

CT-ASCP's SenioRx Care Perspective

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SYMPOSIUM

President's Address

Sean M. Jeffery, PharmD

Greetings and my compliments of the season to our CT-ASCP members. This marks my first time writing you as President of CT-ASCP. I suspect you are inundated with mailings, each clamoring for your attention. Therefore, I will keep my remarks brief.

There are two key areas I am working on this year. First, continue to strengthen Senior Symposium by broadening our audience to include geriatricians and nurse practitioners. While our meeting has enjoyed 7 years of success, we can not rest on our laurels. Each year is growing increasingly more difficult to obtain support, while our costs continue to rise. With the leadership of the Senior Symposium Committee (Gene Memoli – Chair) we will experiment with several new ideas at Senior Symposium '07 (April 26 & 27). The exhibitor's hours will be expanded as well as a members' only educational program to be held on Thursday. This will provide our members unique access to industry thought leaders. We hope you will keep these dates available as your attendance is critical to the success of Senior Symposium!

My second area of focus is on strengthening the chapter's infrastructure. I'm in the planning stages for a board of director's retreat where we will focus on succession planning, member involvement, and how to continue to identify future leaders in CT-ASCP. If you are still reading this, consider yourself invited to join the leadership team at CT-ASCP. If you are interested in learning about opportunities for involvement please contact me at 203-932-5711 extn 5464 or via email at Sean.Jeffery@va.gov.

"Many hands make light the work!" I extend my hand to you and encourage your active participation in this organization.

Kindest regards,

Sean Jeffery, PharmD
President, Connecticut – ASCP
&
Director, Region One
ASCP



Above picture taken at the ASCP Foundation Dinner during the 2006 Annual Meeting in Phoenix, AZ.

Overview of Final Survey Guidelines for Nursing Homes: Pharmacy Services and Unnecessary Medications

Anna Egle, RPh

From October 2004, changes to the regulations and survey guidance for **Pharmaceutical Services** and **Unnecessary Medications** portions of Appendix P and F-Tags 329, 425, 428, and 431 of Appendix PP of the SOM (State Operations Manual) were released for public comment. After a significant number of comments and subsequent revisions, a second draft was released in September, 2005. When the expert panel reconvened again December 05/January 06, the final documents were written and released for implementation scheduled for December 18th, 2006. Below is a brief summary of these changes.

Are these new regulations? No. The regulations themselves haven't changed. The new F-Tags take a holistic approach to medication management stressing the importance of the *entire care process*. Several F-Tags have been combined in the following areas:

- A. **Unnecessary Drugs:** New Tag F329 combines former tags F329, F330 and F331. § 483.25 (1) Unnecessary Drugs. The intent of this requirement is each resident's *entire medication regimen* is managed and monitored to achieve the following goals:
1. The medication regimen helps promote or maintain a resident's highest practical mental, physical, and psychosocial well-being, as identified by the resident and/or representative(s) in collaboration with the attending physician and facility staff.
 2. Each resident receives only those medications, in doses and for the duration clinically indicated to treat the resident's assessed condition(s).
 3. Use of non-pharmacologic interventions, when applicable, to minimize the need for medications, permit use of the lowest possible dose or allow medications to be discontinued; and
 4. The monitoring of medications for efficacy and clinically significant adverse consequences.

Medication Management includes the consideration of:

- Indications for use of medication (including initiation and continued use of antipsychotic meds)
- Monitoring for efficacy and adverse consequences
- Dose, duplicate therapy and duration
- Tapering of medication dose and gradual dose reduction of not only antipsychotic medications but other psychoactive medications (such as anticonvulsants used for behaviors)
- Prevention, identification and response to clinically sig-

nificant adverse consequences

The Guidance includes two clinical reference tables: "Medication Issues of Particular Relevance" and "Medications with Significant Anticholinergic Properties"

