



PharmPAC Perspectives



Pharmacist Professional Advisory Committee

Vol. 2 WINTER 2014

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PAC Chairs' Corner

I hope everyone had a wonderful holiday and is ready for a productive new year. As you may know, this January marks the 50th anniversary of the first US Surgeon General's Report on Smoking and Health, which concluded that smoking cigarettes causes lung cancer. January 2014 is also the first month in which the new Uniform and Appearance policy begins, which states that PHS officers are no longer authorized to use tobacco products or smoke while in uniform. We are the first Uniformed Service to implement this ban which signifies our commitment to uphold the priorities of the National Prevention Strategy.

As we remember this historic document's release and while we are making resolutions, some of us might be thinking, "How do I stop smoking/using tobacco?" It is not always the easiest thing to take our own advice. That is why the PHS has started a Tobacco Use Initiative committee, led by RADM David Ashley. He is the current Director of the Office of Science, Center for Tobacco Products, FDA. The assembled committee will be making significant public health decisions by assessing, developing, compiling, and disseminating tobacco cessation materials.

The Office of the Surgeon General and Corps leadership would like to provide effective tobacco cessation advice and resources so that PHS officers who choose to stop using tobacco products will be fully prepared to do so with the most effective means possible. The Acting Surgeon General, RADM Lushniak, has asked all members of the Corps to complete a short survey in order to define the impact on our officers and understand what assistance they might need to comply with the new Uniform and Appearance policy. Your participation is very much appreciated.

In the last 50 years, significant progress has been made in decreasing smoking prevalence in the United States. The Corps is actively setting the example of how to guide our nation in improving health and saving lives. Set your resolutions high!

LCDR Marisol Martinez
PharmPAC Chair

PAC Chairs' Corner (cont.)

USPHS Shines at the 2013 ASHP Midyear Clinical Meeting

Contributed by
CDR Jefferson Freedy, PharmPAC Chair-Elect

The 2013 American Society of Health-System Pharmacists (ASHP) Midyear Clinical Meeting was held December 8th – 12th in Orlando, Florida. The theme was “Learn. Grow. Shine.” The meeting was attended by over 20,000 people and included an opening keynote address from General Colin Powell, USA (Ret.).

“Shine” is what USPHS Pharmacy Officers did during this meeting. After a last minute request, four PHS Officers volunteered to serve on the Color Guard during the half day Federal Forum that was held on Sunday, December 8th. LCDR Jessica Murrer (BOP), LCDR Zac Woodward (BOP), LT Debbie Gallo (IHS) and LT Adele Garrison (IHS) presented the colors to approximately 300 attendees. CDR Aaron Middlekauff (USCG) served as moderator, LCDR John Watts (CDC) sang the National Anthem, and LT Dan Lee (IHS) provided the invocation. LCDR Kendall Van Tyle (IHS) highlighted the 2011 Report to the US Surgeon General in his continuing education presentation – “Pharmacist Provider Status: Indian Health Service Experience.”

CDR Mike Lee (IHS) and CDR Krista Pedley (HRSA) also presented during the Midyear Clinical Meeting. CDR Lee’s presentation “Achieving Provider Status: Social Security Act Changes” was highlighted in a recent *Pharmacy Times* article. He summarized our profession’s continuing efforts to achieve provider status in the Social Security Act. CDR Pedley was a co-presenter in a 2-hour session “340B Drug Pricing Program Update.” She provided a HRSA Office of Pharmacy Affairs update.

This year’s meeting was attended by a number of PHS Pharmacists, and was evident by the visibility of our Service Dress Blue uniforms. PHS representatives from FDA MedWatch and Bureau of Prisons each had booths in the Exhibit Hall. Eighteen IHS and Tribal facilities represented their residency programs during the residency showcase. I was proud to see the impact PHS had on this year’s meeting. We will continue to be in the forefront in working with our federal partners and private sector colleagues in getting pharmacists recognized as providers in 2014.



Healthy Lifestyle and Fitness

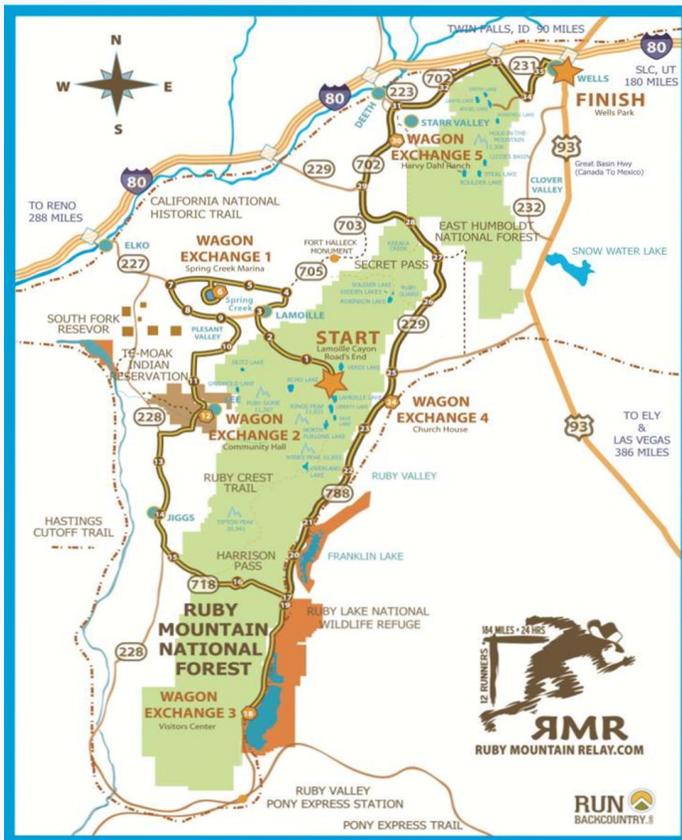
Ruby Mountain Relay Race in Northeast Nevada

Contributed by
LT Steven Bird

Known as the Heart of Northeast Nevada, Elko is a small town of approximately 18,000 people located 3 hours west of Salt Lake City and 7 hours northeast of Las Vegas. The surrounding high planes desert is inhabited by the Shoshone natives and local farmers, and major industries include ranching and working in the gold mines. The small town environment, illustrious mountains surrounding the town, and rich history on the Oregon Trail give it a unique place in American History.

