NVSHP
Nevada Society of Health-System Pharmacists

NVSHP News

December 2012

In this issue:

NVSHP Election Results	**2**
Seminar 2012 Update	**2**
Meningitis Outbreak	**6**
VA Southern Nevada Opens!	**6**
It's a Small World After All	**7**
Affordable Care Act	**8**

Points of Interest:

Click here to become a fan of NVSHP on Facebook!

Stay up to date on NVSHP news and events. Email changes to contact information to: nvshpinfo@gmail.com

Message From The President

It has been my pleasure and honor to serve as the NVSHP President in 2012. With the help of our Board members, committee chairs, and members, we have achieved many of our goals as highlighted throughout this newsletter. Just to recap a few:

- A successful joint annual meeting with CSHP (Seminar 2012) on October 18-21, 2012
- A growing organization with a 5% increase in membership this year
- Additional social and educational opportunities for members with bi-annual mixers, charity events, baseball games and CE programs provided throughout the year
- Continued philanthropy support with participation in the March of Dimes Walk, Walk to End Alzheimer's and the Hemophilia Walk
- An active student chapter who volunteered their time and participated in the many activities, including the Student Quiz Bowl at the Seminar 2012 meeting
- A successful Technician workshop which provided "Pearls in Pharmacy" along with NV Law CE
- Involvement in our local legislative issues and Board of Pharmacy. This year and next we will be participating in re-writing the hospital regulations in conjunction with the NV Board of Pharmacy
- Monthly e-mail updates to our Membership: What's going on in NVSHP!
- Establishment of a Quarterly Pharmacy Director/Leadership meeting

With our election process completed for 2013, I would like to welcome our new Treasurer, Ragini Bhakta, and President-elect, Robin Hager. Gary Brooks, incoming President, and the new Board members, will be sworn in during our January 12, 2013 meeting. Combining this new leadership with our returning Board members (Roseann Visconti, Diane Rhee, Charles Quaglieri, Anthony Fermin, Sydney Smith, Adrienne Santiago, Sandy Sierawski) opens up our future to many new and exciting possibilities. Our new ASHP Affiliate Relations Director, Stacy Cheetham, will be attending the meeting to also provide additional insights and assistance from ASHP.

I would like to personally thank Julie Rodgers (serving as Director-at-Large, ASHP Delegate and a past President) and Paul Oesterman (serving as Treasurer) for their leadership and dedicated service to making NVSHP a better organization during their tenure on the Board. I also would like to extend my appreciation to those who volunteer their time, and provide the many thoughts and ideas that help our organization be successful in serving the needs of the pharmacists in our state. If you have not participated in any of our activities or been involved in a committee, it is not too late to get involved. Reach out to one of the Board members and we will help you find just the right fit for you in 'your' organization.

Wishing you all a Healthy & Happy holiday season with family and friends!

Sandy Sierawski

Welcome to Our New President Elect

Robin M Hager has been a director of pharmacy for a multi site hospital system for over 10 years. She has served on many various corporate committees. She moved to Las Vegas in 2001 after she graduated with her Doctor of Pharmacy degree from the University of Arizona in Tucson. While attending the university she was the president of the APhA-ASP chapter, president of Phi Lambda Sigma, Treasurer for Phi Delta Chi, student board member for the Arizona Pharmacy Association, and founding member of Omicron Delta Kappa U of A chapter. She has been involved in various community outreach and educational programs including immunization clinics, wellness clinics, and disaster preparedness. She has a long-standing passion for volunteering her time and working with children's charities. She has recently served on the American Heart Association gala committee, Clinics in Schools host committee, as well as the annual CASA Foundation awards and recognition gala.

NVSHP Officers

Immediate Past President
Tracie Balvanz, Pharm.D.
(tracie.balvanz2@va.gov)

President
Sandy Sierawksi, R.Ph., MBA
(sandy.sierawski@pfizer.com)

President-Elect
Gary Brooks, Pharm.D.
(gdbrooks5810@gmail.com)

Secretary
Roseann Visconti, Pharm.D.
(rvisconti@roseman.edu)

Treasurer
Paul Oesterman, Pharm.D.
(poesterman@roseman.edu)

Directors-at-Large
Charles Quaglieri, Pharm.D.
(charles.quaglieri@va.gov)

Diane Rhee, Pharm.D.
(drhee@roseman.edu)

Julie Rodgers, Pharm.D.
(julie.rodgers@va.gov)

Education Committee Chair
Kate Miller, Pharm.D.
(kmiller@renown.org)

