From MSHP President Karl Gumpper:

I hope everyone is doing well and staying healthy. It is hard to believe that I am in the second half of my year as serving as your President. There are some exciting events to report. At the end of 2020, the idea of a registered pharmacist was added to Massachusetts General Law Title XVI, Chapter 111 Section 1. The actual bills passed the Senate and the House in Bill S.1297 and Bill H.1849, respectively. The actual law reads as:

"Health care provider", any doctor of medicine, osteopathy, or dental science, or a registered nurse, registered pharmacist, social worker, doctor of chiropractic, or psychologist licensed under the provisions of chapter one hundred and twelve, or a resident, fellow, or medical officer licensed under section nine of said chapter one hundred and twelve, or a hospital, clinic or nursing home licensed under the provisions of chapter one hundred and eleven and its agents and employees, or a public hospital and its agents and employees.

The Governor signed the legislation as part of the Bill S.2984 -An Act promoting a resilient health care system that puts patients first on January 1, 2021. This may be a small wording change, but may open up opportunities to obtain provider status similar to other states. This is only a beginning, and now the hard work begins. The Society's Legislative Committee will be working with Massachusetts Pharmacists Association. If you want to get involved in the work, please consider joining the committee. Feel free to share any ideas you may have to move this exciting opportunity forward.

This is the time of the year that we start to plan for the upcoming year. I would like to congratulate Melissa Ortega (Tufts Medical Center) for being elected to a four-year term as ASHP Delegate and Marla O’Shea-Bulman (Cooley Dickinson Hospital) for being elected to a one-year term as ASHP alternate Delegate. They will join existing Delegates Caryn Belisle, Jacqueline MacCormack-Gagnon, and Monica Mahoney. Upcoming elections for President, Board of Directors, and Treasurer will be held soon, so be on the lookout for nominations. Please contact myself or any of the Board members if you have questions or would like to discuss leadership opportunities within the Society.

We have announced that our Spring Annual Meeting will be a virtual event on May 19th and 20th. The theme is Adapting, Innovating, and Thriving. We are trying to make the event as similar to a live event as we can. The Society has invested in a meeting platform that will provide opportunities for educational and networking opportunities. The committees are working hard planning the event. As part of the Annual Meeting, we often honor the dedicated pharmacists, technicians, and students in our state taking care of our patients. Please consider nominating someone for one of the awards. This is a great opportunity to promote the work of our dedicated practitioners. There will be many other innovations and surprises that the committee will be sharing as the meeting planning comes together. I hope that many of you will be able to join us virtually.

Despite the pandemic and the limited interactions, the Board, Committee Chairs, and Co-Chairs are all working hard to be creative and keeping the Society moving forward. If you have other ideas or see an unmet need for the Society, please feel free to reach out to me at president@MASHP.org.
Mass Board of Pharmacy Adds New Members from MSHP

Congratulations to Julie Lanza, CPhT, CSPT and Caryn Belisle, RPh, MBA who have recently assumed new positions at the Massachusetts Board of Pharmacy.

Julie, MSHP Technician Committee Chair, is the new President of the Board of Pharmacy and the first pharmacy technician in this role. She notes: “It’s exciting…and an honor that they voted me into this and I’m ready for it. BUT…I think the bigger significance is that our Board of Pharmacy sees and trusts in the importance of pharmacy technicians and they are open to seeing advancement for pharmacy techs and supporting me every step of the way!”

Caryn, MSHP Past President and a current ASHP Delegate for MA, has been appointed to the Board as the Hospital Pharmacist Representative. This appointment term is for 3 years, with an opportunity to serve a maximum of 2 terms. Caryn notes: “I’m looking forward to serving and having the opportunity to be a part of the movement to advance pharmacy practice in Massachusetts.”

Election Results for ASHP House of Delegates from Massachusetts

MSHP President Karl Gumpper announced the election results for Massachusetts’ representatives to serve on the ASHP House of Delegates.

Melissa Ortega was elected to serve as a Delegate for a 4-year term, and Marla O’Shea-Bulman was elected to serve as Alternate Delegate for a 1-year term. Congratulations, Melissa and Marla!

