The largest project and biggest commitment of the spring semester of the ASCP Student Chapter was preparing and helping run Senior Symposium at MGM Grand at Foxwoods Casino. In preparation for the event, our student chapter helped spread the word about the symposium to our School of Pharmacy through speeches, emails and flyers, as well as assisted with setting up student registration and fees. As a result of all of the hard work put in by our members and our advisor, Dr. Jeffery, we had a tremendous turn out. UConn was strongly represented at the symposium, with over 200 students in attendance. We also had students from the University of Rhode Island School of Pharmacy attend the Friday sessions, which included a student session in which members of the pharmacy community shared success stories and offered advice to the future pharmacists on how to manage stress, school and how to stay involved.

Our student ASCP members were very busy during the course of the two-day symposium. One of the student chapter’s most loved volunteer projects that was presented at Senior Symposium was File of Life. File of Life is a free and voluntary program that serves as a mini medical history listing patients’ medications, healthcare providers, supportive needs and emergency contacts. The students had the pleasure of speaking with many individuals about its importance; many who did not know that it existed but were very happy to have access to such a useful program. The student chapter has high hopes to increase the number of participants next year. Our student chapter also provided notes and totes at the symposium as a way to provide attendees with a written copy of each presentation along with a way to fundraise to increase chapter funds; we greatly appreciate all who preordered and bought the notes and totes upon arrival. Several of our student chapter members also helped introduce many of the profound speakers heard at the symposium. As the students left on Friday afternoon after the symposium was over, there was much talk about the success of the event and the interest to continue involvement with ASCP in the future. We believe that Senior Symposium is a wonderful way to expose senior care to students, as well as to provide them with an opportunity to learn from pharmacists in all areas of the healthcare field.

We would like to thank the CT ASCP Chapter, the UConn School of Pharmacy and Dean McCarthy, as well as the hard work put in by our ASCP fundraising team for helping us to be able to send over 200 students to the symposium this year. It truly is an extremely beneficial experience for our students, and we hope to continue this tradition in years to come.
Understanding Short Cycle Dispensing
Jeanne Manzi, Pharm.D., CGP, FASCP
Director, Clinical Pharmacy Services, Innovatix, LLC

The Patient Protection and Affordable Care Act (the “Act”), the federal statute that addresses healthcare reform, was signed into law by President Obama in March of 2010. Included in its more than 2,000 pages of legislation is a passage that will have a tremendous impact on the way long-term care providers operate their businesses and serve their patients. It calls for a shorter dispensing cycle for Medicare D covered drugs dispensed to residents in a long term care facility to reduce waste associated with 30-day fills. Details of this provision were published in the Federal Register on April 15, 2010 and the law will go in to effect on January 1, 2013.

The short-cycle regulation will only apply to brand name oral solid medications and mandates that they are dispensed in supplies of 14-days or less. Brand medications are defined as those that are FDA-approved under a New Drug Application (NDA) and generics are those that are FDA-approved under an Abbreviated New Drug Application (ANDA). Pharmacists can check the following website if there is uncertainty about a particular medication:  http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm

In the Federal Register, the term “waste” was clarified and changed to “unused drugs” to be consistent with other definitions of the term. Certain medications were excluded from the 14-day dispensing including antibiotics, liquids and brand medications that must be dispensed in their original container per FDA prescribing information or that are packaged in compliance packaging. Brand name oral solid controlled substances also must be dispensed in a 14-day supply as well and refill issues will be addressed by the Drug Enforcement Administration prior to implementation of this rule. Generic medications were not included in this provision and may continue to be dispensed in quantities greater than 14 days.

Certain facilities were excluded from this provision such as assisted living facilities (ALFs), intermediate care facilities for the mentally retarded (ICF/MR), institutes for mental disease (IMD) and Indian Health Services/Tribal/Urban (I/T/U) pharmacies. The Program for All-Inclusive Care for the Elderly (PACE) enrollees are NOT excluded when the patient resides in a long-term care facility but they ARE excluded when the patient is community-based.

It is becoming increasingly clear that some long-term care pharmacy providers will need to change their current business models in order to comply with a short cycle dispensing methodology. Historically, pharmacies dispensed medications to long-term care facilities using a 28- or 30-day dispensing cycle, with the most common dispensing method being a bingo card system. The current legislation does not mandate the use of any particular dispensing method for short cycle, and the guidance released by the Centers for Medicare and Medicaid Services (CMS) will allow facilities the freedom to choose whichever method works best for them in concert with their pharmacy provider.

