



MSHP Vision - To be recognized as the leading organization in Maryland promoting excellence, accountability and leadership through education, research and the practice of pharmacy to improve patient outcomes.

R.E.A.L. - Respected through Education, Accountability and Leadership

**2012 President's Address—Times are a changin'
Lindsay H Harris, PharmD, BCPS**

Friends, colleagues, MSHP members, I am honored and excited to have this opportunity to serve as your president. I feel well prepared for this challenge after serving under Dr. Jill Morgan for the past year as President-elect. Jill has been a fantastic role model and leader. Additionally, we have a very dedicated group of Board members and committee co-chairs, who I am thrilled to be able to work with in this upcoming year. But before I get ahead of myself, let's reflect upon the past few years.

The MSHP focus for the last year or two, has been on legislative issues that directly impact our profession, advocacy for our profession and growth of our membership.

**CALL TO ACTION!
MENTORS NEEDED FOR
FUTURE PHARMACISTS**

As many of you know, the Maryland Society of Health-System Pharmacy and the University of Maryland Student Society of Health-System Pharmacy have had a long-standing student mentorship program. Through this program, students are paired with pharmacists that have similar professional interests to facilitate a mentor-protégé relationship. Mentors and students are paired for the academic year and are able to choose a meeting schedule that best suits their individual needs. Most mentors and students meet only a few times per year and communicate largely via e-mail. This year we have a record number of students that have requested mentors and we have postponed our matching process in the hopes of recruiting more mentors to meet this demand.

The Student Mentorship Committee would like to encourage you to sign up to become a mentor for a student pharmacist. As a mentor, you will serve as an invaluable resource to a student as they forge their way through pharmacy school to become engaged professionals and future MSHP members. Mentors should be open to answering student questions about post-graduate training, health-system pharmacy, and their own career paths. New this year, we are especially interested in recruiting mentors on the Eastern Shore, as students from the University of Maryland Eastern Shore School of Pharmacy would like to benefit from this successful program as well. For more information, please contact MSHP Student Mentorship Committee Chair Andrea Passarelli at apass003@umaryland.edu.

Additionally, we are constantly trying to give the membership what it needs and wants. But let's be honest...times are a changin'! After 50 years, Joe Paterno is no longer the Penn State football coach, there is no professional basketball, and after many years of a pharmacist shortage we have more graduates than we know what to do with and national shortages of electrolytes and life saving drugs. We have all heard enough about Penn State and the NBA so I'll spend a few minutes on the issues regarding the profession!



*Lindsay Harris
2012 President*

The MSHP Board sat down recently to discuss the agenda for the up-coming year and several things came to mind.

First - The Pharmacy Practice Model Initiative (PPMI) Summit, which was organized to engage key stakeholders to create a forward thinking hospital and health-system pharmacy practice model. This described practice model must include medication use policy, product selection and distribution, clinical pharmacy practice and the roles that pharmacists and technicians will play, adherence to standards, technology and safety. At this time, there is an urgent need to figure out how health systems are going to achieve all of this and the leaders of MSHP feel that we can do this better as a state than we can as individuals. To get the conversation started and institutions across the state involved we have created a PPMI taskforce, which will be chaired by Dr. Todd Nesbit. This is a great opportunity for collaboration with our technician committee, as the role of the pharmacy technician is changing and growing.

Second - The Pharmacy Residency Capacity Stakeholders conference. This conference provided a forum for identifying ways to bring the supply of accredited pharmacy residency training programs in better balance with the demand for such training. The Board has decided to morph the LEARN committee of the past into the MSHP Residency Committee as of January. We hope that this committee can meet the resident and student members needs as well as being the sounding board for pharmacy residencies in the state. This committee will be chaired by 2 pharmacy residents and a residency

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MEMBERS IN THE NEWS

Michael Spinner Receives 2011 Student Research Award from ASHP Research and Education Foundation

Michael L. Spinner, Pharm.D., has been named the recipient of the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation's 2011 Student Research Award. The award is one of five that are awarded annually as part of the ASHP Foundation's Literature Awards Program.

The Literature Awards Program recognizes original, significant contributions to biomedical literature by pharmacists. All Literature Award recipients exemplify excellence in research and writing that foster improvements in the medication-use process, pioneer new uses of technology and pharmacy personnel and promote the pharmacist's role in patient care. The awardees will be formally recognized during the 2011 ASHP Midyear Clinical Meeting in December in New Orleans, La.