Legislative Committee Chair
Adam Porath, Pharm.D.
(aporath@renown.org)

Membership Committee Chair
Loida Nguyen, Pharm.D.
(lc_dominguez@hotmail.com)

Awards and Nominations Committee Chair
Tracie Balvanz, Pharm.D.
(tracie.balvanz2@va.gov)

Technician Representative
Adrienne Santiago
(asantiago@ccn4u.com)

Student Representatives
Anthony Fermin
(afermin@student.roseman.edu)

Sydney Smith
(ssmith@student.roseman.edu)

NVSHP Election Results

The results are in for the NVSHP Board of Directors and ASHP House of Delegates. Congratulations go out to the following:

NVSHP President-Elect	Robin Hager
NVSHP Treasurer	Ragini Bhakta

In addition, NVSHP held delegate elections for the ASHP House of Delegates primary and alternate delegates representing Nevada at various ASHP events in 2013.

We still have an opening for a Director-at-Large position that will be appointed next year. If you are interested in this position or a House of Delegates position, please e-mail nvshpinfo@gmail.com.

Joint NVSHP/CSHP Annual Meeting a Success!

NVSHP and CSHP collaborated together for a joint annual meeting held at Bally's/Paris in Las Vegas, October 18-21, 2012. This event celebrated CSHP's 50th anniversary and NVSHP's 5th annual meeting and had over 2,000 attendees, including pharmacists, technicians, residents, and students. The opening general session was highlighted by a welcome speech from Sandy Sierawski, current NVSHP President, outlining the impact NVSHP has made on Nevada over the past six years. This kicked off four days of informative educational sessions, exhibit hall, residency showcase, fundraisers, and networking receptions.

NVSHP members enjoyed some specific programming to meet Nevada's needs: NVSHP Town Hall and Nevada Law CE. Larry Pinson, Executive Secretary of the Nevada State Board of Pharmacy, delivered an eye opening presentation on the impact drug abuse and diversion is having in Nevada and nationwide. During the NVSHP Town Hall, members networked and discussed issues impacting their practice.

In addition, the exhibit hall was filled with exhibitors for attendees to gather information! The NVSHP booth provided information on the organization and also raffled off a basket of goodies. Katie Craven, past NVSHP President, was the lucky winner!

A special thank you to Larry Pinson, Roseman University, CSHP staff, and all the volunteers that made this meeting possible. It was a great success and could not have been achieved without your help!

2012 NVSHP Board of Directors at Seminar 2012 Paris/Ballys, Las Vegas, NV

NVSHP/CSHP Seminar 2012

CSHP President introducning NVSHP President Sandy Sierawksi for Opening Session Speech

Roseann Visconti giving a CE presentation on Technology in Pharmacy

Student Pharmacist, Jintu John presenting her poster

Student Pharmacists, Anna Sgamberlluri & Sam Parikh presenting their poster

NVSHP members helping out at the NVSHP Booth in the Exhibit Hall

Roseman Pharmacy Students and Dean Stolte at the Quiz Bowl

NVSHP/CSHP Seminar 2012

Roseann Visconti receiving NVSHP's Presidents Award 2012

Julie Rodgers receiving NVSHP's Director-at-Large Award 2012

Seminar 2012 Photo Booth Fun!

Welcome
NVSHP
Exhibitor Check-In A-G
(By Last Name)
Information Center
NEW PRACTITIONER
EXECUTIVE COMMITTEE
400
300
200
100
CSHP
50
CSHP
NVSHP
MCKESSON

Meningitis Outbreak: A National Compounding Tragedy

By: Bronsen Kawewehi, Roseman University Pharm.D./MBA Candidate

In early October, the Centers for Disease Control (CDC) and the U.S. Food and Drug Administration (FDA) launched an investigation into an outbreak of fungal meningitis stemming from compounded products linked to the New England Compounding Center (NECC). The FDA has reported that products coming from the NECC, particularly methylprednisolone acetate products, contained fungal pathogens in certain lots of manufactured and sealed NECC injectable vials. The fungi established in the contaminated injection solutions are the uncommonly seen *Exserohilum rostratum* fungus and one instance of *Aspergillus fumigatus,* two obscure fungal organisms cultured and ultimately linked to the contaminated medication lots from the NECC. Both types of fungus can lead to a deadly bout of fungal meningitis. As of December 3, 2012, the CDC reports that issues stemming from the tainted NECC products include 541 cases and 36 deaths related to fungal meningitis, with more cases and deaths continually being reported upon notification to the CDC.

