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New York State Council Health-system Pharmacists



President's Message

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Dear NYSCHP Members,

I hope you all have had the opportunity to read a piece in the WSJ that endorses the addition of pharmacists to the patient care team and that by doing so reduces medication errors by 45% and harmful or deadly medication errors by 94% according to a study conducted 15 years ago. This is information we need to be publicizing and sharing, we need to look to capitalize on this positive press, take it and share it with the leaders in your organization, we need to advocate for ourselves and highlight the value added services pharmacists bring to patient care. <http://www.wsj.com/articles/how-to-make-hospitals-less-deadly-1463526075>

Also, how about Amber Lucas who is a clinical pharmacist at Olathe Medical Center in Kansas and the Chair of the House of Delegates for ASHP; Amber was on her way home and was walking through O'Hare Airport in Chicago when she came upon a woman administering chest compressions to an unconscious man and without pause Amber offered her assistance and took over the compressions. During this time two more health professionals joined Amber and during the third round of compressions the man who it was later discovered was a pilot regained consciousness and was immediately transferred to a local hospital for further evaluation and treatment. I really enjoy reading and hearing positive stories about pharmacists and the impact we have on health care.

For those of you who did not attend the Annual Assembly I would like to share with you the main focus from my presidential address; over the next few years we will work on rebranding and changing the image of the organization and in turn that of Health-System pharmacists. We will continue to work on getting a technician bill that requires mandatory registration and certification passed and that will be acceptable to our practice. We will start the bill process for provider status in New York State. We want to be a YES organization; we need you our members and colleagues to be involved and to share your ideas and creativity. I promise we will not say no to any recommendations or ideas without first evaluating if what was presented is doable. I'm just a pretty face, it is our members and chapter leaders that are the heart and soul of this organization, get involved and let's start changing the face of the profession and organization. My full presidential address will be published in an upcoming JPP issue.

Joseph Pinto

President, NYSCHP

University of Buffalo School of Pharmacy and Pharmaceutical Sciences Spotlight

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences Student Chapter of Health Systems Pharmacy (UB SPPS SSHP) is wrapping up a very successful and exciting year.

A program piloted last year, Reach Your Pinnacle: Let's Get Clinical, features pharmacist and resident speakers from a variety of health systems specialties to give students insight on different pharmacy career paths and how to go about achieving them. This program focuses more on day to day activities and less on pharmacotherapeutics to show students a different side of pharmacy than they see in classes. This year, we hosted pharmacists from palliative care and consultant pharmacy, renal transplant, ambulatory care, HIV/AIDs, pediatrics, internal medicine, and veteran affairs. The speakers were able to reach and inspire many students to pursue career paths, mentoring and shadowing opportunities with local pharmacists.

The UB SPPS SSHP mentorship program between our students and local health systems pharmacists also continued to develop this year. We were able to match over 40 students with health systems pharmacists with similar clinical interests. This program gives students an opportunity to shadow and network with pharmacists outside of pharmacy school as well the opportunity to develop a personal connection with a pharmacist who is already successful in an area they would like to pursue.

This year, we were also able to partner with other organizations such as Lambda Kappa Sigma and Phi Lambda Sigma to host multiple health fairs for members of the community on the topic of cholesterol management. UB SPPS SSHP also worked with Lambda Kappa Sigma on creating and delivering Valentine's Day cards and toys for patients at the Women and Children's Hospital of Buffalo.

With the help and input of the UB SPPS Residency Advisory Committee, health systems pharmacists and pharmacy residents, UB SPPS SSHP was able to host two residency days and a Health-System's Pharmacy Day to expose our students to the basics of residency training and health systems pharmacy. These events get the students thinking about jobs or postgraduate training early in pharmacy school so that they have ample opportunity to develop as competitive residency candidates or professionals. These events were followed up with a curriculum vitae review and other programming to help students develop their professional skills.

Lastly, we are happy to report a match rate of 82% (n = 28) for our graduating students that pursued PGY1 residency training. An additional 5 graduating students were accepted into fellowship training programs.