Dr. Spinner, a member of the Maryland Society of Health-System Pharmacists, is a PGY-1 Pharmacy Practice Resident at The Johns Hopkins Hospital in Baltimore, MD. His winning paper, "Impact of Prophylactic Versus Preemptive Valganciclovir on Long-Term Renal Allograft Outcomes" was co-authored by Georges Saab, M.D., Ed Casabar, Pharm.D., Lyndsey J. Bowman, Pharm.D., Gregory A. Storch, M.D., and Daniel C. Brennan, M.D. It was published in *Transplantation* in August 2010 (*Transplantation*. 2010 Aug 27;90(4):412-8).

His interest in solid organ transplant, the complex medication regimens transplant recipients take for life and the multitude of patient advocacy opportunities that exist in this area began as a pharmacy student. He undertook a research project investigating outcomes relating to the prevention of cytomegalovirus post-renal transplantation while participating in the 2008 Pre-doctoral Interdisciplinary Clinical Research Training (PICRT) Program through Washington University School of Medicine in St. Louis, Mo. That study was the basis of his article.

Dr. Spinner's work is significant to health-system pharmacy for two reasons: It provides important evidence regarding prevention of cytomegalovirus in patients who have had kidney transplants. Additionally, it demonstrates that pharmacy student training in clinical

research can result in important contributions to the literature while supporting an individual's career development as an investigator.

"I am truly honored to be the 2011 recipient of the ASHP Research Foundation Student Research Award," he says. "Prior to beginning pharmacy school, I spent 10 years as a laboratory researcher in various medical specialties. I desired a career change in order to provide direct patient care and have the opportunity to apply my laboratory experience to the field of clinical research. Being recognized for this work is an affirmation of my belief in the importance of the clinical research pharmacist."

The ASHP Foundation will recognize Dr. Spinner, along with the other 2011 Literature Award recipients, on December 7, 2011, at an awards breakfast in New Orleans, La.



Have You Received Your NABP e-Profile ID Yet?

The National Boards of Pharmacy and the Accreditation Council for Pharmacy Education are implementing an electronic central repository to streamline the collection and reporting of your continuing pharmacy education. This system will enable the State Board of Pharmacy to efficiently verify the completion of your continuing education and eliminate the need for paper or electronic CE statements.

Participant evaluation forms will now request your e-profile number as well as the month and date of your birth in order to begin filing participant information electronically sometime next year.

If you have not yet registered for your NABP e-profile number go to www.mycpemonitor.net to register or contact customer service at NABP by phone at 1-847-391-4406.



Join a Statewide Public Health Initiative to Reduce Adverse Drug Events: Pharmacists' Contributions To Be Recognized by CMS

Ka Yiu Carmen Lam, PharmD Candidate 2012, University of Maryland School of Pharmacy
and Jennifer Thomas, PharmD, Manager Pharmacy Services, Delmarva Foundation for Medical Care

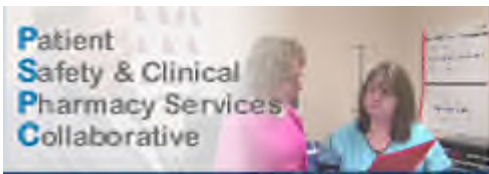
Background

Among the many healthcare issues facing the pharmacy community, medication safety tops the list. Consider the following statistics: more than 133 million Americans lived with chronic illnesses in 2005; 91% of all prescriptions are filled for a chronic condition; at least 1.5 million preventable adverse drug events (ADEs) occur within the healthcare system each year, with an estimated 13.5 percent of hospitalized Medicare beneficiaries experiencing ADEs during their hospital stays⁴; of the nearly 1 million Medicare beneficiaries discharged from hospitals in October 2008, about 1 in 7 individuals experienced an adverse event.

In recognition of this public health issue, the Centers for Medicare & Medicaid Services (CMS) has charged Delmarva Foundation for Medical Care (DFMC), the Medicare Quality Improvement Organization in Maryland, to collaborate with and support the work of multidisciplinary, community-based teams to minimize harm related to ADEs in high-risk patients. (Quality Improvement Organizations [QIOs] operate in every state and in the District of Columbia, Puerto Rico, and the Virgin Islands under contracts with CMS to provide local oversight of Medicare services and billing.)