Currently, the NECC is under investigation by the FDA as to how compounding sterility guidelines and safeguards were breached and the contaminated products were dispensed unchecked in such a widespread manner. Additionally, the CDC is in continual contact with state health systems to contain and suppress the spread of meningitis connected to the outbreak. The CDC issued interim treatment guidelines for this type of meningitis outbreak that includes utilization of voriconazole and amphotericin B to treat positive cultures. The FDA is also under scrutiny as to how far they went to contain the contamination issue and to curb the effects of the corresponding outbreak. According to a paper by Outterson and colleagues, the FDA has the authority and power to regulate drug manufacturing practices, but the world of compounding falls into the indistinct and undefined area between Federal and State law. Since traditional compounding pharmacies are not registered as a drug manufacturer with the FDA, they are not subject to the FDA's methods of drug approval and marketing and are also left out of regulation as far as reporting adverse events to the FDA as well.

In light of recent events, the FDA is calling for more jurisdictional influence over compounding pharmacies and asking congress to provide them with more regulatory power over products that are produced by these types of businesses. Because of the NECC meningitis tragedy, Congress is focusing on requiring compounding pharmacies be subject to FDA registration and allowing the FDA to become more of an influence in regulating and checking products that are made in compounding pharmacies across the nation. This may come as a detriment to compounding pharmacies as the FDA would have power to discontinue products that the agency would deem unsafe to be utilized by patients who may rely on medications not found in a traditional pharmacy. However, if some type of regulatory legislation is passed, that decision by Congress can potentially make our nation safer by providing a statutory barrier to unsafe medications and, thus, preventing another hazardous outbreak from occurring.

VA Southern Nevada Medical Center Opens!

The VA Southern Nevada Healthcare System (VASNHS) provides a broad spectrum of ambulatory and inpatient services as part of VA Desert Pacific Healthcare Network (VISN 22). The VASNHS serves veterans in seven counties including Clark, Lincoln, Nye and Esmeralda in Nevada; Washington County in Utah; Mohave County in Arizona and San Bernardino County in California. Recent consensus projections place the veteran population of these counties over 240,000. The VASNHS provides healthcare service to more than 50,000 patients yearly, exceeding 400,000 outpatient visits per year.

Facility sites are located in Las Vegas, Henderson and Pahrump, Nevada. The majority of the facilities are located in metropolitan Las Vegas and North Las Vegas, Nevada. The VA has opened four leased Community-Based Outpatient Clinics located throughout the Las Vegas Metropolitan Area to meet Primary Care and Mental Health needs. The first of these clinics opened in September 2011, with the most recent opening in February 2012. This effort allows most veterans the opportunity to continue to receive primary care services close to their home.

In August 2012, the long awaited VA Medical Center Complex opened its doors in the first of several phases. It is the first VA hospital to be built in the United States since the end of the Gulf War. The Medical Center Complex is located on approximately 151 acres in the north portion of the Las Vegas valley. The one million plus square foot building will accommodate 90 Inpatient beds and a 120-bed Extended and Skilled Care Community Living Center. Inpatient beds are planned for two 24-bed Medical Surgical Nursing Units, 22 ICU and Step Down, 20 Mental Health, 20 Alzheimer, 20 Sub-Acute, 40 Rehab, 20 Extended Care, 20 Hospice and Respite beds. All patient rooms are private rooms with the exception of 3 Mental Health 2-person rooms. The Medical Center Complex is planned to provide a "One Stop Shopping" approach for the Veteran whose health care needs cross the continuum of services including specialty care, surgery, mental health, rehabilitation, and collocated Veterans Benefits Administration offices. The consolidation of clinical and administrative support will increase effectiveness, allow for the sharing of expertise and coordination across all levels of care, ensuring patients are provided optimum care in the most appropriate setting. As Southern Nevada is one of the fastest growing areas in the country, services provided by VASNHS continue to expand to meet the demands of the dynamic growth.

It's a Small World After All

By: Anthony Fermin, Student Representative, Class of 2013

"Pharmacy is a small world." I first heard this phrase from Dr. Paul Oesterman during our orientation for admission interviews for Roseman University of Health Sciences (then University of Southern Nevada) one day in February 2010. Since then, I have heard this same phrase repeated in various permutations throughout my time in pharmacy school, emblazoned in my brain, along with my memories of the MOA of warfarin and the "Saved by the Bell" theme song. In all honesty, many of us students may not have taken this phrase seriously or reflected on what it means. However, during my time in NVSHP, I realized what these four words really boil down to is "NETWORKING."

