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Cover photo: Susan Newton, Pharm.D., Assistant Director of Pharmacy at Saint Mary’s Regional Hospital

APA Staff

Mark S. Riley, Pharm.D.
Executive Vice President
Mark@arrx.org

Scott Pace, Pharm.D., J.D.
Associate Executive Vice President
Scott@arrx.org

Barbara McMillan
Director of Administrative Services & Meetings
Barbara@arrx.org

Debra Wolfe
Director of Government Relations
Debra@arrx.org

Eileen Denne
Director of Communications
Eileen@arrx.org

Celeste Reid
Administrative Assistant
Celeste@arrx.org

Eric Crumbaugh, Pharm.D.
Immunization Grant Coordinator
Eric@arrx.org

Office E-mail Address
Support@arrx.org

Publisher: Mark Riley
Editor: Eileen Denne
Art & Design: Gwen Canfield - Creative Instinct

Arkansas Pharmacists Association
417 South Victory Street
Little Rock, AR 72201-2923
Phone 501-372-5250 | Fax 501-372-0546

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Visit us on the web at www.arrx.org
Inside APA

HEALTH CARE REFORM: TIME TO STEP UP

Mark Riley, Pharm.D.
Executive Vice President

Health care reform. It is a term that encompasses the realization that we cannot continue practicing and paying for health care under the model that we have embraced for the last several decades. This umbrella description and many of its related controversial manifestations such as the Patient Protection and Affordable Care Act, Medicaid Expansion, Accountable Care Organizations, and Patient-Centered Medical Home, connote a message that the status quo cannot continue and that changes are in store for those of us in health-related professions as well as our patients.

We at the APA, both Board of Directors and staff, accept this as reality and are tirelessly working to figure out how pharmacy will fit, contribute, survive, and prosper within the coming changes. We are encouraged that pharmacists are well trained to help meet the needs of what I believe will be a common sense, patient-centered approach to medical care that will lead to higher quality and better controlled costs. We’ll accomplish this through allowing and requiring that all health care professions work as part of a team with one goal – better outcomes for the patient. The University of Arkansas for Medical Sciences (UAMS) and Harding University colleges of pharmacy are committed to turning out very well-trained graduates and being a resource for current practitioners in their continuing education and training needs. UAMS Chancellor Dr. Dan Rahn often says that we will be successful achieving our goals when each member of the health care team is able to practice “at the top of their license,” which will create the best care and greatest efficiency in our health care system.

We are actively seeking and having conversations with leaders including Dr. Rahn, Dr. Joe Thompson, State Surgeon General; Dr. Paul Halverson, Director of the Arkansas Department of Health; John Selig, Director of the Department of Human Services; Dr. Andy Allison, Medicaid Director; Senator Percy Malone and Representative Linda Tyler (current Chairs of Senate and House public health committees), Democratic and Republican leadership, and Governor Beebe to offer specific cost-saving, high-quality solutions for the Medicaid program. In addition, we continue to offer our help to find solutions for the State Employees Program and Arkansas Blue Cross Blue Shield. And, we are talking and listening to other health care professional groups as we search for ways to work together to solve this massive health care puzzle. It won’t be easy and we don’t have all of the answers but we do have solid ideas and a willingness to work with all parties in making Arkansas the leader in effective health care reform. I have confidence in what we can accomplish because I know you, the pharmacists of this state, and I know what you can do.
To all concerned:

This letter is written to inform APA Executive Vice President, Mark Riley, the APA Board of Directors and the APA membership that I will be retiring from my position at Arkansas Pharmacists Association effective at midnight, December 31, 2012.

Thank you for the opportunity for professional and personal development that you have provided me. My work at the association has been a fulfilling part of my life for the past 27 years. I have made so many memorable friends and have enjoyed many good times with the members. I look forward to retirement and realize it is time for me to move on to the next buoyant phase of my life. I will miss the wonderful people I have had the pleasure of meeting and working with during my tenure with APA.

Thank you and “God Bless” all.

Respectfully,

Barbara McMillan

______________________

Barbara McMillan
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Based on their day-to-day experience and television ads, many patients associate pharmacists with community drug stores. Some would be surprised to learn that a pharmacist is involved in their care while they are in a hospital or other health-system setting.

