Greetings. It is very exciting to be beginning a new MSHP year and I am very honored to be starting my term as President. I would like to start off with thanking Melissa Ortega and the tremendous work she did as President last year.

It was truly an honor to be the host state for the record-breaking ASHP Summer Meetings in June. I would like to thank all the MSHP leadership team members and past presidents who helped at the MSHP booth, where we were able to greet meeting attendees. At this meeting, members of the MSHP Board and committees were able to meet with Board members from the other New England state affiliates and make plans for how we can work together going forward. A big “thank you” to Massachusetts ASHP delegates for representing the state on important issues at the House of Delegates. We hope that ASHP comes to visit us in Boston again soon.

As this year begins, MSHP has already been busy working and planning. The 2019-2020 MSHP Board met for the MSHP annual strategic planning meeting in early August. At the meeting, we discussed tactics to continue to move our strategic plan forward and to engage our members. As ASHP has issued draft PAI (Practice Advancement Initiative) 2030 recommendations, the MSHP Board also discussed approaches to help its members engage in this initiative. We look forward to putting our ideas into action this year.

August also gave us the Annual Resident Welcome Event at the Harpoon Brewery. The Residency Committee, led by Ruchit Marfatia, did a great job organizing this annual event that brought over 100 residents, preceptors and program directors together to mingle and network. This event is a member favorite and always an energizing start to the year.

As always, we are looking 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.
MSHP at ASHP's Summer Meetings

ASHP's annual Summer Meetings, combining several themes in one meeting venue, were held in Boston this June. The event was very well attended (record-breaking!), as learning opportunities and networking were productive and fun.

The annual installation of ASHP Fellows included MSHP's incoming president, Nicole Clark. Congratulations!

MSHP members welcomed participants to their “home state”.

- MSHP met with key leaders from the other New England states’ health-system associations and ASHP’s Anne Policastro, Director of Membership and Affiliate Relations, to discuss areas of collaboration and synergy. Some of the topics discussed by the group were joint meeting planning, shared speakers bureaus, co-marketing of each other’s meetings, and establishing a New England regional residency conference. There were a number of great discussions and sharing that occurred with the attendees on how they run their affiliates. We look forward to looking for other areas of collaboration over the next year.

- MSHP held a reception for members with hors d’oeuvres and drinks and good conversation.

- MSHP manned an information booth, providing local guidance on restaurants and activities, and handed out “Boston Baked Beans” candy as souvenirs.

Thanks to everyone who attended—it was wonderful to see such a great crowd!
CE Corner

October 2019

Title: Implementation and Integration of a Specialty Pharmacy Model within a Health System
Presenter: David Hughes, PharmD, BCOP; Clinical Pharmacy Specialist – Hematology/Oncology, Boston Medical Center
When: October 22nd from 5-6 pm
Where: Boston Medical Center (850 Harrison Ave, Boston, MA), Yawkey Conference Room A+B

November 2019

Title: Smoke Signals: How Pharmacists can Fight Tobacco Through Legislative and Clinical Approaches
Presenter: Anthony Ishak, PharmD, BCPS; Clinical Pharmacist – Department of Healthcare Associates, Beth Israel Deaconess Medical Center
When: November 12th from 5:30-6:30 pm
Where: Brigham and Woman’s Hospital (70 Francis St, Boston, MA) Zinner Breakout Room

Fun for All at Residency Welcome Event

The Residency Program Committee organized and hosted the annual Welcome (to the Massachusetts area) Event for all incoming residents and fellows on August 6th. The meet- and-greet was hosted at the Harpoon Brewery in the famous Seaport District of Boston. About 110 attendees (including residents and fellows, as well as preceptors and Residency Program Directors) gathered for the fun-filled evening. The group enjoyed networking over delicious food and freshly baked pretzels, along with the beers brewed on-site. Many also took the advantage of guided walkthroughs of the brewery. Attendees had a great time networking and also got the opportunity to relax and soak in the vibe of the whole atmosphere. It was very well attended and a big success!
Residency Spotlight:
Beth Israel Deaconess Medical Center (BIDMC)