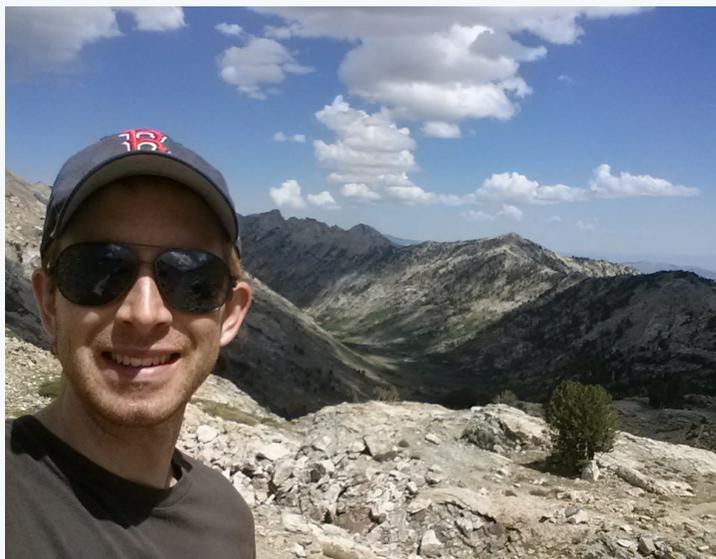
In June 2013, I was fortunate to be provided a temporary duty assignment (TDY) at the Elko Southern Bends Indian Health Service (IHS) Clinic. Here I had the opportunity to work with local patients, share my experiences, and learn about the IHS healthcare system. During the TDY, I was presented with the last minute opportunity to join a relay race to benefit the Northern Nevada Autism Network. As shown in the local newspaper below (Picture 1), each 12 member team runs 184 miles along the Ruby Mountains Range in a 24 hour race. The race commences in the beautiful Lamoille Canyon (Picture 2), winds through the Ruby Mountains, and ends in the town of Wells, NV. The hilly terrain ranges from 5,300-8,800 feet, with individual legs gaining as much as 1700 feet in elevation. The race meanders through thousands of acres of uninhabited wildlife refuge, passes more cows and goats than people, and is almost uninhabited through the duration of the race (Picture 3 on page 4).

Known for vast temperature changes, the cool nighttime 52° breeze and hot and dry 96° daytime temperatures complemented the extreme nature of the desert run. Local farmers and residents supported runners with water during the day, sprinklers



Picture 1: Map of relay route

were set up when running water was available, and local spirit for the event was high. The race was an incredible bonding experience, compelling runners to stay awake for the duration of the



Picture 2: Lamoille Canyon

(Continued on page 4)

Healthy Lifestyle and Fitness (cont.)

(Continued from page 3)



Picture 3: Northern Navajo Terrain

event, cheer fellow teammates, and continuously motivate each other to compete. This was by far the most isolated, scenic, and inspiring experience I've had in the last few years, and I'd highly recommend it to anyone who has the chance to partake this type of relay event.

Pharmacy Officers Participate in 10th Annual Ride for Life Alaska

*Contributed By
LT Jessica Thompson*

Three PHS officers from Aurora Borealis COA joined more than 80 cyclists in a 2-day, 125-mile bike ride for cancer prevention from Anchorage to Seward, Alaska. Each cyclist was asked to raise a minimum of \$250, however, LCDR Aimee Young, LCDR Katie McKillip and LT Jessica Thompson came close to tripling their goal with over \$2,000 raised between the three riders.

The event raised nearly \$74,000, which went directly towards cancer prevention; with 85% of donations funding colorectal screenings for low income and uninsured Alaskans, 10% directed toward rural com-



Picture: LCDR Katie McKillip, LCDR Aimee Young, and LT Jessica Thompson
munities in Alaska through the State of Alaska's Comprehensive Cancer Control Program and 5% donated to the Lance Armstrong Foundation.

The highlight of the ride for the officers was the opportunity to ride the last 45 miles with Larry Holman, a cancer survivor who started the event back in 2004. They were motivated by his strength, passion, and optimism. All three officers were grateful to be part of such a positive experience with cancer survivors, and friends or family of survivors who were excited to support such a wonderful event. They all have marked their calendars for the Ride for Life Alaska 2014.



Picture: LCDR Katie McKillip, LCDR Aimee Young, and LT Jessica Thompson

Healthy Lifestyle and Fitness (cont.)