Maya Holsen
University at Buffalo School of Pharmacy, Class of 2017
SSHP President

Erin Slazak, Pharm.D., BCPS
University at Buffalo School of Pharmaceutical Sciences
SSHP Faculty Co-Advisor



House of Delegates Highlights

The 43rd Annual Meeting of the House of Delegates of the New York State Council of Health-system Pharmacist first session began on April 28th. It was presided by Dr. Marcia Gutfeld, Chair of the HOD. The HOD is a policy-making body which assumes the responsibility for establishing professional policies relating to NYSCHP and future practice of pharmacy in hospitals and other organized health care settings. Voting delegates consists of NYSCHP officers and directors, chapter presidents, and chairperson of the HOD.

This year the Committee for Resolutions received a total of 10 resolutions (see table below). The HOD voted to either **Adopt, NOT Adopt, or Refer to committee for further review** on each resolution. The results are summarized in the table below. For more details on each resolution, please visit our website at <http://www.nyschp.org/?page=HOD2016>.

Resolutions	Result
01-16: The New York State Council of Health-system Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.	adopted
02-16: The New York State Council of Health-system Pharmacists supports antimicrobial stewardship in all facets of healthcare such as inpatient, outpatient and long term settings by developing newer or expanding existing programs and auditing their effectiveness. The council also supports to increase the number of pg2 programs and/or fellowship training programs in infectious disease to achieve the demands laid out by the US government by 2020.	adopted
03-16: The New York State Council of Health-system Pharmacists supports the development of a standardized pediatrics and neonatal intravenous medication concentration reference. Subsequently, the council supports manufacturer production of commercially available intravenous medication solutions with availability in the standardized concentrations listed in the aforementioned reference.	adopted
04-16: The New York State Council of Health-system Pharmacists supports legislation and regulation to allow the food and drug administration (fda) approval of biosimilar medications that are also determined by the fda to be interchangeable and, therefore, may be substituted for the reference product without the intervention of the prescriber. The council also encourages research on the safety, effectiveness, and interchangeability of biosimilar medication and encourages education of pharmacists about biosimilar medications and their appropriate use within hospitals and health systems.	adopted
05-16: The New York State Council of Health-system Pharmacists supports expanded access to these products through a proposed intermediate category of drug products that would be available from all pharmacists and licensed health care professionals (including pharmacists) who are authorized to prescribe medications. The council also supports that the proposed reclassification of these products shall be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided.	Send back to Committee (Public Policy)
06-16: The New York State Council of Health-system Pharmacists supports a prohibition on PBM exclusion of health-system pharmacy owned specialty pharmacies	adopted

as a covered pharmacy under their preferred network for patients who are patients of the health-system.	
07-16: The New York State Council of Health-systems Pharmacists supports the development and implementation of an online vaccination registry for adult patients to ensure that providers across the state have the most up-to-date vaccination information for their patients.	adopted
08-16: The New York State Council of Health-system Pharmacists supports a moratorium on the accreditation of additional schools of pharmacy in new york as long as the current supply and demand discrepancy continues.	adopted
09-16: The New York State Council of Health-systems Pharmacists supports that designated and qualified pharmacy personnel, under the supervision of a registered pharmacist, are able to manufacture patient-specific medications in new york state once legislation for pharmacy technician certification has passed.	adopted

In addition, several position statements were reviewed for **Sunsetting, Amendment, or Readoption** by the HOD. A summary of these positions statements and the results of the votes are summarized below. Reasons for sunseting include duplication of position statement, position statement no longer applies to the practice of pharmacy, or new laws passed which addressed the position statement. For more information about these position statements, please visit our website at <http://www.nyschp.org/?page=14>.

Position Statements	Result
(1-12) NYSCHP supports the requirement to include the indication, whether it be an FDA approved or off label use, on all inpatient medication orders and outpatient prescriptions.	sunset
(2-12) NYSCHP supports prioritizing the adoption of e-prescribing of controlled substances by the NYS Department of Health, in an effort to curb prescription theft and prescription medication abuse.	sunset
(3-12) NYSCHP supports increasing the number of PGY-1 and PGY-2 residency positions within NYS by ways of supporting educational efforts offered through ASHP and legislative activities at the State and Federal level to support funding.	sunset
(4-12) NYSCHP encourages pharmacist led counseling upon initiation of a new medication, or upon discharge of a patient in a hospital or ambulatory clinic setting.	sunset
(05-06) NYSCHP supports the health-system pharmacist's role in automation and informatics	Sent back to committee (Pharmacy Practice)
(5-12) NYSCHP encourage the NYS BOP to replace the "one year of satisfactory experience" requirement to that of "successful completion of an ASHP accredited PGY1 residency program" for residents reciprocating their Pharmacist license to NYS for a PGY2 residency.	sunset
(6-12) NYSCHP advocates that all hospitals should encourage provisions be made for their patients upon discharge to receive a supply of all newly prescribed medications and the education that is required to ensure the optimization and safe use of their discharge medications.	sunset
(7-12) NYSCHP advocates that pharmacist should maintain patient profiles that contain and are continuously updated to include patient specific information regarding pharmacogenomics if available and considered standard of care.	sunset
	sunset

