

**September 2017**

Volume 4, Issue 6

**NYSCHP** | New York State  
Council of Health-system  
Pharmacists

## President's Message



Anthony Longo  
President Elect

### ***Board of Directors***

President  
*Christopher Jadoch*

President Elect  
*Anthony Longo*

Immediate Past  
President  
*Joseph Pinto*

Vice President, Public  
Policy  
*Andrew Kaplan*

Treasurer  
*Leila Tibi-Scherl*

Chair, House of Delegates  
*Marcia Gutfeld*

Chapter Services  
*William Allan Prescott, Jr.*

Pharmacy Management  
*Robert Berger*

Communications Services  
*Catherine Millares-Sipin*

Pharmacy Practice  
*Robert DiGregorio*

Industry Affairs  
*Ruth Cassidy*

Education and Workforce  
Development  
*Heide Christensen*

Executive Director  
*Shaun Flynn*

Office Staff  
*Abby Curro*

This September 11<sup>th</sup>, marked the sixteenth anniversary of the attacks on the United States. It is a time for reflection on who we are as a nation. I remember exactly where I was that day. I was getting ready to cross the Throgs Neck Bridge when my wife called me as she was heading into Manhattan. The day was beautiful, blue and clear. I was able to look to my left and see the smoke billowing from the towers. When I made it to my office we watched and waited. We planned for the expected patients and we came together. As the days passed people from all over came to help, because that is what we do.

We have had many challenges this past August and September as well. August brought hurricane Harvey, September hurricanes Irma and Maria. No action for help is too big or small. The Council was in contact with the Texas Board of Pharmacy to coordinate efforts if needed. As an employee of Northwell Health, we were able to volunteer to go to Texas to help at MD Anderson and we are now looking at ways to help Puerto Rico as well. These disasters have once again have brought people together to help one another.

This month has brought many challenges for many people and continues to do so. We need to continue to provide support to those in need and look for more ways to help. I want to thank you for your help during this difficult time.

## Clinical Corner

### Autonomic Dysreflexia: A Topic Overview

Sympathetic output is regulated by higher centers in the central nervous system. Traumatic spinal cord injuries can cause disturbances in motor function and autonomic nervous system regulation. Injuries at or above the sixth thoracic spinal cord segment (T6) separate communication between spinal sympathetic neurons from supraspinal modulation, leading to autonomic dysreflexia (AD).<sup>1</sup> Non-traumatic causes of spinal cord lesions that lead to AD include spinal cord tumors and neurosurgery above the T6 level.<sup>2</sup> AD is a potentially life-threatening condition in which there is a loss of coordinated autonomic response to demands on heart rate and vascular tone. It is characterized by a dramatic increase in both systolic and diastolic blood pressure, usually 20-40 mmHg or greater, and can result in hypertensive emergency.<sup>3</sup> AD presents with distinct and episodic symptoms including intense headaches, profuse sweating, facial flushing and goosebumps.<sup>3,4</sup> Acute AD can lead to serious events if left untreated, such as pulmonary edema, arrhythmias secondary to alterations in heart rate, seizures and intracranial hemorrhage.<sup>5</sup> Various stimuli can trigger AD, including bladder or rectal distension, urinary tract infections, sexual activities, fractures, dislocation, pregnancy and skin problems. Iatrogenic factors include urological or anorectal procedures. As a result of AD, sympathetic output below the lesion is unopposed, leading to vasoconstriction of the vessels in the lower body. This includes the renal and splanchnic vascular beds, which are major contributors to increasing blood pressure. The parasympathetic compensatory mechanism, however, remains intact above the injured spinal cord segment. Baroreceptor-mediated vasodilatation and bradycardia counteract this hypertensive state; however, tachycardia is not uncommon.<sup>2</sup>

Treatment of AD includes both pharmacological and non-pharmacological approaches. Most episodes are resolved once the offending stimuli are corrected. When AD is suspected, it is important to sit the patient up to reduce the blood pressure.<sup>2,3</sup> Next, it is crucial to search for and to correct noxious inciting stimuli. Bladder distention due to an indwelling catheter is a common precipitating factor. Repositioning or flushing the catheter can resolve this issue. Urinary tract infections and kidney stones should be treated as it can cause AD. It is important to ensure low pressure filling of the bladder and proper emptying with anticholinergic drugs and catheterization.<sup>3</sup> If fecal impaction is the suspected source, the rectum may need to be examined and emptied. Proper bowel care can prevent AD by reducing fecal impaction. Diet and use of laxatives will relieve constipation and prevent further bowel issues. If removal and correction of possible triggers do not resolve AD, pharmacologic management may be required as AD can escalate to potentially fatal events. Immediate-release nifedipine and nitrates are recommended for acute treatment. Nifedipine should be used with caution in elderly and in patients with coronary artery disease. Nifedipine use has also been linked to an uncontrollable fall in blood pressure in patients without spinal cord injury.<sup>3</sup> Use of nitrates is contraindicated in patients who utilize PDE5 inhibitors, such as sildenafil. Prazosin and captopril can be used to manage hypertension, as they have fast onset of action. Alternative therapies include topical nitrates, sublingual captopril, intravenous hydralazine or diazoxide (although this last agent is no longer available).<sup>2</sup>

