From MSHP President Nicole Clark:

Happy New Year! Welcome to 2020! MSHP was founded in 1945 as an organization to foster the professional growth of hospital pharmacy in Massachusetts. We are very proud to be celebrating 75 years of helping to shape optimal, safe and effective medication use in hospitals, health systems, and ambulatory care settings.

We are planning on celebrating our 75 years of success at our 45th Annual meeting by hitting the jackpot at the MGM in Springfield on Thursday, May 14th and Friday, May 15th. Programming offerings for pharmacists and technicians will include preceptor development, non-sterile compounding, leadership, clinical and law. There will be an opening reception for all attendees on Thursday evening, followed by our annual Honors and Awards Banquet. We encourage you to nominate a colleague or your health system for an MSHP award by March 6th; please see the website https://www.mashp.org/news/484828/Now-Accepting-Award-Nominations.htm for more information. Also, if you have a colleague who is also celebrating a significant milestone, please submit their information to be acknowledged at the banquet.

Dave Seaver, MSHP’s longtime chair of the Legislative Committee, is stepping down from this role at the end of the year. We thank Dave for his dedicated service to MSHP for many years. With this change in leadership, we are seeking current MSHP members that are would like to participate on the Legislative Committee and support pharmacy and healthcare advocacy in Massachusetts. If you are interested, please contact me at president@mashp.org

If you have any thoughts or ideas that you would like to see from MSHP or would like to be more involved, please don’t hesitate to contact any member of the Board or committee chair.

Thank you,
Nicole

#MASHP20

REGISTER NOW!

May 14 & 15, 2020 | MGM Springfield
CE Corner

The MSHP 2020 Annual Meeting
May 14-15, 2020
MGM Springfield, Springfield, MA

Avoiding Rash Decisions: Beta-Lactam Allergy Assessment
Enduring CE, will run March 10, 2020 - September 10, 2020
Jeffrey Pearson, PharmD, BCIDP
Senior Pharmacist, Infectious Diseases
Brigham & Women's Hospital, Boston
Free for MSHP members, $10 for non-members

Election Results for ASHP House of Delegates from Massachusetts
MSHP President Nicole Clark announced the election results for Massachusetts’ representatives to serve on the ASHP House of Delegates.

Monica V. Mahoney was elected to serve as a Delegate for a 4-year term, and Ben Pennell was elected to serve as Alternate Delegate for a 1-year term. Congratulations to Monica and Ben! They will join existing Delegates Erin Taylor, Caryn Belisle, and Jacqueline MacCormack-Gagnon. Much appreciation and thanks are extended to Karl Gumpper and Bryan Wood 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.

Recent Awards

IDSA Centers of Excellence Awards Include 2 Massachusetts Hospitals
Two Massachusetts hospitals were recently awarded the Infectious Diseases Society of America (IDSA) Center of Excellence (CoE) designations for their antimicrobial stewardship programs. In 2019, Beth Israel Deaconess Medical Center (Boston, MA) and Charlton Memorial Hospital (Fall River, MA) achieved this prestigious designation. They join Tufts Medical Center (Boston, MA) which was awarded this designation in 2018.

The CoE program recognizes institutions that have created stewardship programs led by infectious diseases physicians and infectious diseases-trained pharmacists that are of the highest quality and have achieved standards aligned with evidence-based national guidelines. A total of 78 programs have received the designation since inception.

Link to website: https://www.idsociety.org/clinical-practice/antimicrobial-stewardship/centers-of-excellence/

Children’s Hospital Pharmacy Team Honored by Institute for Safe Medication Practices
Congratulations to the Boston Children’s Pharmacy Team, who was recently honored by the Institute for Safe Medication Practices (ISMP). The Pharmacy Team’s 2019 Cheers Award was granted in recognition of the development and implementation of a novel external medication recall management system, designed to notify the caregivers of pediatric patients who are prescribed for outpatient medications that have been recalled by FDA/manufacturer.

This system was developed and implemented by a project team led by Shannon Manzi, PharmD, BCPPS, FPPA, Director of Safety & Quality, Department of Pharmacy, and made up of Boston Children’s pharmacists, pharmacy technicians and pharmacy buyers.

The new system uses REDCap to collect and organize data input by pharmacy staff to assist the Administrator on Duty and the Incident Command System in navigating available actions and communication options in collaboration with the nursing, medical and
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pharmacy staff. It’s already been used to successfully address several medication recalls that could have impacted patients.