They will join existing Delegates Caryn Belisle, Jacqueline MacCormack-Gagnon, and Monica Mahoney. Much appreciation and thanks are extended to Erin Taylor for her service on behalf of Massachusetts, as her term expires.

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.
Save the Date!

Mark your calendar! The MSHP 2021 Annual Meeting will be held Wednesday evening, May 19th, and all day Thursday, May 20th, 2021!

The meeting will be entirely virtual this year through a dynamic online platform customized for the conference, so come join us for 2 days of education, MSHP member honors and awards recognition, and plenty of networking opportunities!

- Up to 22 hours of CE will be offered for Pharmacists and Technicians (both live and enduring CE credits will be available!), including:
  - 2 hours of Pharmacy Law
  - 5 hours of Compounding
  - Poster sessions
  - Clinical, Leadership, and our NEW Innovations tracks
  - Keynote Address featuring ASHP’s Practice Advancement Initiative 2030
- NEW this year - Day 1 will feature preceptor development and technician advancement programming

Look out for more information on registration; coming soon!

Boston Medical Center All-In Committee

Boston Medical Center’s (BMC) core values include “Many Faces Create Our Greatness”, which recognizes the importance of a diverse and inclusive workforce. Given the significant diversity of the patients that BMC serves, the presence of diversity among providers is critical to our ability to provide high quality care. Certain groups are significantly underrepresented in the profession of pharmacy. A 2017 report published in the American Journal of Pharmaceutical Education provides a breakdown of Doctor of Pharmacy degrees conferred as first professional degrees by race and ethnicity. In 2016, 53.2% of degree holders were white Americans, 24.6% Asian, 7.3% Black or African Americans, 4.4% Hispanics, 0.2% Native Hawaiians and 0.3% American Indians. The percentage of underrepresented minorities (URM) receiving pharmacy degrees has remained almost constant since the 1980s. Similarly, a 2019 report published by the American Association of Colleges of Pharmacy showed comparable findings with regards to the lack of racial diversity of licensed pharmacists in the United States. The All-In Committee was created to further advance the diversity and inclusivity of the pharmacy workforce at BMC. The Committee aims to improve the recruitment, retention, and promotion of URM at our institution and nationwide.

The All-In Committee was formed in 2019 as a grassroots movement of frontline pharmacists interested in building diversity, equity, and inclusion in the Department of Pharmacy and beyond. The Committee sought buy-in from key stakeholders, human resources, and pharmacy leaders. This winter, the All-In Committee launched its inaugural scholarship program. The All-In APPE Scholarship Program provides up to $10,000 to a URM APPE student for a customizable 12-week rotation experience with mentorship at BMC. Within one month, the Committee held informational sessions and residency recruitment events at several colleges of pharmacy outside of New England including Howard...
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University, Florida Agricultural and Mechanical University, Xavier University, Roseman University, and Chicago State University. The Committee hopes to increase the number of APPE students supported in coming years.

Currently, the All-In Committee is searching for ways to expand its influence and collaborate with other entities at a regional and national level. The American Society of Health-System Pharmacists’ (ASHP) new Task Force on Racial Diversity, Equity, and Inclusion is an opportunity for collaboration and future alignment (click here for more information). Over the upcoming year, the Committee seeks to continue to expand its efforts to promote diversity, equity, and inclusion across the department. This includes providing regular diversity and inclusion training sessions to pharmacy staff, reviewing our residency application screening criteria for areas of bias, and advocating for other pharmacy departments across the nation to follow suit in these endeavors. The Committee believes that these initiatives will help recruit and retain students, residents, and pharmacists from different backgrounds.

The All-In Committee believes that fostering a culture of inclusion displays our strength, dedication to BMC’s core values, and allows us to better serve our patients. The Committee members encourage other institutions, programs, and educational centers to join them on the journey to transform the pharmacy workforce!