(8-12) Position statement on Intern Hours. NYSCHP supports and increase in the total hours required for licensure to a total of 1500 hours.	
(9-12) Position statement on Preceptor Training. NYSCHP supports 3 hours focused on teaching included in the 45 hours over the 3 year license renewal period to be completed by all pharmacists. These hours may be live or non-live. These hours would be included in the 45 hours required per renewal period. The recommended topics to be focused on enhancing precepting, role modeling, teaching or mentoring as well as sessions focused on enhancing preceptor development. NYSCHP supports this proposed change for all pharmacists as a pharmacy preceptor continuing education requirement. This additional requirement will improve the pharmacy intern education process.	sunset
(10-12) NYSCHP supports obtaining access to the NYS Controlled Substance Information Prescription Drug Monitoring Program (NYCSIPSPMP) program for all active licenses registered pharmacists in the State of NY for the purposes of monitoring controlled substance use and improving patient outcomes and health.	sunset

Thank you to all the board members, delegates, presidents, and executive board for a productive HOD meeting.



Clinical Corner

(About: The Clinical Corner is dedicated to sharing of *innovative ideas* in pharmacy. It is a way for members to share information that advances the profession of pharmacy. This includes but not limited to “Best Practices,” “Medication Error Prevention,” “New Medication Review,” “Pharmacy Operational/Systems Enhancements,” and many more. We welcome members to submit ideas to the Director of Communications at Catherine.millares-sipin@touro.edu.)

Establishment of Collaborative Drug Therapy Management (CDTM) in an Urban Setting HIV Ambulatory Care Clinic

Within the United States there is an estimated 1.5 million preventable medication-related adverse events (MRAEs) occurring yearly. Many times these events can be associated with significant morbidity and mortality creating an oppressive economic burden. Comparing to patients who do not suffer from MRAEs, patients who do are often subjected to longer hospital stays resulting in increased hospitalization costs by approximately \$16,000-24,000.^{1,2} The concern for MRAEs heightens in the elderly and as the number of medications prescribed per patient increases.³ From 2009-2012, the National Health and Nutrition Examination Survey (NHANES) concluded 20.3% of US patients take 5 or more medications compared to 17.7% from 1999-2002.⁴

As pharmacotherapy specialists, pharmacists are crucial members of the interdisciplinary team with the specialized training needed to reduce the number of preventable MRAEs while improving rates of adherence. In order for pharmacists to significantly contribute to patient care, they must be in a position where they have the ability to collaborate with providers granting the privileges necessary to manage and monitor drug therapy. Collaborative Drug Therapy Management (CDTM) is a team-based approach to healthcare authorizing the pharmacist to initiate, modify, discontinue or continue drug therapy, as well as order and interpret laboratory values for specific patients through an established collaborative practice agreement (CPA). CDTM allows for the expertise of pharmacists and providers to be optimized creating a matchless level of care. Pharmacists have been maximizing their services throughout the US under the privileging authorized in CPAs. Currently, 94% of the country (48 states) has legislative provisions for CDTM compared to just 28% and 75% in 1997 and 2003.⁵

At The Brookdale Hospital and Medical Center (BHMC) located in the East New York and Brownsville area, we are making strides in achieving superior care for a medically underserved patient population while advancing the profession. In the Treatment for Life Center (TLC), HIV primary care is progressing towards a patient-centered, interdisciplinary approach through recently established CDTM. The beginning processes to institute CDTM within the clinic consisted of preliminary discussions with the TLC providers, administrators and staff in order to obtain a sense of the clinic needs. Various needs were mentioned including a lack of staff and time, patients being lost to follow up, nonadherence issues, and absence of a designated pharmacist to monitor drug therapy regimens. Across all professions, the goals of the clinic were similar- to increase adherence, achieve patient outcomes, and prevent further viral transmission. Taking into account the needs expressed and the mere fact that approximately 15-30% of HIV-positive individuals are co-infected with the hepatitis C virus (HCV)⁶, it was decided to establish CDTM with the addition of pharmacy-run medication therapy management (MTM) and HCV clinical services in order to help achieve both clinic and patient-centered treatment goals (see fig. 1).