- B. **Medication Regimen Review:** New Tag F428 combines former tags F428, F429, and F430. §483.60 (c) Medication Regimen Review (formerly Drug Regimen Review). The intent of this requirement is the facility maintains the resident's highest practicable level of functioning and prevents or minimizes the adverse consequences related to medication therapy to the extent possible. This applies to LTC residents of all ages, not just residents older than 65 years of age. There will be an expectation of more frequent reviews of the medication regimen such as admissions, readmissions and significant change of status. During the MRR, *the Pharmacist* is expected to try and minimize or prevent adverse consequences by identifying and reporting irregularities in the following categories:

1. Use of medications without evidence of indications for use
2. If a medication used to treat a condition without evidence that safer alternatives or more clinically appropriate medications have been considered
3. If use of a medication is not helping attain the intended treatment goals because of times of administration, dosing intervals, sufficiency of dose or other reasons
4. Use of a medication in excessive doses (including duplicate therapy) or for excessive duration, thereby placing a resident at greater risk or causing existing adverse consequences
5. Presence of an adverse consequence associated with the current medication regimen
6. Use of medication without adequate monitoring
7. Presence of medication errors or the risk of errors
8. Presence of a clinical condition that might warrant initiation of medication therapy
9. Medication interaction associated with the current medication regimen

- C. **Pharmacy Services:** New tag F425 combines the former Tags F425, F426 and F427 (b) (1). §483.60 Pharmacy Services. The overall goal of the pharmaceutical services system is to ensure the safe and effective use of medications within a facility. A facility must provide *pharmaceutical services (including procedures)* that assure the accurate ordering, receiving, dispensing and administration of all drugs and biologicals to meet the needs of each resident.

...cont. on page 3

Overview of Final Survey Guidelines (cont.)

Under *Service Consultation*, the facility must employ or obtain the services of a licensed pharmacist who:

1. Provides consultation on all aspects of pharmacy services in the facility
2. Establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation
3. Determine that drug records are in order and an account of all controlled drugs are maintained and periodically reconciled.

There are 17 areas of responsibility listed in the guidance that fall under the services of a licensed pharmacist to assist the surveyor in determining compliance.

The intent of this requirement is to make sure the facility obtains pharmaceutical services, which includes the provision of routine and emergency medications and biologicals along with the services of a licensed pharmacist. The licensed pharmacist coordinates pharmaceutical services within the facility and aids in the development and implementation of pharmacy service procedures. The pharmacist will help the facility identify, evaluate and address/resolve pharmaceutical concerns that affect resident care, medical care or quality of life. This includes availability of consultative services between pharmacist visits (as needed) and coordination of services if multiple pharmaceutical service providers are utilized (i.e., pharmacy, infusion, hospice, PDP).

Provisions for routine and emergency medications are also addressed. Whether medications are prescribed on a routine, emergency, or as needed basis, they should be administered in a timely manner. Delayed acquisition of a medication may impede timely administration and adversely affect a resident's condition. Factors that help determine timeliness and guide acquisition procedures include:

1. Availability of medications for an anticipated admission or transfer of resident from an acute care setting or other institutional setting for continuity of care
2. Condition of the resident which includes severity of his/her condition, a significant change in condition, risk factors, discomfort, current signs/symptoms and the potential impact of any delay in acquiring medications
3. Category of the medication, such as antibiotics or analgesics
4. Availability of medications in emergency supply (where applicable)
5. Ordered start time for a medication

D. **Pharmacy Services:** New Tag F431 combines former Tags F427 (b) (2) and (3), F431 and F432. This tag addresses those portions of the pharmaceutical services related to:

1. Medication Access and Storage
2. Security and Safeguarding of Controlled Medications
3. Labeling of Medications to assure they are stored safely, provided to the resident accurately and in accordance with the prescriber's instruction.