Pharmacists are the critical, but many times invisible, members of hospital patient care teams. As major changes are enacted in state health care under the Patient Protection and Affordable Care Act (PPACA), the numbers of hospital and other health-system pharmacists are likely to rise and their jobs may become more complex.

Currently, there are about 700 pharmacists who work in a health-system setting in Arkansas. The Arkansas Association of Health-System Pharmacists (AAHP) is the Arkansas Pharmacists Association’s (APA) academy for pharmacists who work in health systems. AAHP Immediate Past President Willie Capers II, Pharm.D., Director of Pharmacy at St. Bernards Medical Center in Jonesboro, said the hospital business has grown as the population needing hospital care grows.

According to Capers, staffing surveys from the American Society of Health-System Pharmacists (ASHP) show that the number of hospital pharmacists per 100 occupied beds has also grown.

Not only is there likely to be a greater need for hospital pharmacists, but new pharmacy graduates may choose to work more directly with patients in an inpatient setting rather than a community setting.

AR•Rx recently talked to hospital pharmacists to find out how and why hospital pharmacy practice has changed.

Technology and Medication Safety Focus at Saint Mary’s

Technology will continue to play a growing role in hospitals during the coming decade, said Susan Newton, Pharm.D., Assistant Director of Pharmacy at Saint Mary’s Regional Hospital and executive director of AAHP for the past three years. Saint Mary’s is a 170-bed, full-service hospital in Russellville.

“Our responsibilities have increased and our technology has increased. We’re now doing bedside barcode scanning of patient arm bands and the medications to ensure safety,” Newton said.

Saint Mary’s pharmacy department, led by Alan Reams, P.D., includes seven pharmacists, six technicians and a buyer who spends most of her time working to find alternate products when drug shortages occur.

Medication safety is a big focus for Saint Mary’s, which is a Joint Commission facility. (Joint Commission accreditation...
Hospital Pharmacists on the Move with Health Care Reform

and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards. They are constantly looking to make changes to ensure safety for patients and are focused on their processes whether those involve medications, procedures or surgery. Anytime they implement a new service, Newton said, they try to look at it from a safety perspective.

Every day is different. Our patients’ needs and circumstances are always changing. It is never boring in a hospital!... Our front line workers really make the difference.

Health care reform is already changing the way hospitals do business. The Centers for Medicare and Medicaid Services (CMS) is administering a Value-Based Purchasing Initiative which seeks to increase reimbursement based on a hospital’s performance related to several quality measures. There are three major categories of measures: (1) Perception of Care (Patient Satisfaction), (2) Process of Care (Quality Measures), and (3) Outcomes of Care (Mortality). Medicare is funding the Initiative by withholding one percent of hospital reimbursement. Depending on performance, hospitals can be penalized by not receiving that one percent back, or if performance exceeds national standards, hospitals can get up to a one percent bonus. Another CMS initiative is tied to readmissions and can result in penalties or bonuses for hospitals.

A hospital’s performance on these measures greatly depends upon the pharmacists. Several of the performance measures require medications to be given within a certain timeframe. Even among Patient Satisfaction measures, several relate to pain control and medication information provided to patients.

“These types of initiatives are only going to increase for us,” Newton said. “It is a way for the government to increase accountability among healthcare providers. They’re saying if you don’t meet these standards, they’re not going to pay you as much. You’ll be financially penalized. CMS will use the data to determine the level of funds it will reimburse for patients. The data is also being publicly reported on the Internet, allowing consumers to look at the scores and compare hospitals.”

Newton likes the fast paced nature of the hospital environment. “Every day is different. Our patients’ needs and circumstances are always changing. It is never boring in a hospital! We are so fortunate at Saint Mary’s to have long-term, experienced pharmacists. They are all committed to providing safe and accurate medication services to our patients. Our front line workers really make the difference.”

St. Bernards Increased Pharmacy Staff by 30 Percent

At St. Bernard’s Medical Center, Capers said that the new requirements under PPACA will help to improve quality of care. Adverse drug events are predictors of readmission. Pharmacists are getting involved to help patients avoid readmission. Pharmacists are also involved in preventing illnesses that could be acquired at the hospital.

The new requirements have led to a growing pharmacy staff. Five years ago when Capers started at St. Bernard’s, a 438-bed hospital, there were 34 pharmacists and technicians. Today there are 49 pharmacists and technicians.