The Post Graduate Year One (PGY1) Program at Beth Israel Deaconess Medical Center (BIDMC), in conjunction with MCPHS University, provides a structured and advanced education and training experience that builds upon Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists who are:

- Responsible for medication-related care of patients with a wide range of conditions
- Eligible for postgraduate year two (PGY2) pharmacy residency training
- Eligible for national board certification

The Post Graduate Year Two (PGY2) Programs build upon the training and skills developed during PGY1 pharmacy residency training and focus on the development of clinical pharmacists in specialized areas of practice.

Residents who successfully complete one of the ASHP accredited PGY2 pharmacy residency programs at BIDMC will possess competencies that qualify them for clinical pharmacist and/or faculty positions and position them to be eligible for attainment of board certification in the specialized practice area. Advanced training programs at BIDMC include:

- Critical Care
- Infectious Diseases
- Solid Organ Transplant

Our team of Residency Program Directors, Preceptors and Pharmacy staff are committed to working with our residents during their training at BIDMC. We have listed answers to questions that have frequently been asked about our program. We hope that this information is helpful in getting to know us and the residency opportunities at BIDMC.

How will the BIDMC program address the individual residency goals?

Required “core” rotations provide the resident a broad experience in the provision of care to the hospitalized patient. A range of elective rotations allows the residents to customize their program to match their interests. Flexibility within the program allows residents to select elective rotations to maximize their exposure to their individual areas of interest. Active participation by the residents in designing their program is encouraged.

What are unique characteristics about our program?

BIDMC offers unique core and elective rotations designed around the resident’s interests. In all areas to which the residents are assigned, they assume the role and responsibility of team members in the clinical service, as well as teaching and administrative aspects of the unit as well. Collaboration with MCPHS University also offers a wide array of teaching opportunities to the residents. Such opportunities allow residents to be well-rounded clinicians upon completion of their PGY1 year.
What teaching experiences are available in the program?

BIDMC’s affiliation with MCPHS provides the resident with several teaching opportunities. The resident will facilitate therapeutic seminars/patient case discussions at MCPHS. Didactic teaching opportunities, additional preceptor activities and departmental in-services all serve to enhance the teaching skills of the resident.

What career paths have BIDMC residents selected following the residency program?

The majority of PGY1 and PGY2 residents are practicing as clinical pharmacists in the inpatient care setting of various medical institutions across the country or practicing as full or adjunct faculty in the academic setting.

Technician Spotlight:
Melissa Mariani, CPhT

In this issue we are spotlighting Melissa Mariani, CPhT, who recently started a new position as Application Analyst for Clinical Applications with Baystate Health Informatics and Technology. This leverages her hospital and pharmacy experiences to help Baystate with system-wide applications and technology innovations. This includes many inpatient and ambulatory applications—their team manages and troubleshoots about 30; they perform upgrades, solve system-related issues and work to optimize performance and use.

Prior to this new role, she was the IV lead at Baystate Medical Center, managing the 797 training and onboarding for all of the sterile compounding staff as well as scheduling and completing all annual and semiannual competencies for over 50 staff members – both pharmacists and technicians. She assisted her team through the years with the trialing and implementation of new technologies – both inside and out of the clean room. Melissa loves to delve deep into new technologies to discover the best way to integrate workflows and personalize training for her team. She has led training for Pyxis Carousel technology and DoseEdge Pharmacy Workflow Manager. Melissa finds that if you can demonstrate ease of performance and workflow benefits from the start, the team will be as passionate as you are!