The ISMP is a world leader in medication safety advocacy and development, and, each year, awards individuals, institutions and groups who have demonstrated exemplary commitment to the continued science and study of medication safety through innovative and creative projects, programs, educational efforts, standard setting, and research.

Legislative Update

MSHP Lends Support to Pharmacist Provider Status Bills being reviewed in the Massachusetts Legislature

In November 2019, MSHP, along with other state pharmacy organizations, presented comments in strong support of the Pharmacist Provider Status bills presented to the Massachusetts legislature. Dave Seaver, MSHP’s Legislative Committee Chair, submitted comments (see below) delineating how pharmacist involvement in medication management improves patient outcomes and decreases overall costs to the healthcare system. Recognizing pharmacists as healthcare providers would make it easier to increase the number of pharmacists providing direct patient care in collaboration with physicians.

Written Testimony of the Massachusetts Society of Health-System Pharmacists Submitted to the Joint Committee on Public Health in Support of House Bill 1849 and Senate Bill 1297.

The Massachusetts Society of Health-System Pharmacists (“MSHP”), on behalf of over 2000 pharmacists, pharmacy students and pharmacy technicians working in health care settings throughout the Commonwealth, submits this testimony in support of House Bill 1849 and Senate Bill 1297. Massachusetts General Laws, Chapter 111, section 1, contains the definition of a "Health care Provider." The definition is a list of those healthcare professionals and healthcare institutions that are recognized as providers. These bills add pharmacists to this list of respected healthcare providers. The Senate bill has 13 co-sponsors and the House bill has 36 co-sponsors indicating broad support for the measure.

The implications are many and wholly beneficial to the health and wellbeing of the citizens of the Commonwealth. First and foremost, granting provider status to pharmacists would not require any payor - public or private - to pay a pharmacist for services. Payors would still be able to determine which, if any, pharmacist services would qualify for reimbursement. It would permit payors to consider reimbursement for services provided to optimize pharmaceutical care by the pharmacist member of the care team. There have been numerous studies evidencing improved patient outcomes and decreased overall cost to the healthcare system when pharmacists are managing or co-managing a patient’s medication regimen. This is especially true for those patients who have complex medical problems requiring multiple medications for treatment. At the federal level, the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/ S. 109) is bipartisan legislation that will amend section 1861 (s) (2) of the Social Security Act to include pharmacists on the list of recognized healthcare providers. These bills have broad bipartisan support as evidenced by 296 House co-sponsors and 55 Senate co-sponsors. Ten states including North Dakota, Washington, California and Oregon have already granted full provider status. In total, 37 states recognize pharmacists in some fashion in their state code and/or Medicaid provisions, and 10 of these states permit payment for non-dispensing pharmaceutical care services by a pharmacist.

Nearly one-third of all Americans take four or more medications. For those patients with complex medical conditions on multiple medications, a pharmacist’s clinical services can be invaluable to optimize therapeutic outcomes.
Currently under collaborative care agreements with supervising physicians, pharmacists can:

- Perform patient assessment including a physical assessment;
- Prescribe appropriate medications and deliver evidence based collaborative drug therapy/medication therapy management within the scope of the supervising physician;
- Order, interpret and monitor laboratory tests;
- Formulate clinical assessments and develop therapeutic plans based upon the patient’s response to treatment;
- Provide care coordination, patient education, and other health services for wellness and prevention of disease; and
- Partner with patients for ongoing care and education leading to improved outcomes.

The positive, cost saving results of pharmacist involvement with the medication therapy of chronic disease patients are well described in peer reviewed literature. Recognition of pharmacists as health care providers would clear obstacles that could expand the number of pharmacists who are providing direct patient care in collaboration with physicians. If, for example, MassHealth offered compensation to pharmacists for a comprehensive medication review of chronic disease patients with complex medication regimens, a physician group is more likely to include the pharmacist as a member of the care team because that pharmacist would not be paid entirely by the group practice for these services. These bills can and will move us in the direction of better outcomes and cost savings with the inclusion of the pharmacist, the medication expert, as a member of the healthcare provider community.

Thank you for the opportunity to provide testimony in strong support of House Bill 1849 and Senate Bill 1297. Please feel free to contact David Seaver, Chair of the Legislative Committee for MSHP.

Technician Spotlight:

Ashley Loverro, CPhT

Ashley Loverro, CPhT, is the 340B Compliance Coordinator at UMass Memorial Medical Center (UMMMC). Her training has included classes at Quinsigamond Community College and Eastern Gateway Community College.