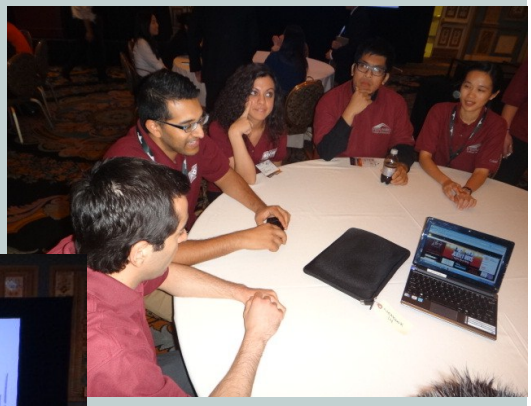
Networking has become very important, especially in the competitive job market today. The key is to build strong professional relationships through excellent performance in every rotation site, every job experience, or every organizational position filled, so that one opportunity can lead to another opportunity for advancement or growth. My experience interacting with our faculty, our preceptors, our NVSHP Executive Board, and my fellow students have been true highlights of my career as a pharmacy student thus far. I know that each of us will go on to various positions and fields in pharmacy as we move forward. Having "someone you know" in a certain field can be an untapped treasure of possibilities when the time is right. Many of us are seeing the benefits of networking already, as we are being offered positions in our former rotation sites, or getting recommendations from our preceptors for certain residencies and fellowship positions. I believe many of our professional co-members and mentors will agree that this is a lifelong process and the ability to successfully expand your professional network is one of the keys to a successful career.

A key networking event this year was the CSHP/NVSHP Joint Annual Meeting "Jackpot Pharmacy" that was held on October 18-21 at the Paris Hotel. Through our relationship with CSHP, we were able to become successfully integrated into this meeting, included in their student assembly, and other programming. It was refreshing to speak with other students from the different chapters in CSHP and see that many of them were remaining engaged in representing our profession in their state as well as throughout the country.

Many of the Roseman students participated in the poster presentation and, of course, the ever-so-daunting Residency Showcase. The showcase provided us an avenue to introduce ourselves to the various residencies in California and many other locations throughout the nation. It was a valuable sneak peak for many of us aspiring for a PGY1 or fellowship position.

Finally, Roseman University was able to participate for the first time at the CSHP Annual Quiz Bowl, competing with USC, UCSF, UCSD, UOP, Touro University, among other schools throughout California. Wearing burgundy polo shirts, students Link Almogela, Heather Caldera, Lynn Chan, Wendy Diep, Jason Han, Linda Ghov, Kiya Mohadjer, Samueel Parikh, Manish Saija, and Anna Sgambelluri, with alternates Class of 2012 Student Representative, Sydney Smith and yours truly, answered questions about topics ranging from USP 797 to Infectious Disease. Ultimately, Touro University won and we tied for 4th place, but it was a great way to end this event and a great experience.

Thus, as I end my term as Student Representative for NVSHP, I encourage my fellow students to build your networks and cultivate them throughout your career. Continue to remain engaged in NVSHP or any professional organization you are involved in to help strengthen the voice of pharmacists in this country. I would like to thank the NVSHP Board of Officers from 2010-2012 who have been great mentors and support these past 3 years. I hope to have the honor and privilege to work with you all again in some capacity, and I know I will as our pharmacy world continues to grow ever so smaller each day.



From Left to Right:
Dean Scott Stolte & NVSHP President Sandy Sierawski, Roseman Students and Dean Scott Stolte at Quiz Bowl, Roseman students hard at work

The Affordable Care Act—Changes Lie Ahead for Pharmacy

By: Elliot B. Asarch, Pharm.D. Candidate

Obamacare is Here to Stay

The national healthcare law passed in 2010, formerly known as the Patient Protection and Affordable Care Act (PPACA) and informally known as Obamacare, is here to stay. In the landmark decision, *National Federation of Independent Business vs. Sebelius*, the United States Supreme Court upheld the most important and controversial parts of the law. This decision approved the individual mandate, which gives the government power to enforce the law. The re-election of President Obama can be viewed as a ratification of this act and paves the way for the Obama administration to move forward in the law's implementation. The implementation of Obamacare will change healthcare and the profession of pharmacy as we know it today. To achieve the goal of making healthcare affordable as well as improving population health overall, the healthcare system must become more efficient. This is especially important as the baby-boomer generation requires more healthcare services, the population increases, and the insured population increases due to the individual insurance mandate that goes into effect in 2014.

One major way that pharmacists can assist in making the system more efficient is taking a lead role in preventative medicine. Pharmacy-based clinics at retail chains and Medicine Therapy Management (MTM) services have illustrated that pharmacists can take a lead role as a clinician even in the retail setting and assist pharmacists in maintaining our "most accessible healthcare provider" reputation, as well as improving patient outcomes and saving money for patients, as well as for the system overall.

