a CMOP program, we knew to be successful we would have to communicate the availability of this service at every point of care possible. This was accomplished by providing each clinic with enrollment forms which provided the guidelines each patient should follow to ensure their transition to mail order pharmacy was as smooth as possible. Once the patient completed their visit with their physician, they were directed to complete the enrollment form and then visit the outpatient pharmacy where the enrollment process was finalized. In addition to providing clinics with enrollment forms, each patient, when requesting refills in person, is informed of our CMOP program and questioned if they would like to participate. A space was provided on our enrollment forms for the patient to document their current address and phone number to make sure the packages are mailed to the correct address.

Many times when discussing our mail order program with other facilities, I am asked how we still follow Indian Health Service Standards of Practice. While the actual filling and mailing of CMOP prescriptions is done from a remote VA facility, every prescription is screened for appropriateness of therapy before it is sent out electronically to be filled remotely. Each facility retains the autonomy to determine if that prescription will be filled, not filled or filled and mailed locally. With the current status of drug shortages

which seems to affect all pharmacies, we retain the ability to mail prescriptions locally in an effort to minimize the impact drug shortages may have on our patients.

The IHS Medical Home Model is called Improving Patient Care (IPC). With the 30% reduction in workload from prescription filling, pharmacy leadership was able to decentralize a pharmacist and dedicate them to the IPC program. Our patients seem to truly appreciate having a pharmacist located in the clinics. This pharmacist provides an easy access point for patient counseling once the patient completes their appointment. Patients also seem to appreciate the accessibility to a pharmacist for general questions they may have. An unforeseen and added benefit of pharmacy involvement in IPC is the increased access physicians and nurses have when assistance is needed. A pharmacist is generally a few steps away from providing help.

It was anticipated that successful implementation would provide additional opportunities for expansion of pharmacist provided clinical programs. Prior to CMOP we provided pharmacist managed clinical services for anticoagulation, cardiovascular risk reduction, congestive heart failure and smoking cessation. CMOP has allowed us the opportunity to expand access to care through the development and implementation of a pharmacist managed hepatitis C program.

CMOP has been well received from our patients as well as our pharmacy staff. We are providing increased access to care for our patients by facilitating their prescription refills being mailed. By decreasing the number of visits to our facility patients must make, we have reduced the financial burden related to travel. CMOP implementation has improved the time that our pharmacy staff can spend providing direct patient care through pharmacy clinical services.



## Pharmacy Spotlight (cont.)

### PHS Pharmacists Improve Medication Safety Knowledge among Alaska's Childcare Providers

*Contributed by: LT Theresa Castellanos and LT Honeylit Cueco*

According to a study based on National Electronic Injury Surveillance System data, an estimated 69% of all emergency department visits resulted from unintentional medication administration from 2004 to 2005. In 2011, more than 70,000 US children were brought to the emergency department due to unintentional medication exposures. In an effort to decrease these numbers, pharmacists and pharmacy technicians from Southcentral Foundation Primary Care Center and Alaska Native Medical Center in conjunction with the Alaska Pharmacists Association developed an educational program for early childhood educators, caregivers, and children at Kids' Corps Incorporated (KCI). KCI is a non-profit, Alaska-based, Head Start agency in Anchorage that provides education, health, nutrition, and social services to underprivileged children and families.

The Safe Medication Administration Curriculum (SMAC) program, an established program for childcare providers, was used during focus groups to develop KCI's curriculum content. The research team, composed of volunteer pharmacists, technicians, and students, worked together to adapt curriculum materials for the early childhood educators and caregiver groups based on focus group participant feedback, currently available medication safety information, and KCI medication administration policies. The team also developed interactive activities focusing on health behaviors, medication administration, and storage.

Dinner, participant incentives, and childcare were provided for attendees to increase participation in the program. A child medication safety program was developed and presented by the team to parents and childcare providers. While the parents were listening to the lecture, their children were entertained with

games focused on development of good health behaviors such as hand washing and dental hygiene, poison prevention, and medication administration.

Information from the program was well received by all participants. Pre and post testing after the training demonstrated an improvement in medication safety knowledge. Materials developed within this program will be replicated for expansion in all KCI Head Starts across Alaska through this program.

### PHS National Trails Day Clean-up Event



**Pictured L-R: LCDR Weston Thompson, LT Honeylit Cueco, LT Theresa Castellanos and LCDR Joshua Wireman**



*Contributed By: LT Matthew Duff*

Each year since 1993, the first Saturday of June has been designated as National Trails Day; a day to celebrate, utilize and maintain America's trails. On this day individuals and groups across the country volunteer to maintain their local trails and get out on those trails to hike, bike, and run. The American trail

*(Continued on page 14)*

## Pharmacy Spotlight (cont.)

system is an invaluable resource for the physical and mental health of the nation, allowing citizens from all walks of life the opportunity to increase their physical activity and reconnect with nature.

June 1, 2013 marked the first ever PHS National Trails Day Clean-up Event. This event was conceived by the National Prevention Strategy Subcommittee of the JOAG Public Health and Community Service Committee and was coordinated by LT Margaret Whittaker. Junior and senior officers, along with their family and friends, were invited to volunteer to clean and maintain trails and participate in projects at state and national parks near their duty stations.

PHS activities for the event took place in 17 states and Washington D.C., with 200 officers and their families participating. These activities included building birdhouses, boardwalks, and trails; cleaning camping and recreation areas; and helping to reforest native flora and remove invasive species.

In Anchorage a group of officers from Alaska Native Medical Center and South Central Foundation volunteered at Eagle River Nature Center, a not-for-profit organization in Chugach State Park. Clean-up activities for the day included scrubbing the outside of a classroom yurt, as well as raking and weeding the grounds surrounding the area.