By assisting the 340B Compliance & Pharmacy Business Office Manager, Ashley currently oversees the day-to-day operations of the 340B Team, compliance monitoring, and auditing of the 340B drug purchasing program for UMass Memorial Medical Center. Ashley is also responsible for maintenance and troubleshooting issues with the 340B software vendors, and assisting the Pharmacy Buyers, Pharmacy Managers, and IS Pharmacists with any questions or issues related to the

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Ashley and her team perform various internal audits of the 340B usage to determine that the utilization is compliant as per the 340B regulations and Health Resources and Services Administration (HRSA) guidelines and ensuring the prevention of duplicate discounts or diversion to ineligible patients. Ashley is a member of the 340B Compliance Oversight Committee for UMMMC, where the results of internal audits and appropriate corrective action plan recommendations are discussed at the hospital-system level. She then assists with the implementation of the corrective action plans as appropriate. Ashley also coordinates meetings with 340B software vendors and contract pharmacy partners to discuss any issues, system enhancements, and new report requests that would enhance 340B compliance or help reduce Wholesale Acquisition Cost (WAC) spend. In early 2019, she worked with the UMass pharmacy report writer to create a hybrid-model hospital drug charge report that is sent to the 340B split billing software, so the hospital can more accurately accumulate on the NDC that was actually administered to the patient versus the NDC that was charged.

Ashley has over 15 years of experience as a pharmacy technician in retail and hospital pharmacy settings; 12 years at UMass Memorial Medical Center working in the main pharmacy, IV room, two OR pharmacies, prescription centers, which eventually led her to the Pharmacy Business Office as the first hired 340B Compliance Assistant in 2015. As the 340B Team grew through the years, she was then promoted in March 2019 to 340B Compliance Coordinator as lead position for the 340B Team.

Ashley notes: "Prior to my previous director of pharmacy’s retirement, he said to me; 'I think you hold the title of having the most pharmacy technician positions here at UMass... I have enjoyed watching you grow.' He was right, I did have a lot of positions. But, it’s because I was always looking to learn more and challenge myself. I am always ready to accept a challenge. I am so thankful I took those leaps because I am able to take the knowledge from my previous roles and apply it to my current role and understand it from different perspectives."

Ashley is a 340B University "graduate" and has attended and continues to attend 340B Coalition Conferences. She is currently working towards her Advanced 340B Operations Certificate, so she can officially be titled as a "340B Expert."

In May 2019 at the MSHP Annual Meeting, Ashley was a speaker on the first-ever pharmacy technician panel, "Expanding the Role of Pharmacy Technicians", where she presented on her current role as a 340B Compliance Coordinator. She has since joined the MSHP Pharmacy Technician Committee.

"The positive feedback and support from the MSHP Family on the pharmacy technician segment was incredible and inspiring. I hope I have motivated others to accept the challenge of something different. Knowledge is power; and together, we can move mountains in the pharmacy world."
Student Events

MCPHS-Boston ASHP Student Chapter Awarded Professional Development Project Award

The MCPHS University-Boston student chapter of ASHP (SSHP) was recently honored for a project based on stress and burnout reduction in pharmacy students. The project highlighted a series of events that members of the SSHP participated in over the past year. They held a “paint night”, a “make your own slime” event and worked with patients at Children’s Hospital to craft Easter bunnies. This project received the Outstanding Professional Development Project Award during the Student Society Showcase during the ASHP Midyear Clinical Meeting in Las Vegas in December.

Jenny Nguyen, Past President MCPHS-Boston SSHP and Trisha LaPointe, Faculty Advisor

Local Clinical Skills Competition Winners 2019

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

- MCPHS University-Boston: Claude Yoo and Andrew Le
- MCPHS University-Worcester/Manchester: Karmen Au and Paul Yeakley (Worcester campus)
- Northeastern University: Deepika Sivakumar and Spencer Sutton
- Western New England University: Lindsey Kip and Leanna Borges

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:
- Mentor Mentee Match

MCPHS University—Worcester/Manchester:
- Volunteering at Habitat for Humanity ReStore
- Student/Faculty Speed Networking Event

Northeastern University:
- American Pharmacist Month BBQ
- Insights of Young Pharmacists: Part 1

Western New England University:
- Residency Panel

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

Anticoagulation: Availability of a Lower Cost DOAC Is Promising But Remains Elusive

In December 2019 the US FDA approved the first generic equivalents for Eliquis (apixaban), making it the first generic direct oral anticoagulant (DOAC) approval and highlighting FDA’s efforts to expedite generic application approvals to increase patient access to more affordable medications. However, according to representatives of the ANDA applicants (Mylan and Micro Labs), market release dates have not been set and media sources suggest that legal challenges underway by the brand patent holders of apixaban may substantially delay the availability of generic equivalents in the US market.


