

June/July 2015

Volume 2, Issue 5

New York State Council Health-system Pharmacists



Board of Directors

President
Stephanie Seyse

President Elect
Joseph Pinto

**Immediate Past
President**
Elizabeth Shlom

**Vice President, Public
Policy**
Monica Mehta

Treasurer
Philip Manning

Chair, House of Delegates
Marcia Gutfeld

Chapter Services
William Allan Prescott, Jr.

Pharmacy Management
Lisa Voigt

Communications Services
Catherine Millares-Sipin

Pharmacy Practice
Robert DiGregorio

Industry Affairs
Vincent Giambanco

**Education and Workforce
Development**
Heide Christensen

Executive Director
Shaun Flynn

Office Staff
Carol Bizan
Katie Fontana

President's Message

Dear NYSCHP Members,

Summer is upon us and man is it hot but the heat did not stop the NYC and Royals chapters from competing in their first annual touch football game in Central Park. The game appropriately ended in a tie with NYC scoring the tying touchdown with just seconds remaining in the game.

This is just one example of how NYSCHP offers more than continuing education; it is great to see the chapters interacting and networking with each other outside of the traditional professional gatherings. The game represented a platform for team building and a chance to share a great experience amongst pharmacy professionals that we would not commonly see as part of our membership. I would like to recognize and congratulate Karen Berger (NYC) and Ashley Richardson Galla (Royals) for organizing the game and bringing the chapters together.

I would encourage all chapter leaders to explore alternative methods of bringing your chapters together. Our organization and membership should be more than an avenue for continuing education and advocacy; it should be an opportunity to meet new friends and strengthen existing relationships.

I look forward to hearing and learning about other unique opportunities that our chapters are offering their members as we continue to seek greater participation and input from our local chapters.

Joseph Pinto, R.Ph., M.S., MHA
President-elect, NYSCHP

Royals Chapter Spotlight

Congratulations to our newly elected President-elect, Jaclyn Scott, Secretary, Miri Mineh, and Director at large, Mark Warych. We'd also like to congratulate our fellow Royals member, Catherine Millares-Sipin on her position as Director of Communications for NYSCHP.

As we finish another year filled with educational programs, we would like to thank the speakers who presented at our meetings. Among our noteworthy speakers was Larry Mokhiber from the Board of Pharmacy, Agnes Cha from Royals and Karen Berger from NYC chapter.

Last year we started a new tradition of honoring pharmacy residents at our installation dinner and saw it grow in participation this year. Photo montages of each residency program were viewed in the background as RPDs and their designees introduced their residents. Each first year resident was presented with a Royals "Recognizing Excellence" lapel pin and the 2nd year residents were gifted with business card holders. Our traditional installation at Russo's on the Bay in Howard Beach, ended with a Pharmacy Jeopardy game hosted by Bishoy Luka. Teams competed for the coveted bragging rights of Jeopardy Champions!

The First Annual Residency Research & Practice Forum during the Annual Assembly in April was well received by both preceptors and residents. Our own residents from Maimonides, The Brooklyn Hospital Center, Long Island Jewish Medical Center, and Kingsbrook Jewish Medical Center gave platform presentations and did a great job.

In June, the Royals, NYC and LI chapters hosted the New York City Regional Residency Conference. Residents from Brooklyn, Queens, Manhattan, and Long Island presented case reports and research projects. Keynote speakers, CE credits, BBQ lunch, raffle prizes, and the opportunity to showcase your residents should not be missed. This year we had a record turnout, so if you could not make it this year, join us next year!

This year we will be working to increase membership, provide more opportunities to collaborate with other chapters and foster mentorship.

Enjoy your summer!