The increased capacity in the department allows for new clinical roles for St. Bernards pharmacists Marcy Fielder, Pharm.D. and Melanie Burnett, Pharm.D. Fielder and Burnett work closely with Dr. Douglas Seglem, the physician who runs the Neonatal Intensive Care Unit. According to Seglem, “It is a nice addition to have a pharmacist [in the unit]. It
Hospital Pharmacists on the Move with Health Care Reform

Pharmacists in today’s hospital environment are very outcomes-driven, Capers said. That doesn’t always mean that they’ll be practicing in the hospital pharmacy. For instance, St. Bernards currently has a pharmacist who practices primarily in an outpatient setting with the Program of All-Inclusive Care for the Elderly (PACE) program.

He added that more pharmacists are working in benefits management, especially in larger organizations. Pharmacists will help to control benefit costs. Right now many hospitals are contracting with Pharmacy Benefit Managers to help with that task. Capers said the first time he was involved in a discussion about benefit costs, he realized he knew much more about the drugs being discussed than anyone else in the room.

Capers hears pharmacists who range in age from new graduates to those who have more than 30 years of experience say “my job has changed every five to 10 years.” For example, Capers said, pharmacists are now writing medication orders at St. Bernards.

“In retail, I liked seeing people outside of work who said ‘hey, you’re my pharmacist!’ In hospitals, you deal with the same people,” Koons said. “We have a very, very good team. We laugh a lot, and we are making a substantial impact for our patients.”

Arkansas Methodist Medical Center Offers Opportunity

Stanley Carmack, Pharm.D., director of pharmacy services at Arkansas Methodist Medical Center, in Paragould, agrees that hospital pharmacy requires different roles and flexibility.

Carmack said that he can be a teacher, manager, order entry and clinical pharmacist, and he tries to get the best technology into the hospital. “We provide the best, safest...
care for patients that involves bar codes, smart pumps and formulary management.”

Arkansas Methodist Medical Center is 129-bed community hospital that serves northeast Arkansas and southeast Missouri. They have an average census of 70 patients per day. There are five pharmacists on staff and five pharmacy technicians.

Carmack began working at Arkansas Methodist Medical Center in 1981 right after he graduated from the University of Arkansas for Medical Sciences (UAMS) with a B.S. in pharmacy (Carmack earned his Pharm.D. in 2001). A native of Paragould, Carmack said he wanted to come back home and thought the position open at the hospital was a great opportunity.

“It is still a great opportunity; I love it. There are always lots of challenges and I enjoy wearing the many hats that the director wears,” Carmack said.

“Something that has changed and made the most difference to patients in hospital pharmacy is the movement from being distributive in the 1980s to being involved in the treatment of patients, the focus on medication safety and trying to improve their outcome.

“Being a team member of direct patient care has made the field of hospital pharmacy more appealing,” said Carmack. “There are very highly trained pharmacists graduating [from colleges of pharmacy]. Hospital pharmacy gives them the opportunity to be in this patient-centered integrated model.”

Carmack added a fifth pharmacist to his department about seven years ago. With that addition, he said, the hospital saved drug costs. Carmack suggested that if they added pharmacist they could pay the salary by the additional services the department could provide. They have had a three-to-one return on that investment.

When he joined the hospital, Carmack said, the pharmacy was in the basement doing distributive functions all manually. Through the years, hospital pharmacy has evolved with technology and automation into an integrated pharmacy practice where they do both clinical and distributive functions.

Carmack would advise students going into hospital pharmacy that the practice in hospitals requires a highly trained expert; one who is interested in all things done at the hospital such as drug management, a focus on medication safety and core measures. “The things we do all have an important impact on getting the best, safest care to the patient,” he said.

Unique Challenges at Arkansas Children’s Hospital

For the 34 pharmacists and 33 pharmacy technicians employed in the Inpatient Pharmacy Department at Arkansas Children’s Hospital (ACH), children present unique challenges.

“Our reason for being is to take care of the children of Arkansas,” said Marita Nazarian, Director of Pharmacy at ACH. “Over half of the beds here are Intensive Care Unit (ICU) beds; we don’t have a lot of garden variety illnesses.