Establishing a treatment and education plan for the patient and caretaker is important in minimizing the risk of future episodes. Understanding the causes, recognizing the symptoms, monitoring, and adhering to non-pharmacological treatment, all contribute to preventing episodes of AD.<sup>2</sup>

Samantha Cham, PharmD Candidate 2019

Emily Miao, PharmD Candidate 2019

St. John's University

### References

1. Eldahan KC, Rabchevsky AG. Autonomic dysreflexia after spinal cord injury: Systemic pathophysiology and methods of management. *Auton Neurosci*. 2017 May 8 [Epub ahead of print].
2. Bycroft J, Shergill IS, Chung EA, et al. Autonomic dysreflexia: a medical emergency. *Postgrad Med J*. 2005;81(954):232-5.
3. Consortium for Spinal Cord Medicine. Acute management of autonomic dysreflexia: individuals with spinal cord injury presenting to health-care facilities. *J Spinal Cord Med*. 2002 Spring;25 Suppl 1:S67-88.
4. Vallès M, Benito J, Portell E, et al. Cerebral hemorrhage due to autonomic dysreflexia in a spinal cord injury patient. *Spinal Cord*. 2005;43(12):738-40.
5. Calder KB, Estores IM, Krassioukov A. Autonomic dysreflexia and associated acute neurogenic pulmonary edema in a patient with spinal cord injury: a case report and review of the literature. *Spinal Cord*. 2009;47(5):423-5.

## Legislative Update

Approaching politics and policy in Albany is a unique challenge each year for the Council – and for others – for a variety of reasons. This past year in particular was described well by the dichotomy of crisis and opportunity. At the national level, the Republicans control the House, Senate and the White House for the first time in a decade. The fairly large ideological shift from Barack Obama to Donald Trump could not be starker. The dwindling field of Democratic legislatures and Governors, New York included, prepared for a much more conservative legislation coming through the Congress and signaled their desires to be progressive alternatives to these conservative policies. Thus, it was anticipated that New York Democrats would preemptively or reactively put forth legislation or policies intended to blunt any number of federal actions; we anticipated an active legislature, but not necessarily one aligned with the priorities of the Council. Meanwhile, New York has remained a politically divided state. Democrats in the Assembly remain solidly in control, with 107 out of 150 seats, and Speaker of the Assembly Carl Heastie remains the head of that body. The Senate, however, is controlled by 31 Republicans through a coalition with one Democrat and the eight-member Independent Democratic Conference (IDC) in the 63-seat Senate. Senator John Flanagan remains the Majority Leader, with Senator Jeff Klein, who leads the Independent Democratic Conference, maintaining influence over the legislative agenda of the Senate.

Overall, we stand at a time of great consequence relative to the profession of pharmacy and to healthcare overall; this is reflected not just in our efforts within New York State, but in the nation as a whole. In conversations and conference calls with our pharmacy colleagues throughout the country, we see legislatures embracing pharmacy practice expansion, and their successes are coming from speaking with a unified voice on key issues. Regarding the Council's priorities in advancing legislative efforts in New York State, we have taken several key steps in recent years to make significant improvements in our outreach and coalition-building efforts. Yet, the legislative outcome we most chiefly share at the present time with our sister organizations is, regrettably, disappointment.

The Council's top legislative priority this past year, as it was in the previous session, was technician registration/certification. We partnered closely with other relevant stakeholders in New York State – stakeholders with which we had previously disagreed – and came to a consensus regarding how to approach the issue. By sharing a common vision of a well-trained and tracked technician workforce, pharmacists from health-systems, chain and independent community practice and SEIU 1199 all came together behind the legislation. Throughout the course of our legislative efforts, we never encountered an opposition to the concept we proposed, nor to the likely benefit to the public that it would create. However, we faced many long-standing issues within the bureaucracy of New York State regarding the optimal implementation of what everyone agreed was good policy. Combined with a less than ideal support structure within the New York State Assembly, the technician bill passed the Senate without opposition, and yet died nonetheless. Our other priorities (e.g., immunization expansion) were similarly not approved. We stand at a moment where we must choose a better path forward for the Council, lest we see a similar outcome repeat itself.