Melissa has been a member of the Baystate team for over 15 years—her role as a technician grew tremendously, especially coming from a retail setting. She discovered her passion for sterile compounding during that time and demonstrates and shares that passion with others: “We are continuously asked to do more—what other services can we provide our patients?” As an example, she, along with fellow technicians, pharmacists, and the leadership team, established the Sterile Compounding Oversight Committee, charged with looking at the total picture for quality improvement purposes, bringing together all dimensions of the IV room. Melissa is especially proud of the USP 797 Train the Trainers program she developed for IV trainers, the goal being to help trainers become consistent educators—focusing on base skills before providing more advanced training. All new trainers are now required to complete this program. Other team processes Melissa has been involved in include managing drug shortages and coordinating the
increase in volume of certain infusions with the existing compounding and space needs of the institution.

Melissa notes: “No matter your role, YOU ARE IMPORTANT. If you can go home at the end of the day and can honestly say your have done your best today, then no one can ask any more of you.”

Meet the Early Careerist Network!!

Interested in promoting growth and retention amongst our local students, residents and new practitioners?

- The Early Careerist Network (ECN) committee is seeking motivated and dedicated individuals to assist with new initiatives for the 2019-2020 year!
- We are looking for ideas to help our early careerists successfully transition through each new stage and explode as the future leaders in our profession
- Please email the ECN Committee Co-Chairs, Emily. Dionne@umassmemorial.org and Nicholas.Servati@umassmemorial.org if interested in joining the committee!

MSHP Annual Report Highlights

Membership

There are roughly 2,900 unexpired member records in the database.

Geographical Distribution: MetroWest (1%), Southeast/Cape (2%), Northeast/Lowell (4%), Central Mass (10%), Western Mass (10%), Boston/Greater Boston (73%)

Institutional Members (IMs)

Number of IMs

39 INSTITUTIONAL MEMBERS

MSHP Captures 39 institutions (May 2019) out of 143* total Health-systems in Massachusetts (27% saturation).

*According to MA Health & Hospital Association

Size of IMs

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<thead>
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<th>Size of IMs</th>
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<td>1-10 employees</td>
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<tr>
<td>11-20 employees</td>
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<td>21-50 employees</td>
<td>8.20%</td>
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<td>51-100 employees</td>
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<td>more than 100</td>
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Employee Members

2,600 EMPLOYEE MEMBERS

Roughly 2,600 employees enjoy MSHP membership through their employer’s Institutional Member account.

An accurate count depends on IMs keeping their rosters current.
MSHP Annual Report Highlights

Individual Members

92 INDIVIDUAL MEMBERS
These are members who are not employed by Institutional Members; they pay their dues on an individual basis. They may be pharmacists, pharmacy technicians, retirees, first-year pharmacists, or residents. Dues amounts vary depending on member type.

43 Pharmacists | 44 Resident or First Year Pharmacist | 3 Retired | 2 Technicians

Members by Professional Type

This number includes individual members, employee members, and educational members.

Pharmacists: 1355
Pharmacy Technician: 946
Resident: 212
Student: 164
 Undefined: 282

Educational Members

96 EDUCATIONAL MEMBERS
Educational Membership is for students to enjoy free MSHP membership until they graduate.

Committee Members

83 UNIQUE VOLUNTEERS
Filled 101 committee positions across 10 different committees and the Board of Directors.

Online Engagement

Website Visits 2017-2018 and 2018-2019 Year-Over-Year

MSHP Started tracking website data through Google Analytics starting in December 2017.

## Impression

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<th>Month</th>
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<td>Feb 2019</td>
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<td>Mar 2019</td>
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<tr>
<td>Dec 2018</td>
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**Impressions:**
Times a user is served a Tweet in timeline or search results

**Engagements:**
Total number of times a user interacted with a Tweet. Clicks anywhere on the Tweet, including Retweets, replies, follows, likes, links, cards, hashtags, embedded media, username, profile photo, or Tweet expansion

**Engagement rate:**
Number of engagements divided by impressions

### May’s Top 2 Tweets

**MASHP** @MAPhar
May 15
Dentistry taking the lead on #Instagram. Who knew? Those pearly whites were made for selfies!

Impressions: 2,036 | Engagements: 96 | Engagement rate: 4.7%

**MASHP** @MAPharmacists
May 15
Check your unconscious bias! Questions to ask yourself. This definitely applies to persons with #OUD.