ACH serves a variety of health care needs for children from throughout Arkansas and adjoining states. The hospital has subspecialists in many areas; for every adult specialist there is one for children, such as surgeons, cardiologists, pain specialists, hematologists, oncologists, etc.

“The department here includes the most amazing group of people I’ve ever worked with. The pharmacists are phenomenal. They take ACH’s mission to provide care, love and hope to the children of Arkansas to heart.”

Pharmacists at ACH must always take into account the age and weight of the child. All orders must be evaluated. It is the pharmacist’s job to make sure everything is correct.

“We are a critical line of defense and it is important to clarify medication orders before they reach the patient,” Nazarian said. “The pharmacist has to know the patient’s medical condition and evaluate their needs.” ACH pharmacists are hands on and able to look at the whole patient. Pharmacists have access to the entire medical record which is an advantage community pharmacists don’t always have.
At most hospitals, Nazarian says, 10 percent of what comes out of the pharmacy is manipulated. At ACH, that equation is flipped; 90 percent of the drug products that come out of the pharmacy have been manipulated. The department compounds drugs including a lot of sterile products. They make approximately 100 suspensions of drugs not available in liquid form but still needed by the patients.

“We have to think about how to get the drug into the patients and take into account the very small sizes we’re dealing with. Can we make something into a suspension? There is lots of complexity to getting the right vehicle and concentration to deliver the medication.”

In addition to the pharmacists who are decentralized in the Pediatric Intensive Care, Neonatal, Hematology/Oncology and Burn Units, ACH has an outpatient pharmacy. Most of the work load is preparing medications to be given on site in the clinics like chemotherapy or immune globulins. The ACH pharmacy carries 5,000 formulary items -- everything imaginable including snake bite antivenin.

Among the ACH Pharmacy Department challenges is keeping up with bar codes on all products including all the ones prepared in house. It is a very time-consuming part of their work.

The other challenge that keeps Nazarian up at night is drug shortages. Morphine and Fentanyl are the two drugs at the top of their shortage list at the moment. She keeps up with the list of 200 current shortages daily and has two employees trying to track down needed medications full time. “We are doing a lot more repackaging of drugs because we can better conserve our supply,” Nazarian explained.

Working at ACH is a unique experience, she said. “Many of the pharmacists come and stay and some go out and boomerang back. What’s addicting is how integral the pharmacist is to patient care.”

In addition, she said, ACH physicians are open to anything that will help patients. There are more units in the hospital asking for pharmacists than she has people to put there. “The law of supply and demand is constantly tipping back and forth and we do our best every day to balance, manage and meet the growing demand of our patients.”
DENNIS MOORE VIEWS PHARMACY FROM 5,000 FEET

Pharmacy practice: Independent, Collier Drug Store on Dickson Street in Fayetteville.

Graduate pharmacy school and year: UAMS College of Pharmacy 2001.

Years in Pharmacy: 11; 3 years at Collier.

Favorite part of the job: Interacting with my patients and helping them answer their questions. I love my patients!

Least favorite part of the job: Insurance companies dictating what medications a patient can receive.

Oddest request from a patient/customer: A patient called wanting a refill of her lorazepam. I was unable to fill it because it was too early. She told me that if I couldn’t fill it that her viral meningitis would come back.

Recent reads: I enjoy Nora Roberts books.

Fun activities: I like to dance, both tap and jazz, when I have time. I also enjoy spending time with my family and friends and going to Razorback football and basketball games. I’m also anxiously awaiting going to an upcoming Jon Bon Jovi concert!

Ideal dinner guests: Jon Bon Jovi and Julia Roberts.

If not a pharmacist then… This statement makes me look backwards. At age 22, I married my high school sweetheart Brian. He was always telling me, “You need to go to college in case something happens to me so you can take care of yourself and our family.” College was something I just never considered. In 1994 I was working for American Eagle Airlines at the Fayetteville airport as a baggage handler. I had been working there for four years and really thought this would be my career. My husband and I could fly basically for free to anywhere in the world. I came home one day and told my husband, “I’ve got to find something else to do.” He said, “If you could do anything in the world, with no obstacles, what would you like to do as your career?” I said I wanted to be a pharmacist. I had worked at McKinney Drug in high school and always thought it would be a great job. Brian said, “Ok, let’s go make it happen!” I enrolled at the University of Arkansas in Fayetteville, started pre-pharmacy courses and the rest is history. In 2000, my husband’s statement slapped me across the face. He was diagnosed with a terminal brain tumor. He passed away in 2006 but not before he watched me graduate from pharmacy school. We have two beautiful girls and I am so thankful and blessed to be doing something I love to do every day!
Contracts