PSPC: An Inter-Professional Medication Management Improvement Model

Multiple quality improvement initiatives have been undertaken to reduce ADEs in high-risk patient



populations such as the elderly. One successful project is the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC), a quality improvement and interdisciplinary collaborative sponsored by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS). The PSPC aims at improving health outcomes and patient safety for high-risk patients and improving the delivery system by enhancing care coordination among the providers and partners involved; fostering multidisciplinary, team-based care; and integrating medication management and other services to minimize harm related to ADEs and maximize optimal health outcomes. By forming community-based teams across the country and partnering with colleges of pharmacy, primary care associations, and other stakeholders, PSPC teams deliver patient-centered services that are improving patient health outcomes and safety, while also increasing cost-effective clinical pharmacy services.

Currently, there is one PSPC team in Maryland, the Primary Care Coalition (PCC) of Montgomery County. This team has

implemented an inter-professional collaborative provides medication therapy management (MTM) model and service for underserved, high-risk patients with diabetes as a population of focus.

The pharmacists on the PCC team include, Hoai-An Truong, PharmD, AE-C, MPH, Acting Director of the Experiential Learning Program and Assistant Professor, University of Maryland School of Pharmacy; Heather B. Congdon, PharmD, BCPS, CDE, Assistant Dean, Shady Grove Campus, Assistant Professor, University of Maryland School of Pharmacy; and Faramarz Zarfeshan, RPh, Pharmacist Owner, ALFA Specialty Pharmacy. The team is led by Rosemary Botchway, MS, HCA, Director PCC Center for Medicine Access and Diem-Thanh (Tanya) Dang, PCC Community Pharmacy Coordinator.

The Primary Care Coalition of Montgomery County (PCC) is a private, non-profit, charitable organization located in Silver Spring, MD. Founded in 1993, the PCC pursues a clear mission: *to serve as the catalyst for the development and coordination of a community-based health care system that strives for universal access and health equity for underserved residents.* The mission is facilitated through the public-private Montgomery Cares Program (MCares), providing primary health care through a network of 11 independent, non-profit, safety-net clinics. PCC became aware of the PSPC collaborative during its inaugural year, PSPC 1.0, in 2008-2009 and recognized the value of clinical pharmacy services for the clinics and the patient population. In 2011, the team received the American Diabetes Association's "Promising Practice Award of Excellence".

Based on the success of early PSPC teams such as the Primary Care Coalition of Montgomery County, CMS is calling on QIOs to collaborate with organizations currently participating in the PSPC effort and with appropriate state, regional, or federal partners to form additional community teams. To achieve these goals, DFMC is inviting all interested Maryland pharmacist practitioners in ambulatory clinics (MTM, diabetes care, anticoagulation clinics), in Community Health Centers, Federally Qualified Health Centers, collaborative drug therapy management (CDTM) practice, and P3 program along with nursing home/long-term care consultants and MTM providers to participate in this exciting ADE reduction project.⁷ Populations of focus will include Medicare beneficiaries who meet one of the following criteria: high-risk patients who have 5 or more chronic conditions and/or who take 8 or more medications on at least a weekly basis, are evaluated by 2 or more providers, take the anticoagulant warfarin on a regular basis (at least weekly and for 3 months or more), take antipsychotics and/or take oral hypoglycemic medications for diabetes mellitus⁷.

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DFMC will provide the tools and interventions available in the PSPC toolkit to help teams achieve defined goals for each population of focus. DFMC will help teams track improvement in health status and safety measures in real time and track and monitor the number of ADEs and potential ADEs that occurred in targeted patient groups. Additional measures will include the number of ER visits, hospitalizations, and/or hospital readmissions where the primary or secondary reason for the visit was an ADE. This project offers great opportunity for pharmacists to take responsibility and receive recognition for improving medication therapy management and patient outcomes.

Targeted Patients on Warfarin

According to the Joint Commission, anticoagulants are one of the drug classes most frequently cited in reports of medication errors or ADEs⁸. In 2008, the Joint Commission released National Patient Safety Goal (NPSG) 3E (now known as NPSG 03.05.01) of reducing patient harm associated with the use of anticoagulation therapy⁹. In the targeted patients on warfarin, the PSPC teams will track, monitor, and report on a quarterly basis on the number of patients who had their International Normalized Ratio (INR) drawn at least once in a given month and whose INR is in optimal (as targeted by their provider) range. However, studies show that patients receiving long-term anticoagulation therapy are in the therapeutic range only 43.2% - 68.2% of the time¹⁰⁻¹⁵. By working closely with the anticoagulation clinics and PSPC teams, DFMC aims to reach 30% of the patient population on warfarin therapy to be in therapeutic range in 18 months after the start of project, and to reach 70% of the patients to be in range in 36 months.