(Continued from page 4)

Alaska Area Officers Pick Up the PACE

Contributed by
LT Sara Low

It all started with one Annual Physical Fitness Test (APFT) event. I wanted to spread the word about the PharmPAC PHS APFT Certificate of Excellence (PACE) program, so I organized an APFT event in July 2013 on Joint Base Elmendorf-Richardson in Anchorage, Alaska. I publicized the event through the local Commissioned Officers Association (COA) chapter listserv and word of mouth. The first APFT event set the stage for positive fitness outcomes in the Alaska area. Here are four lessons I learned along the way:

1. There is a lot of interest. I received several emails from officers thanking me for holding the event and asking if the APFT events would be held regularly. In addition, officers from the therapist and nursing categories inquired about the PharmPAC PACE program. I explained our program, directed them to the [PACE website](https://sites.google.com/site/usphspharmacyreadiness/) (<https://sites.google.com/site/usphspharmacyreadiness/>), and suggested contacting their respective PAC chairs.

2. There is power in a personal invitation. Participants were often invited by a friend. Many who could not attend told me they were interested in future events.

3. Use teamwork. I forged new relationships with the local COA and other categories through the Aurora Borealis COA Readiness Advocacy Team. The team is made up of 5 officers from 2 categories: LCDR Tracy Roberts (nursing), LCDR Mary Ann Rowen (nursing), LT Della Cutchins (pharmacy), LT Sara Low (pharmacy), and LT Jessica Thompson (pharmacy). Since the initial event, the team has held 6 additional APFT events on the Alaska Native Medical Center campus, which features a 1.5-mile

paved, flat out-and-back course behind the Alaska Native Medical Center hospital. As of December 2013, the team has signed off on 6 APFTs and seen multiple officers attending for group workouts and camaraderie.

4. Lead by example. I earned my PACE award at the first event. LCDR Doan Nguyen, who recently earned her PACE award, told me she was inspired by my encouragement and example.

My initial goal was promoting the PharmPAC PACE program, but it has broadened to include promoting APFTs, physical fitness, and readiness in general. If you are thinking about jumpstarting the PACE program and physical fitness in your area, go for it! This has been a rewarding experience for me, and I wager it will be for you as well.



Get Connected...

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 or reach out to your PharmPAC-PACE liaisons – they will be happy to help:

PharmPAC Pace Liaisons:

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LT Christopher LaFleur
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Be your fittest this year and always.

Pharmacy Spotlight

Acting Deputy Surgeon General Visits CMS for the First Time

Contributed by LCDR Jeannette Joyner and LCDR Monica Reed-Asante

Baltimore, Maryland (Dec. 5, 2013) – During the Dec 5th visit to the Centers for Medicare and Medicaid Services (CMS), Baltimore, the Acting Deputy Surgeon General met with Public Health Service officers assigned to CMS and learned a bit more about what pharmacists do for Medicare and Medicaid beneficiaries. In addition, the December Professional Advisory Committee (PharmPAC) meeting was conducted on-site at CMS.

Rear Admiral (RADM) Scott F. Giberson, Acting Deputy Surgeon General and Chief Professional Officer (CPO), Pharmacy, for the United States Public Health Service (USPHS), toured the Central Offices of CMS, which is headquartered in Baltimore, Maryland. He was briefed on current assignments and roles of USPHS pharmacists throughout the Center including providing better care, access to coverage, and im-

proving the health of our beneficiaries. There are currently 31 USPHS pharmacists at CMS; 17 stationed at the Central Office (Baltimore), 2 stationed in the Bethesda CMS Office, and 12 based in regional offices throughout the country.

It was an honor for centrally located pharmacists to speak with RADM Giberson about their specific job functions and take group photographs. This event allowed for heightened esprit de corps as pharmacy officers serving in many diverse capacities came together to plan the visit. RADM Giberson serves as a role model for pharmacists and fittingly two PharmD candidates accompanied him to the Center to experience this event. The pharmacists were thrilled with the opportunity to discuss the structure and development of the Commissioned Corps, physical fitness, the 50th Anniversary of the first report on smoking,

and the upcoming change to the uniform policy which prohibits officers in an active duty status from using tobacco or tobacco products while in uniform. The visit culminated with RADM Giberson's expression of how proud he is of pharmacists throughout the Corps who continually advance our category.

Picture:
CMS pharmacists meet and greet with RADM Giberson (seated in the center) at the Centers for Medicare and Medicaid Services in Baltimore, MD



Pharmacy Spotlight (cont.)

PHS Pharmacists Take on Social Media

Contributed by

CDR Kendra Stewart and LCDR Kelly Ngan

The PharmPAC Facebook workgroup has extended the reach of Pharmacist in the United States Public Health Service (USPHS) through the use of social media. Launched as an official workgroup in 2010, the PharmPAC Facebook workgroup aims to raise awareness of pharmacists in the USPHS and to focus attention on the professional career opportunities available within the Commissioned Corps. This integration of social media, as a part of an awareness campaign, has provided potential and existing PHS officers an interactive venue to dialogue.

The Facebook workgroup comprises 20 officers representing a cross-section of pharmacists in the Department of Health and Human Services and its affiliates. These pharmacists monitor the PharmPAC Facebook page on a daily basis and post content that has been consistently creative, informative, thought-provoking, and fun! The posts fall into one of several categories: Pharmacists in Action, Pharmacist Profiles, New and Important Information, Upcoming Conference Notifications, and/or Interesting Corps Facts and History. Some of the most popular posts have been profiles of Corps pharmacists in action, likely because these posts include appealing pictures and short stories. For example, one especially “liked” post from October 24, 2013 featured a group of PHS officers, including our own Chief Professional Officer (CPO) RADM Scott Giberson, after the completion of the Tough Mudder Race Event in West Virginia. Another post from November 7, 2013 pictured LCDR Lynette Wasson (IHS) of Norton Sound Regional Hospital ready to board a village flight to check pharmacy supplies in Wales, Alaska. Other posts that have generated interest include PHS pharmacists demonstrating their PHS pride, such as the November 5, 2012 post of LCDR Andrew Fine (FDA) running the Marine Corps

Marathon while carrying a USPHS flag, as well as, the November 11, 2012 post of officers marching in the New York City Veterans Day parade. Posts of pharmacists on deployment or team training, such as the one from June 12, 2013 of LT Sadhna Khatri (FDA) working with the federal drug cache at the ASPR warehouse, also commonly stimulate visitor interest.

