From MSHP President John Clark:

Greetings:

Our Honors and Awards Banquet and Annual Meeting are upon us, on May 14th and 15th, so if you have not registered, please do so soon. This year's meeting has some really great learning opportunities, showcasing a new location, tremendous networking and our most poster submissions ever. This year features a “superhero” theme, which is sure to be a hit, as was last year’s sports theme. There is an amazing lineup of local, as well as national, speakers. Paul Bush, current ASHP President, will be delivering the keynote address. Based on member input, Erin Fox, Director of Drug Information at University of Utah Health in Salt Lake City, will be on hand to review drug shortages and the work that is being done on a national level.

Anne Selig, past MSHP Director, has been appointed as the Chair of the Honors and Awards Committee. Please join me in congratulating Anne as well as thanking past chair Trisha LaPointe for her dedication and service.

If any of this sounds interesting and you would like more information about getting involved, please don’t hesitate to contact any member of the Board or committee chair. As always, if there are any questions, comments or feedback, we would love to hear from you. Please don’t hesitate to email president@mashp.org

Election Results for ASHP House of Delegates from Massachusetts

John Clark, MSHP President, announced the election results for Massachusetts' representatives to serve on the ASHP House of Delegates and congratulated the new delegates on their election.

Caryn Belisle was elected to serve as a Delegate for a 4-year term, and Kathleen Gura was elected to serve as Alternate Delegate for a 1-year term. They will join existing Delegates Snehal Bhatt, Karl Gumpper, and Erin Taylor. Much appreciation and thanks are extended to Ross Thompson and Ernie Anderson for their service on behalf of Massachusetts as their terms expire.

ASHP’s House of Delegates is the ultimate authority over ASHP’s professional policies; Massachusetts is granted four Delegates based on active ASHP members in the state. For more information on the ASHP House of Delegates, please click HERE.
MSHP 2018 Election Results Announced

Congratulations to the following members who have been elected to MSHP’s 2018-2019 Board of Directors:
  President-Elect: Nicole Clark
  Secretary: Monica Mahoney
  Director: Kevin Horbowicz

MSHP 2018 Award Recipients Announced

MSHP is pleased to announce this year’s award recipients! These individuals and teams will be honored at the upcoming Honors & Awards Banquet on May 14th at the Sheraton Framingham Hotel and Conference Center:

Health-System Pharmacists of the Year Award:
Nathan Lamb, PharmD, BCPPS,
Boston Children’s Hospital

Outstanding Service Award:
Caryn D. Belisle, RPh, MBA,
Brigham and Women’s Hospital

Pharmacy Health-System Award:
Beth Israel Deaconess Hospital-Plymouth Pharmacy Department

Pharmacy Resident/Fellow Research Project Award:
Michael P. Lorenzo, PharmD, AAHIVP,
Baystate Medical Center, Springfield

Practitioner Excellence Award:
Amy Lemieux, PharmD,
Hallmark Health System

Preceptor of the Year Award:
David Berkowitz, PharmD,
Newton-Wellesley Hospital

Student Excellence Award:
MCPHS Boston: Joseph J. Oliva
MCPHS Worcester /Manchester: Christina Johnson
Northeastern University: Olivia Iskaros
Western New England University: Karolina Kwietniak

Technician Excellence Award:
John J. Caressimo, CPhT, MBA,
Brigham and Women’s Hospital

MSHP Fellow:
Nicole J. Clark, PharmD, MHA, BCPS,
Hallmark Health System

MSHP Member Spotlight:
Looking for MSHP Members Who are Making a Difference

In our new MSHP Member Spotlight series, we are looking to highlight MSHP members who are “making a difference” in pharmacy and/or their communities. We’d like the MSHP community to be aware of the good works our members are doing.

Do you know someone? Maybe you’re one?

Nominations can be made for others or for yourself. Please include the following information. Submissions should be sent to communications@mashp.org by May 15, 2018 for consideration for the Summer 2018 issue.

• Name, Titles/certifications
• School of Pharmacy (year of graduation optional)
• Current Job Title, Job location—One sentence description of current position
• How the nominee has impacted the pharmacy profession
• How the nominee has impacted the pharmacy profession (patients, workplace) or impacted their community (emergency relief, volunteer work)
• A quote or two from the nominee, or the person nominating them, or from someone they have impacted.

Since the theme for this year’s Annual Meeting is Healthcare Heroes, in this issue (starting on page four) we are honoring four pharmacists who contributed to disaster relief this last year:

Karen Ryle
Shannon Manzi
Lanting Fuh
Carmela Berlin
Be sure to register now for the 2018 Annual Meeting and Honors & Awards Banquet May 14th-15th at the Sheraton Framingham Hotel and Conference Center in Framingham, Massachusetts.

