From MSHP President Nicole Clark:

Happy late fall! We have had a very vibrant start to the year at MSHP. Many of our committees have been very busy hosting and planning activities. The Continuing Education Subcommittee has already held some excellent CE events and the Residency Committee had a very successful and creative preceptor development program at the Museum of Fine Arts.

Along with Immediate-Past President Melissa Ortega and President-Elect Karl Gumpper, I had the privilege of attending the ASHP Presidential Officer Retreat recently. This was an amazing two days of connecting and sharing ideas with fellow state affiliates. We also had some great presentations on strategic integration, advocacy and ASHP’s Practice Advancement Initiative, PAI 2030.

I also had the great opportunity to represent hospital pharmacy as part of the Panel Presentation Survivors Guide to Pharmacy Practice: What You Wish You Knew When You Started at MPHAs Massachusetts Pharmacists Summit in Springfield, MA. Staying at the MGM Springfield made me very excited for the next MSHP Annual Meeting that will be held there in 2020, May 14 - May 15. Please make sure to save this date on your calendar for this great event that our Programming Committee has been working very hard on. We will be celebrating the 75th anniversary of our organization with the theme: MSHP Annual Meeting 2020: Hitting the Jackpot with 75 Years of Success. We are expanding our two-day event with preceptor development programming in addition to our annual Directors’ Forum on day one of the meeting. Hope to see you there!

As always, we are looking at how to best serve you, our members. Please do not hesitate to reach out to me at president@mashp.org or to any officer of the MSHP Board or a committee chair with any comments, questions, concerns or opportunities to get more involved.

SAVE THE DATE!

MSHP ANNUAL MEETING 2020

It’s not too early to plan for the MSHP Annual Meeting and Honors & Awards Banquet—to be held at the MGM Springfield on May 14-15, 2020.

Great event, exciting venue—hope to see you there!
A Night at the Museum of Fine Arts!
A Preceptor-Resident Development Event

Close to 40 preceptors and residents participated for an interactive and one-of-a-kind preceptor and resident development session at the Museum of Fine Arts in Boston! This workshop was designed to instruct preceptors and residents on how to utilize visual thinking strategies to build upon their learners’ clinical skills. Using art and sculpture within the MFA collection, art educators and pharmacist facilitators led four different domains designed to develop observation skills, communication techniques, team building strategies and compassion for patients. All activities ended with a group discussion on how those activities could be applied to develop effective clinical skills. The bonus was: 2 hours of ACPE credits awarded to all participants. It was indeed a fun-filled and a unique Night at the Museum!
CE Corner

January 2020

Update to “A Rash of Beta-Lactam Allergies”
Webinar

Live online webinar January 28th, 2020 5:30-6:30pm
(Will continue as enduring CE from Feb-July 2020)

Presenter: Jeffrey Pearson, PharmD, BCIDP; Senior Pharmacist, Infectious Diseases; Brigham and Women’s Hospital

Residency Spotlight:
Tufts Medical Center

Tufts Medical Center is a robust 415-bed organization, providing everything from routine medical care to treating the most complex diseases affecting adults and children. Tufts also sponsors nineteen specialty ACGME-accredited clinical training programs. They provide heart, kidney and bone marrow transplants, comprehensive neurological and neurosurgical care, offer cutting-edge cancer treatments, and are a level I trauma center. Tufts is also home to the Floating Hospital for Children, a full-service children’s hospital dedicated exclusively to all levels of pediatric care.

Since its first pharmacy resident in 1975, the Tufts Medical Center pharmacy residency program has expanded and now offers 4 PGY1 positions, 1 PGY1/PGY2 combined health-system pharmacy administration and leadership position, and 4 PGY2 positions, focused on critical care, cardiology, ambulatory care, and pediatrics.

What are some unique characteristics of the program?

A PGY1 resident at Tufts is exposed to a wide variety of cutting-edge pharmaceutical care experiences. Residents have the ability to customize their schedules to match their professional interests. Rotation experiences allow residents their choices of learning experiences from a wide array of both core and elective rotations, including oncology, pediatrics, and advanced heart failure. The program provides experiences many residents won’t have until later in their training. Should a resident be interested in continuing on for a second year in cardiology, ambulatory care, critical care, or pediatrics, there is an early commitment process as well. Residents staff evenings every fifth week, in lieu of rotations, covering all medicine and surgical floors. This unique approach allows them to better focus on their roles as pharmacists covering multiple teams and developing their clinical skills proficiency. Residents also staff weekends in central operations, ensuring medication orders are verified and medications delivered in a timely manner.

Longitudinal Experiences / Teaching Opportunities

Throughout the year, residents present patient cases on a rotating weekly basis. These cases typically pertain to complex patient care or medication information questions that require a higher level of thinking and/or research. The purpose of these patient cases is to facilitate a meaningful discussion among the residents and pharmacy staff from which everyone can learn. Residents at Tufts complete a teaching certificate program at Northeastern University and are given the chance to teach and facilitate students in various professional years within the college of pharmacy. There are opportunities to conduct Socratic Seminar-
style topic discussions with APPE students and precept them on rotations. Residents also present Continuing Education programming for the pharmacy department on topics of their choice, twice per year.