In addition to showcasing our officers, the PharmPAC Facebook page is also informative. Accordingly, workgroup members frequently remind visitors of “awareness” months; for example, National Diabetes Month in November, National Pharmacy Month in October, and American Heart Month in February. We also ensure that viewers know about groundbreaking USPHS policies and publications, including notifications about the upcoming adaptation of the “2014 No Smoking While in Uniform” policy. There are also posts about major pharmacy-related conferences as well as newsworthy FDA- and CDC-public health alerts.

In conclusion, by linking to and sharing PHS Pharmacist content and other relevant health information through the PharmPAC Facebook page, the workgroup extends the reach and furthers the brand of the Commissioned Corps. Although the PharmPAC Facebook page has garnered more than 4,800 likes, rather than solely focusing on increasing the number of fans, the PharmPAC Facebook workgroup has worked to build relationships and promote engagement and dialogue. Through the implementation of this approach, it is our hope that the PHS Pharmacists Facebook page will build a solid base of regular viewers and will also provide an open community where prospective Corps officers can obtain information for years to come.

(Pictures continued on page 9)

Pharmacy Spotlight (cont.)

Picture: The USPHS Pharmacists Facebook page

U.S. Public Health Service Pharmacists

U.S. Public Health Service Pharmacists

5,073 likes · 110 talking about this

Government Organization
The Commissioned Corps is an elite team of more than 6000 full-time, well-trained, highly qualified public health professionals. 1000 of these officers are pharmacists. The

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U.S. Public Health Service P... Timeline 2013

Tough Mudder over the past weekend.

U.S. Public Health Service Pharmacists
October 23, 2013

The COA conference is in North Carolina next year.

U.S. Public Health Service Annual Conference
Online registration will open around November 2013.
Local Business: 377 like this

U.S. Public Health Service Pharmacists shared a link.
September 27, 2013

Advocate for pain care - September is National Pain Awareness Month. Find out what you can do via the link below.

U.S. Public Health Service Pharmacists
October 1, 2013 via mobile

Happy Pharmacist Month!!
<http://www.pharmacist.com/american-pharmacists-month>

Picture: Examples of popular postings

Pharmacy Spotlight (cont.)

Navajo Area Pharmacists Teach Pharmacology to Future Nurses

*Contributed by
LT Keith R Warshany*

A team of IHS Navajo Area pharmacy officers recently concluded their second semester as instructors in a pharmacology course for nursing students at Navajo Technical University. The pharmacology course has been coordinated since fall 2012 by CDR Joy Lee, Chief Pharmacist at the Crownpoint Healthcare Facility. Lecture material for the Fall 2013 semester was prepared and delivered by a group of pharmacy officers from across the Navajo Area including LT Lauren Davis, Northern Navajo Medical Center; LT Dakota McMurray, Crownpoint Healthcare Facility; LT Josh Valgardson, Gallup Indian Medical Center; and LT Keith Warshany, Northern Navajo Medical Center. The class consisted of 3 lecture hours weekly, and each instructor covered approximately 5-10 hours of material. Typically, lecturing occurred outside of scheduled working hours and some officers traveled several hours for the chance to lecture. The unique opportunity has enabled the officers to strengthen their knowledge base while furthering the IHS mission in the training of future Native American health professionals.

Navajo Technical University is located in Crownpoint, NM and primarily serves the geographically isolated populations of the Navajo Nation. Formerly known as the Crownpoint Institute of Technology and later as Navajo Technical College, the institution achieved university status in 2013. The school offers a wide variety of academic programs ranging from certificate programs to graduate degrees. Nursing department offerings include both a pre-professional nursing certificate and an Associate Degree in Nursing. Students who successfully complete these programs and pass requisite licensure examinations are eligible to become Certified Nursing Assistants (CNA) and Registered Nurses (RN), respectively.

To date, three graduates of the program have become licensed and are practicing as nurses. Notably, two of those graduates have accepted positions at IHS facilities in the Navajo Area. Enrollment in the nursing programs has been steadily increasing. By the conclusion of the Spring 2014 semester, up to 10 additional students may become eligible to sit for licensure. For their part, Navajo Area pharmacy officers are committed to further collaboration with the University as it continues its growth and positive impact on the Navajo Nation.



Did You Know?

Space-A Travel for the Beginner

*Contributed by
LCDR Hobart L. Rogers*

What is Space-A travel? Space-A (space available) travel is a **privilege/benefit** that allows Uniformed Services members and their dependents to occupy unused seats on DoD-owned or -controlled aircrafts. These unused seats can be utilized (for free in most cases) for travel to various destinations. The purpose of this article is to familiarize Commissioned Corps officers with this benefit and provide some resources so they may further educate themselves.

What are the risks of Space-A travel? Utilizing Space-A travel is inherently a risk/benefit proposition. Only you will be able to decide if Space-A is something you want to utilize. The risks are centered on not being able to find a flight to/from your destination and the possible consequences of having to purchase last minute commercial airfare in its place. The benefits of Space-A are manifold, but the main benefit is obvious; Space-A travel provides you with an opportunity to travel to various destinations for free or a simple head-tax (usually less than \$20/person).