@DrSarahWakeman #MASHP19 pic.twitter.com/ozCPzb0x2g

Impressions: 1,745 | Engagements: 41 | Engagement rate: 2.3%
MSHP Annual Report Highlights

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.

**Ambulatory care: Sunscreens - Is systemic absorption of organic ingredients a potential safety concern?**

Sunscreens containing organic chemical components are widely used but relatively little is known about their systemic absorption. To better understand this potential safety concern, the US FDA sponsored a preliminary trial enrolling 24 healthy volunteers randomized to maximal topical application of four different organic sunscreen types to measure systemic absorption of four active ingredients. The FDA proposes that any OTC sunscreen active ingredient with detectable plasma levels higher than 0.5 ng/mL should be further studied for carcinogenic and other potential toxicities. Following application, the ingredients measured in this study (avobenzone, oxybenzone, octocrylene, and ecamsule) were all found to exceed the proposed plasma threshold, thereby warranting further study. While awaiting further data, it is reasonable to counsel patients to continue using sunscreen along with other sun protective measures (e.g., shade, protective clothing, hats). Inorganic non-absorbable sun blocks (titanium dioxide, zinc oxide) would seem to be an appropriate alternative for patients who are concerned by systemic absorption of organic sunscreen components.


**Ambulatory care: Medicare plans sometimes favor brand drugs over less-costly generics**

Fifty-seven Medicare Part D formularies were examined to evaluate how often branded medications were preferred at a low co-pay tier relative to less costly multisource generic alternatives. Seventy-two percent of the plans placed at least one brand medication at a lower cost-sharing tier than generic equivalents. The result of favorable formulary placement of more expensive branded drugs can be higher annual out-of-pocket...

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**Twitter Impression**

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**Snapshot of the top performing month (May 2019)**

**MAY'S TOP 2 TWEETS:**

**MASHP @MAPharmacists May 15**

Dentistry taking the lead on #Instagram. Who knew? Those pearly whites were made for selfies! #MASHP19 [pic.twitter.com/9qxQmcZ8ZV](https://twitter.com/9qxQmcZ8ZV)

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**MASHP @MAPharmacists May 15**

Check your unconscious bias! Questions to ask yourself. This definitely applies to persons with #OUD. @DrSarahWakeman #MASHP19 [pic.twitter.com/ozCPzb0x2g](https://twitter.com/ozCPzb0x2g)

Impressions: 1,745 | Engagements: 41 | Engagement rate: 2.3
costs for plan participants who have a limited annual drug benefit and higher government expenditures to support publicly funded Part D insurance supplements. This mismatch in brand drug formulary placement appears related to Medicare Part D “Safe Harbor” provisions that protect manufacturers who offer rebates to drug insurance plans that incentivize their brand medication. When counseling patients with Part D drug plan coverage, pharmacists and patients should assess the potential for higher total out-of-pocket annual costs when costlier brand medications are given favorable copay tier status relative to the generic co-pay or cost of the generic medication without use of insurance.


General Practice, Ambulatory Care: Non-opioid pain management alternatives

A recent review article in The New England Journal of Medicine provides a valuable update of non-opioid options for pain management. Pain can be a debilitating condition with heterogeneous origins and the classification guidance provided in this review is useful for determining effective non-opioid pharmacologic and non-pharmacologic approaches. Moreover, the opioid crisis has been linked in part to excessive and inappropriate prescribing of opioid medications to treat pain. Accordingly, public health authorities are emphasizing the use of non-opioid pain management first and strategies to minimize the opioid prescription when opioids are deemed required due to pain severity and type. In addition to surgical and complementary interventions, this review article provides pharmacists and other clinicians with an overview on an array of nonopioid analgesic agents for acute and chronic pain, which include acetaminophen, aspirin, NSAIDs, antidepressants, antiseizure drugs, topical and other local treatment options.