Many in the MSHP community are providing medication therapy management in the area of antithrombosis services and anticoagulation clinics. DFMC has invited all anticoagulation clinics in Maryland to join the PSPC ADE reduction project. The invitation letters and packet were mailed mid-September to clinic Medical Directors, coordinators or managers, and to the clinical pharmacist specialist. Significant improvement in patients' health status and reduction in ADEs is anticipated, based on evidence from the early PSPC teams (54% of patients once identified as "out of control" became "under control" across a range of chronic conditions; additionally, ADEs fell by an average of 49%). The benefits of participation include improved patient outcomes, reductions in warfarin-associated hospital admissions, and quality and outcome measures to showcase the AC clinic's performance to current and prospective customers, regulatory/accreditation – CMS and Joint Commission National Patient Safety Goal 3E – safe use of anticoagulants. A number of clinics have expressed interest in the project and there is no maximum number. Interested clinics should send their signed memorandum of participation to DFMC as soon as possible.

Targeted Patients on Antipsychotics

Medicare beneficiaries, who are mostly aged over 65, often have a higher burden of illness and may require drug-based interventions to prevent or treat multiple medical conditions. Unfortunately, this may result in unnecessary drugs prescribed or being prescribed with drugs that are contraindicated for their age group.

Such medications are characterized as potentially inappropriate medicines (PIMs) and are a concern for potential adverse drug events. In the first 6 months of 2007, the Office of Inspector General reported that 14% of elderly nursing home residents had Medicare claims for atypical antipsychotics drugs, but 83% of them were associated with off-label conditions and 88% were associated with conditions specified in the FDA boxed warning¹⁶; while in the third quarter of calendar year 2010, CMS reported that 39.4% of nursing home residents nationwide who had cognitive impairments and behavior problems but no diagnosis of psychosis or related conditions received antipsychotic drugs¹⁷. These beneficiaries comprised a large portion of inappropriate medication use. Side effects of antipsychotic medications are particularly problematic in elderly patients, who experience many age-related changes that may exacerbate medication side effects. These effects include anticholinergic reactions, parkinsonian events, tardive dyskinesia, orthostatic hypotension, cardiac conduction disturbances, reduced bone mineral density, sedation, and cognitive slowing; which may also increase the risk for death in elderly patients with dementia-related behavioral problems¹⁸. In order to address this problem, PSPC teams will monitor and track the number of beneficiaries on an antipsychotic and also review use of PIMs to reduce the number of beneficiaries taking inappropriate medications by 50% in 3 years.

Targeted Patients with Diabetes

Patients taking oral hypoglycemic medication for diabetes mellitus are the third population of focus in this project. Inadequate diabetes control may lead to serious complications, including heart disease, blindness, kidney disease, high blood pressure, neuropathy, and amputation¹⁹. Furthermore, according to the Office of Inspector General report, hypoglycemic events related to medication is the third most frequent adverse event identified among the sample Medicare beneficiaries⁴. Hypoglycemia with oral antidiabetic agents is predominantly associated with the insulin secretagogues. The risk of hypoglycemia of each sulfonylurea is related to its pharmacokinetic properties and is highest with long-acting agents such as chlorpropamide, glyburide, and long-acting glipizide²⁰. Hypoglycemia may cause serious morbidity, provoking major vascular events such as stroke, myocardial infarction, acute cardiac failure, and ventricular arrhythmias. As part of this ADE reduction project, targeted diabetic Medicare beneficiaries with diabetes on insulin or an oral hypoglycemic will be monitored with reporting on a quarterly basis on the number of beneficiaries with HgA1c in control (< 9%) and the patients whose HgA1c is out of control (\geq 9%). The goal is to help 50% of the patients with diabetes with HbA1c > 9% achieve an HbA1c < 9%.