Other longitudinal experiences include creating a Pharmacy and Therapeutics monograph to present at a committee meeting, as well as conducting a medication utilization review to further develop the Department of Pharmacy and its goals. Residents also develop and implement a year-long residency project. The project methods and anticipated results are presented annually at the Vizient poster session before the ASHP Midyear Clinical Meeting. Final project results and conclusions are presented via platform presentation at the Eastern States Conference for Pharmacy Residents in the spring.

A fun tradition for the residents is the Golden Fork cookoff. The residents pick an ingredient for members of the department to bake or cook a recipe containing that ingredient. It is a good way for the residents to enjoy everyone’s baking or cooking skills and create some friendly competition for the vote for the best dish! The residents are also responsible for planning the end-of-the-year graduation celebration, to which the next year’s residents are invited as well. It is a great way to end the year for some and kick off the year for the next class!
Technician Spotlight:

Cynthia Nicholson-Jones, CPhT, MTM

Cynthia Nicholson-Jones, CPhT, MTM, is the Lead Specialty Pharmacy Liaison at BIDMC Specialty Pharmacy, Norwood, MA. Over her 16-year tenure, she has had many roles in pharmacy; however, in the last 7 years, she has focused primarily on specialty pharmacy in the teaching hospital setting. Currently, she oversees the Prior Authorization (PA) Department at Beth Israel Deaconess.

Part of her role as Specialty Pharmacy Liaison Lead includes conducting benefit investigations with insurers for patients and providers, providing access to specialty medications by navigating formulary guidelines with pharmacy benefit managers and promoting awareness around state and/or federal health laws that affect their patient population. She assists with interdepartmental training and communication regarding coordination of patient care.

Her daily tasks include collecting and reviewing all data needed for prior authorization submissions, such as, clinic notes, labs and medical journals, if applicable. Her role includes coordinating services with providers, specialty pharmacies and national account managers to improve quality assurance, access to medication and financial resources. She also oversees the work of Specialty Pharmacy Liaisons (SPLs), providing training and shared knowledge as it pertains to specific disease states and strengthening their practices.

Cynthia is a member of the Quality Management Committee (QMC) with BIDMC Specialty Pharmacy. Among many projects, the board meets quarterly to implement and review quality improvement projects to maintain standards with their accreditors. She works with the QMC board in preparing and engaging the PA team on clinical resources, safety literature, and patient education. To date, their pharmacy has obtained accreditation with URAC, the Accreditation Commission for Health Care (ACHC), and the Joint Commission, accomplishments of which her organization is very proud.

The Specialty Pharmacy opened in January 2018 and the PA department has grown rapidly over the last two years. To date, the PA team has processed over 30,000 prior authorization requests for the medical center. The team currently provides PA services to over 18 clinics within the hospital. Their SPL team members are assigned to a specific clinic and have established outstanding rapport with providers, clinic staff and patients. Cynthia is very proud of the team, their hard work and dedication to their patients year round! The willingness to learn and innovative ideas that are shared are what stand out among the team.

As the technician role is evolving with the growth of pharmacy, specifically specialty, Cynthia promotes new opportunities that are available in this field. She notes: “The advice I would give to pharmacy technicians would be to explore all the new opportunities that are on the horizon. Create and follow a personal curriculum outside of work to sharpen your skill set. To better serve in providing care, it is important to stay in the know of current events and how it affects your patient population.”

“If you have knowledge, let others light their candles in it.” – Margaret Fuller
Updates from Massachusetts Student Societies of ASHP

Click the link below to learn about the recent activities and accomplishments of each college/school of pharmacy:

MCPHS University – Boston:
Meet the E-Board
Pharmacy Carnival

MCPHS University—Worcester/Manchester:
1st General Meeting—“All About ASHP”
2019 Fall Resource Fair

Northeastern University:
RxPO
Making Strides Breast Cancer Walk

Western New England University:
Membership Recruitment
Preparation for ASHP Clinical Skills Competition
Meet our E-Board

https://www.mashp.org/page/ResStudentResources

Practice Changing News

Editor: Jonathan Zand, PharmD BCPS

Contributors: Shannon Kean, PharmD and Margaret Wey, PhD RPh

All views expressed are those of contributing members and sources listed, but are not views or policy statements of MSHP or ASHP.

General Practice: Drug-Lab Assay Interference

Ticagrelor and HIT testing: The FDA labeling for ticagrelor, a P2Y12 antagonist platelet inhibitor, was recently revised to warn that it may cause falsely negative results for heparin induced thrombocytopenia (HIT) tests based on platelet function, including heparin-induced platelet aggregation (HIPA) assays. Ticagrelor is not expected to impact PF-4 antibody testing for HIT. Until additional information becomes available, caution should be used in interpreting negative HIT test results of platelet function assays in patients who are taking ticagrelor.