Antibiotic Stewardship, Infectious Diseases: Excessive duration of antibiotic treatment in community acquired pneumonia (CAP)

Prevailing guidelines generally suggest a short course of antibiotic therapy (i.e., 5 to 7 days) for patients with uncomplicated mild-to-moderate community acquired pneumonia (CAP) who respond satisfactorily to initial therapy. Despite these recommendations, CAP appears to be a common reason for antibiotic overuse. This was highlighted by a retrospective study in 43 hospitals in Michigan which evaluated more than 6400 patients hospitalized with pneumonia. Among patients with a diagnosis of uncomplicated CAP, the median duration of therapy was 8 days and median excess duration 2 days. Excess treatment did not appreciably improve outcomes but was associated with more antibiotic-associated adverse events reported by patients following discharge (mostly diarrhea and rash). This paper can be useful support for pharmacist-led stewardship efforts focused on reducing excessive antibiotic therapy duration for uncomplicated mild CAP and improving prescribing at time of discharge.


Ambulatory Care, Cardiology: ARB contaminants – FDA issues follow up report on safety concerns

The FDA recently published a revised report updating the scope and magnitude of impact of excessive nitrosamine impurities in angiotensin II receptor blocker (ARB) medications first uncovered in 2018. This update includes an estimate of the number of persons exposed to the highest levels of N-nitrosodimethylamine (NDMA) contaminants from recalled product in the supply chain taken by patients and the steps being undertaken by FDA to compel manufacturers to correct the chemical processes that introduce these potential carcinogens into ARB containing medications. This update is well worth reading by any pharmacist who may care for patients receiving ARB therapy.

**Pharmacy Informatics: Evidence based tool-kit available for improving electronic drug allergy recording and screening**

The July 2019 ISMP “Community/Ambulatory Medication Safety Alert” highlights recommendations to improve drug allergy capture and clinical decision support from the Partnership for Health IT Patient Safety, a national collaborative convened by ECRI institute (Emergency Care Research Institute). The report provides evidence-based system-wide recommendations for improving documentation and screening of drug allergy by more effective use of clinical decision support (CDS) screening features and order entry alerts. A key message is the importance of developing electronic technologies that promote the capturing and classification of more accurate and relevant allergy information that will enable CDS tools to function more effectively in screening potential medication exposures that may present an elevated risk of harm due to allergy and supporting appropriate pharmacist intervention.


Partnership for Health IT Patient Safety. Safe practices for drug allergies—using CDS and health IT. ECRI Institute, 2019;1-42. Full report may be downloaded freely at: [https://assets.ecri.org/PDF/HIT-Partnership/ECRI-Drug-Allergy-Toolkit.pdf](https://assets.ecri.org/PDF/HIT-Partnership/ECRI-Drug-Allergy-Toolkit.pdf)

**Anticoagulation: Direct oral anticoagulants (DOACs) - safety and benefit in patients with chronic kidney disease (CKD) receiving anticoagulation for stroke prevention in nonvalvular atrial fibrillation.**

All available direct oral anticoagulants (DOACs) are to a varying extent cleared as unchanged drug by the kidneys, which raises concern for potential accumulation in patients with moderate to severe chronic kidney disease. In a meta-analysis of 45 randomized trials comparing DOAC with warfarin in >34,000 patients with CKD, nearly 14,000 patients with atrial fibrillation receiving DOAC had reduced risks of stroke, systemic embolism, and death from any cause. Intracranial bleeding was decreased and there was a non-significant trend towards decreased major bleeding in other sites relative to warfarin treatment. These findings provide reassurance that the greater efficacy and safety of DOACs compared with warfarin in chronic anticoagulation of patients with atrial fibrillation extend to individuals with early stage CKD.


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ASHP Pharmacy News

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