The event was a rewarding experience. It offered a great opportunity for officers to volunteer, to support the National Prevention Strategy, and to make an improvement in their local community.



Pictured (L-R): LT Matthew Duff (pharm), LT Honeylit Cueco (pharm), CDR Rebecca Pollis (ENG), and LT Sara Low (pharm)



### Pharmacist-Physician practice & collaborative drug therapy management template, one local example of utilization

*Contributed by: CDR T. Jessing*

All statins contain some risk of myopathy. Severe myopathy can lead to rhabdomyolysis that can hurt the kidneys and even cause death.

Based on the findings from the Study of the Effectiveness of Additional Reductions in Cholesterol &

**FDA SET DOSING LIMITS FOR  
SIMVASTATIN BASED ON  
FINDINGS FROM THE STUDY OF  
THE EFFECTIVENESS OF  
ADDITIONAL REDUCTIONS IN  
CHOLESTEROL AND  
HOMOCYSTEINE (SEARCH) TRIAL.**

*(Continued on page 15)*

## Pharmacy Spotlight (cont.)

*(Continued from page 14)*

Homocysteine (SEARCH trial), the FDA set new dosage limits for simvastatin.

In the Federal Bureau of Prisons, the National Formulary Committee sends out the revised formulary each year, and it is then up to the local pharmacists to initiate their recommendations and formulary changes. Based on the FDA and National Formulary Committee recommendations, and utilizing the local BOP Pharmacist-Physician Practice and Collaborative Drug Therapy Management Template, BOP pharmacist reviewed medication profiles and lab values of all inmates currently on simvastatin, and made changes as necessary to prescribe an appropriate statin and dosage to best meet LDL goal. Electronic Medical Record (EMR) reports were reviewed to see which inmates were on medications contraindicated with simvastatin, or were over the maximum recommended daily dose of simvastatin. Medications contraindicated with simvastatin include itraconazole, ketoconazole, posaconazole, erythromycin, clarithromycin, telithromycin, protease inhibitors, nefazodone, gemfibrozil, cyclosporine, and danazol. Simvastatin doses over 10 mg daily should not be used in patients also taking amiodarone, verapamil, or diltiazem. Simvastatin doses over 20 mg daily should not be used in patients also taking amlodipine or ranolazine.

This collaborative practice model identified 19 (11%) simvastatin prescriptions that met criteria for changing. Pharmacists either changed pravastatin or atorvastatin, ordered labs, or provided extensive patient counseling.



## Officers Volunteer to Bring Bright Smiles to New Mexicans

*Contributed by: LT Patrick Harper*

PHS pharmacists CDR Chandima Deegala and LT Patrick Harper, both stationed at Northern Navajo Medical Center in Shiprock, NM, recently volunteered their professional services to the New Mexico Dental Association and its third annual NM Mission of Mercy (NM MOM). Friday, September 13th and the subsequent Saturday proved to be very lucky days for approximately 1000 Northern New Mexico residents who received free dental treatment at the charity clinic held in the McGee Park Convention Center in Farmington, NM. Patients received a full range of dental services, from x-rays and cleanings to oral surgery and dental prosthetics. CDR Deegala and LT



**CDR Deegala counsels a patient on his post-procedure medications .**

Harper joined forces with other local pharmacists to operate an embedded clinic pharmacy responsible for dispensing and counseling on pre and post procedure medications.

*(Continued on page 16)*

## Pharmacy Spotlight (cont)

*(Continued from page 15)*

I was very impressed and look forward to using what I learned for future PHS experiences.” CDR Deegala added, “This was also an opportunity for me to share information and talk to the public about the USPHS and role of the commissioned officer pharmacist in the public health sector. Overall, to be able to participate in this great event of providing free dental care to the underprivileged population was a great opportunity and a joy.”



**LT Harper poses for a picture with part of the NM MOM pharmacy team.**

Over the past two NM MOM clinics, 3200 volunteers have provided over \$2.2 million in free dental treatment to over 3700 New Mexicans. This year’s mission will add nicely to those numbers with volunteers, including CDR Deegala and LT Harper, already looking forward to next year’s effort. More information about the NM MOM can be found at:

<http://nmdentalfoundation.org/nmmom/index-nmmom.php>.



### Impact of an Urban Pharmacy Managed Latent Tuberculosis Clinic

*Contributed by: LCDR Mizraim Mendoza*

The Phoenix Indian Medical Center (PIMC) Latent Tuberculosis Clinic (LTBC) is a pharmacy managed, multidisciplinary clinic established in 2009 due to a physician shortage to provide care for a panel of latent TB patients. The clinic operates in conjunction with Public Health Nursing in the epidemiologic control of TB within the AI/AN population. PIMC LTBC has been operating successfully without funding or additional staffing since its inception. The PIMC LTBC has improved patient access and accommodated the growing need of the LTBI patients. This has relieved the burden of patient care from the overextended Maricopa County TB program, and other regional health care providers.

As of 2013, the PIMC LTBC has over 800 patient visits. Despite the increased workload and minimal allocated resources, the LTBC has achieved an 85% completion rate for latent TB therapy, as compared to a 54% completion rate when the clinic was physician managed. This increase is attributable to the diligence of the LTBC team in providing patients with extensive education and increasing provider access during non-clinic hours with telephone or walk-in visits. The PIMC LTBC has made great strides in decreasing morbidity and mortality related to TB.