Members: Christopher Fagbote, Natalija Farrell, Jessica Fortune-Chery, Joshua Hayden, Kevin Horbowicz, Jason Mordino, Monique Payne-Cardona, and Sarita Weekes

Notes from the Frontlines: DCU Field Hospital/UMass Memorial Medical Center

Jessica Mazzone, PharmD, DCU Pharmacy Site Supervisor

UMass Memorial Medical Center has once again taken the initiative to provide exceptional care at the DCU Field Hospital at “Surge 2.0”. This second wave of coronavirus has hit the area with greater capacity than the first surge, which has forced our team to become innovative and adaptive in order to establish crucial changes for the second set-up of the field hospital. Major patient inclusion factors that are different with this surge are: the addition of patient populations diagnosed with stable chronic cardiovascular conditions, dialysis candidates, those requiring remdesivir treatment and COVID Convalescent Plasma treatment. Patients also are admitted with multiple comorbidities such as diabetes, asthma, atrial fibrillation, AIDS, and more.

The UMass pharmacy team has been an integral part of patient care here at the DCU Field Hospital. We’ve been utilized as an exceptional resource to patient care, from making sure all medications are available during a patient’s stay, to ensuring patient safety monitoring. We worked alongside the Memorial outpatient Prescription Center to provide patients with diabetes teaching supplies, as well as medications for special circumstances.

Many patients are on new Ellipta inhalers, which are not currently on formulary. Through the work of dedicated pharmacists, we were able to obtain either patients’ own inhalers or work with the providers to change to formulary respiratory medications to serve better patient care for a faster and healthier recovery.

To date, over 750 remdesivir doses have been used at the DCU Field Hospital. Due to this high demand for remdesivir, the UMass pharmacy team has consistently worked hard to batch a 24-hour supply of remdesivir 100 mg to allow for easy, convenient access by nursing.

Along with serving as a clinical expert, the UMass pharmacy team has had to adapt to limited Pyxis space with the huge influx of admitted patients. In conjunction with increasing admissions, long nursing lines were beginning to develop at the MedStations, which had begun to cause delays in
Continued from p. 4

Recognizing this situation, the UMass pharmacy team implemented measures to restructure the Pyxis machines and current process and procedures. Each MedStation was assigned to a specific nursing unit and optimized with only the necessary medications for their respective unit. This increased productivity, minimized waste, and maximized efficiency and patient care.

Overall, I am proud to be able to serve the UMass Memorial Center DCU Field Hospital and to feel like a team member alongside other caregivers during this second wave of the coronavirus pandemic. The pharmacy operations could not have run so smoothly without the excellent group of pharmacy technicians, pharmacists, and pharmacy residents giving their best effort for every patient.

Legislative Committee Updates

Lindsay Park, Pharmacy Student Committee Member

Front in Mind:

With continual updates from the Massachusetts Board of Pharmacy (BOP), we aim to provide helpful information and remain connected with our members regarding ongoing projects within our Legislative Committee. Recently, we reached out to the BOP to request reconsideration of its decision to cease providing continuing education credits effective on April 1, 2021. Unfortunately, the Board could not extend this decision due to logistical and refocused efforts on timely licensure. This process highlighted the importance of being proactive in the manner we seek change or next steps.

New and Hot off the Press:

- **New Email**: Email the MSHP legislative committee at legislative@mashp.org to address any hot topics, ask questions, or request legislative updates.
- **Provider Status**: Recently, a milestone was achieved for our profession in the Commonwealth. This is a significant first step in giving patients access to the valuable care we provide. The terminology “registered pharmacist” was added to the General Laws under the definition of “health care provider”. Please find a link to An Act Promoting a Resilient Health Care System that Puts Patients First: https://malegislature.gov/Bills/191/S2984 (Lines 144-146). The Legislative Committee will be coordinating efforts and working in collaboration with other pharmacy organizations in the Commonwealth to advocate and address potential implications. We will update members with key points and create venues to solicit feedback--still a long journey ahead of us, but a major step in the right direction!

Be on the lookout for new ways to stay informed and educated about legislative efforts!