Did You Know? (cont.)

Continued from page 10)



LCDR Hobart Rogers enjoying a Space-A trip to Spain on a KC-135

Where can I find more information about Space-A?

There are a number of great resources available on the internet. The first place I recommend is www.spacea.net. This website acts as a detailed resource as it not only orients the user to the basics of Space-A travel, but it also answers various FAQs. After familiarizing yourself with the information on this website, you will have a good idea of the basics of Space-A. Another good resource is www.pepperd.com. This is a forum and requires sign-up before reading the threads, but it is an excellent source of information and trip reports.

Where do I go to take a Space-A flight?

Space-A flights originate from various military bases along with a few commercial terminals (BWI,

SeaTac). A list of these terminals can be viewed on the aforementioned websites. Of note, some terminals regularly have flights, while others do not. One place to find flight schedules, and subsequent seat availability, is on the terminal's Facebook page. Flight schedules are usually posted 48-72 hours ahead of time.

How do I go about participating in Space-A travel?

The first step is to sign-up for Space-A travel. To sign-up, you must be on leave status and remain on leave status to utilize Space-A travel. There are a number of ways to sign-up (online, phone, fax, in person). All of these ways inform the military terminal(s) that you are on leave status and are interested in taking a flight. I find the most convenient way to sign-up is www.takeahop.com. This website guides you through the sign-up process and the data needed. Without actually signing up you can peruse this website to see what information is required.

So I hope I have peaked your curiosity about Space-A. Now you can utilize these tools to decide if Space-A is right for you. You owe it to yourself to at least look into this travel benefit we are afforded. Happy travels!

Some Space-A travelers on their way to Hawaii inside a C-17 globemaster



Did You Know? (cont.)

A Look at Pharmacy Since 2000

Contributed by
LT Stephen James Mottola

For those who are fortunate to represent USPHS at pharmacy college career fairs, this article will hopefully shed some light on the increased inquiries you may experience. When I graduated with my Pharm.D. from the Ernest Mario School of Pharmacy at Rutgers University in May of 2009, the United States unemployment rate was at 9.4% and job outlooks were dim, even in the ever so stable pharmacy field. My graduating class topped 250 students and the classes behind me showed little sign of returning to historical sizes of < 150 students. Over the last decade countless pharmacy schools across the country have been experiencing not only increased enrollment but also increased graduation numbers.

The American Association of Colleges of Pharmacy reported in July of 2013 that there were 129 U.S.-based colleges and schools of pharmacy with accredited professional degree programs.¹ For comparison, in 2000 there were only 82 accredited programs and the pharmacy field was experiencing more than an 8% vacancy rate.² The demand to fill these positions and expanding roles for pharmacists coupled with increased annual prescription counts and an aging population led to the creation of dozens of pharmacy programs since 2000. During this time, enrollment in professional programs rose for 12 consecutive years, growing between 3.6% and 10.7% each year.¹ Not surprising, the number of pharmacy degrees awarded annually has exploded from 7,260 in 2000 to 12,719 in 2012.³ After 2005 there have not been any bachelor of pharmacy degrees awarded in the U.S.³ For historical context the number of pharmacy degrees awarded annually from 1975 to 2000 ranged from 5,735 to 8,011.³

From 2000 to 2012 not only was the U.S. producing more Pharm.D.s than ever before but these newly minted pharmacists were enjoying rising salaries.

During this time the median annual salary nearly doubled from about \$62,000 to \$114,950.^{4,5} As expected, the rise in wages correlated with the increased demand for pharmacists due to surging workload. The number of prescriptions filled annually by retail, mail order, and long-term-care pharmacies grew from just over 3 billion in 2000 to nearly 4 billion in 2011. Recently this trend seems to be reversing. From 2006 to 2010 the annual growth rate of prescriptions filled has slowed from a peak of 4% annual growth (2006) to 1.2% growth (2010) and in 2011 retracted 1.1% to 11.33 prescriptions filled per person.^{6,7} In 2011, the only age group to experience an increase in prescriptions filled was the 19-25 year olds and this is attributed to implementation of the Affordable Care Act provision that allows under 26 year olds to stay on their parents' health insurance.⁷

The combination of stagnant prescription counts with an increase in the number of licensed pharmacists has led many to speculate that the national demand for pharmacists is fading away. The Pharmacy Manpower Project (www.pharmacymanpower.com) tracks pharmacist demand by setting (community, institutional, and multiple) and by territory (regions of the US and by each state). The project assigns scores ranging from a 1.0 (high surplus) to a 5.0 (high demand), with a 3.0 representing a balance. Over the past 10 years national demand has fallen from about 4.0 to 3.32. As of September of 2013, the northeast region of the United States is experiencing a pharmacist surplus with a score of 2.71. Hawaii has the largest surplus on record with a score of 2.00, while Louisiana has the highest demand with a score of 4.25.

Regardless of a national demand or surplus, going forward it is vital for USPHS to continue its recruitment efforts of pharmacy officers. With more graduating students than ever before, the USPHS is in an opportune position to hand select those candidates not only best suited for a career in the uniformed services but also willing to dedicate their career to serving underserved populations.