The PIMC LTBC targets most common risk factors such as diabetes, immunosuppression, and advanced age that may predispose patients to the activation of TB. Managing and maintaining this LTBC is not without challenges, but the clinic has been successful in minimizing these challenges through the application of the following strategies:

*(Continued on page 17)*

## Pharmacy Spotlight (cont.)

*(Continued from page 16)*

- Removing the stigma of TB through extensive education to the patient and family.
- Socioeconomic influences such as homelessness and alcoholism increases the difficulty of therapeutic monitoring. Thus, the LTBC has increased patient access by being available by telephone and during non-clinic hours.
- Language barriers occur due to the local tribal subpopulations that reside in Mexico. The LTBC has a pharmacist fluent in Spanish who also has the cultural knowledge to assist these patients.
- The urban AI/AN population frequently relocates back and forth from tribal reservations to the Phoenix area. The LTBC has a working relationship with other IHS/tribal facilities to provide continuity of care.
- The unique urban tribal cultural mix at PIMC could be described as a tribal melting pot. Thus, each tribe has their own cultural belief and the challenge is to determine the education and communication needs of the patient, then provide effective care accordingly.

The LTBC pharmacists are also ASHP certified residency preceptors and routinely provide education to pharmacy residents and students as part of the ambulatory care rotation. Pharmacy residents and students routinely shadow during clinic visits and obtain valuable knowledge about tuberculosis as well as the advantages and positive impact of pharmacy managed clinics. Without dedicated and experienced officers like CDR Kai Chiu, CDR Tamara Close, CDR Heather Huentelman, LCDR Mizraim Mendoza, LT Linzi Allen, LCDR Kim Andrews, and LT RaeAnne Fuller, PIMC would not have been able to sustain the continued success of the pharmacy managed LTBC.



## Career Development

### Expanding Roles for Pharmacists as Clinicians in New Mexico

*Contributed by: LT Lauren Davis*

Pharmacists are vital members of the interdisciplinary healthcare team, but in most states their privileges are still limited under protocol agreements between physicians and pharmacists. New Mexico and North Carolina are two exceptions and have allowed expanded pharmacist privileges. Both of these states have designated new titles for pharmacists with additional training: New Mexico's Pharmacist Clinician and North Carolina's Clinical Pharmacist Practitioner. These titles allow pharmacists to register for DEA numbers and obtain prescriptive authority.

Northern Navajo Medical Center in Shiprock, New Mexico has recently expanded its pharmacy practice residency program to offer its residents the opportunity to participate in the Physical Assessment for Pharmacist Clinicians course offered by the University of New Mexico. Currently, they have four pharmacists who are working towards submitting their hours and protocols, and one pharmacist who has achieved this certification.

The Pharmacist Clinician certification has created many opportunities for pharmacists to expand their roles at Northern Navajo Medical Center. Their recently established Chronic Pain Management Clinic is currently physician-run due to the restrictions placed on prescribing narcotic medications. However, after completing the credentialing process to become a Pharmacist Clinician, pharmacists can apply for a DEA license to operate the clinic independently. There is a newly created Chronic Disease Management Clinic at the Center. This clinic allows physicians to refer patients with chronic conditions to be followed by a Pharmacist Clinician. With this certification, pharmacists have diagnostic privileges for specified disease states, prescriptive authority for all previously diagnosed disease states, and the ability to order and interpret labs and tests.

*(Continued on page 18)*

## Career Development (cont.)

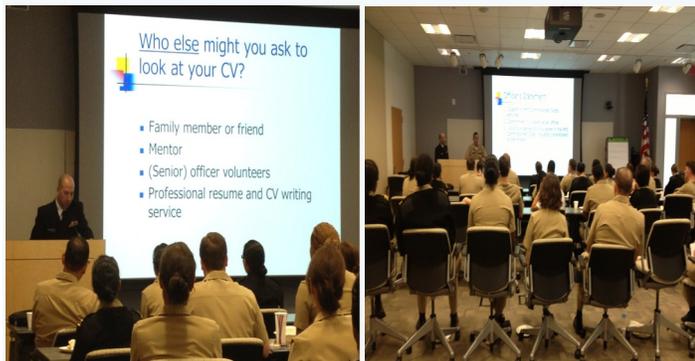
*(Continued from page 17)*

The Pharmacist Clinician certification has allowed more of Northern Navajo Medical Center's outpatient clinics to become pharmacist-run, and pharmacists are able to increase their responsibilities and time spent on direct patient care. It has also created opportunities for pharmacists to establish new clinics or build upon the existing ones. Pharmacists can now share the patient workload with the physicians, so that they are able to spend more time with the patients. This certification allows pharmacists to work more closely with physicians to improve the overall care of our patients.



### Getting Promoted: Getting the Board's Attention

*Contributed by: LT Hong Vu*



**CAPT Jason Woo and CDR Dan Brum presenting on promotion Process.**

On September 5, 2013, the District of Columbia Commissioned Officers Association (DC COA) Career Development and Education Committee hosted an educational luncheon entitled: Curriculum Vitae and Officer's Statement: Tips and Telling Your Story.

Promotion can be a confusing process since there are many aspects to getting your Official Personnel Folder (OPF) ready for promotion. The feedback we received during the presentation is that your ability to tell your story well on your cover letter and CV is what ultimately gets you promoted. DC COA was honored to have CAPT Jason Woo and CDR Dan Brum share their experiences on the promotion process. The presenters discussed the importance of developing a clear and concise Curriculum Vitae (CV), Cover Sheet and Officer's Statement that efficiently tell your story to the Board. CAPT Woo and CDR Brum shared helpful resources and offered numerous recommendations for CV development. The presentation was followed by an interactive question and answer session.

The luncheon was held at the Food and Drug Administration (FDA) White Oak campus with over 150 officers attending in person, via Adobe Connect or teleconference. The officers in attendance represented various Agencies, such as FDA, National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and Federal Bureau of Prisons (BOP). A recording of the presentation and the corresponding Power Point slides are available at [www.dcco.org](http://www.dcco.org).