Since March 2016, CDTM has been officially implemented in the TLC granting greater autonomy to the clinical pharmacists. Patients can be monitored more closely by the additional services freeing up the provider's time to see

other, possibly more complex, patients. To-date, patients have been referred for various reasons including adherence issues, HCV treatment initiation, diabetes and anticoagulation management, and smoking cessation. Future directions include billing for visits, increasing advertisement and recruitment, and expanding services outside of BHMC in the form of community outreach to integrate individuals into care.

Establishment of a CPA between pharmacists and providers is a key component to the success of an interdisciplinary practice improving patient-centered outcomes. The relationships between healthcare professionals compose the foundation and building blocks needed to achieve optimal patient care. With the majority of the country having CDTM legislative provisions, clinical pharmacists should take advantage of this opportunity at their current practices to broaden privileges, expand services, and advance the current level of care.

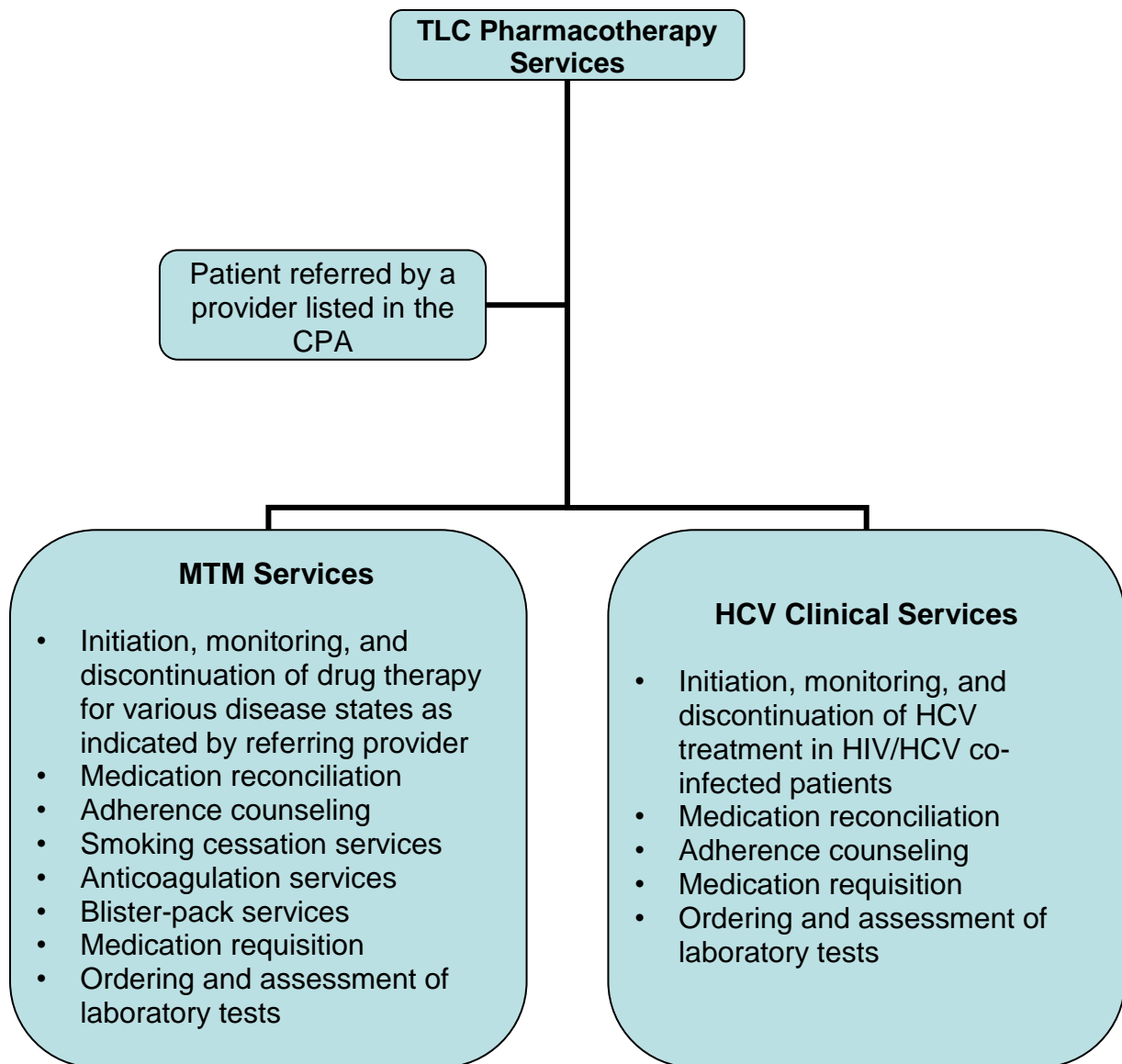


Fig. 1: Flowchart of Pharmacotherapy Services within the TLC at BHMC.

Maria Sorbera, Pharm.D

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NYSCHP Annual Assembly Meeting

Saratoga, New York

The 2016 NYSCHP Annual Assembly Meeting was held in the beautiful upstate New York, in Saratoga Spring. Attendees couldn't have asked for a better weekend to get together with friends and colleagues. It was a busy and fruitful year at the council and all of the chapters. It was evident by the number of attendees and the wonderful CE programs that was put together by our Director of Education, Ms. Heide Christensen. However, the Annual Assembly would not have been a success if it were not for the hard work and dedication by the Annual Assembly Committee led by Leigh Briscoe-Dwyer and Leila Tibi-Scher. Below are some highlights of the event. For those who were not able to make it this year, we do hope you can come join us next year.



Residency Research & Practice Forum



NYSCHP Annual Assembly Meeting



House of Delegates



Reverse Exhibit Session

WWW.TURBOCOLLAGE.COM

NYSCHP Annual Assembly Meeting



NYSCHP REF

NYSCHP Annual Assembly Meeting



CE Programs



President Luncheon



NYSCHP Annual Assembly Meeting



Theme Party