The MSHP Spring Event kicks off on Monday, May 14th with the MSHP Honors & Awards Banquet. All members are encouraged to attend this event, which highlights and honors the achievements of our colleagues across the Commonwealth. The Banquet will begin with a cocktail reception from 6:00 to 7:00 pm, followed by the Awards dinner. We are honored this year to have Paul W. Bush, PharmD, MBA, BCPS, FASHP, President of ASHP and Chief Pharmacy Officer at Duke University Hospital, joining us. Paul will be installing the 2018-2019 MSHP Officers at the Honors & Awards Banquet and will also serve as this year’s Keynote Speaker at the Annual Meeting on Tuesday, May 15th.

This year’s Annual Meeting will be held on Tuesday, May 15th and is focused on showcasing the heroic work of our colleagues at both the local and national levels. The day kicks off at 7:45am with a welcome from our MSHP President, John Clark, PharmD, MBA, BCPS, followed by the Keynote Address by Paul W. Bush. In the afternoon, you will hear from the drug shortages national expert, Erin Fox, PharmD, BCPS, FASHP (Senior Director of Drug Information and Support Services at University of Utah Health) and Areta Kupchyk, JD (Foley Hoag LLP) and Janice Peters, MPH (Massachusetts Health & Hospital Association), who will be joining us to share their State and Federal Advocacy efforts (e.g. drug shortages, Massachusetts Sterile Compounding regulations, etc.)

The learning sessions throughout the day will be led by a cast of superheroes from around the Commonwealth and will highlight the importance of creating a strong team by leveraging the skills and strengths of ALL of our team members to design efficient and innovative solutions to improve patient outcomes, as well as understanding the role of advocacy at the state and federal levels and the impact on key current issues.

The general sessions will feature a full day of live, multi-track educational programming. Pharmacists are eligible for up to 7 hours of continuing education, including 2 hours of law (including 1 hour of sterile compounding CE!). In addition to the clinical and leadership tracks, this year we are excited to offer a track dedicated to our superheroes-in-training (new practitioners), as well as a professional poster session, the MSHP Town Hall and a clinical pearls presentation session.

Meet Our Superhero Cast (speakers):

- Paul Bush, PharmD, MBA, FASHP – President – ASHP, CPO – Duke University Hospital
- Erin Fox, PharmD, BCPS, FASHP – University of Utah
- Areta Kupchyk, JD - Foley Hoag LLP
- Janice Peters, MPH - Massachusetts Health & Hospital Association
- Ernie Anderson, BS Pharm, MS Pharm, FASHP, FMSHP - Ernest R Anderson Jr Consulting Inc
- Nick Capote, PharmD, MS – Tufts Medical Center
- Nicole Clark, PharmD, MHA, BCPS – Hallmark Health
- John Clark, PharmD, MBA, BCPS - Complete Rx/SOPS
- Brandon Dionne, PharmD, BCPS, AAHIVP – Northeastern University
- Kathleen Gura, PharmD, BCNSP, FASHP, FPPAG, FASPEN – Boston Children’s Hospital
- Kevin Horbowicz, PharmD, BCPS – Boston Medical Center
- Seth Housman, PharmD, MPA – Western New England University

Continued on p. 4
• Hyun Kim, PharmD, RPh – Boston Children’s Hospital
• Christine Ji, PharmD, BCPS – Massachusetts General Hospital
• Brian Spoelhof, PharmD – Boston Medical Center

MSHP Delegates to ASHP:
Caryn Belisle (Brigham & Women’s); Snehal Bhatt (MCPHS University); Karl Gumpper (Boston Children’s Hospital); Erin Taylor (Baystate Health); alternate Kathy Gura (Boston Children’s Hospital);

Clinical Pearl Speakers:
Sara Alosaimy (Brigham & Women’s); Elke Backman (MGH); Jessica Corio (Boston Medical Center); Kaitlin Etheridge (BIDMC); Natalija Farrell (Boston Medical Center); Bryan Gendron (Boston Medical Center)

We hope you join us in May to:
Hear about current hot topics and learn how to get involved in State and Federal advocacy efforts (e.g. drug shortages, licensure limitations)
Gain perspective on creating sustainable processes to improve your team and perform continuous quality improvement in our leadership track
Learn about pharmacogenomics, antimicrobial stewardship and anticoagulation in the clinical track sessions and gather insight in the clinical pearls session
(New practitioners) learn how to get started in your career and how to make your voice heard
Participate in a Town Hall-style session to share your voice on proposed ASHP policy drafts and amendments
Network at the Professional Poster Session
Visit the vendor showcase to connect and learn about new innovations in health care and medication delivery
Get your professional head shot!
Enter our exciting RAFFLE in the Exhibit Hall where one lucky superhero will win the grand prize, a GoPro Hero6!