§483.60 (d) Labeling of Drug and Biologicals

Drug and biologicals used in the facility to be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.60 (e) Storage of Drugs and Biologicals

1. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.
2. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

The intent of this requirement is the facility, in coordination with the pharmacist provides for:

1. Safe and secure storage (includes proper temperature controls, limited access, and mechanisms to minimize loss or diversion) and safe handling and disposition of all medications.
2. Accurate labeling to facilitate consideration of precautions and safe administration of medications.
3. A system of medication records that enables periodic accurate reconciliation and accounting of all controlled medications.
4. Identify the loss or diversion of controlled medications to minimize the time between actual loss or diversion and the detection and determination of the extent of loss or diversion.

...cont. on page 4

Overview of Final Survey Guidelines (cont.)

Periodic controlled substance reconciliation is required on records of receipt, disposition and inventory for all controlled medications (monthly or more frequently as defined by facility procedures or when loss is identified). If the systems in place have not been effective in preventing or identifying diversion or loss, it is important that the pharmacist and the facility review and revise the related controls and procedures, as necessary, such as increasing the frequency of monitoring or the amount of detail used to document controlled substances.

In summary, these changes increase the responsibilities of Consultant Pharmacists, the dispensing pharmacies and Physicians. The primary focus of these changes is on the resident and changes in their condition(s). Tapering/GDR has changed based on how the medication is being used rather than class category. A key consideration is updating policies and procedures to address these changes. The increased role of the Consultant Pharmacist in coordinating a multidisciplinary approach between the three disciplines will be key in meeting the changes of the new SOM.



Join us for Senior Symposium 2007!!
See the Save the Date on page 6

Welcome the Members of the 2006 Board of Directors

Paul R. Belcher, R.Ph., FASCP

Biography

Paul Belcher is a graduate of the Philadelphia College of Pharmacy and Science in Philadelphia, Pennsylvania. He received his Bachelor of Science Degree in Pharmacy in May 1993. Paul is currently enrolled in the Doctor of Pharmacy program at the University of Kansas.

Paul currently works for Omnicare Pharmacy of Connecticut in Cheshire, Connecticut where he has served as Director of Consulting since April, 2005. He also has previous pharmacy work experience in community, compounding, hospital, and sales.

Some pertinent accomplishments include a position as Reviewer for Omnicare's Geriatric Pharmaceutical Care Guidelines and active membership in the American Society of Consultant Pharmacists since 1997. He received Fellowship in the American Society of Consultant Pharmacists in August 2001 and completed American Society of Consultant Pharmacist's Disease Pharmacotherapy Traineeship in November 2002.

Kathy White, R.Ph.

Biography

Kathy White has been involved with Long Term Care Pharmacy since 1980 while working for independent community pharmacies prior to her current position at the Masonic Healthcare Center (MHC) in Wallingford where she has been for the past 14 years. At MHC she does consulting for LTC units and is a member of the facility's Pharmacy and Therapeutics Committee. While at MHC, Kathy was also a pharmacist investigator for a study looking at adverse drug events in LTC facilities with principal investigators Drs. Jerry Gurwitz, James Judge and Paula Rochon.

Kathy has been a member of ASCP since 1989 and has been attending CT-ASCP meetings since our state chapter was formed. This past year Kathy joined the Senior Symposium Committee and regularly attends monthly board of directors meetings.

Annual Meeting in Phoenix

Becky Neville, University of Connecticut School of Pharmacy, 2007 Pharm.D. Candidate

The UConn student chapter of ASCP was well represented at the 37th Annual Meeting in Phoenix, with eleven of our members in attendance. Last November, several of our students had the opportunity to attend a day of the annual meeting in Boston. This year's meeting was the first to be fully attended by our young chapter. Those of us who took part in this meeting thoroughly enjoyed our experience, making the long trip to Phoenix truly worthwhile.

On our first morning in Phoenix, we attended the Chapter Leaders' Breakfast to meet and network with members of other chapters. The remainder of the day was filled with sessions to orient ourselves to the upcoming events available at the meeting including the Opening General Session and the Kick-Off Reception.

The following day began with a session outlining the changes to the State Operations Manual, giving us a taste for the regulations governing pharmacy practice in long term care. A student networking social was held that afternoon which allowed us to meet with other students from around the country.