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NYSCHP Annual Assembly Meeting



**Chapter Delegates, Past Presidents
and NYSCHP Board of Directors**

NYSCHP Annual Assembly Meeting



**Installation
Dinner**

NYSCHP and Local Chapter Upcoming Events

June

- June 6th: Royal Counties Chapter Installation Dinner and Awards Ceremony
- June 9th: Western Chapter Installation Dinner and Awards Ceremony
- June 20th: Long Island Chapter Installation Dinner and Awards Ceremony
- June 22nd: Westchester Chapter Installation Dinner and CE Meeting
- June 24th: New York City Chapter Installation Dinner and Awards Ceremony

September

- September 30th: Tri-State Meeting

October

- October 14th: Downstate Critical Care Program
- October 15th: Upstate Critical Care Program





LOGO RE-DESIGN COMPETITION RULES

NYSCHP is looking to redesign its logo. With the expanding role of pharmacists in the healthcare system, the profession of pharmacy has evolved over the years. A new logo can mean better representation of the pharmacists' new roles, and the organization's mission and vision.

To create a logo for NYSCHP that captures the attention of the public while depicting the core principles of NYSCHP and the profession it represents.

Guidelines for logo design

- ☐ Must contain NYSCHP and elements that describes the council's vision, mission, and goals
- ☐ Symbols used must be simple and bold, and representative of NYSCHP and the profession of pharmacy
- ☐ Logo must be easily recognizable and memorable
- ☐ Logo must be versatile and scalable, able to work across a variety of medium or applications (social media, videos, slide presentations, letterheads, business cards, pins, t-shirts, envelopes, etc.)
- ☐ Logo must be originally designed
- ☐ Avoid clichés
- ☐ Avoid plagiarism
- ☐ Refrain from using too many colors
- ☐ Provide a brief narrative behind the design concept
- ☐ *Optional:* A tagline (example "pharmacists advancing healthcare")
- ☐ Use Microsoft publisher or Adobe pdf when submitting the logo

Contest rules: Only for active NYSCHP members. BOD members are not qualified to participate. Please follow the logo design guidelines. Failure to do so will result in an automatic disqualification. Please submit your logo design to catherine.millares-sipin@touro.edu. You shall receive an email confirmation after submitting your design. The final winner shall be recognized at 2017 NYSCHP Annual Assembly. The winner will also receive a complementary registration for the 2017 Annual Assembly.