Special thanks to the speakers, CAPT Jason Woo and Dan Brum, and the organizing committee that consisted of LCDR Tina Walther, LCDR Vincent Sansone, LT Linda Park, and LT Hong Vu

## Career Development (cont.)

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### **Preparing for Promotion: The Basics Every Officer Should Know**

*Contributed by: CDR Sheila Ryan and  
LCDR Inna Voinich*

The recent promotion cycle is officially closed, with the Office of Commissioned Corps Operations (OCCO) announcing year 2013 temporary and permanent grades promotion results. Many officers have noted a decline in the percentages of officers being promoted this cycle for various grades, compared to previous years. This is in part to the increasing competitiveness among officers, changes in precepts, and officers not fulfilling their obligation to maintain basic readiness standards. The promotion statistics for 2013 can be found at:

[http://dcp.psc.gov/ccmis/promotions/Stats\\_for\\_Web\\_2013.aspx](http://dcp.psc.gov/ccmis/promotions/Stats_for_Web_2013.aspx).

It is never too early to begin planning and preparing for your next promotion. The Promotion Board review includes careful consideration of the officer's career as it relates to the five precepts upon which the benchmarks are developed and promotion recommendations are based. In evaluating an officer for promotion, the Promotion Board references the benchmarks for the "best qualified" officer in that category for each rank. Therefore, in order to begin preparing for promotion, the first step should be consulting Professional Advisory Committee (PAC) website for his/her category to get the most up to date benchmarks. They are also available at:

<http://dcp.psc.gov/ccmis/promotions/PY2014.aspx>.

Officers need to look at the benchmarks for all grades, to ensure that they have short-term and long-term plans to meet the benchmarks across their entire career. These benchmarks are reviewed and updated

every year by each PAC. It is the officer's responsibility to know, understand, and meet these requirements to the best of their ability. Accompanying the review of the benchmarks, each PAC provides a recommended CV format. Officers should take advantage of opportunities to contact senior officers and receive feedback on the CV. They should update the CV yearly and prior to submission to the eOPF, ensure it best highlights their accomplishments

The second most important measure to consider while preparing for promotion is that of meeting basic readiness standards. It is the easiest requirement to complete and the only one an officer has total control over when being evaluated for promotion. Proactively updating any expiring requirements throughout the year and keeping basic readiness status current will help to obtain the desired promotion. A checklist is available at:

[http://oep.osophs.dhhs.gov/ccrf/Readiness/Basic\\_Readiness\\_Checklist.pdf](http://oep.osophs.dhhs.gov/ccrf/Readiness/Basic_Readiness_Checklist.pdf).

Even though the Readiness precept no longer carries any weight with regard to numerical score for promotion, basic readiness remains one of the several administrative checks for promotion. Officers that do not meet readiness standards at both the December 31 OFRD status report and the March 31 quarterly check, will receive an automatic "Board Not Recommend" and will be removed from the successful list. Officers are advised to maintain basic readiness at all times. It is important to note that some of the standards may require duplicative actions on the part of the officer (i.e., faxing information to the Medical Affairs Branch, while also updating information in Direct Access).

Another important piece of preparing for promotion is checking the Promotion Information Report (PIR) in

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## Career Development (cont.)

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the eOPF. The PIR is used by Promotion Boards to obtain an overview of an officer's career within the Corps and contains information relevant to all promotion precepts. To ensure that all information is accurate, officers are strongly encouraged to review their PIR and, in case of errors, contact their Agency liaison well in advance of the December 31 deadline. In addition, any time officers submit any documentation to their eOPF, they should follow up to verify that it has been entered correctly.

New for promotion year 2014 will be the incentive for officers to occupy an assigned billet that satisfies one or more of the new Corps Five Pillars. The 2014 promotion benchmarks will include language about the pillars in Promotion Precept III: Career Progression. This precept will still include other critical factors such as billet level, mobility, and increasing levels of responsibility. The 2014 Reviewing Official Statement (ROS) will contain a section where the Agency Liaisons will indicate whether the officer's position satisfies a pillar. Each agency will now assign, where applicable, a pillar to each of its occupied positions. Officers are not required to occupy a position that fits into a pillar; however, promotion benchmarks will reflect an incentive for those officers who occupy a position that does satisfy a pillar.

Officers should take full advantage of the resources available to them when planning and preparing for promotion. These resources include consulting senior officers and their PAC members and website, as well as following readiness checklists and the promotion dedicated portion of the Commissioned Corps Management Information System website. This link provides all necessary promotion information:

<http://dcp.psc.gov/CCMIS/promotions/promotions.aspx>.

### Opportunity for *your* contribution!

**PharmPAC Perspectives Reader** - Do you have a story to share? Take the opportunity to contribute to the collective success of *your* newsletter. We are excited to publish your article about important information you would like to share for the good of the whole! Whether it be detailing a program accomplishment, pictures of your committed service in action, or promoting volunteering opportunities, help us give voice to the tremendous mission we undertake everyday to protect, promote and advance the health and safety of the Nation. We are calling for newsletter articles in the following topic areas:

1. Healthy Lifestyle and Fitness - e.g. APFT
2. Did You Know - e.g. uniforms, benefits
3. Pharmacy Spotlight - This is a chance to recognize the wonderful work we ALL do. The section is for pharmacists (officer or civil service) or technicians, or we can highlight a pharmacy group's work.
4. Career Development - Highlight opportunities to develop leaders such as professional development, mentoring, leadership, choosing career paths, HHS agencies, promotions.
5. Bulletin Board - announcements
6. Recent publications— citation format
7. Photographs of PHS pharmacy in action (with a brief caption)

## University Point of Contact (UPOC) Section

### Pharmacy Advisory Committee Road Trip

*Contributed by: LCDR Jerry Zee, Vanessa Han (Rutgers University), and Hannah Tchon (Touro College of Pharmacy)*

On Tuesday, June 11, 2013, LCDR Jerry Zee, and student pharmacists, Vanessa Han of Rutgers University and Hannah Tchon of Touro College of Pharmacy, drove from New York City to the state capital, Albany, to represent CMS (the Centers for Medicare & Medicaid Services) at the New York State Pharmacy Advisory Committee meeting. During the meeting, the NY State Board of Pharmacy spoke about the implementation of SafeRx regulations which require all chain pharmacies to provide free, competent oral multilingual counseling, written translation services of medication instruction, and prescription drug and auxiliary warning labels to limited English proficiency (LEP) patients effective as of March 2013. These services must be provided immediately, but the language service provider doesn't need to be on the premises. The regulation treats New York State as one region resulting in four primary languages: Chinese, Italian, Russian, and Spanish. In addition, the Board mentioned the dramatic increase in the number of pharmacy schools and graduates which jumped from 74 to 124, and 7,000 to 12,000 respectively, since 1990.