All pharmacies that service long-term care facilities are required to abide by this short cycle regulation including retail and mail order. There must be uniform dispensing for each long term care facility so any pharmacy that provides medication services to that facility must utilize that same dispensing methodology. Some examples of dispensing methodologies include unit dose, bingo cards, blister pak, multi-dose, automation, box/cassette system, and multi-dose strip packaging just to name a few. CMS and Medicare Part D sponsors cannot choose or mandate any one particular dispensing methodology.

The National Council for Prescription Drug Programs (NCPDP) is the organization that develops all of the billing standards for the pharmacy profession and Work Group 14 is the group that addresses long-term care billing. Billing options for short cycle dispensing include pre-consumption, post-consumption and bill as dispensed. A SWOT analysis (strengths, weaknesses, opportunities and threats) was completed for each billing method but no consensus was reached as to the best billing option. It was determined that post-consumption billing reduces the potential for fraud. CMS has indicated that they will only accept one prescription drug event (PDE) per month from plans for each prescription dispensed.

In the Final Rule, CMS eliminated the requirement that unused medication be transferred to the pharmacy as was stated in the Notice of Proposed Rule Making (NPRM) that was published in November of 2010. It does mandate, however, that Part D sponsors collect information from the network long-term care pharmacies about unused medication. The pharmacies should use the date of discontinuation of the order to determine and report the amount of unused brand and generic medication. This return reporting requirement will be eliminated for those pharmacies that immediately adopt a 7-day-or-less dispensing for brand and generic drugs. The return reporting details will be included in all Medicare Part D contracts.

This new short cycle regulation poses operational issues for both facilities and pharmacies that service long-term care residents. Examples of issues facilities will need to address include re-tooling or replacement of medication carts to accommodate 28- or 30-day bingo cards for generics and a 14-day supply of brand medications, additional pharmacy deliveries and checking in of medications, medication reorder and storage issues, additional staff training if automation is implemented, and reporting of accurate discontinuance dates for medications to the pharmacy.

Operational issues for the pharmacies include additional labor, capital equipment and other costs, quality control and safety concerns related to increased dispensing and handling of drugs, renegotiation of Part D plan contracts and accurate reporting of unused medication to the payers. Some pharmacies are already filling a shorter cycle for patients covered under Medicare Part A.

Long term care facilities and their pharmacy providers must work together to determine what dispensing methodology will best suit their needs. Operational issues should be addressed by these providers to make appropriate adjustments to their business models where applicable and comply with the new regulation to be ready for implementation on or before January 1, 2013.
Congratulations and Best Wishes to National ASCP President-Elect:
Sean M. Jeffrey, PharmD, CGP, FASCP

Current/Past Employment: Associate Clinical Professor, University of Connecticut; Clinical Pharmacy Specialist, Geriatrics & Residency Program Director (PGY2 Geriatrics), Veterans Affairs, Connecticut; Adjunct Assistant Professor, Yale University School of Medicine.

Education: BS Pharmacy, University of Connecticut; PharmD, Ohio State University; ASHP-accredited Specialty Residency in Geriatrics, Durham Veterans Affairs; and Duke Center for the Study of Aging; ASCP GeroPsychiatry and Behavioral Disorders Traineeship.

Awards: Connecticut ASCP Consultant Pharmacist of the Year (2004); Dennis J. Chapron Preceptor of the Year (2008); University of Connecticut School of Pharmacy Teacher of the Year (2011).

ASCP Involvement: Vice President (2010-2011); Chair Regional Meeting Task Force (2011); Bylaws Revision Committee (2011); Advocacy Council (2010-2011), Board of Directors—Region One (2006-2008, 2008-2010); CCGP Board of Directors (2006-2009), Foundation Board of Director (2009-2010), Geriatric Academicians Roundtable Leader (2004-2006); Facilitator—Consultant Focus Group, Annual Meeting (2003); Evidence-Based Medicine Task Force Member (2003-2004); Faculty, ASCP Fleetwood Project Internal Consultant Pharmacist Training (2002); ASCP Foundation Strategic Planning Committee Member (2001); Editor-in-Chief, Geriatric Pharmacy Review (2001-2005); Editorial Advisory Panel: A Guide to Medication Use in Home Care (2001); Leadership-in-Education Award Selection Committee (2000); Appointed Member, Educational Advisory Committee (1999-2002); Connecticut ASCP Chapter: President, Connecticut ASCP (2006-2007); Faculty Advisor, Student Chapter, Connecticut ASCP (2003-2006); Chairman, Senior Symposium Educational Programs Committee, Connecticut ASCP (2000-2001); Elected Board Member, Connecticut ASCP (1999-2002).