Karen Ryle (2nd from left) and Team with Mayor of San Juan Carmen Yulín Cruz (center)

Karen M. Ryle, MS, RPh
Director of Outpatient Pharmacy
Massachusetts General Hospital
Past member of the Massachusetts Board of Registration in Pharmacy
Past President of NABP
Member of: MA-1 DMAT

Deployment to Puerto Rico for Hurricane Maria
On September 18th, 2018, I was deployed to San Juan, Puerto Rico in response to Hurricane Maria, for 2 weeks. I am a member of the Massachusetts Disaster Medical Assistance Team (DMAT), known as MA-1. I have been a member of the MA-1 DMAT team for over 6 years. Previously I was a member of the National Pharmacist Response team. I have been deployed to other disasters, including Hurricane Katrina in 2005, the earthquake in Haiti in 2010 and Hurricane Sandy in 2013.

Along with other members of the MA-1 DMAT, I joined the Arizona (AZ-1) DMAT team in San Juan, Puerto Rico to provide health care services to the citizens of San Juan. Members of the team include physicians, nurses, paramedics, respiratory therapists, behavioral health workers along with non-medical staff to assist with security and operations. The team met up with Mayor Carmen Yulín Cruz
as soon as we arrived in San Juan. Her immediate medication concerns were providing diabetic patients with insulin, since most patients were without power. Patients that required hemodialysis were already evacuated to the States.

Our mission was to open the Centro Comprensivo Cancer Center that was newly built and had not been open for patients yet. Our team worked with the Medical Director of the Cancer Center and the public hospital to determine the types of patients we could see at the Cancer Center to free up beds from the public hospital and decompress their emergency room.

My responsibilities as the pharmacist included meeting with the pharmacy director of the hospital to determine what types of medications would be needed for care for the patients. Along with the pharmacy technician, I set up a mini pharmacy in the hospital with the pharmacy cache (medications) that is provided to the DMAT teams. The mission was successful; as we left for home, other teams came in to take over.

Shannon Manzi, PharmD, BCPPS, FPPAG

Shannon Manzi, PharmD, BCPPS, FPPAG

Director, Clinical Pharmacogenomics Service, Division of Genetics & Genomics
Manager, ICU and Emergency Services, Department of Pharmacy
Faculty, Applied Informatics, Computational Health Informatics Program
Assistant Professor of Pediatrics, Harvard Medical School
Boston Childrens Hospital
Member of: MA-1 DMAT/NDMS/ASPR/HHS

Deployment to Florida for Hurricane Irma and to Puerto Rico for Hurricane Maria

For the past 16 years, I have also served as an intermittent uniformed employee of the National Disaster Medical System, deploying as the Lead Pharmacist for the Massachusetts–1 Disaster Medical Assistance Team fourteen times including responses to major hurricanes such as Katrina, Sandy and Matthew; the Haitian earthquake in 2010; the Unaccompanied Minor Border Crossing and multiple National Special Security Events, including presidential inaugurations and State of the Union Addresses. As a subject matter expert on pediatric disaster medicine, I have served as an expert for the Strategic National Stockpile, the National Advisory Committee on Children and Terrorism, the CDC and the MA Department of Public Health on a variety of issues affecting children in disasters. I am actively working with OPENPediatrics and the Artemis Project to improve pediatric medication safety, particularly focusing on outreach to resource constrained institutions that do not specialize in pediatrics. To that end, I am participating in a joint project with IPSSW and the Ministry of Health in Malawi to improve medical education and decrease childhood mortality through the use of simulation. This uniquely ties into my passion for disaster medical response and the practice of austere medicine.

Hurricanes Irma and Maria were both challenging responses. Following Hurricane Irma, we were deployed to Marathon, FL in the Middle Keys where we set up our traditional tent hospital and cared for many hundreds of patients over the course of 3 weeks. We were then deployed a few weeks later to continue the federal response in Puerto Rico. This deployment consisted of our team breaking into several smaller strike teams and supporting various missions including hospital decompression, Army field hospital support and triage for the U.S.S. Comfort, to name a few.

Every deployment is a unique experience and each time the resiliency of the people in the face of utter disaster continues to amaze me even after all of these years of disaster response. My roles include
medication reconciliation, dispensing (IV preparation and prescription filling), code response, drug information, consultation with prescribers to devise the best regimen we can with the limited supplies that are available, establishing a conduit to retail pharmacies as they reopen – including utilization of EPAP, patient education, and a whole lot of thinking outside the box!