Where should we go from here? We will be working with the Chapters directly on how to redesign our grassroots lobbying and communication and outreach efforts. It's clear what we've been doing so far has not been working. We've established better ties with other pharmacy organizations in New York, and I think it is critically important that we formalize this relationship, which will help us harmonize our communication and lobbying strategies. Lincoln once said: "A house divided against itself cannot stand". We must ensure all New York pharmacy organizations are speaking with one voice and for a common vision.

Andrew Kaplan  
*Vice President, Public Policy*



## Lobby Day

Members from NY participated in the ASHP Lobby Day in Washington on Wednesday 9/27/2017. This year's focus was on provider status, drug pricing and the opioid epidemic.



## Meet the New Presidents



### Royal Counties Chapter

Dr. Deep Patel is the new President for the Royal Counties chapter. He graduated from St. John's University College of Pharmacy and Health Sciences in 2015. He then completed his PGY-1 Pharmacy Practice Residency at Long Island Jewish Medical Center where he is currently the Medication History Pharmacist. In addition to this, he is also a Part Time Community Pharmacist at CVS Health and serves in the US ARMY Reserves as Chief of Pharmacy Operations at the rank of Captain.

Dr. Patel became heavily involved in Royal Counties during his residency. Despite the workload of a resident, he always made time to attend board meetings, serve on the media relations committee, and even act as interim secretary for a few months. With the guidance of recent past presidents and his commitment to the profession of pharmacy, he decided to run for President.

Dr. Patel has always had a passion for community service. He is still connected to several student organizations at St. John's and serves as an alumni mentor to host community service events within the area at locations such as the Ronald McDonald House, First Reformed Church in Jamaica's Soup Kitchen, the SNAP Senior Center in Creedmoor, just to name a few. He hopes to be able to conduct larger scale events with both pharmacists and students during his presidency.





President-elect.

### Western Chapter

Dr. Brian Kersten is the incoming President of the Western New York Chapter. He received his Doctor of Pharmacy from the University at Buffalo School of Pharmacy and Pharmaceutical Sciences in 2010. After graduating, he completed his PGY1 residency and PGY2 Critical Care Residency at Buffalo General Medical Center in Buffalo, New York. Brian currently serves as a critical care clinical coordinator at BGMC with patient care responsibilities in the medical, cardiothoracic and neurosurgical ICUs. He is Board Certified in Pharmacotherapy and Critical Care. Additionally, he is an adjunct instructor at the University at Buffalo School of Pharmacy and D'Youville School of Pharmacy.

Dr. Kersten has been an active member of WNYSHP since he was a student with involvement in various local committees. He has served several terms as a delegate and most recently was Secretary prior to being named



### Long Island Chapter

Dr. Allison Raich is the incoming President of the Long Island Chapter. She graduated from St. John's University with a Doctor of Pharmacy in 2007. Upon graduation, she was recognized by LISHP leadership and received the annual Outstanding Achievement award. Dr. Raich completed a PGY1 Pharmacy Practice Residency at North Shore University Hospital in 2008. She obtained board certification as a pharmacotherapy specialist in 2009 and established a practice as Clinical Coordinator of Franklin Hospital where she developed several clinical services including a pharmacokinetic monitoring program.

In 2014, she became Manager of Medication Safety and Quality for the Northwell Health System, where she was responsible for establishing programs to ensure patient safety and prevent medication errors. In 2016, she joined Glen Cove Hospital as Clinical Pharmacy Coordinator

where she is responsible for optimizing patient care on the Rehabilitation and Brain Injury Units. In 2017, Dr. Raich received the Distinguished Young Alumni Award from St. John's University.

Dr. Raich has been a member of LISHP for the past ten years. She is passionate about preceptorship, community service and expanding the scope of pharmacy practice in NY State.



### Central Chapter



Dr. Peter Aiello graduated in 2014 from Albany College of Pharmacy and Health Sciences (ACPHS) and went on to complete both his PGY-1 and PGY-2 Pediatric Pharmacy residencies at SUNY Upstate Medical University in Syracuse. He currently practices as a pediatric clinical pharmacist in the Pediatric Emergency Department/Level 1 Trauma Center at Upstate. In addition, Dr. Aiello holds adjunct clinical faculty appointments at both ACPHS and the Nesbitt School of Pharmacy of Wilkes University. He is an active member of the American Society of Health-System Pharmacists, the New York State Counsel of Health-System Pharmacists and the Pediatric Pharmacy Advocacy Group. Dr. Aiello started in the Central Chapter of NYSCHP in the summer of 2016 as the president-elect, helping to organize various community outreach events as well as continuing education activities.