Career Development

(Continued from page 12)

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The Consumer Safety Officer – A Non-traditional Role for Pharmacists in the FDA

Contributed by

LCDR Liatte Krueger and LT Stephen Mottola

The Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), offers a multi-disciplinary position as a Consumer Safety Officer (CSO), in which pharmacy officers can utilize their Doctor of Pharmacy (Pharm.D.) degrees outside of the conventional role of a pharmacist. The CSO is a non-traditional position for USPHS pharmacists because it does not involve conventional pharmacist duties such as dispensing of medication or direct patient interaction.

For those unacquainted with the ORA, it is the lead FDA office for field activities. These activities include conducting inspections of manufacturers of FDA regulated products, collecting samples of these products for analysis at FDA operated laboratories, and reviewing imported FDA regulated products for en-

try into the United States. To accomplish these tasks, the ORA maintains a nationwide presence with an office or CSO in 49 states (all except Wyoming) as well as Puerto Rico and the U.S. Virgin Islands. In addition to overseeing field activities, the ORA provides support to FDA product centers, such as the Center for Drug Evaluation and Research, the Center for Food Safety and Applied Nutrition, and the Center for Device and Radiological Health, and aides them in the development of enforcement policies.

CSOs, also referred to as FDA Investigators, are assigned to domestic or import operations. Domestic CSOs spend the majority of their time assessing manufacturers of FDA regulated products for compliance with federal regulations through on-site inspections. Inspections occur in the district where the CSO is stationed, however, due to the increase in global trade, CSOs also travel to foreign countries to inspect manufacturers that export products into the United States. For each commodity that the FDA regulates, there are federal regulations that must be adhered to for the product to be marketed in the United States. For firms that repeatedly violate federal regulations, the CSO will function as the initiator of regulatory action against the firm using his/her inspectional findings.

Although a CSO is considered a multi-disciplinary billet, the therapeutic and pharmacologic knowledge that a pharmacist is equipped with is advantageous during inspections of pharmaceutical facilities. This knowledge has been beneficial during inspections, where pharmacists were able to recognize unapproved drugs, high risk inspectional areas, sub- and super-potent doses, and clinical trends in consumer complaints. Additionally, pharmaceutical expertise has been advantageous in other inspectional areas like adverse drug event reporting, risk evaluation and mitigation strategies (REMS), bioresearch monitoring, and dietary supplements.

Career Development (cont.)

(Continued from page 13)

A CSO will typically start in an O-3 billet and move into an O-4 billet after basic new hire and on the job training. Specialists (i.e., drug specialist CSO) or supervisory CSOs hold O-5 billets. Historically, field experience has been rewarding for CSOs by enabling upward mobility towards a variety of positions such as a specialist CSO, supervisory CSO, or even with one of the FDA product centers that ORA supports. As a Pharm.D., it is a worthwhile experience to be able to serve the needs of vulnerable or medically underserved populations from an angle not traditionally taught in pharmacy school. Whether it's conducting pre-approval inspections before the medications are approved or post marketing surveillance inspections, CSOs are responsible for assuring that the medications on the market are produced in compliance with federal regulations.

Disclaimer: The views expressed in this article do not necessarily represent the views of the agency or the U.S. government.

USPHS National Clinical Pharmacy Specialist Certification: Expanding to all Agencies

*Contributed by
CAPT Stacey Thornton*

Under the direction of the Chief Professional Officer (Pharmacy), the expansion of the National Clinical Pharmacy Specialist (NCPS) certification to all PHS pharmacists in all agencies was recently announced. This expansion allows pharmacists who are performing direct patient care in any USPHS agency the ability to utilize the NCPS program.

The NCPS certification program was established in 1997 by the Indian Health Service (IHS). IHS has historically played an important role in shaping the practice of innovative and advanced pharmacy services. This includes expanding the roles of IHS pharmacists as primary care providers and disease management and chronic care specialists. The NCPS

certification was created to establish and recognize uniformity of scope in clinical competency amongst IHS, Tribal, and Urban pharmacists providing these advanced services. The certification program ultimately promotes a universal recognition and scope of NCPS pharmacists as billable providers.

The implementation of the NCPS program in the IHS and the subsequent expansion to the Bureau of Prisons (BOP) in 2008 increased the awareness and utilization of pharmacist-based services, resulting in improved access to primary care for patients and expanded clinical roles for pharmacists. Patient care may include patient interview, chart review, ordering of laboratory tests, laboratory test interpretation, limited physical assessment, prescriptive authority, providing patient education, and patient follow-up. Treatment and management are performed through collaborative practice agreements or primary care protocols approved by the local medical staff.

Developing a set of requirements and processes to obtain certification was fundamental to the NCPS program. NCPS certification is granted only after applying and fulfilling all NCPS requirements for both the pharmacist and affiliated clinical program. These stipulations encourage optimization of disease management and chronic care and ultimate advancement of clinical practice for certified pharmacists and programs.

For pharmacy professionals, documentation of specialized experience and skills yields the additional benefits of personal satisfaction, enhanced confidence, improved competence and value to the agency, and career advancement. Certification has demonstrated improved outcomes in patient care. With NCPS accredited pharmacists as part of the collaborative care team, enhanced patient satisfaction with fewer complications in drug treatments, improved laboratory monitoring, reduced polypharmacy, and shorter hospital stays resulting in lower treatment costs have been documented. Within this

Career Development (cont.)

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advanced practice setting, pharmacists will work in tandem with the physicians and other health care providers to bring enhanced credibility and efficiency to the health team partnership.

Expansion of the NCPS certification to pharmacists in all USPHS agencies marks an impactful evolution of the NCPS process and certification. USPHS pharmacists' unique clinical experiences and advancement in training will effectively prepare them to truly serve the USPHS mission to protect, promote and advance the health and safety of our nation.