Lanting Fu and Carmela Berlin at makeshift pharmacy within Our Lady of Guadalupe Church in Rosenberg, TX

Lanting Fuh, PharmD, BCPS

Emergency Medicine Clinical Pharmacist
Massachusetts General Hospital

Member: Massachusetts General Hospital (MGH) Global Disaster Response (GDR) Team

Deployment to Texas for Hurricane Harvey

In the aftermath of Hurricane Harvey, we were deployed for 2 weeks in September 2017. We took over for an outgoing team and initially saw approximately 100 patients/day. This number dwindled to about 30 patients/day towards the end of our two-week time span. During our time there, we had addressed the immediate acute care needs of patients in an urgent care type setting. However, we determined the larger need of the community was transportation access to Houston for more definitive and continuous care at San Jose Clinic. Upon our departure, Project Hope was working to establish a sustainable shuttle service.

This was my first deployed disaster response, though I have participated in training exercises for deployment as part of the MGH GDR team. Our team comprised two pharmacists and four nurse practitioners to provide clinical staff in collaboration with non-governmental organization (NGO) Project Hope. The original ask involved staffing a free clinic in Houston named San Jose Clinic to relieve staff affected by the hurricane. After a needs assessment, we were reallocated to a field clinic site at Our Lady of Guadalupe Church in Rosenberg to relieve departing staff. The community we served was primarily low-income, high-risk, Spanish-speaking immigrants, including undocumented individuals, for whom Hurricane Harvey was the third major storm to hit the area in the preceding two years. The patients heard about our clinic through their church and word-of-mouth. Their initial chief complaints related to storm cleanup efforts with allergic dermatitis, bronchospasm, and infectious diarrhea; over time, complaints transitioned to chronic diabetes and hypertension-related issues. Throughout this experience, my pharmacist partner and I imparted on our nurse practitioner colleagues the value of a clinical pharmacist consult on patient care decision-making and recommendations.

Carmela Berlin, RPh

Oncology Attending Pharmacist
MGH Northshore Cancer Center

Member of: MGH Global Disaster Response Team

Deployment to Texas for Hurricane Harvey

My name is Carmela Berlin. I am an Oncology Pharmacist at MGH Northshore Cancer Center in Danvers, MA. I have been a member of the MGH Global Disaster Response Team since 2013.

In September 2017, MGH Center for Global Health sent a Global Disaster Response Team to Houston, Texas for 2 weeks in response to the aftermath of Hurricane Harvey. I deployed as a deputy team leader with a team of 4 nurse practitioners and 2 pharmacists. Our team was deployed under the auspices of Project HOPE, a nonprofit organization that responds to natural disasters and emergency health crisis around the world. Our job was to staff San Jose Clinic, a non-profit, volunteer-based free
clinic, to relieve the affected workers and help with increasing number of patients. Our role changed after a couple of days when we identified an area with more pressing need. We moved to in Rosenberg, Texas and set up a mobile medical unit in a local church.

Our team provided health services to those affected in Rosenberg, TX, a low-income area southwest of Houston, where a nearby river flooded numerous homes and businesses. We treated patients with chronic illness such as diabetes and hypertension that had gone through days without treatment because their medication was damaged or lost in the flood or they just didn't have the money to pay for doctor visits or medicine. We also treated patients with upper respiratory illness due to molds growing in the walls and from inhaling demolition debris while rebuilding their homes. Each patient had a different story and each was thankful that we were there to help.

Deploying in the aftermath of Hurricane Harvey was my second deployment with MGH Global Disaster Response Team. Each deployment confirms my belief in the importance of pharmacists in the field, from the logistics: drug procurement, creating a formulary and organization of drugs and medical equipment, to pharmacy consults and therapeutic substitutions in a low resource setting, and finally filling prescriptions and patient counseling. I am thankful to have the privilege of working with the MGH CGH Global Disaster Response Team where I can volunteer my skills to help those affected by natural disasters.

**CE Corner**

1) MSHP is now offering an on-demand webinar, which will allow members to conveniently earn free CEUs at the click of a button.

Register for “Rapid Diagnostic Testing: The Fast and the Susceptible” at any time until July 19, 2018. This program is presented by Brandon Dionne, PharmD., of Northeastern University and offers 1 Contact Hour Knowledge based .1 CEU. This event is free for members and $10 for non-members.

After participating in this program, you’ll be able to:

1. List the different types of rapid microbiologic diagnostic tests (RDT) available
2. Explain the utility of RDTs for antimicrobial stewardship efforts
3. Describe the impact of RDTs on patient outcomes

Please note: if you received credit for the live webinar of the same name on December 14, 2017, ACPE # 0837-9999-17-144-L01-P, you are ineligible to also receive credit for this home-study, on-demand webinar. Please refer to the CPE Monitor website to confirm if you received credit.