### New York City Chapter

Dr. Karen Berger is a neurocritical care clinical pharmacist at New York-Presbyterian Hospital, Weill Cornell Medical Center. She received her doctor of pharmacy from the University of Florida in 2009 and went on to complete her PGY-1 pharmacy residency at Yale-New Haven Hospital and her PGY-2 critical care residency at the University of Illinois Medical Center at Chicago, where she acted as chief resident. Dr. Berger is an active member of the American Society of Health-system Pharmacists, American College of Clinical Pharmacists, and Society of Critical Care Medicine and participates on various committees within these organizations. Within ASHP, she has served on the New Practitioner's Forum Science and Research Advisory



Group, the New Practitioner's Forum Executive Committee, and currently services on the Council on Therapeutics. Within SCCM, she currently serves as the Chair for the Clinical Pharmacy and Pharmacology Section Education Committee and the Co-Vice Chair of the Adult Item Writing Committee. She has also been an active member of NYSCHP, previously serving as the Director-at-Large for students, legislative affairs, and support staff, a delegate, and resolutions committee member, and now as the President for the NYC chapter. She also serves as the Chair of the Continuing Competency Committee and a member of the Public Policy Committee for the state chapter. In her role on the Anticoagulation committee at New York-Presbyterian Hospital, she has developed and implemented a health-



system-wide reversal protocol for life-threatening bleeding and emergent surgery and has participated in quality assessment and research in this area. Dr. Berger is board certified in pharmacotherapy and critical care and serves as the co-chair of the student advisory committee at NYPH as well as a preceptor to pharmacy students and PGY-1 and critical care PGY-2 residents in the neurosciences intensive care unit.





## Chapter Event Highlights

NYCSHP's first August networking program took place at Sparks Steakhouse in Midtown East, New York. President, Dr. Karen Berger welcomed NYCSHP members from different health systems who were able to network throughout the dinner.



President, Dr. Karen Berger introduced the evening's speaker, Dr. Joseph P. Reilly from AtlantiCare Regional Medical Center in New Jersey.



Dr. Reilly presented "The impact of skin infections on U.S. healthcare and the role of single dose ORBACTIV® (oritavancin)." NYCSHP members gathered together for a group picture with Dr. Reilly and NYCSHP President, Dr. Karen Berger

President, Dr. Berger made several announcements about upcoming August events. The Active Shooter Training will be held on August 23<sup>rd</sup> at the Hospital for Special Surgery and the Continuing Education Program will be held on August 24<sup>th</sup> at Club A Steakhouse. She encouraged everyone to get involved in the grassroots lobbying effort in NY state and reminded members that the society will be providing guidance and support to foster lobbying experiences.

July NYCSHP/LISHP networking baseball game



# NYSCHP and Local Chapter Upcoming Events

## *October 2017*

- October 10<sup>th</sup> : Westchester CE Program: Pre-exposure Prophylaxis (PrEP) – How Far Have We Come?
- October 12<sup>th</sup>: LISHP Residency Networking Event: COPD and ACS Disease State Management
- October 12<sup>th</sup> – 13<sup>th</sup>: NYSCHP Board of Directors meeting and Chapter President's session
- October 17<sup>th</sup> : LISHP: Diabetes Pharmacotherapy in the Elderly Patient
- October 17<sup>th</sup> : Southern Tier CE Program: Medical Cannabis: Education for Healthcare Professionals and Current New York State Regulations
- October 19<sup>th</sup> : NYCSHP CE Program
- October 21<sup>st</sup>: NYSCHP Downstate Critical Care Program
- October 21<sup>st</sup>: NYCSHP New York Cares Day
- October 24<sup>th</sup> : NYSCHP Webinar: New Pharmacy Practice Opportunity: Enhancement of the Transitions of Care Process
- October 26<sup>th</sup> : New York City CE Program: Mind your DP's and DQ's: Pharmacotherapy of the solid organ transplant recipient
- October 28<sup>th</sup>: NYSCHP Upstate Critical Care Program
- October 28<sup>th</sup> : NYCSHP Breakneck Ridge Hike

## *November 2017*

- November 5<sup>th</sup> : NYCSHP NYC Marathon Medical Volunteering
- November 8<sup>th</sup>: Western NY CE Program: Vaccine-preventable disease outbreaks
- November 12<sup>th</sup> : NYCSHP Special Projects CE Programming (Sunday)
- November 13<sup>th</sup> : NYCSHP Student Interview Workshop, Touro College of Pharmacy
- November 14<sup>th</sup> : LISHP USP 800 Update
- November 14<sup>th</sup> : NYCSHP CE Program
- November 30<sup>th</sup> : NYCSHP CE Program

## *March 2017*

- March 10<sup>th</sup> , 10am-2pm: NYCSHP Cycle for Survival