The two student pharmacists co-presented a thorough discussion during the time allotted to CMS on the 2014 Call Letter which involved industry guidance on the Medicare Part D program. They delivered this presentation in front of a wide audience which included professionals from the healthcare industry, pharmaceutical industry, public health advocates, staff of the legislature, and the pharmacist associations. Overall, the students gained valuable experience dur-

ing their presentation to this public forum and gained a broader understanding of the role of USPHS officers in CMS.



### Advanced Pharmacy Practice Experience at St Elizabeths Hospital

*Contributed by: LCDR Maria Cowan and Ryan P. Mouton (P-4 Pharmacy Intern)*

Introduction: Ryan Mouton, a fourth year pharmacy student from Howard University School of Pharmacy describes his rotational experiences with LCDR Maria Cowan at Saint Elizabeth's Hospital. The District of Columbia Commission on Mental Health Services (formerly known as Saint Elizabeth's Hospital), is a non-Health and Human Services (HHS) program in which Commissioned Corps officers serve to establish a community-based system of care for individuals in Washington, DC, who experience mental health problems.

In its official letterhead, a drawn image of the very first building on the campus of Saint Elizabeth's Hospital, a psychiatric hospital in southeastern Washington, D.C., sits juxtaposed atop the italicized words "Shining the light since 1855." Such a hospital, rich in history, was an ideal place to complete my first advanced pharmacy practice experience. Public mental health institutions, like St. Elizabeth's, have unique medical challenges where pharmacy practice is poised to make a tremendous impact. As is often the case, these settings can experience budget shortfalls, staffing shortages, and novel patient requirements that impact pharmacists' decision-making when it comes to formulary, drug shortages/substitutions and therapeutic outcome optimization.

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## University Point of Contact (UPOC) Section (cont.)

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Since a strong knowledge of psychotropic agents is paramount to the effectual pharmacist at St. Elizabeths, my preceptor, LCDR Maria Cowan, Pharm.D., advised me to create a PowerPoint presentation emphasizing the different pharmacological options available in the treatment of schizophrenia, with emphasis on the differences between first generation and second generation agents. This activity refreshed my classroom knowledge of pharmacology and therapeutics, which proved particularly advantageous on rounds with attending psychiatrists on the forensic ward. It also helped me to understand the origins of some of the side effects the patients described during group therapy sessions. When I learn about a patient's history and how his or her life story led them to St. Elizabeths, I find it simultaneously fascinating

and rewarding to know that good drug therapy can positively change a patient's life.

Such an amazing learning experience could not be made possible without the devotion and consistent support of a truly capable preceptor. I am astounded daily by the gifts LCDR Cowan bestows upon her students. Not only is her knowledge of pharmacy practice extensive, she also has the rare ability to connect with her students in ways that inspire them to go on to become outstanding pharmacists themselves. Because of her guidance, I have resolved to one day become a preceptor myself. One of the things I will remember most is the keen interest she has in her students' futures in pharmacy. Most of all, she wants each student to enjoy the profession, make a difference in patients' lives, and have a healthy work environment. During this rotation, I was able to have deep discussions with her about my goals and the best decisions I can make to reach them.



### On a Mission to Mexico with University of Minnesota School of Pharmacy Students

*Contributed by: LCDR Michael Verdugo*

Since 2005, The University of Minnesota College Of Pharmacy has been sending students and preceptors on trips from both the Twin Cities and Duluth Campuses to remote locations in and around Puebla, Mexico. The goal of the experience is to provide opportunities for the students to practice pharmaceutical care skills, to gain cross-cultural experiences, improve cultural awareness, enhance communication skills, and help address public health disparities in locations



From left to right (Pharm.D candidates Emmanuel Vasilarakis and Brittainey Harris, LCDR Maria Cowan, Pharm.D and Pharm.D candidate and author Ryan Mouton)

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## University Point of Contact (UPOC) Section

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that do not have ready access to screening services for commonly encountered chronic diseases.

Through contact with a pharmacy JRCOSTEP and a pharmacy student on rotation from the University of Minnesota Duluth Campus at my duty station in the summer of 2012, I was extended an invitation to serve as one of the preceptors on the Puebla Mexico Service trip in the spring of 2013.

I began my participation in the 2013 trip by embarking from the Minneapolis-St. Paul Airport on the morning of May 18th. I traveled along with three other preceptors, two of whom were affiliated with the University of Minnesota Duluth and one with a private sector hospital in the Twin Cities. We had one stop in Dallas-Fort Worth before arriving in Mexico City later that afternoon. In Mexico City we connected with our guides and the students who were participating in the trip. We boarded a charter bus for the seven hour plus bus ride to our final destination in the remote mountain countryside of the State of Puebla, Mexico. Each preceptor was asked to lead a team of approximately 9 students, with each team beginning their work at a different location.

My job was to use my limited Spanish skills, as well as my experience as a pharmacist working with underserved populations to help support and guide the students as they interviewed, assessed, and educated the patients we saw over the course of the next 3 days.