Contracts are a fact of life in the modern world. We are faced with all types of contracts in both our professional and personal lives. These include leases of real property, agreements to sell real estate or to buy a car, or even the terms and conditions that we click on a website in order to proceed to whatever product or service that we want to purchase. Contracts provide stability and certainty in the business world, but occasionally the terms contained in them can come back to haunt us.

A contract is defined as “a promise, or set of promises, for breach of which the law gives a remedy, or the performance of which the law in some way recognizes as a duty.” A contract can require a party to do some act and/or prohibit them from doing some other act. It can also set mutual expectations for quality and quantity of goods, price, delivery, etc. A contract essentially sets out the rules that will govern a particular transaction. Contracts can be either oral or written, although the written contract is easier to review and interpret later. Except in some special circumstances, oral contracts are every bit as valid and enforceable as a written ones. Don’t be fooled by thinking that all contracts must be written. When things proceed as agreed, which is usually the case, the stability of our commerce and society is enhanced. The problem, of course, occurs when things don’t go as planned. The key is to be informed before a contract is signed.

The law of contracts has developed over centuries and the parts of a contract are legally well-defined. Many of the words and phrases are words of art, i.e., they have a particular meaning in the world of contract law. This makes it difficult for a pharmacist, or any layperson, to effectively and efficiently interpret a contract without the help of an attorney who is knowledgeable about contracts. It will not be an effective defense in a lawsuit over a contract to state that either you didn’t understand or didn’t read the contract that you signed. By signing the contract, you have agreed to the terms of that contract. Absent a showing of fraud or deceit (for instance, that the contract was altered after you signed it), the contract will be binding.

The pharmacist should initially review a contract to assure that it accurately sets out what the parties have agreed to. However, when reviewing a contract, a pharmacist should be aware that the words in the contract are there for a reason and should not assume that they are fluff, boilerplate or other “mumbo jumbo.” The old adage about reading the fine print is true and is derived from previous experiences with contracts. The pharmacist should seek professional help for any confusing or unfamiliar terms. The time to clarify and change terms is before the contract is signed and not after.

While there is a cost to obtain this help up front, it will usually be less costly than trying to get out of an unfavorable contract. As the attorney, there will be fewer tools available and much more work to do in trying to “undo” a contract than in reviewing it prior to execution.

As noted at the beginning, we are all faced with many types of contracts in our lives and not all of them will justify this type of expense. However, when it comes to our profession and our businesses, contracts are an area where an ounce of prevention is definitely worth a pound of cure. §

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

1 Williston, Contracts § 1
District: 8 (Will change to District 3 after election).

Represents: Rogers, Avoca, Garfield, Gateway and Pea Ridge.

Years in office: I will have been in office 10 years at the end of 2012.

Occupation: Former Vice-President of a Surgical Clinic. I am now retired.

Your pharmacist: My independent pharmacist has retired. I now use Walgreens.

Like most about your office: I enjoy constituent service and I like working with the people in my district. I also look forward to visits with them through the Volunteer Fire Departments, American Legion, school programs, Frisco Fest, Garfield’s Turkey Shoot, and the Pea Ridge Mule Jump.

Like least about the office: Those rare occasions when it seems that politics come before people or issues.

Upcoming election: I do not have an opponent and will be returning to the Senate in 2013.

Most admired politician: President Ronald Reagan.

Advice for pharmacists about the political process and working with the Arkansas Legislature: Get to know your state Senator! I truly enjoy getting to know the people in my Senate District and would love to have a pharmacist call me and ask me to visit with him/her at the pharmacy or the local coffee shop. I like hearing directly from the people who have to live and work under the laws that we make in Little Rock. Sometimes we have to agree to disagree but more likely, we will be on the same side of an issue.

Your fantasy political gathering would include: Ronald Reagan and Margaret Thatcher. I have admired these two world leaders for many years and had often wished for the opportunity of meeting them. Sadly, I will never get that chance.