This program is available until July 19, 2018.


2) MSHP will be offering a live, followed by an on-demand webinar on Massachusetts law on June 5 for incoming pharmacy residents/new practitioners (see Residency Update section). Please note-this will NOT be offered for CE credit.
Residency Update

**Resident Welcome Event** - Coming August 2018: watch for more information on venue, date and time!

**Live Webinar - Preparing for the Massachusetts MPJE**
*Please note: CE credits will NOT be awarded for this activity*

**When** - June 5, 2018  Time: 9 AM to 12 PM ET

**Webinar Details** - The Live Webinar will be followed by an on-demand webinar recording of the live event. The recorded program will be available on-demand until October 31, 2018.

**Presenter** - Frederick Frankhauser, JD, RPh

**Audience** - PGY1 and PGY2 Residents and Fellows matched to Massachusetts residency and fellowship programs. Other interested new pharmacist practitioners welcome.

**Learning Objectives** - At the conclusion of the review you should be able to:

1. Describe the pharmacist’s requirements under 247 CMR
2. Describe the pharmacist’s responsibilities when dispensing medications in the Commonwealth of Massachusetts.
3. Describe the legal requirements under Massachusetts General Laws (MGL) Chapter 94C
4. Explain the composition of the Massachusetts Board of Pharmacy
5. Explain the pharmacist’s role in compliance with federal state and local laws

**Registration fee:** This event is free for PGY1 residents, PGY2 residents and fellows who have matched to MSHP member institutions or who are MSHP members. $100 for non-members.


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**Residency Spotlight:**

**Hallmark Health System, Inc. (HHS) Residencies**

Hallmark Health System (HHS) is a coordinated system of hospitals, physician practices and community based services providing care for communities throughout north suburban Boston. The system includes Melrose-Wakefield Hospital of Melrose, Lawrence Memorial Hospital of Medford, Hallmark Health Medical Associates, HHS VNA and Hospice, and Lawrence Memorial/Regis College School of Nursing. With a combined bed total of approximately 200, HHS offers a wide range of community-based services such as bariatric surgery, diabetes care, geriatric psychiatry and maternal/newborn services.

HHS is a founding member of Wellforce, along with Tufts Medical Center and Circle Health. We are conveniently located north of downtown Boston and offer a 12-month PGY1 Pharmacy Residency and a 24-month PGY1/PGY2 Health System Pharmacy Administration (HSPA) Residency. Both programs are co-sponsored by MCPHS University, Boston. Yearly positions available include two PGY1 and one
PGY1/PGY2 HSPA via General US Citizen Track and three PGY1 via International Track.

What are the unique characteristics about your program?
HHS offers a unique geriatric-psychiatry rotation, as well as a longitudinal experience working at an anticoagulation clinic. Collaboration with MCPHS University also offers wide array of teaching opportunities to the residents. Opportunities such as these allow residents to be well-rounded clinicians upon completion of their PGY1 year.

What are the benefits of this program being at a community hospital?
Some of the benefits of a community hospital are having many opportunities for quality patient interaction, as well as being able to get to know the providers, and form better relationships with them. Opportunities to work closely with the leadership on policies and protocols also enhance the experience.

What are the advantages of having two sites (hospitals) for core and elective learning experiences?
Having two sites allows residents to experience several different patient populations that may not be afforded to them at a single institution.

What are some of the areas of longitudinal involvement for your residents?
The residents are considered adjunct faculty at MCPHS-Boston where they facilitate seminar courses as well as deliver lectures. They also go through a formal teaching certificate seminar to refine their teaching skills and help facilitate their academic interests. In addition, they also have the opportunity to precept students for their internal medicine rotations. Besides their learning experiences, they also have longitudinal exposure for informatics, emergency medicine, anticoagulation management, and drug information.

What are some of the leadership opportunities for your residents besides their learning experiences?
HHS hosts several students for their rotations. As a result, residents are able to precept students on their rotations and facilitate topic discussions and presentations to enhance their learning experiences. Additionally, each resident is assigned a hospital committee for which they attend monthly meetings. This opportunity lets the residents serve as leaders by getting involved in other areas of the hospital. Finally, the residents staff on the weekends, allowing them to work as leaders in the units and in the pharmacy.
From ASHP:

**ASHP Convenes Interdisciplinary Commission to Address Opioid Epidemic**
*Commission Focuses on Pharmacists’ Role in Optimizing Therapy*

BETHESDA, Md. — ASHP convened an interdisciplinary stakeholders commission on March 6 at its headquarters in Bethesda, Md., to address the nation’s opioid epidemic. The 22-member Commission on Goals: Focus on Opioids included key leaders from medicine, nursing, pharmacy, public health, regulatory agencies, and academia.