The students on the 2013 trip came from both University of Minnesota campuses. Some had only completed their first year all the way to some that had recently graduated. Some spoke Spanish well. Most spoke none at all. Many were on their first service trip and a few had come for the past several years.

What they all did have in common was a desire to use their pharmaceutical care skills to provide care in an extremely underserved area of Mexico.

The patients we saw lived in poverty that we don't often see in the U.S. Interestingly, they struggle with many of the same chronic conditions we see in the U.S., including diabetes, high cholesterol, and high blood pressure.

After finally hitting the pillow about 23:30 local time the night of our arrival, we arose early the next morning to begin seeing patients in the small town of Jonotla, home to around 1,000 people. In Jonotla, we set up our clinic consisting of blood pressure screenings, height and weight checks, cholesterol testing, blood glucose readings, and hemoglobin A1c assays in the town gymnasium. We established tables for intake, the various screenings, and for counseling patients on their test results. A few patients came through early, but, after about 45 minutes, we were without anyone to see. We decided to walk outside into the town square where people were gathering and began speaking with people to let them know why we were there and what we were doing. We ended up meeting someone who offered to announce our presence over the town's loudspeakers. Soon after



**Hotel accommodations in Jonotla. A welcome sight for weary eyes.**

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## University Point of Contact (UPOC) Section

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this announcement was made, we had a small line of people. We stayed busy for the next 3 ½ hours.

The highlight of the day was helping a man in his forties who had gone through the screenings to learn that he may have untreated Diabetes. We stressed the importance of getting in to see a medical provider for confirmation and treatment. We reviewed the causes of diabetes and some lifestyle modifications he could try to help treat the condition. Patients in Mexico enjoy universal healthcare coverage, but, access to care can be limited. We learned that the town did have a clinic but it was only staffed once a week by a nurse. We went on to hold clinics in the following towns over the next 3 days where we encountered different ethnicities and primary languages besides Spanish.



**Jonotla Town Square**  
Where the townspeople congregated throughout the day.

### **Ecatalan, Jonotla, Puebla, Mexico.**

In Ecatalan, a small pueblo located outside of Jonotla, our guide found the town Presidente (Mayor) who promptly announced to the townspeople over the public announcement system of our arrival. We set up clinic in the town Basketball court using desks from the nearby school house. People were curious about where we were from and why we were there. Many

people we served were ethnic Totonacans, some of which spoke Totonaco as their primary language. With the help of family and neighbors, we were able to translate from Totonoco into Spanish. We encountered a lot of gratitude for our work and people asked if we could hold clinic next year later in the day so that the men who were working in the nearby fields could come and get tested after work. We were asked if we had any medications and if we had brought any physicians with us. This got us to think about changes we could propose for future service trips, like identifying a list of Mexican over-the-counter drugs we could purchase when we come on future trips.



**The Totonac people primarily reside in the mountainous regions of the States of Puebla and Veracruz Mexico. They joined forces with the Spaniards during the conquest of the Aztec Empire.**

### **Cuahtamazaco, Puebla, Mexico**

In Cuahtamazaco, we were invited to set up clinic on a basketball court of the local elementary school.

Here we encountered many patients who spoke Nahuatl as their primary language. Thanks to our guide, we were able to translate from English to Spanish to Nahuatl and back to Spanish.

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## University Point of Contact (UPOC) Section

(Continued from page 24)



**Nahuatl is the language of the Nahuas, a large indigenous people group within Mexico. The Aztec Empire was ruled by Nahuas peoples.**



**Modified Trucks: Our primary form of transportation as we went from clinic site to site.**

**On the last day (Wednesday, May 22<sup>nd</sup>, 2013) we went to Tepetitlan, Puebla, Mexico:**

Here we encountered the greatest hospitality of the entire trip. After standing around in 90 degree plus temperatures for over an hour with what felt like equivalent humidity, we began to feel like we would not be able to hold clinic. Our guide went from person to person thought town looking for a place for us to open up shop. Finally, a woman whose home was nearby where we were waiting offered up her place

for us to hold clinic. She caringly cleared out her modest home, making her kitchen table available for the students to do their screenings. Within about 20 minutes of her opening her home, the word was out, and we ended up seeing 15 people in the remaining 90 minutes. It seemed like the whole town had been waiting for us to get started, and this kind woman's act of hospitality made it all possible. We were able to leave her with a gift of 300 Pesos, roughly equivalent to 3 days of work, but, worth only 30 U.S. dollars. Who knows what a difference that day made in her life and the lives of her town's people?

We then returned to the town of Cuetzalan del Progreso, where we had been staying the past two nights, to pack up and head out to the city of Puebla. We spent a day site seeing in Puebla, meeting the local trip coordinator, a history professor originally from Coon Valley, Wisconsin. We ended the trip by traveling on to Mexico City, where we took in more sites and left to return to the states on Saturday, May 25<sup>th</sup>.

If you have the opportunity to partner with your local pharmacy school to participate in an international service trip, you will find it can be a rewarding chance to teach students, care for the underserved, improve your cultural awareness and communication skills and see some amazing parts of the world.



## PHS Pharmacists in Action



**LCDR Raisor** USPHS Commissioned Corps officer volunteering and showing support for our sister services. Lcdr Raisor volunteers with Boy Scout Troop 95 to set up flags to remember those who served on September 11th.



**RADM Giberson** giving a pep-talk to a group of newly commissioned USPHS Pharmacy Officers from the graduating class of OBC-66 on July 19, 2013 .