Conclusion

Reducing adverse drug events is a major public health issue in the effort to optimize care for patients while avoiding associated excessive costs. The ADE reduction project aligns the QIO's work with current national quality initiatives, such

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as the National Quality Strategy, Partnership for Patients, One Million Hearts Campaign, and CMS efforts to improve health and health care for all Medicare beneficiaries and promote quality of care to ensure the right care at the right time, every time. Pharmacists have a great opportunity and obligation to participate in an ongoing quality improvement and safety project that achieves the goals we extol in our profession. Please don't miss this opportunity; join the project now. Contact Jennifer Thomas, PharmD, Delmarva Foundation for Medical Care, thomasjen@dfmc.org, 410.872.9698.

Further information on national quality initiatives is available through:

National Quality Strategy - <http://www.ahrq.gov/workingforquality/>

Partnership for Patients - <http://www.healthcare.gov/compare/partnership-for-patients/index.html>

Million Hearts Campaign - <http://millionhearts.hhs.gov/>

This material was prepared by Delmarva Foundation for Medical Care, the Medicare Quality Improvement Organization for Maryland, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health. The contents presented do not necessarily reflect CMS policy. 10-SOW-MD-ADE-093011-048

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MSHP Fall Seminar Review

Pharmacists, technicians and industry representatives attended the Fall session of MSHP's All Day CE Seminar held Saturday November 12th at the Conference Center at the Maritime Institute in Linthicum Heights adjacent to Thurgood Marshall Airport. The day began with attendees enjoying continental breakfast while visiting with industry representatives at the trade that filled the lobby. Area pharmacy directors and other pharmacy leaders had their regular meeting at the same time as well.



Lindsay Helms with Marie Marquardt, Industry Rep of the Year

The morning also included pharmacy technician presentations by Dr. Meghan Davlin who presented Protect Yourself: the Safe Handling of Hazardous Drugs and Dr. Gary Flax who discussed What Every Pharmacists Needs to Know About Controlled Substances. Both technician speakers are from The Johns Hopkins Hospital.

The CE presentations began with Dr. Jane Pruemer, from the James Winkle College of Pharmacy at the University of Cincinnati who presented Optimizing Bone Health in Cancer Patients. Dr James Trovato from the University of Maryland School of Pharmacy followed with The Pharmacist's Role in the Prevention & Treatment of Breast Cancer. The morning also included pharmacy technician presentations by Dr. Kathryn Kiser from the University of Maryland School of Pharmacy who presented Too Many to Count: Herbal Drug Interactions with Warfarin. A Cervical Cancer Update was presented by Dr. Katharine Kinsman from The Johns Hopkins Hospital.

An extended break gave attendees a chance to match trivia questions to the displaying companies. Attendees dropped their completed game cards into a raffle box for a chance to win one of five gift packages of ASHP books and DVDs. The lucky winners included: Frances Greene, Sylvia Okrezesik, John Quinn, Madge Rumrill and Ijeoms Uzoho.



Jill Morgan with Reid Zimmer
2011 Pharmacist of the Year

When the CE sessions resumed all attendees were given an update on Health Care Reform by David Chen from ASHP.

Mark Your Calendars!
MSHP Spring B-Annual Session
Saturday March 24, 2012
Anne Arundel Medical Center - Annapolis

The afternoon luncheon included the 2012 Officers and Board of Directors were installed by MSHP Member and ASHP representative Anthea Francis. These include:



Jill Morgan with ASHP representative Anthea Francis

Lindsay Helms, **President**
Kristine Parbouni, **Secretary**
John Ness, **Treasurer**

MaryBeth Kazanas, Lauren Hynicka and Katherine Walker,
Board Members

The following MSHP Annual Awards for 2011 were presented:

Pharmacist of the Year - Reid Zimmer
Jeffery Ensor Emerging Leader Award - Bryan Hayes
W. Arthur Purdum Award - Daniel Ashby
Pharmaceutical Representative of the Year - Marie Marquardt, Janssen
Past President's Award - Jill Morgan

The afternoon session included presentations from Dr. Edina Avdic from the University of Maryland Medical Center who presented New Antibiotics: In Short Supply and Fewer to Come. Keep Young and Beautiful: HIV and Women 2011 was presented by Dr. Beulah Perdue Sabundayo from Johns Hopkins University and the day concluded with an inspiring first hand account of drug dependency and recovery. The speaker was sponsored by the Pharmacy Education and Advocacy Council (PEAC).

There were 6.75 contact hours of continuing education credit available for the entire day's programming.