*Elizabeth Chung, Pharm D.
President, Royal Counties Chapter*



New York City Regional Pharmacy Residency Conference Marks Tenth Anniversary

On June 19th, 2015 over 230 pharmacists pharmacy students gathered at Long Island University's Brooklyn Campus (home of LIU-Pharmacy, the Arnold & Marie Schwartz College of Pharmacy) for the tenth annual New York City Regional Pharmacy Residency Conference. Formed in 2006, the conference was designed by NYSCHP members and colleagues; Drs. Mark Sinnett, Henry Cohen, and Robert DiGregorio as a symposium for local residency programs to showcase their resident's projects to each other and to pharmacy students. They saw this as an opportunity to demystify aspects of residency training for pharmacy students, as well as provide a local networking forum. Many programs saw this as an opportunity to have their residents present an encore of a platform presentation made at a regional conference, or to present new findings or projects that were not yet completed when earlier conferences had taken place. During the inaugural year, there were 24 residents, 50 students and 15 other pharmacists (mostly residency program directors and faculty) who participated in the program. The program included three career development lectures, platform presentations, and a "town hall" for residency program directors. The program was made possible through grants from Montefiore Medical Center, Kingsbrook Jewish Medical Center, The Brooklyn Hospital Center, two pharmaceutical sponsors, and Long Island University. Based on the initial success of the program, it was repeated in 2007 and every year since then. Over the years, several NYSCHP chapters partnered with the event founders in order to support the up and coming residents, as well as to provide a continuing education opportunity for their members. Currently, the Long Island Society of Health-system Pharmacists, New York City Society of Health-System Pharmacists, and the Royal Counties Society of Health-system Pharmacists collaborate as part of the planning committee for the event and raise funds to sponsor the operating costs of the meeting.

At the tenth annual New York City Residency Conference, 101 pharmacy residents from New York City and Long Island had the opportunity to present their research completed during their residency year. Research included medication utilization reviews, retrospective chart reviews, case reports as well as prospective research. The platform presentations allowed insight into the types of research being conducted at other institutions. In addition, it was a great opportunity for residents to network with faculty members, clinicians and fellow residents. Keynote presentations were provided by corporate planning expert, Wayne Allen and medico-legal pharmacy expert Dr. James O'Donnell. NYSCHP members participated in the program as moderators and evaluators, participated in the town hall session, and earned six hours of continuing education credits (provided by NYSCHP). At the end of the day, pharmacy residents who completed the LIU-Pharmacy teaching certificate program were presented with their certificate. A unique characteristic of this conference was that the focus was to celebrate the success of the local residents as they complete their training. At this point of residency, pharmacy residents are preparing for either a second year of post-graduate training or entering the work force. The New York City Residency Conference was a great opportunity for residents to collaborate and share findings before pursuing the next step of their career.

*Robert DiGregorio, PharmD, BCACP
Director Pharmacy Practice, NYSCHP*

*Briann Luteran, PharmD
PGY2 Ambulatory Care Pharmacy Resident*



Legislative Update: CDTM

As of June 18th, 2015, both Collaborative Drug Therapy Management (CDTM) and Immunizer Expansion Bills have passed The New York State Assembly and Senate and are now on the Governor's desk. We have no reason to believe that Governor Cuomo won't sign it. So that's good news!

The CDTM bill is not exactly what we wanted in terms of expansion, but it is an improvement. The bill permits CDTM to be practiced in all hospitals, not just teaching hospitals, along with diagnostic and treatment centers and hospital-based outpatient departments. It also permits the practice in the small handful of nursing homes that have an on-site pharmacy. The bill also authorizes the State Education Department, in consultation with the Board of Pharmacy, to establish "additional education, experience or other requirements" to ensure that pharmacists have the necessary background and capability to undertake CDTM in a range of settings and for a wide array of conditions. CDTM will sunset in 3-years.

The full CDTM bill can be found here:

http://assembly.state.ny.us/leg/?default_fld=&bn=A05805&term=2015&Summary=Y&Actions=Y&Votes=Y&Memo=Y&Text=Y

The immunizer bill expands the number of vaccines we can provide to include tetanus, diphtheria, and pertussis (TDaP combination) in addition to vaccines for herpes zoster, meningococcal disease, influenza, and pneumococcal pneumonia. There were some added stipulations/requirements to the Immunization Bill, e.g. require the pharmacist to inform the patient of cost prior to administering an immunization. And there will be a 3-year sunset.

The full Immunization bill can be found here:

http://assembly.state.ny.us/leg/?default_fld=&bn=A00123&term=2015&Summary=Y&Actions=Y&Votes=Y&Memo=Y&Text=Y

These bills would not have passed if it weren't for the tenacious efforts of our members who sent letters, made phone calls, and visited their legislators to voice their opinion about the importance of pharmacists in medication management and improving patient outcomes. Thank you for these efforts!

During the next legislative session, we will try to further expand CDTM so that all pharmacists (community pharmacists, irrespective of site of practice) will be able to enter into CDTM agreements as well as allow for the prescribing of controlled substances, if authorized by the physician's protocol. We will need to continue to enter/expand CDTM at our own practice sites and publish outcomes whenever possible. Additionally, we will readdress other key issues such as technician certification and medical marijuana in New York State. If there are any important issues that you'd like to bring to our attention or if you'd like to get more involved in NYSCHP's legislative efforts, please reach out.