- Get to the know the Massachusetts Board of Pharmacy
- Stay informed- Website refresh: plans are underway to refresh the MSHP Legislative Committee website in efforts to become more engaged with MSHP members.
Local Clinical Skills Competition Winners 2020

Congratulations to the following pharmacy students, who won their local ASHP Clinical Skills competitions last fall and competed at the national competitions at the (virtual) ASHP Midyear Clinical Meeting:

MCPHS University-Boston:

MCPHS University-Worcester/Manchester:

Nhi Nguyen
Thy Ton-Morrison
Alyssa Bangrazi
Naomi Greenwood

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Northeastern University: (Midyear Clinical Meeting 2019)

Western New England University:
Residency Spotlight: Greater Lawrence Family Health Center

Greater Lawrence Family Health Center (GLFHC), in affiliation with MCPHS University-Boston, provides a Postgraduate Year One (PGY-1) pharmacy residency program which offers in-depth, hands-on experiences in all aspects of ambulatory care pharmacy practice. This is in addition to exposure to diverse teaching and precepting opportunities.

GLFHC, a Federally Qualified Health Center, is the second largest health center in Massachusetts and provides primary health services to residents of Lawrence and the surrounding Merrimack Valley area. The city of Lawrence is a densely populated community named the “Immigrant City” for its rich multiethnic and multicultural history. Currently, a large percentage of the population is Hispanic, which further shapes the local culture and how health care is delivered.

MCPHS University is one of the few private, free-standing universities in the United States specializing in the education of health professionals and has prepared more students for professional careers in pharmacy than any other academic institution in the world.

The residency program offers longitudinal and elective experiences at GLFHC and MCPHS University which allow residents to become fully immersed in the Patient-Centered Medical Home (PCMH) model, sharpen core skills, and be involved in the community.

- Orientation
- Clinical Pharmacy Services (CPS)
- Patient-Centered Dispensing
- Operations Management
- Residency Project
- Teaching and Learning
- Electives
  - Care for Homeless Populations
  - Behavioral Health

WHAT TYPE OF COLLABORATION DO RESIDENTS HAVE WITH OTHER HEALTH CARE PROFESSIONALS?

Our clinical pharmacists provide direct patient care as partners in the PCMH model by utilizing collaborative drug therapy management (CDTM) agreements. This allows for broad exposure to interdisciplinary interactions. For example, PGY-1 residents have the opportunity to work alongside fourth-year medical residents in a once-weekly outpatient transition of care (TOC) clinic for half of the residency year. The pharmacy and medical residents collaborate by sharing their expertise in pharmacotherapy and disease management to deliver high quality care to patients recently discharged from the hospital. Having a platform to conduct joint visits, observe physician-focused patient techniques, and discuss drug-specific outcomes creates a foundation for the development of clinical skills and knowledge. Within our community pharmacy, residents work alongside other pharmacists and technicians to hone patient care services as well as community pharmacy policies and procedures, including those required of the 340B program. The 340B program is a US federal government program that allows certain health care providers, or covered entities, to obtain discounted prices on covered outpatient drugs. A unique experience made available to residents is the ability to participate in a 340B University certificate program to learn more about the complexities of the aforementioned drug pricing program and acquire applied advice from leading experts and peers.

WHAT LEARNING EXPERIENCES ARE THERE FOR RESIDENTS TO DEVELOP EFFECTIVE TEACHING SKILLS?

The affiliation between GLFHC and MCPHS University ensures residents will gain experience in a variety of teaching and learning settings. At GLFHC, pharmacy residents provide brief 15- to 20-minute presentations to medical residents in an open dialogue setting. Longer presentations, or in-services, to medical residents, other clinicians, nursing staff, and the pharmacy team are coordinated throughout the year on topics such as diabetes and asthma. Additionally, residents are responsible for teaching, mentoring, and evaluating Advanced Pharmacy Practice Experience (APPE) interns. MCPHS University offers a Residency Teaching Certificate Program (RTCP). Guided by an Academic Faculty Mentor (AFM), residents participate in teaching opportunities in a variety of educational settings, i.e. large/small classroom, laboratory, or seminar. The RTCP is structured to also
include live and online didactic modules to introduce and reinforce core educational principles.