Mark your calendar for the 2012 Bi-Annual Seminar Spring Session to be held Saturday March 24, 2012 at the Anne Arundel Medical Center, Health Sciences Pavilion in Annapolis, Maryland. Complete program and registration information will be available about the first of the new year.



Jeffery Ensor Emerging Leadership Award recipient Bryan Hayes with Jill Morgan



ELEVENTH ANNUAL MARYLAND PHARMACY LEGISLATIVE DAY Thursday, February 16, 2012

The Maryland Pharmacy Coalition (MPC), comprised of MSHP, MPhA, MD-ASCP, MPhS, SGA (School of Pharmacy), the University of Maryland School of Pharmacy, and MACDS is proud to sponsor the ELEVENTH ANNUAL MARYLAND PHARMACY LEGISLATIVE DAY in Annapolis.

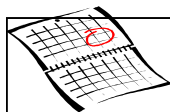
This is an opportunity to support your profession and MAKE A DIFFERENCE. Come learn about what is going on in the Maryland Legislature and how you can help educate your elected officials about pharmacy and our concerns. We cannot afford to sit by and let others make decisions that effect our profession. If you are not talking to your legislators, they may be hearing another story. *They need to hear from you.*

We invite you to join us in Annapolis on Thursday February 16, 2012 to learn about this years' issues and to talk with your Delegates and Senators.

The morning will begin at the Key Auditorium at St. Johns College across the street from the House Office Building, at the State House in Annapolis with a continental breakfast at 7:30 am. After a 7:45 am legislative briefing attendees will be off in groups to meet with their legislators to review the importance pharmacy issues that have been or will be introduced in the 2012 Maryland Legislative Session. All attendees will receive printed material to leave with the legislators they visit.

Remember that security in State Office Buildings require each person to have a photo ID with them.

Registration will be accepted through February 1, 2012. Additional information will be available after the first of January on the MSHP website: www.msphp.org under the Advocacy and Maryland Pharmacy Coalition tab. If you are interested in participating, please send your intent to participate to MSHP Headquarters by phone or e-mail.



Upcoming Dates to Note

Sunday February 12, 2012
MPhA/MD-ASCP Midyear Program
Maritime Institute

Thursday February 16, 2012
Pharmacy Legislative Day
State House Annapolis

Saturday March 24, 2012
Bi-Annual Seminar-Spring Session
Anne Arundel Medical Center

President's Address
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program director and assume responsibility for some annual activities, like the resident welcome banquet, the MSHP research night and the residency showcase.

Third – Membership growth and participation. We recognize that the opportunity for members to meet with committee co-chairs and to get involved is not as easy as it might sound, so our plan is to identify time at the spring and fall seminar next year, for all of the committees to meet with interested members in attendance, who want to get involved. This will allow face to face time between members and the co-chairs as well as allowing the committee co-chairs the opportunity to brainstorm with a diverse group and delegate out responsibilities.

With the start up of UMES School of Pharmacy, we hope to engage more health system pharmacists on the Eastern Shore. Hopefully this relationship will be easier to facilitate and grow with the creation of a student chapter at the school... the time is right to plant some seeds and make roots in the Eastern Shore.

Finally – Let me tell you about the community service we want to do this year. Last year we had a wine social and it was very nice evening. This year we thought getting our hands a little dirty would be a fun way to bring members together to do something for a community. Ideally, we would like to participate in a Habitat for Humanity project or a KaBoom project (which is an organization that builds community playgrounds). If you are as excited about this as I am, please stay tuned for more information!

As you can see, times are a changin' and this year is shaping up to be a good one, and these are just some of the items that surfaced as our Board meeting. I don't want anyone to leave here thinking that our other committees aren't hard at work... the Legislative committee is working hard to keep the membership abreast of new and old legislature that may impact our profession; the education and programming committee will continue to put together fantastic seminars and will be trying out webinars this year as well; we will continue to work with our industry partners to keep costs down for our members and will also be compiling list of educational programming opportunities available from our industry partners; the medication safety committee will continue to put on at least 2 hours of CE each year for the members and the antimicrobial stewardship group continues to meet regularly to discuss how to better manage some of our most valuable resources.

I encourage you all to get involved this year, if any of the new committees or already existing committees I described have piqued your interest, please let me or a Board member know! It has been a pleasure to share all of the changes happening within MSHP with you and I hope that you join us on this journey, thank you and enjoy the rest of your day!

*Best Wishes for the Holiday Season
and a Good New Year.*