To inquire further about the NCPS program and obtain additional information on this exceptional opportunity please visit the clinical pharmacy webpage (currently in development) which will be located in the USPHS Pharmacy Professional Advisory Committee's website in early 2014.



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)

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University Point of Contact (UPOC)

Can Graduating Pharmacy Students Apply to the Corps?

Contributed By
CDR Selena Ready

For UPOCs, the number one question we get asked: “What is the current state of the application process, and can pharmacists apply to the Corps?” Hopefully, this article should clarify your responses. The USPHS continues to receive overwhelming interest in career opportunities for the pharmacy category. However, the Commissioned Corps will only accept new application packets for groups and positions of identified need, with **a continued focus on direct patient care**. So, how does the Corps identify the need? Throughout the year, the Corps evaluates the needs of the Service and the agencies in which Corps officers serve by working closely with agency liaisons. Based on these evaluations, the Corps determines which type of discipline-specific applications will be recruited. Currently, the groups of need that have been identified are: **Physicians and Dentists**. Additionally, opportunities for pharmacy residency, SRCOSTEP and JRCOSTEP will be available at specified times of the year.

Why the current system and process? Over the past years, the Corps dealt with an increased amount of applicants and had a tremendous backlog. We also underwent an internal re-organization, which led to the birth of the Division of Commissioned Corps Personnel and Readiness (DCCPR), currently led by CAPT Paul Jung. One of the DCCPR Director’s primary objectives is a commitment to provide an effective and efficient application process and improved customer service. Thus, the application process was redesigned to meet those objectives.

Effective October 2013, the new application system is comprised of initial screening of all candidates by the Corps’ call center. Successfully screened candidates will then progress to the e-Learning Management System (LMS) where they will receive additional information about the entire process, complete a questionnaire, and learn about the next steps. Successful LMS candidates will then receive and complete essential commissioning materials to complete and return to the Corps. These materials are reviewed before a professional appointment board evaluates the application packet to assess the fitness, suitability, and qualification of candidates for appointment to the Corps. With this new system in place, DCCPR will be able to more effectively work through current applicants and work on accelerating the application process to better meet the Corps’ and applicants’ needs for the future.

How do I know when I can apply? Monitor the website www.usphs.gov to learn more about which types of applications we are accepting for general tour of duty assignments.

For UPOCs, you can always refer the students to talk to a recruiter through the online form http://ccmis.usphs.gov/ccmis/contact_usphs.aspx, Facebook page <https://www.facebook.com/USPHS>, or at 1-800-279-1605.

Source: <http://www.usphs.gov/>

PHS Pharmacists in Action

Leading Healthy Lifestyles by Example

On October 20, 2013 a historic situation took place when both the Acting US Surgeon General and the Acting US Deputy Surgeon General participated in two separate fitness events to champion healthy lifestyles and behaviors. RADM Lushniak led a team of over 60 PHS officers in the annual Army Ten-Miler in Washington D.C. On the same day, RADM Giberson and a small team of three PHS pharmacist officers competed in the 12-mile obstacle course – Tough Mudder – in West Virginia. Congratulations to all who participated in these events and for leading by example.



RADM Boris Lushniak (3rd from left, top row) and the team of PHS officers who ran the Army Ten-Miler.

PHS Pharmacists in Action (cont.)



The Acting Surgeon General, RADM Boris Lushniak, finishing strong with the PHS flag



Tough Mudder West Virginia athletes (Left to Right: LCDR Kwadwo Awuah "Kojo", RADM Scott Giberson, CDR Bill Pierce, LCDR Matt Kirchoff)

PHS Pharmacists in Action (cont.)



Pharmacists on RDF-2 receive a briefing from Team Commander CAPT Calvin Edwards during a Federal Medical Station training exercise at the ASPR Warehouse in Frederick, MD (16 Nov 2013)

Officers pictured : CAPT Calvin Edwards, CAPT Connie Jung, CDR Keith Kiedrow, CDR Keith Olin, CDR Jeff Tworzyanski, LCDR Sara Camilli, LCDR Kelly Ngan, LCDR Su-Lin Sun

2013 BOP National P&T Committee Pharmacists advancing Correctional Health and Public Health through collaboration with other Health Services Division members in a week long event just outside D.C.

Officers pictured (left to right): Mr. Todd Davis, RADM Chris Bina, CAPT Martin Johnston, CAPT Pat Pacheco, CAPT Carmen Galindo, CAPT Ty Bingham, CAPT Hal Kessler, CAPT Mike Long, LT Michelle Williams, CAPT Mike Dupree



PHS Pharmacists in Action (cont.)



Pharmacists on RDF-2 examine the Federal Medical Station pharmacy cache during a team training exercise at the ASPR Warehouse in Frederick, MD (16 Nov 2013)

Officers pictured (left to right): LCDR Chaltu Wakijra, CDR Jeff Tworzyanski, LCDR Sara Camilli, LCDR Kelly Ngan, LCDR Su-Lin Sun, CDR Keith Kiedrow

LCDR Paul Michaud deployed to Guantanamo Bay, Cuba to provide vaccinations for an active duty USCG Anthrax evolution for members stationed in GTMO. (Left to right: YN3 Alexander Vinkavich, LCDR Paul Michaud, YN3 Gabriel Aguiar)



PHS Pharmacists in Action (cont.)

LCDR Jenalyn Greenwood aboard a USCG aircraft en route to distribute Tdap vaccine doses to USCG Station Southwest Harbor Maine.