Toughest issue of the past Session: It would be hard to select just one issue.

What do you do for fun: Traveling is fun for me... especially when I am traveling to see my eight grandchildren! §
Welcome to another issue of Safety Nets. This column illustrates the potential hazards associated with illegible prescriber handwriting. Thank you for your continued support of this column.

**CASE ONE:**
A patient presented the original prescription illustrated in Figure One to a pharmacy technician in Southern Arkansas. To provide the patient with the prescribed 40 mg prednisone dose, the technician entered the prescription information into the computer as prednisone 20 mg tablets, quantity 32, with directions to the patient of “take two tablets (40 mg) four times daily for four days.” The same technician filled the prescription and placed it in line for pharmacist verification and patient counseling. While verifying the prescription for accuracy, the pharmacist became concerned about the high prednisone dose (i.e. 160 mg/day). The pharmacist asked the patient if her prescriber told her she would be taking a high prednisone dosage. The patient said the only instruction provided by her physician was that she would take the medication once daily for four days. Upon re-examining the prescription, the pharmacist once again verified the prescriber appeared to order a 160 mg daily dose of prednisone (two 20 mg tablets four times daily). After this, the pharmacist decided to telephone the prescriber for clarification.

After expressing his concerns to a nurse, the pharmacist was told the patient was to receive 40 mg of prednisone once daily for four days. When the pharmacist asked why the prescriber wrote “QID” for the dosing interval, the nurse stated the abbreviation was not “QID” but rather “QD” or once daily. The nurse went on to say that she understood how this handwritten abbreviation could be misinterpreted. After this, the pharmacist generated a corrected prescription label instructing the patient to administer two 20 mg prednisone tablets (40 mg) once daily for four days. He then provided the appropriate patient counseling.

**CASE TWO:**
The electronic prescription illustrated in Figure Two was transmitted from the prescriber’s office to a pharmacy in Northeast Arkansas. A pharmacist verified the prescription was for Vitamin D 50,000 Units Capsules, quantity four, with directions to the patient of “take one capsule by mouth daily.” The prescription was filled by a technician and placed in line for pharmacist verification. During the final verification, the pharmacist began to question the prescribed once daily dosing interval for Vitamin D. In her experience, most patients administer Vitamin D capsules once weekly or occasionally once monthly. The pharmacist asked the patient if the prescriber had instructed her to take Vitamin D once daily for four days. The patient said it was her understanding she was to administer the medication once weekly – not once daily. At this point, the pharmacist telephoned the prescriber and verified that the dosing interval was, in fact, once weekly. The prescriber thanked the pharmacist for the telephone call and remarked “I’m just not used to these electronic prescriptions yet.” After this, a corrected prescription label was generated and the patient appropriately counseled.

Dosing intervals are a critical component of every prescription. In these two cases, each dosing interval appears to be completely legible. In fact, the handwritten prednisone dosing interval is completely illegible (“QD misinterpreted as QID”) while the dosing interval contained in the Vitamin D electronic prescription is completely wrong. Legible does not mean error-free.

What our pharmacist colleagues have supplied are two examples of sigs which, if applied in a robotic fashion, are entirely inappropriate for the patients. In the first case, a patient would be exposed to harm ranging from severe gastric irritation to systemic effects of excessive corticosteroid dosing. In the second, the patient would have consumed a month’s worth of a lipid-soluble vitamin in only four days.

The pharmacists in these cases are to be commended for treating these prescriptions as unique entities rather than viewing them as one more prescription in the assembly line. They took the time necessary to interact with their patients through counseling, which is where both errors were detected. Fortunately for the patients in these cases, the pharmacists practiced in well-staffed pharmacies that emphasized the importance of one-to-one patient interaction. What if these prescriptions were for a member of your family? Would you want them filled at the pharmacies featured in this issue of Safety Nets or filled at a pharmacy that advertises how fast their pharmacists can fill prescriptions?
APA Launches
Marketing & Public Awareness Campaign

By Eileen E. Denne

CAMPAIGN TO FOCUS ON PHARMACISTS’ MEDICATION EXPERTISE, ACCESSIBILITY AND CARE FOR PATIENTS

Thanks to the tremendous support of its members, the Arkansas Pharmacists Association (APA) is launching a three-year marketing and public awareness campaign in mid-November to highlight pharmacists’ knowledge, care for patients and medication expertise to patients. The campaign has been carefully planned to maximize resources and to benefit the entire profession.