Later that evening, thanks to the generosity of the CT-ASCP members of Board of Directors, seven of us were able to attend the ASCP Foundation Dinner at the Phoenix Art Museum. Dressed in our most formal attire, we enjoyed the company of the ASCP members over a delicious dinner. We may have sat quietly during the auction that night, but our swing moves on the dance floor spoke volumes!

The next day, we went to the Peter P. Lamy Memorial lecture, which featured a speaker who discussed the role of home remedies in modern medicine. The incoming ASCP Board of Directors was also installed that morning, including our own Dr. Jeffery. We attended a lecture of our choice that afternoon, highlighting a prevalent topic in current senior practice. We also participated in roundtable discussions regarding geriatrics in academia and the newly updated edition of ASCP's "Geriatric Curriculum Guide." That evening, we were able to spend more time with ASCP members at the "Here's to ASCP Party."

On the final day of the meeting, we were able to take part in more lectures and sessions to learn about pertinent geriatric issues, as well as recent updates in geriatric practice. The afternoon's student programming included a session on geriatric residencies and intern-

ships.

Throughout the meeting, the UConn students were treated with the utmost respect from all of the ASCP members. Our participation was welcomed and encouraged, helping us to get the most from our experience at the meeting. We were very proud to represent both our school and the Connecticut chapter. Our attendance at this meeting enabled us to see the benefits of membership in ASCP, including professional networking, continuing education, and friendships. As students, we look forward to the opportunities that await us as future practitioners and members of ASCP.



Above picture: Taken at the ASCP Foundation Dinner. From L to R: Becky Neville, Kate Dziedzic, Amy Kelder, Cindy Kim, Kim Gilligan, Aubrey Benard, Wennis Wilson, Dana Asaro, Katie Myers, Amy Huie-Li, Teresa Seo.

Communications Committee:

- Amy Huie-Li, PharmD, CGP
- Anna Egle, RPh, FASCP
- Kevin Chamberlin, PharmD
- Brian Pelletier, PharmD

SAVE THIS DATE!

YOUR FRIENDS AT THE CT CHAPTER OF ASCP IN CONJUNCTION
WITH CT-AMDA AND CONNECTICUT GERIATRICS SOCIETY
WOULD LIKE YOU TO SAVE THIS DATE:

FRIDAY, APRIL 27, 2007

7:00 AM TO 5:00 PM

EIGHTH ANNUAL SENIOR SYMPOSIUM

FOXWOODS RESORT CASINO - MASHANTUCKET, CT



**KICK-OFF DINNER TO BE HELD
THURSDAY, APRIL 26TH**

**UP TO 10 CEU'S AVAILABLE INCLUDING LIVE LAW CE's
SYMPOSIUM AGENDA & REGISTRATION WILL BE AVAILABLE
WWW.SENIORSYMPOSIUM.COM**

**FOR MORE INFORMATION PLEASE CALL 860-640-0008
FOR HOTEL RESERVATIONS PLEASE CALL 1-800-FOXWOODS
REFERENCE ASCP AND GROUP CODE F23205**

SENIOR SYMPOSIUM

Notes 'n Votes - January 2007 Board Meeting

Michel Fortin, RPh, CGP

REVIEW OF PAST MINUTES

A motion was made and seconded to approve the minutes of the 12-4-06 meeting. Approved unanimously.

LEGISLATIVE AFFAIRS

M. Brennan from Levin, Powers, Brennan & Shea (LPB&S) discussed issues including: 1) The AMP formula is on hold until 7-1-07 and our Legislative Committee plans to meet with DSS soon. 2) New legislation requiring automated dispensing systems in LTCF's will be coming out soon and we will work to get mandatory pharmacy ownership of the machines removed from the bill. 3) Mike Starkowski is working to reduce Medicare-D refusals (which must then be covered by Medicaid) by having RPh's & pharmacy technicians counter-detail MD's to use Med-D formulary covered items from the PDP or change PDP's to avoid non-covered items being billed to the state. L. Sobel discussed the federal government's bill which would allow the feds to negotiate RX pricing with the pharmaceutical manufacturers. J. Gadea discussed state oversight of prescribing in LTCF's and cases that have been presented to DPH & DCP. He also discussed automated dispensing systems in LTC pharmacies.