Biotin and troponin results: Biotin, an essential enzyme cofactor found in many OTC vitamins and supplements, can cause falsely low results for antibody-based troponin tests used as an aid in the diagnosis of acute myocardial infarction. When clinically unexpectedly abnormal (i.e., low) troponin values are obtained, it is reasonable to ask patients whether they are taking a supplement or multivitamin that may contain biotin.


Cardiology: Dapagliflozin Use in Patients with Heart Failure and Reduced Ejection Fraction (HFrEF) With and Without Type 2 Diabetes

Dapagliflozin is a sodium-glucose co-transporter 2 (SGLT-2) inhibitor which increases urinary excretion of glucose and was FDA approved in 2014 for improving glycemic control in type 2 diabetes. In October 2019, dapagliflozin approval was expanded to include
reduction in risk of hospitalization for heart failure in patients with type 2 diabetes and cardiovascular disease (or equivalent risk) based on outcomes observed in the DECLARE trial. After following nearly 17,000 patients for a median of ~4 years of add-on dapagliflozin or placebo, heart failure hospitalizations were significantly reduced in type 2 diabetes patients who received dapagliflozin. More recently, the DAPA-HF trial evaluated worsening HF or cardiovascular death in nearly 4800 patients with symptomatic HFREF and elevated natriuretic peptide (NP) who were already receiving optimal guideline-directed HF therapy. Compared with placebo, all-cause mortality was reduced with dapagliflozin, with similar benefits observed in patients with (n = 993) and without (n = 1380) type 2 diabetes. Given these findings, the FDA has granted fast-track consideration for approval of dapagliflozin for improvement of heart failure symptoms in patients with HFREF with persistent symptoms and elevated NP on optimal therapy including patients without type 2 diabetes.

Sources: US prescribing information Farxiga (October 2019) available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/202293s018lbl.pdf

Oncology: 2019 ASCO Clinical Practice Guideline Update: Venous Thromboembolism Prophylaxis and Treatment in Patients With Cancer– new role for direct oral anticoagulants (DOACs) in high risk patients
To provide updated recommendations on venous thromboembolism (VTE) treatment and prevention in patients with cancer, ASCO conducted an updated systematic review of randomized controlled trials (RCTs) and meta-analyses published from August 2014 through December 2018. Updated guidelines address methods of VTE treatment and prophylaxis in different cancer patient scenarios including inpatient, ambulatory, and surgical/post-operative. VTE prophylaxis recommendations remain largely unchanged for hospitalized patients with cancer and an acute medical condition as well as patients undergoing major surgery. Key changes to previous recommendations include:
(1) Selected high VTE-risk outpatients (e.g., Khorana score 2 or higher) with cancer and starting new chemotherapy may be offered pharmacologic thromboprophylaxis in absence of high bleeding risk or relevant drug interactions;
(2) Two DOACs, rivaroxaban and edoxaban, are included as reasonable VTE treatment options in patients with active cancer;
(3) In patients with brain metastases, long-term postoperative LMWH prophylaxis and VTE treatment options are provided.

Periodic assessment for VTE risk, providing updated pharmacologic treatment options to the medical team, and patient education about anticoagulant use and signs and symptoms of VTE are important pharmacist responsibilities. These guidelines provide useful tools for pharmacists.


Ambulatory Care, Discharge Patient Education: Cash Prices for Generic Prescriptions Vary Widely by Pharmacy Type
A national cross-sectional study of cash prices (i.e., without insurance coverage) charged for generic prescription drugs shows a wide variation in prices; on average small chains and independent pharmacies charge the highest prices (mean $71) and pharmacy departments within “big box” and “shopping club” stores charged the lowest (mean $24).


General Practice: FDA Update on NDMA impurities in H2 blockers
The FDA recently released new findings of further testing for N-Nitrosodimethylamine (NDMA) impurities prompted by findings in ranitidine products earlier this year. NDMA is classified as a likely human
cancer. Wider testing found low levels of NDMA in many ranitidine and nizatidine products, but not in famotidine or cimetidine. FDA characterizes the levels of exposure from ranitidine and nizatidine as similar to exposure from consumption of common foods such as grilled or smoked meats. The FDA is recommending further recalls of products that exceed the exposure thresholds, has issued new guidance for manufacturers on production methods and NDMA testing, and is advising consumers who take ranitidine or nizatidine that, although NDMA exposure levels are low, they may consider use of other H2 antagonists.


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Communications Committee

Board Advisor:
Antoinette Lavino

Website, Newsletter Layout and Publication:
McKenna Management

Social Media Subcommittee:
Mark Sciaraffa, Shannon Kean, Margaret Wey

Newsletter Subcommittee:
Barbara Irby, Jonathan Zand, Shannon Kean, Margaret Wey, Krishna Shah

Thanks to our Contributors:
Nicole Clark, Megan Feeney, Erin Taylor, Ruchit Marfatia, Kristen Carrier, Julie Lanza, Cynthia Nicholson-Jones, Martina Isshak, Jonathan Zand, Margaret Wey, Shannon Kean, Krishna Shah, Barbara Irby

Comments & Suggestions on our Newsbriefs? Email us at admin@mashp.org