**WHAT ARE EXAMPLES OF COMMUNITY INVOLVEMENT OPPORTUNITIES AVAILABLE?**

There are many ways to get involved in the community throughout the residency experience. Some ways past residents have engaged in volunteer activities include fundraising efforts to help the homeless, fresh produce distribution at Mobile Markets in partnership with GLFHC and the Greater Boston Food Bank, group education at Diabetes Night, and asthma education at Lawrence’s Ciclovia event which is aimed at promoting physical activity. Pharmacy residents also participated in a community lobbying event to voice disapproval of a proposal that would allow hookah smoking in public establishments. The pharmacy residents presented personal testimonies and evidence of the dangers of smoking that ultimately resulted in the proposal being dismissed.
Technician Spotlight:

Christine Cronin
CPhT-Adv, CSPT

Christine Cronin is a Senior Attending Pharmacy Technician at the Mass General North Shore Cancer Center in Danvers, MA. She also works at Atrius Health in Peabody as a Certified Pharmacy Technician. She received a diploma from Salem High School in Salem, MA. She is an Advanced Certified Pharmacy Technician (CPhT-Adv) and Certified Compounded Sterile Preparation Technician (CSPT).

She obtained certification as an Advanced Certified Pharmacy Technician because she feels that staying current on the latest pharmacy practice standards is essential to being part of a pharmacy team that provides high quality patient care. This certification helped expand her knowledge into other pharmacy practice areas and highlighted her strengths and areas for improvement as a technician.

Christine shares that she pursued certification as a Compounded Sterile Preparation Technician because sterile compounding is such an important part of her work at the Cancer Center. Obtaining this certification was important because she learned the latest compounding standards and regulations by preparing for the exam. It was also helpful because it confirmed that her hazardous compounding aseptic technique matched these latest standards.

Christine’s current role primarily involves sterile compounding of hazardous medications for patients at the Cancer Center. This involves working in a clean room and using closed system transfer devices to prepare patient specific doses of chemotherapeutic agents. Her work requires strict compliance with standards promulgated by USP 797 and USP 800. In addition to her work in the clean room, she is responsible for monitoring medication recalls ensuring medication recalls are reviewed daily and that these medications are pulled from pharmacy and patient care areas as soon as possible.

The pharmacy at the Cancer Center supports the outpatient operating rooms in this facility as well. In her role, Christine is also responsible for ensuring that the automated dispensing cabinets are restocked daily and controlled substances are accurately inventoried.

In addition, she works per diem at Atrius Health as a Hospital Retail Certified Pharmacy Technician, with 25 years of retail pharmacy experience. Working in a retail pharmacy setting helps her to stay current on prescribing trends and maintain a balanced knowledge of pharmacy practice.

Most recently, she volunteered to work drawing up COVID vaccines to support Mass General’s vaccination efforts. She is proud to be part of this effort in protecting her patients and employees from COVID.

Conor McGladrigan, PharmD, JD, BCSCP, a colleague at the Mass General North Shore Cancer Center, notes: “Chris is instrumental in our efforts to provide high quality care to the patients we serve. I regularly rely on Chris as a sterile compounding expert to help ensure safe and accurate preparation of hazardous sterile compounded preparations. Chris is a wonderful person and pleasure to work with in the pharmacy. Her dedication to the profession is truly admirable.”

Christine offers the following advice to other technicians in general and for the advanced certification:

“It is important for technicians to stay current on the latest practice standards. Preparing for and obtaining these advanced certifications is important to grow as a professional and demonstrating the value of technicians as part of the healthcare team.”
Practice Changing News

Editor: Jonathan Zand, PharmD BCPS
All views expressed are those of contributing members and sources listed, but are not views or policy statements of MSHP or ASHP.

Essential COVID-19 Resources (free and downloadable):

Treatment guidelines:
- ASHP COVID-19 Resource Center: Includes updated Assessment of evidence for COVID-19 treatments
- NIH Treatment Guidelines: Current recommendations regarding optimal management
- CDC Clinical Care Guidance
- IDSA Guidelines: Overview of treatment recommendations and clinical trials
- WHO Clinical Management