EDUCATIONAL COMMITTEE - Senior Symposium 2007(SS07)

Website: www.seniorsymposium.com. Scheduled for April 26 & 27, 2007. G. Memoli stated the save-the-date cards had been mailed out. On the afternoon of 4-26 there will be an ASCP member only program (both CT ASCP & MASCP invited) on the SOM revisions & Med-D. Any further ideas should be forwarded to S. Jeffery or K. Chamberlin. Thursday evening is an opening dinner program where we are partnering with CGS, CT AMDA, APRN groups, RPH's and students. Program is run by F. Cirillo and sponsored by Forest Pharmaceuticals followed by a vendor desert reception. Friday morning is breakfast with expanded exhibits. D. Cooper passed out vendor applications and asked all members for recruitment help. Forward applications to him or to CTASCP.ORG or seniorsymposium.com. He reported that SS06 was successful and all checks have been received and all bills have been paid which still left a profit.

NEWS FROM UCONN

D. Chapron reported that the White Coat Ceremony will be held on 1-16-07 from 2pm - 5pm. The CPLG legislator's educational program is scheduled for Friday, January 12, 2007 at 8am in the Capitol Building in Hartford. All pharmacists interesting in participating are invited.

STUDENT CHAPTER

K. Gilligan needs RPH volunteers to allow P1 - P3 to shadow them for an afternoon. She also needs a speaker to educate the students about consulting pharmacy. Please contact Kim by emailing to kim.gilligan@uconn.edu

GENERAL DISCUSSION

M. Wrabel urged members to be sure that their companies are charging for SOM required Interim Medication Regimen Reviews and to not give the service away as has been done in the past with things such as med carts or below cost medical records, etc.

MEMBER NAME & TITLE	Nov	Dec	Jan
Sean Jeffery, President / Education Chair	X		X
John Cannarella, President-Elect	X	X	X
Sandy Wojciechowski, Immed. Past-President	X	X	
Michel Fortin, Secretary / Treasurer	X	X	X
Paul Belcher, Board 2006 / PAC Committee	X	X	X
Kathy White, Board 2006 / Senior Symposium Committee	X	X	X
Mark Wrabel, Board 2005 / Programs Chair	X		X
Amy Huie-Li, Board 2005 / Communications Comm. Co-Chair	X		X
Kevin Chamberlin, Board 2004 / Communic. Committee	X	X	X
Anna Egle, Board 2004 / Communic. Comm. Co-Chair			X
Larry Sobel, President Emeritus / Legislative Chair	X	X	X
Jim Conklin, Past-President / PAC Chair		X	
Jack Ziskin, Past President / Membership Chair / Legislative Committee			X
Gene Memoli, Past President / Chair Senior Symp./ Legislative Committee	X	X	X
David Cooper, Past President / Sales Senior Symposium	X	X	X
Dennis Chapron, Senior Symposium Committee	X	X	X
Brian Pelletier, Communications Committee	X	X	X

SPONSOR RECOGNITION

Kathy Gradski and Merck were thanked by the BOD for their sponsorship of this meeting and for providing the educational portion of the meeting. Meeting adjourned at 7:40pm

Sponsorship: Kathy Gradski & Jan Robinson and Merck
 Guests: Kim Gilligan, CTASCP Student Chapter President, Mark Brennan & Kevin Hill from LPB&S, Cindy Kim, Ken Powell, John Gadea, Luanne Cambino, Kerry Hart, Andrea Siliberto

Meeting adjourned at 7:40pm

Next Meeting: Monday, February 5, 2007 at 5:30pm
Location: First & Last Tavern, Middletown, CT

Respectfully submitted,

Michel Fortin, Secretary/Treasurer