Monica Mehta, PharmD, MPH, BCPS

Vice President, Public Policy

New York State Council of Health-system Pharmacists

Hot Topic: Best Practices

Pharmacist's Role in Transition of Care in Emergency Department Observation Units

The emergency department (ED) at Maimonides Medical Center is focused on providing the highest level of care through an interdisciplinary model. Since the observation unit was implemented, there were a few cases where patient's chronic medications were not continued in the observation unit and their chronic diseases exacerbating necessitating a higher level of care. The physician who managed the observation unit requested the ED clinical pharmacy team's assistance to perform chronic medication management for the patients who were held in the observation unit. To our knowledge, no pharmacist has performed this transition of care (TOC) role in the ED.

The emergency department pharmacist (EDP), when present, supervises pharmacy led TOC in the observation unit, in which each patient is initially interviewed by pharmacy students or residents to obtain a medication history. Due to our diverse patient population, translated questionnaires are available in Creole, Korean, Mandarin, Russian, Spanish, and Yiddish using Google Translate[®]. If the patient is unable to provide a medication history, alternative sources of information such as pill bottles, personal medication list, or discussion with the patient's caregiver are utilized. This list is then confirmed via the hospital's discharge medication list or by contacting the patient's outpatient pharmacy. If the medication is confirmed by both sources, the ED Pharmacist determines if it is contraindicated based off the treatment plan or admitting diagnosis. Some common examples where medications are held are beta-blockers and stress testing or antiplatelets and hemorrhage. The team assesses compliance within the past 24 hours, and performs therapeutic interchange per hospital protocol or calculated dosage conversion i.e. insulin. Orders are then discussed with the physician, and transcribed in the electronic medical record (EMR). Medications are then dispensed from the satellite to the nurse for the time remaining in the observation unit; which routinely is no greater than 24-48 hours. If the medication cannot be confirmed with a pharmacy profile or discharge orders from previous admissions, then the pharmacist assesses the patient for signs or symptoms for the condition, or the primary care provider is contacted if available to ascertain the need for therapy. The EDP then determines if treatment is indicated by reviewing laboratory data, vital signs, expected treatment plan, and $T_{1/2}$ of the drug and last administration time. The physician then signs off on all medication orders in the electronic medical record. All medication histories acquired are transcribed into the patient's electronic medical record (EMR) to ensure proper TOC from ED to inpatient with a complete and accurate medication history in the event the patient is admitted. The ED pharmacist continually assesses the patient for efficacy and safety of the medications that are continued.

Overall, the program has been met with appreciation by both patients and providers, with requests for "the pharmacist" to come see patients that have been to the ED before. The ED clinical pharmacy team spends an average of 51 minutes/patient/visit gathering patient information and interviewing the patient, not including time spent transcribing orders. This allows providers to increase their patient throughput and to provide care to more patients in a busy emergency department. This could serve as a valuable TOC role as pharmacists search for additional direct patient care activities, as well as valuable to the ED due to the ability to increase physician contact time with patients.

*Andrew Smith, Pharm.D, BCPS
PGY-2 Emergency Medicine Resident*

*Victor Cohen, Pharm.D, BCPS, CGP
Associate Professor of Pharmacy Practice*

Message from ASHP

Dear NYSCHP Members,

ASHP is soliciting comments on Draft ASHP Guidelines on Pharmacy Services in Correctional Facilities. The document is available via the URL below:

<http://www.ashp.org/menu/PracticePolicy/PolicyPositionsGuidelinesBestPractices/DraftGuidanceDocuments>

Comments are preferred by July 31, however, they will be accepted after that date as well.

ASHP acknowledges reviewers when its guidance documents are published in the *American Journal of Health-System Pharmacy* and *ASHP Best Practices*. When submitting your comments, please include your name and credentials as you would like them to appear.

Bruce

Bruce Hawkins
Editor, *ASHP Best Practices*
www.ashp.org/bestpractices



NYSCHP and Local Chapter Upcoming

2015

- August 28 - Downstate Student Program
- September 18 – Tri-State Summit
- September 19 – Upstate Critical Care Program
- October 2 – Downstate Critical Care Program



Follow NYSCHP on Facebook!

Connect with us through LinkedIn

Click [here](#) to Like our page!