Charged with identifying actionable solutions to the opioid epidemic, the commission focused not only on optimizing pain management through the selection, initiation, and monitoring of medication therapy, but also on how pharmacists can play a leadership role on interprofessional teams in moving these solutions forward.

The commission identified the following preliminary areas for further development:

- Increased pharmacist participation on interprofessional patient pain care teams within hospitals and clinics
- Maximizing the use of non-opioid analgesia when appropriate
- Adoption of opioid stewardship programs
- Widespread use of patient-specific pain management plans across all transitions of care
- Use of performance data to drive practice change
- Improvements to prescription drug monitoring programs
- Enhanced coordination with community-based organizations, first responders, and government agencies

“ASHP is committed to leading efforts to ensure that pharmacists play a key role in ending the opioid epidemic that has devastated so many families,” said ASHP CEO Paul W. Abramowitz, Pharm.D., Sc.D. (Hon.), FASHP. “The work of this extremely impressive interprofessional commission is one step among many to help identify and implement sustainable solutions to this critical patient care and public health problem.”

Proceedings of the commission meeting will be published online ahead of print in a forthcoming issue of AJHP (American Journal of Health-System Pharmacy).

**New ASHP Certificate Program Offers Advanced Training in Pain Management**
*Program Trains Healthcare Professionals to Be Leaders in Opioid Stewardship*

BETHESDA, Md. — ASHP (American Society of Health-System Pharmacists) launched its newly created Pain Management Certificate Program to equip pharmacists with the skills to provide optimal pain management for patients suffering from chronic pain. This self-guided, online continuing education program is the latest offering from ASHP’s Professional Certificate line.

Available now, the Pain Management Certificate Program is comprised of nine modules designed to increase the knowledge and skills necessary to provide patient-centered pain management. The curriculum addresses basic principles associated with pain pathogenesis and assessment, effective pharmacologic and non-pharmacologic treatment options, and appropriate therapeutic regimens. The course further concentrates on acquiring advanced knowledge about managing pain associated with the specific disease states most often encountered in practice in hospitals and health systems.

“The Pain Management Certificate Program covers many important educational domains, including the concept of opioid stewardship and how institutions can leverage quality metrics to improve patient outcomes,” said ASHP CEO Paul W. Abramowitz, Pharm.D., Sc.D. (Hon.), FASHP. “ASHP maintains a
strategic focus on the interface between pharmacy practice and the abuse or misuse of opioids, and this new program guides pharmacists on the ethics of handling the opioid crisis while maintaining optimal care for patients."

The Pain Management Certificate Program covers the decision-making process required for recommending appropriate pharmacologic and non-pharmacologic regimens for acute and chronic pain management, safe and appropriate opioid prescribing in all patients including those with tolerance or substance use disorder, and pain management for specific disease states and in special populations.

The Pain Management Certificate Program includes the following nine modules, all of which offer continuing education credits from the Accreditation Council for Pharmacy Education:

1. Pathogenesis and Assessment of Pain
2. The Role of Analgesics in Managing Pain
3. Acute Postoperative Pain
4. Neuropathic and Functional Pain Syndromes
5. Musculoskeletal Pain
6. Autoimmune, Headache, and Sickle Cell Disease Pain
7. Special Considerations in Pain Management
8. Managing Patients on Opioid Therapy
9. Optimizing Pain Management for Patients

Participants in the Pain Management Certificate Program can earn up to 22 hours of pharmacy continuing education credits. To earn the professional certificate, participants must finish all of the modules in the program and successfully complete a case study analysis demonstrating skills learned and competence gained through the program.

Upon completion of the program, participants should be proficient in assessing pain and identifying pharmacologic and non-pharmacologic treatment options based on disease states and other patient-related factors.

For more information about the Pain Management Certificate Program and other ASHP professional certificate programs, visit www.ashp.org/certificate-programs.

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**Technicians’ Corner**

**From PTCB:**

**PTCB Launches New Certification Program in Compounded Sterile Preparation**

*Candidates who apply early receive $50 discount*

The Pharmacy Technician Certification Board (PTCB®) has launched the PTCB Certified Compounded Sterile Preparation Technician™ (CSPT™) Program. The CSPT™ Program is the first new certification program PTCB has offered since the organization was founded in 1995 with the introduction of its Certified Pharmacy Technician (CPhT) Program. Compounded sterile preparation is the process of preparing medications in a sterile environment to prevent contamination.