Vaccines and testing:
- COVID-19 vaccine locations and eligibility in the Commonwealth: Mass.gov appointment scheduling
- Avoiding Errors with COVID-19 Vaccines: ISMP has received numerous reports of errors with administration of COVID-19 vaccines and has issued guidelines for avoiding dilution errors, shoulder-injuries, mix-ups between vaccine and monoclonal antibodies (mAbs), wastage, scheduling problems, and allergic reactions. ISMP also reminds pharmacists that emergency use authorizations (EUAs) for COVID-19 vaccines and treatments (drugs, mAbs) include mandatory reporting of adverse events and errors. For requirements, refer to the Fact Sheet accompanying each EUA vaccine or therapeutic product.
- Non-prescription COVID-19 Test Home Collection Kit: FDA has begun approving home sample collection test kits which can be purchased in a pharmacy, store, or online without a prescription. LabCorp's COVID-19 test (PCR swab) reports results online within 24-48 hours. Without insurance coverage or public funding cost is $119 per test.

Other Practice Developments:

Oncology, Community Practice: Revised REMS Requirements for Transmucosal Immediate-Release Fentanyl (TIRF) Products:
Transmucosal Immediate-Release Fentanyl (TIRF) products, including sublingual spray and tablets, buccal film and tablets, transmucosal lozenges, and nasal spray forms of fentanyl, are specifically indicated for treatment of breakthrough pain in opioid-tolerant cancer patients. Because of data suggesting that TIRF preparations continue to be prescribed and dispensed in error to opioid-naïve patients, additional requirements have been established by US FDA including a requirement that opioid tolerance be verified and documented by both prescriber and pharmacist prior to dispensing each prescription. For detail of current requirements, refer to the updated Mandatory Shared Risk Evaluation and Mitigation Strategy (REMS) documents for each TIRF product.


Rheumatology, Ambulatory Care: New ACR Gout Management Guideline
The American College of Rheumatology has released a new guideline for the management of gout. The new guidelines provide further support for the “treat-to-target” uric acid dose adjustment strategy for xanthine oxidase urate lowering therapy. The groups of patients who should receive HLA-B*5801 screening prior to initiating allopurinol has been expanded to better identify those with elevated risk of developing a severe cutaneous allergic reaction. In addition to patients with Han Chinese, Thai, and Korean backgrounds, African American individuals should also be tested and allopurinol avoided if HLA-B*5801 positive. The new guideline provides more detailed and actionable recommendations; it can be downloaded from the Arthritis & Rheumatology journal.

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Hospital Practice: ISMP Highlights Partial Dose Errors with IV Mini-Bag Dose Administration
When intermittent IV doses are administered in minibags through a primary administration set, i.e., without a compatible carrier fluid (Y site) primary infusion running, it is necessary for nurses to flush the primary line to clear residual medication volume left in the tubing, which could be up to 25 mLs of the dose. ISMP reports that incomplete medication administration may be a hidden error that can occur more frequently in settings without well-established procedures and education. ISMP provides recommendations for assessing the scope of this issue at each facility and measures that include staff education and policy development to avoid incomplete administration of mini-bags.


General Practice, Ambulatory Care: FDA Recommends Avoiding NSAIDs Use in Pregnancy at 20 Weeks or Later
Risk of use of NSAIDs during the third trimester of pregnancy is well known, but adverse fetal effects have also been rarely associated when used earlier in pregnancy. The FDA recently issued a safety warning that use of NSAIDs at 20 weeks gestation or later may rarely cause fetal renal dysfunction leading to oligohydramnios (low levels of amniotic fluid) and, in some cases, kidney injury in the newborn. The FDA suggests if NSAID treatment is necessary between 20 to 30 weeks of pregnancy that it be at the lowest effective dose and for shortest duration possible and that monitoring by ultrasound be considered. As frontline providers, pharmacists need to help assure that pregnant women not receive NSAIDs unless their obstetrician or other appropriate provider has been consulted and has approved therapy.

Source: US FDA Drug Safety Communication. FDA recommends avoiding use of NSAIDs in pregnancy at 20 weeks or later because they can result in low amniotic fluid. https://www.fda.gov/media/142967/download

We wish to extend special thanks to Margaret Wey, PhD RPh and Shannon Lerro, PharmD for their contributions to previous editions of this column. MSHP members interested in contributing to this on a regular basis should contact admin@mshp.org
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