General Practice: FDA Warns Of Severe Respiratory Depression With Gabapentinoids

Gabapentenoids (gabapentin, pregabalin) are useful in managing chronic painful neuropathies and commonly used in the acute setting. Prescribing of gabapentinoids has increased as their role in multimodal analgesia has evolved. Based upon accumulating data (FAERs, case reports, observational data), FDA issued a safety communication warning of the potential for serious and sometimes fatal respiratory depression with use of these medicines. The FDA’s data analysis suggests that the greatest risk exists among patients that are taking opioids or other CNS depressant medicines in combination with gabapentinoids and those with underlying respiratory diseases or advancing age. When reviewing medication lists and orders for gabapentinoids, pharmacists should be prepared to intervene when needed to educate prescribers and patients on the risk of acute respiratory depression and apnea when gabapentinoids are prescribed at excessive dose, with interacting drugs and/or in setting of respiratory disease, sleep apnea, chronic kidney disease, or advanced age. Pharmacotherapy recommendations may include conservative dose titration, managing drug interactions proactively, and monitoring of respiratory function.


Medication Safety: Persistent Medication Errors With Methotrexate Intended For Weekly Administration

An FDA-sponsored study and ISMP QuarterWatch™ analysis reports that daily instead of weekly oral methotrexate use for non-oncologic conditions continues to be one of the most frequently reported medication errors resulting in severe patient harm despite years of recognition and informational campaigns. Methotrexate is a high-alert medication
with a narrow therapeutic index. Daily use and overdose causes profound myelosuppression that can be fatal. There are a variety of dosing regimens used for rheumatologic diseases including once weekly and once weekly with several doses taken 12 hours apart on dosing day only. Due to its efficacy and low cost in a variety of rheumatologic and autoimmune diseases and availability via oral route, the use of methotrexate has nearly doubled between 2013 and 2017 from 561,000 to 1 million patients. Errors include prescribing, dispensing, and/or taking oral methotrexate daily instead of weekly for non-oncologic conditions. To mitigate risk of making serious medication errors, ISMP recommends:

1. In electronic medical/prescribing system, default methotrexate dosing frequency to weekly and require verification of appropriate oncologic indication for ordering and dispensing daily doses

2. Provide better education to patient and family about the importance of weekly administration

3. Dispense only a 30-day supply

4. Simplify weekly dosing (i.e., once a week rather than in 2 or 3 divided doses over 24 hours)

5. Being alert for schedules that provide daily dosing or doses on 2 or more days per week which should essentially never be used for non-oncologic diseases


General Practice: Chronic Opioid Therapy And Disordered/Depressed Breathing During Sleep: AASM 2019 Position Statement

The American Academy of Sleep Medicine (AASM) published a special article addressing the impact of chronic opioid use on sleep quality. Chronic use of opioids interferes with sleep by reducing sleep efficiency and decreasing slow wave and potentially REM sleep, resulting in poor sleep quality and daytime sleepiness. Additionally, chronic opioid use is associated with an increase in sleep-disordered breathing problems, including hypoventilation, central sleep apnea (CSA), and obstructive sleep apnea (OSA). AASM observed that opioids are sometimes appropriately prescribed in low doses for conditions associated with sleep disorders such as refractory restless legs syndrome; a national registry has been established to further evaluate this use. Chronic opioid therapy can alter sleep architecture, diminish sleep quality, and increase risk for sleep disordered breathing particularly among older adults, obese patients and those with existing respiratory disease such as sleep apnea or COPD.

These guidelines call for earlier recognition of sleep disordered breathing problems in patients with regular opioid use and recommend collaboration among team members to screen, test for, and proactively manage opioid associated sleep disordered breathing to improve patients’ overall health and well-being.


Critical Care: Is Dexmedetomidine Fully Protective Against Respiratory Depression?

Dexmedetomidine is generally thought to cause fewer respiratory depressant effects than other sedatives, particularly propofol, opioids, and benzodiazepines. However, several studies have reported upper respiratory obstruction and apneic episodes during sedation with dexmedetomidine. In a non-blinded randomized crossover study of a small number (n = 9) of healthy volunteers, sedation with dexmedetomidine or propofol produced similar levels of reduced ventilatory drive and upper airway obstruction. Based on data such as these, dexmedetomidine should not be regarded as consistently protective against respiratory depression, particularly in high-risk patients.

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