"The PTCB CSPT Program is a key step toward fulfilling PTCB’s mission to advance medication safety," said William Schimmel, PTCB Executive Director and CEO. "The Program offers a CPhT the opportunity to demonstrate knowledge and skill as a specialized technician, and his or her commitment to medication safety by meeting the program’s high standards. Employers who choose to employ CSPTs show they value excellence and the highest level of training and preparation."

To be eligible to apply, a technician must be a PTCB CPhT in good standing, and must have completed either: a PTCB-recognized sterile compounding education/training program and 1 year of continuous full-time compounded sterile preparation work experience; or 3 years of continuous full-time compounded sterile preparation work experience.

Read more at PTCB.org
From ASHP:
ASHP Launches Pharmacy Technician Forum
New Group Seeks to Elevate and Advance Pharmacy Technician Workforce

BETHESDA, Md. — ASHP today announced the launch of the Pharmacy Technician Forum, a new membership home within ASHP created to further elevate and advance the pharmacy technician workforce.

The ASHP Pharmacy Technician Forum, much like ASHP’s pharmacist-focused sections and forums, will serve as the central point for pharmacy technician engagement in ASHP, providing tools, education, and numerous other resources to help pharmacy technicians advance their practice. Developing pharmacy technician leadership within ASHP will also be a key focus of the forum, including through participation in ASHP’s policymaking process, strategic planning, advisory committees, and numerous current and evolving opportunities.

“Pharmacy technicians are the cornerstones supporting the safe, effective, and optimal use of medications, and are integral to the advancement of pharmacy practice,” said ASHP CEO Paul W. Abramowitz, Pharm.D., Sc.D. (Hon.), FASHP. “ASHP has been the leader in advancing the roles of pharmacy technicians for decades, and we are eager to take things to the next level with the ASHP Pharmacy Technician Forum.”

The Pharmacy Technician Forum recently selected its first Executive Committee, comprised of five pharmacy technicians representing a broad spectrum of practice expertise, for the 2018–2019 term:

Chair-elect: Barbara Hintzen
Barbara Hintzen is the Pharmacy Program Supervisor at North Memorial Health Hospital in Robbinsdale, Minn. She has more than 25 years of experience in operational workflow, management, purchasing, and regulatory compliance. Hintzen served on the Minnesota Society of Health-System Pharmacists Board of Directors; is a frequent lecturer on technician roles, process improvement, and the 340B Drug Pricing Program; and holds a Six Sigma Greenbelt certification.

Member: Tiffany Bartlett
Tiffany Bartlett is a Specialty Pharmacy Technician at the MD Anderson Cancer Center in Houston. She has more than 20 years of experience in academia, as well as in community and hospital pharmacy practice. She has served as a subject matter expert for the Pharmacy Technician Certification Board (PTCB) sterile compounding exam development team.

Member: Margarita Fedorova
Margarita Fedorova is a Pharmacy Technician Program Manager at Cedars-Sinai Medical Center in Los Angeles. She has 25 years of experience in hospital pharmacy practice and co-led the development and implementation of Cedars-Sinai’s technician program. She is a member of the California Society of Health-System Pharmacists.

Member: Glen Gard
Glen Gard is the National Pharmacy Compliance Manager at Option Care (Walgreens HomeInfusion) in Chicago. With 12 years of pharmacy technician experience, he created and teaches a technician training program at various locations across the country. He also has experience working with the National Home Infusion Association and the PTCB.

Member: Tara McNulty
Tara McNulty is a Pharmacy Project Manager at Wellcare Health Plans in Tampa, Fla. She has more than 20 years of experience in academia, as well as in community and hospital pharmacy practice. She previously served as the Program Director of Wellcare’s ASHP-accredited pharmacy technician training program. She is a member of the Florida Society of Health-System Pharmacists.

The Executive Committee will hold its first meeting in June during ASHP’s Summer Meetings and Exhibition in Denver. The committee will first identify the Pharmacy Technician Forum’s mission, vision, goals, and objectives. The group will review key issues facing technicians in order to identify professional and educational needs, tools, and resources for ASHP’s technician members. The committee will also begin...
Geriatrics, Adult medicine, Ambulatory Care: New recombinant vaccine to prevent herpes zoster (shingles)

A recombinant zoster vaccine (RZV, Shingrix) has been approved and is now preferred for prevention of herpes zoster (shingles) and postherpetic neuralgia (PHN) in persons ≥50 according to new recommendations from the Advisory Committee on Immunization Practices (ACIP). The recombinant adjuvanted vaccine appears to provide more effective protection against, and longer lasting immunity to, herpes zoster than the older live-attenuated vaccine (Zostavax). Accordingly, revaccination of individuals who previously received the older live zoster vaccine can be suggested. The new recombinant vaccine is given in a 2-dose series by intramuscular injection 2 to 6 months apart. Side effects include mild to moderate injection site pain, muscle ache, fatigue, headache, and fever that may last 1 to 3 days. The use of the recombinant vaccine in patients who are immunocompromised is not yet determined. Note that storage requirements for the new recombinant vaccine are different than those for the older live attenuated type.