## Symposium Community Outreach Health Promotion Fair



**Pictures include:** (Above) CDR Edgardo Alicea, LT Rinku Patel, LT Yvonne Santiago, LT Herb Partsch, LCDR Guillermo Aviles, CAPT Kenneth Dominquez , CAPT Luis Rondon, CDR Ralph Smith, LCDR Luz Rivera, LT Diana Vargas, LT Margaret Whittaker, LCDR Tamy Leung LCDR Charles Brucklier, and CDR Iris Valentin



## PHS Pharmacists in Action (cont.)



**LCDR William Harris (left) and LT Andrew Shiflet (right) of Bureau of Prison recently participated and completed the The APHA Pharmacist & Patient-Centered Diabetes Care certificate training program.**



**RADM Giberson following the pep-talk, the group gathered on the podium for a group picture with RADM Giberson**

## PHS Pharmacists in Action (cont.)



**CDR Deegala & LT Le speak to UNM Pharmacy students about opportunities in the federal government, especially USPHS/IHS.**



## PharmPAC Highlights

### **PharmPAC Recruitment Section**

The PharmPAC Recruitment Section continues to implement some exciting initiatives on behalf of our category. There are several current items of interest presented below that represent pertinent discussion points:

**UPOC Program Updates** – The program lead has transitioned to LCDR Anne Marie Bott. She is doing a phenomenal job and there are currently several pharmacy schools without an assigned UPOC. If you are interested in serving as a UPOC, please contact LCDR Bott at [ambott@anthc.org](mailto:ambott@anthc.org).

**Award Updates** – There are two awards that have been submitted to the awards board by the Recruitment Section for deserving officers. The first is a Unit Commendation on behalf of the student award. The second is the Unit Commendation on behalf of the UPOCs that served honorably and met the criteria of the program from Nov 2008 – Jun 2012. Despite some initial well intentions of having this award submitted as a Recruitment Service Ribbon by DCCPR, it was determined that we could not submit as such due to the prescribed award criteria. The awards board is aware of the long-standing status of this submission and has confirmed they are fast tracking this award. As soon as the Recruitment Section receives approval of these awards, we will notify each officer as well as briefing during the PAC call. They will also populate in the receiving officer's OPF.

**Pharmacy Meeting Room Share Resource** – Unfortunately there is no funding available from DCCPR to support a PHS booth during FY14. Despite the Joint Pharmacy Forces Seminar (JFPS) being cancelled recently, a website was created by LCDR Zac Woodward to serve as a room sharing resource for officers to be able to reduce the out of pocket expenditures in attending live CE meetings (AMSUS, ASHP Midyear, APhA and COA):

<https://sites.google.com/a/phspharmacist.org/pharmpac-tools/current-officers/ashp-hotel-sharing-forum>

You may experience firewall issues in accessing this site from work and therefore may be required to access from your personal computer if you desire to utilize this as a potential resource. Once you submit your name and information via the link, there may be an approximate 30 minute delay until you are able to view your information. There is a scrolling feature towards the bottom of the screen that you must utilize to view all of the information contained in the site. Lastly, it is up to the officers to reach out to one another that have expressed interest to attend the same meetings. There is no "match" per se. Please consider all submitted information as confidential.

**Call to Active Duty Update** – The new Call to Active Duty (CAD) process is being implemented by DCCPR which is much more efficient and will be ultimately more effective as well. Currently the need continues for physicians and dentists but was also recently opened to physician assistants and nurse practitioners. While the application process for pharmacists is not currently open, we encourage each of you to promote the Commissioned Corps and Public Health Service as well as support and assist highly qualified officer candidates to be ready when the need arises again for our category. Communication will be disseminated via the listserv with timely updates as they become available.

## PharmPAC Highlights (cont.)

**Resources** – These are valuable sites that provide a comprehensive repository of Recruitment Section material:

Google Fusion Site (UPOC resources, recruitment material, current Pharmacy Best Kept Secret aka “PBKS” and vacancy map): <https://sites.google.com/a/phspharmacist.org/pharmpac-tools/>

PharmPAC Recruitment Section Site (officer contact information, recruitment presentations and vacancy listing): [http://www.usphs.gov/corpslinks/pharmacy/sc\\_recruit.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_recruit.aspx)

**PAC Volunteer Opportunities** – We receive several inquiries from motivated officers that are interested in getting actively involved with PAC initiatives. If you are seeking opportunities to get involved with the PAC, e-mail your contact information to LCDR Brittany Keener at [blkeener@anthc.org](mailto:blkeener@anthc.org).

### **PharmPAC Administration Section**

The 2013-2014 Pharmacy Professional Advisory Committee is about to embark on the new year with the newly elected voting members starting in October. We are proud to say that we had an unprecedented interest and the nomination pool was very competitive. **Please congratulate the following fellow pharmacists as they begin their 3 year term:**

*Indian Health Service:* CDR Dean Goroski and returning for a second 3-year term CDR Jefferson Fredy

*Center for Medicare and Medicaid Services:* LT Marie Manteuffel

*Federal Bureau of Prisons:* LCDR Rodney Waite

*Centers for Disease Control and Prevention:* LCDR Tina Bhavsar

*Department of Homeland Security/Division of Immigration Health Services:* CDR Kenda Jefferson

*Department of Homeland Security/United States Coast Guard:* CDR David Schatz

*Office of the Secretary:* CDR Shary Jones

*Health Resources and Services Administration:* LT Jane-McLaughlin-Middlekauff

**A fond farewell to our esteemed members who are rolling off after 3 years of commitment. Many thanks for your time and service.**

*Department of Homeland Security/United States Coast Guard:* CDR Aaron Middlekauff (Recruitment)

*Indian Health Service:* CDR Timothy Murray (Administration)

## PharmPAC Highlights (cont.)

(Continued from page 30)

### **Returning as seasoned PAC members for the 2013-2014 year:**

*Department of Defense:* LCDR Marisol Martinez as PAC Chair

*Food and Drug Administration:* CAPT Aaron Sigler, CDR Kavita Dada, CDR Janelle Derbis, CDR Selena Ready, CDR Juliette Toure

*Substance Abuse Mental Health Service Agency:* CDR Jinhee Lee

*Indian Health Service:* LCDR Brittany Keener, LCDR Kara King, LCDR Khang Ngo, LCDR Jodi Tricinella,

*Federal Bureau of Prisons:* CDR Michael Crockett, LCDR Troy Bernardo, LCDR Zachary Woodward,

A special thanks to the dedication of the 2012-2013 PharmPAC Executive Secretary, LCDR Rodney Waite, who arduously provided the minutes of the monthly business and general meetings. Please look for next month's minutes provided by LCDR Melinda McLawhorn.