Change in Pharmacy and Pharmacists Role in this Change

As implied in its name, the focus of the Affordable Care Act is to make sure all Americans have affordable healthcare coverage. At first glance, increasing the amount of insured Americans would appear to have a positive effect on pharmacy. More insured patients will result in a growth in the amount of prescriptions that need to be filled. In addition, the closing of the Medicare Part D donut hole will also lead to an increased utilization of pharmaceuticals and pharmacy services. This may require pharmacies to hire more pharmacists. However, more prescriptions do not necessarily translate to a higher demand for pharmacists. As the number of prescriptions increases, the healthcare industry will attempt to lower the cost of healthcare by exploring less expensive ways to provide pharmacy services. To minimize the hiring of additional pharmacists, there will be pressure to use more pharmacy technicians to handle the additional prescription volume. This increased need for technicians and desire to cut costs may lead state boards of pharmacies to increase the allowable technician to pharmacist ratio. Additionally, there may be increased use of 90 day fills and central fill pharmacies. Another way to reduce healthcare costs, which is already being pushed by insurance companies, is mail order pharmacies. When selling the healthcare law to the American public, President Obama promised Americans that they could keep their doctor, but he did not promise that they could keep their pharmacist. Many of these trends were already evident prior to the PPACA as managed care attempted to reduce healthcare cost. Obamacare will just accelerate these trends.

As the amount of insured patients increases, the amount of prescriptions needing to be filled will see a corresponding increase. This increase of prescriptions will require a change in the pharmacy model. How can pharmacists prevent themselves from being squeezed out of a new, more efficient healthcare model? The answer to this question is that pharmacists must expand the services that they already provide. In addition to normal everyday prescription counseling, pharmacists already provide invaluable services such as vaccinations, tobacco cessation counseling, and general healthcare advice that improves patient outcomes and thereby saves the patient and the system money. Before it's too late, pharmacists should take a leadership role in preventative medicine, and take advantage of language in the new law that allows healthcare providers to bill for providing these services. As physicians' offices fill up, physicians will be forced to focus on the diagnosis of patients and the management of only the most acute and complex patients. Pharmacists should focus on efficient dispensing and managing patients' drug therapy.

Thinking Outside the Pharmacy Box

What new doors will open as others close? What other areas of pharmacy will grow or will be created from the changing healthcare environment in pharmacy and implementation of Obamacare? There are many opportunities available for pharmacists to take advantage of the changing healthcare landscape. One major way that pharmacists can assist in making the system more efficient is by taking a lead role in preventative medicine. Pharmacy based clinics within retail pharmacies have already demonstrated that pharmacists can play a key role as a clinician even in the retail setting. Also, the Medicine Therapy Management (MTM) services provided by pharmacists at these clinics help maintain our "most accessible healthcare provider" reputation as well as improving patient outcomes and saving money for patients as well as for the system overall. The increased use of electronic prescriptions creates roles for IT pharmacists to develop and sell electronic pharmacy systems. The need for the most cost-effective treatments creates opportunities for pharmacist involvement in designing and conducting comparative cost-effectiveness studies. The need for lower cost pharmaceuticals creates opportunities for pharmacists in the pharmaceutical industry to work on regulatory approval for generic equivalent drugs for biopharmaceuticals, also known as biosimilar drugs.

Pharmacists, sometimes underutilized in the past, should seize the PPACA as an opportunity to utilize all of the training and expertise that pharmacists have to contribute to a more efficient and more accountable healthcare system that will provide needed healthcare to the largest segment of our population possible. The roles for pharmacists are endless, and as the profession changes, these roles will change with it. Pharmacy will continue to prosper if we embrace these changes and continue to think outside the pharmacy box.

*All references for articles available upon request. Please email nvshpinfo@gmail.com. Thank you.

NVSHP wants to wish all of its members Happy Holidays. We look forward to exciting new things to come in the New Year!

Student Scholarship and NVSHP Involvement!

Please submit your CV along with an essay by Dec 31st 2012 to be considered for one of 3 NVSHP sponsored scholarships. Essays and CV can be sent to nvshpinfo@gmail.com.

- The essay component: Please indicate how your involvement in NVSHP has contributed to your personal and professional development (350 words or less).

Do you want to be more involved with NVSHP? We are always looking for members to join our committees. Please e-mail nvshpinfo@gmail.com to find out more information about our committees and how you can be involved!