Anticoagulation, Hospital practice, General practice: Emerging role for direct oral anticoagulants in management of heparin induced thrombocytopenia (HIT) and cancer-associated venous thromboembolism (VTE).

Heparin-induced thrombocytopenia (HIT) is a life-threatening condition that can occur as an adverse reaction to unfractionated or low molecular weight heparin exposure. Patients with HIT require anticoagulation with a non-heparin agent. Evidence from two observational studies suggests that direct oral anticoagulants (DOACs) reduce thrombosis risk in HIT without stimulating HIT antibodies. Many experts now include DOACs among the anticoagulant options for selected patients with acute HIT (e.g., need for urgent reversal is not expected) or

Infectious diseases, Hospital practice, General practice: Updated guidelines for management of Clostridium difficile infection (CDI) in adults and children published by IDSA and SHEA.

In February 2018, the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) published revised guidelines for the diagnosis and management of Clostridium difficile infection (CDI). Important new recommendations for treatment of an initial episode in adults include either oral vancomycin or oral fidaxomicin over metronidazole. The recommended oral dose of vancomycin in adults is 125 mg four times per day or fidaxomicin 200 mg twice daily for ten days. In fulminant CDI oral vancomycin 500 mg four times daily (and/or 500 mg rectally as a retention enema every six hours) is recommended in combination with parenteral metronidazole 500 mg every eight hours. Fecal microbiota transplantation (FMT) is recommended for patients with two or more recurrences despite appropriate antibiotic therapy.

if anticoagulation is needed in the future once active HIT has resolved.


In patients with VTE associated with active cancer, a low molecular weight heparin (LMWH) has generally been considered the anticoagulant of choice. A recent open-label trial in patients with VTE and cancer reported similar clinical outcomes, i.e., VTE recurrence and major bleeding, in patients treated with the DOAC edoxaban compared with the LMWH dalteparin. Although the rate of major bleeding was higher in patients treated with edoxaban, a sub-group analysis showed that most events occurred in patients with gastrointestinal cancer. These data suggest that the DOAC edoxaban may be a reasonable alternative to LMWH for treatment of cancer-associated VTE, except in patients with gastrointestinal cancer.


**Hospital practice, Interdisciplinary care: Protocolization of nebulized medication use is recommended by Institute of Safe Medication Practices (ISMP) to reduce serious errors.**

An analysis of reports to the ISMP National Medication Errors Reporting Program (ISMP MERP) and other sources in 2016 and 2017 revealed that medications delivered by nebulization are linked to a number of errors and system failures in the way they are ordered, dispensed, and administered. The most frequently reported error was omission of nebulized doses or occurred when respiratory therapy staff were either not made aware of the ordered treatment, were unavailable to administer it, e.g., due to caring for a critically ill patient, or assumed that treatment was not needed. Systems failures included failure to electronically transmit the order to the respiratory therapy task list or the respiratory therapist was not otherwise notified of the order via a non-electronic system. Given the pattern of errors, ISMP recommends that each institution form an interdisciplinary team to implement practice protocols for ordering, preparing, and administering nebulized medications in order to reduce the risk of missed doses and other medication errors.


**Practice model, Medication Reconciliation: Structured clinical pharmacist medication interventions decrease readmissions and emergency department (ED) visits following discharge.**

OPTIMIST (Odense [Denmark] Pharmacist Trial Investigating Medication Interventions at Sector Transfer) investigators randomized nearly 1500 adult general medicine inpatients that used five or more medications to usual care (no intervention), a basic intervention (medication review), or an extended intervention (medication review, three motivational interviews, and pharmacist follow-up with primary care physician, outpatient pharmacy, and nursing home). The extended intervention group had a significantly reduced number of patients who were readmitted within both 30 days and 180 days of hospital discharge relative to the usual care and basic interventions groups. Pharmacists seeking to demonstrate evidence-based impact for a practice model that includes patient education and medication reconciliation-related clinical interventions may find this paper useful.

Join an MSHP Committee!

- Looking for a way to make a difference in your pharmacy community by participating in MSHP?
- Not sure you want to dive right into running for a leadership position?
- Then why not consider a position on an MSHP committee?

MSHP is looking for interested pharmacists and technicians like you to provide input and feedback!

Check out this link http://www.mashp.org/?page=committee at MSHP and send us an email, or contact us via FB or Twitter.

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