On a final note, we share our appreciation and reflect upon our 2012-2013 PAC Chair, CDR Michael Crockett. A great leader leaves his mark in everything he does, and CDR Crockett's impact will remain. He will continue to serve out his last year as the immediate past PAC Chair and the vision will continue as we welcome LCDR Marisol Martinez as the 2013-2014 PAC Chair. LCDR Martinez will lead the PAC to provide advice and consultation to the Acting Surgeon General, Rear Admiral Boris Lushniak and Pharmacy Chief Professional Officer Rear Admiral Scott Giberson on issues related to both the professional practice of pharmacy and the personnel activities of Civil Service and Commission Corps pharmacist.

Please welcome and continue to support the Pharm PAC committee and join the camaraderie of America's Health Responders.

### **PharmPAC Career Development Section -**

#### **The Promotion Process: Preparing Your CV and Officer's Statement**

The promotion process can invoke anxiety this time of year for those officers preparing and polishing their documents for the promotion board. In addition to basic readiness, immunizations, and other key documents required for promotion, well prepared curriculum vitae (CV) and Officer's Statement (OS) are essential.

There is a sample CV template for the Pharmacist Category that is available to officers to assist with properly preparing and documenting career accomplishments. It can be found on the PharmPAC website ([http://www.usphs.gov/corpslinks/pharmacy/sc\\_career\\_guidance.aspx](http://www.usphs.gov/corpslinks/pharmacy/sc_career_guidance.aspx)).

This is a living document for each officer and should be updated throughout the year. When preparing the CV, it is important to be mindful of the Promotion Benchmarks, which are encompassed by five key promo-

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## PharmPAC Highlights (cont.)

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tion precepts (factors) that are considered by the board; performance, career progression/potential, education/training, officership, and readiness. When preparing your CV, a one page cover sheet is necessary to highlight important accomplishments. It should summarize your CV and articulate to the Promotion Board why YOU are qualified to be promoted. Be meticulous and proofread your documents, paying particular attention to grammar, punctuation, and formatting, while also removing any information that may be irrelevant or outdated. Some additional tips for preparing a well written CV and cover sheet are:

- ◆ Be truthful - don't take all the credit if not deserved
- ◆ Less is sometimes more - too much detail can make your CV appear cluttered
- ◆ Use bullet points on your cover sheet, keeping comments to less than two lines
- ◆ Avoid fancy fonts and keep highlighting (bold font, italicized print, and underlining) to a minimum on your cover sheet

Equally important to the CV is a well written Officer's Statement to communicate to the Promotion Board your officer-related activities, responsibilities, and visibility. Your CV can be used as a guide to assist in your preparation. The statement should be written with key emphasis on these aforementioned topics. Some examples of each area of focus are:

*PHS Commissioned Corps Activities* – training, work groups, deployments, professional advisory committees, preceptorship, etc.

*Commitment to Visibility as an Officer* - professional membership activities, community service that promoted PHS, and wear of uniform to work daily and to public conferences/volunteer services, if authorized

*Vision and Expectations of your Career in the USPHS* - How does your work tie into these? Describe your career progression since your last promotion, leadership progression and career training. Include future plans in your narrative and how you intend to accomplish them.

Ack: CAPT Jason Woo (FDA) and CDR Dan Brum (FDA)

## Recent Publications

- ◆ Nguyen RT, Sayeed VA. Repackaged oral dosage forms: Beyond-use dating and product safety concerns. *Am J Health Syst Pharm*. 2013 Oct 1;70(19):1724-7. DOI 10.2146/ajhp130100. PMID: 24048609
- ◆ Schupbach RR, Bousum JM, Miller MJ. Demonstration of anticoagulation patient self-testing feasibility at an Indian Health Service facility: A case series analysis. *Pharm Pract* 2013; 11(1): 30-37.
- ◆ Schupbach RR, Sparrow ND, Miller MJ, Harrison DL. Participant perspectives from the Indian Health Service Anticoagulation Training Program. *Int J Clin Pharm* 2013; DOI 10.1007/s11096-013-9826-4.
- ◆ Subramaniam V. The Impact of Pharmacists in Public Health: Closing gaps in healthcare disparities. *Drug Topics*, volume 157, No. 8, page 32; August 2013.

## JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 2pm EST. The next three meetings will be on:

November 7, 2013  
December 5, 2013  
January 2, 2014

Join us for PharmPAC's monthly meetings via teleconference or in person  
By Conference Call:

1-866-901-3913 or  
301-796-4100  
Passcode: 65419

**In Person:** FDA White Oak Campus  
Bldg 22, room 1419

Join the PHS Listserv to receive updates and information and stay connected to the PharmPAC:

[Click to Join Now!](#)

This newsletter has been provided by the PharmPAC Communications Section. For more information on how to contribute to future editions, please contact Section Co-Leads:

LCDR Khang Ngo at [Khang.Ngo.USPHS@hotmail.com](mailto:Khang.Ngo.USPHS@hotmail.com)  
LCDR Jodi Tricinella at [Jodi.Tricinella@ihs.gov](mailto:Jodi.Tricinella@ihs.gov)

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