The following members proudly served by astutely presenting the colors at the 2013 ASHP Federal Forum as members of the US Public Health Service Color Guard. The national forum was for all federal entities including more than 500 attendees representing the PHS, DoD, VA, several national organizations and industry partners.

Officers pictured (left to right): LCDR Jessica Murrer, LCDR Zachary Woodward (detail commander), LT Deborah Gallo, LT Adele Garrison

PharmPAC Highlights

PharmPAC Recruitment Section and Administrative Section

The PharmPAC Recruitment Section along with the Administrative Section is proud to announce the 2014 Excellence in Public Health Pharmacy Practice Award for pharmacy students. The award cycle will open in January 2014. We encourage each pharmacy school to submit one nomination for this competitive award to honor the great work of the future pharmacists of our nation. The award criteria are as follows:

The Pharmacy School's Dean or Awards Committee must review nominations competitively, and only one nomination per school will be accepted. Nominations should be evaluated to determine the extent to which the student demonstrated the following, **in addition to** required curriculum activities:

1. Development and implementation of programs that advance the overarching goals and achieve the objectives of "Healthy People 2020." These could be programs to educate patients about a specific disease or to promote healthy lifestyle choices. Examples of educational and community-based programs include, but are not limited to:
 - Smoking cessation
 - Substance abuse prevention
 - Increased use of ACE inhibitors (ACE-Is) or angiotensin II receptor blockers (ARBs) among diabetics and those with chronic kidney disease
 - Screening for chronic diseases
 - Screening for cancer (breast, cervical, and colorectal)
 - Immunization and infectious diseases
 - Sexually transmitted disease education
 - HIV education, treatment, and prevention
 - Education on respiratory diseases such as asthma and COPD
 - Diabetes detection, prevention, and treatment
2. Participation in programs that support the philosophy and/or goals of the U.S. Public Health Service as articulated in the specific objectives of "Healthy People 2020."
3. Accomplishments of a single outstanding act of significant benefit to a medically underserved community. Examples include serving in an inner-city health clinic or renovation of a health clinic in an underserved area.
4. Contributions of time, talents, or energy without pay or other compensation in voluntary health related service by directly or indirectly helping individuals in need through work in civic, community, or humanitarian activities.
5. Providing outstanding leadership and participation in recruitment, placement, or training activities that effectively foster the team approach in patient care.

We encourage the UPOCs to use this as an opportunity to communicate with their schools and encourage each school to submit one nomination. We will make a concerted effort to have an Officer present the award to those students who are selected for this prestigious honor. If you have questions regarding the Excellence in Public Health Pharmacy Practice Award, please feel free to contact LCDR Brittany L. Keener at blkeener@anthc.org.

Recent Publications

Journal articles:

Bird ST, Etminan M, Brophy JM, Hartzema AG, Delaney JA. Risk of acute kidney injury associated with fluoroquinolones. *CMAJ* 2013 Jul 9;185(10):E475-82. <http://www.cmaj.ca/content/185/10/E475.long>

Bird ST, Delaney JA, Brophy JM, Etminan M, Skeldon SC, Hartzema AG. Tamsulosin treatment for benign prostatic hyperplasia and risk of severe hypotension in men aged 40-85 years in the United States: risk window analyses using between and within patient methodology. *BMJ* 2013 Nov 5;347:f6320. <http://www.bmj.com/content/347/bmj.f6320?view=long&pmid=24192967>

Conrado DJ, Rogers HL, Zineh I, Pacanowski MA. Consistency of drug-drug and gene-drug interaction information in FDA-approved drug labels. *Pharmacogenomics*. 2013 Jan;14(2):215-223. http://www.futuremedicine.com/doi/abs/10.2217/pgs.12.203?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed&

Warshany K, Sherill CH, Cavanaugh J, et al. Practice report: medicare annual wellness visits conducted by a pharmacist in an internal medicine clinic, *Am J Health-Syst Pharm*. 2013; 70:e108-13. [http://www.ashpmedia.org/AJHP/Medicare annual wellness visits conducted by a pharmacist in an internal medicine clinic.pdf](http://www.ashpmedia.org/AJHP/Medicare%20annual%20wellness%20visits%20conducted%20by%20a%20pharmacist%20in%20an%20internal%20medicine%20clinic.pdf)

Younis IR, Rogers HL, Zhang H, Zhu H, Uppoor RS, Mehta MY. An integrated clinical pharmacology approach for deriving dosing recommendations in a regulatory setting: review of recent cases in psychiatry drugs. *J Clin Pharmacol*. 2013 Oct;53(10):1005-9. <http://onlinelibrary.wiley.com/doi/10.1002/jcph.118/abstract;jsessionid=1EBE4D0FBE5E3D32A90F3B64E9B7F1C8.d01t03>

Book Chapter:

Rogers H, Pacanowski M. Pharmacogenomic information in drug labels. In: *Clinical Genomics: Practical Application in Adult Patient Care*. McGraw-Hill, American College of Physicians. Nov 2013 <http://www.amazon.com/Clinical-Genomics-Practical-Considerations-Patient/dp/0071622446>

JOIN OUR MEETINGS



PharmPAC Meetings are held the first Thursday of the month at 2pm EST.

Upcoming meetings will be on:

February 6, 2014

March 6, 2014

April 3, 2014

May 1, 2014

June 5, 2014

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

Phone: 855-828-1770 or 301-796-7777
Meeting ID: 9675592

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:

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LCDR Rodney Waite at rcwaite@BOP.GOV

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