Vision for ASCP: Our members are recognized as experts in geriatric medicine and improve the lives of countless seniors every day. While well respected within our profession, our capabilities remain largely unknown to those most in need of medication therapy management (MTM). As president, I would seek to change this perception by fostering public relations efforts towards seniors, caregivers, and their families. Let’s use the power of social networks to tell our story. ASCP also needs a viable consumer product that would attract people in need of MTM services. Most families want to know if their loved-ones’ medications are “safe”. I support developing an ASCP-endorsed medication risk identifier application or “App” that steers consumers to ASCP MTM providers, and providers, ASCP would attract new members and create additional opportunities for existing members. I will work closely with ASCP leadership and staff to assure that the message of our tagline does not get lost—that we do improve the lives of seniors through geriatric medication management.

From my vantage point as vice president, all indications suggest ASCP is poised for growth. Demographic trends mean our services will be increasingly in demand. However, significant uncertainty remains regarding how health care reform will affect our industry. Entitlement reform and budgetary cuts to programs that affect seniors and our profession loom over the horizon. My priority for the next two years is to ensure ASCP is proactive in promoting the value of consultant pharmacists. We must showcase our efforts to improve quality of care. Getting more members involved in advocacy is urgently needed. As noted above, the time is now for a strong public relations campaign. Our message needs to come from both the seniors we serve and our members. Recent decisions staying the implementation of short-cycle dispensing show ASCP’s advocacy works. To expand our efforts, I support increasing technology to allow more activities like the Virtual Lobby Day. I envision ASCP better utilizing social networks to alerts members of important legislative actions in their communities.
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National ASCP Elections: The Results Are In…
Sean Jeffery, President-Elect
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Maryanne Zagaria, Region 1 Director
Nicole Brandt, Region 2 Director
Pradip Patel, Region 3 Director
Kathryn Allen, Region 4 Director
Clifford Young, Region 5 Director
LEGISLATIVE AFFAIRS
L. Sobel reviewed the state dispensing fees and anticonvulsant bill. G. Memoli suggested reaching out to other groups and LTC pharmacies and proposing a future meeting to improve involvement in legislation. Legislative committee should plan on meeting in August. Ballots are out for national office and S. Jeffery is running for President-Elect. J. Feather is retiring from national ASCP Executive Director. The ASCP Short Cycle Dispensing Meeting will be held in Dallas at the end of the month.

SENIOR SYMPOSIUM - Senior Symposium 2011 (SS11) April 14th & 15th
G. Memoli announced that we are awaiting final invoices to determine where we stand for SS11 financials. A contract is under development for SS12 if it is to be held at MGM Grand Foxwoods. Proposed dates were reviewed since dates offered from MGM for 2012 are not favorable. Alternate venues and locations were also discussed considering room requirements, food/beverage and AV costs. So far there is lots of interest in Product Theaters and a list of vendors has been obtained from national ASCP. S. Jeffery is leading a Task Force on regional meetings with CT involvement including K. White, G. Memoli, and B. Tendler. SS12 planning committee will meet July 11th.

GENERAL DISCUSSION
CE Planning committee will meet after board meeting to discuss planning of a Fall CE program.

REVIEW OF PAST MINUTES
The minutes of the 5-2-11 meeting were reviewed and approved unanimously.

Meeting adjourned at 8:05PM.

Next Meeting: 9-12-11 at Machiavelli’s

Respectfully submitted,
Kim L. Daley
Secretary/Treasurer

Sponsorship: Tom Kaschak, Kevin Mickune, Johnson & Johnson, Dean Mariano, DO - speaker

Guests: Maureen Sobel, Stephanie Hattoy, Jill Fitzgerald, Ramon Alvero, Jim Conklin, Christine Torda

SPONSOR RECOGNITION
Tom Kaschak from Johnson and Johnson was thanked for the sponsorship and educational presentation.