Five years ago, APA’s Board of Directors approved the idea and committed funds for a marketing campaign but APA did not have the ability to execute a program at that time. With new staff in place, once rebranding of the organization and its publications was completed in 2011, APA took on campaign planning. Work actually began more than a year ago with discussions about campaign objectives and goals among APA’s Communications Committee and Board. Staff recommended that any major campaign needed to be based on factual data measuring attitudes toward the profession. They requested that the Board commit to resources just to do research prior to embarking on the campaign.

APA’s Communications Committee and Board recommended that any major campaign needed to be based on factual data measuring attitudes toward the profession. They requested that the Board commit to resources just to do research prior to embarking on the campaign.

Patients Provide Meaning and Motivation for Pharmacists
Following Board approval in October 2011, an independent firm began the research by conducting focus groups and a phone survey with APA leaders and patients. An Appreciative Inquiry Focus group, which helps organizations identify their authentic, defining, positive values, revealed that “APA members deeply value their daily opportunities to improve the quality of life and health of their patients. They have these opportunities because within the health care profession, they are uniquely available to patients seeking assistance and information. Their role as problem-solvers and the medication experts for their patients is central to realizing their goals of providing help and support to customers.”
Customers [patients] provide the central meaning and motivation for the practice of pharmacy for these professionals.”

**Patients Value Convenience, Price and Relationships**

Fall 2011 focus groups with Q Methodology were conducted with patients in Fayetteville, Little Rock and Stuttgart to understand their decision-making process regarding pharmacy choice as well as their expectations of pharmacy services and their desires for a relationship with a local pharmacist. Q Methodology was conducted to gain a statistical understanding of values and priorities patients may hold about their ideal experience with a pharmacy. This study found that while patients do value convenience and perceived price savings for their prescription drug purchase processes, they desire a personal, beneficial relationship with a local pharmacist who can provide expert care to their families.

**Phone Survey Reaches 200 Patients**

The final stage of the research was to conduct a statewide consumer phone survey between December 2011 and January 2012. Brief interviews were done with a representative sample of Arkansans, including 100 patrons of independent pharmacies and 100 patrons of retail chain pharmacies.

The implications of the phone survey research were as follows:

- Pharmacists are significantly more educated than the majority of respondents are aware, offering an opportunity to increase the prestige of the profession through effective communication regarding their training and expertise.
- Independent/Regional Chain pharmacies offer more features of the experience that respondents ranked highly.
- The survey indicates less emphasis is placed on convenience factors than participants’ spoke of in the qualitative study. This can be interpreted as an emotional need to attach rational factors to pharmacy choice.

• The Independent/Regional Chain Pharmacy does seem to provide a closer experience to both what patients seek and what pharmacists themselves want to provide, essentially rendering that “brand” most deliverable through this channel.

**Search for Advertising and Public Relations Agency**

Research results helped staff craft a Request for Proposal that was sent to 12 advertising and public relations agencies in Arkansas. Eight responded and APA’s Communications and Executive Committees heard five agency presentations. The Board selected Little Rock agency Mangan Holcomb Partners (MHP) and in May we held a facilitated planning session to determine goals, strategies and metrics for the campaign. MHP presented the final creative and public relations tactics during a July meeting at APA.

**TV and Radio**

Once final scripts were approved, MHP hired a director and production crew to produce the three 30-second television

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*Dr. Lanita White of UAMS’ 12th Street Clinic prepares a syringe during commercial shoot.*
spots which will air periodically from November 2012 to 2014 on Arkansas stations. Research findings were the basis for the commercial themes, which were: pharmacists as the secret ingredient to a healthier life; pharmacists count in more ways than you can imagine; and pharmacists are knowledgeable of advanced chemistry and relationships with customers.

The ads were filmed on September 16 at Cornerstone Pharmacy in Little Rock. Our TV talent included Dr. Bill Bloodworth, Park West Pharmacy in Little Rock; Dr. Kristy Reed, Super V Drugs in Jonesboro; and Dr. Lanita White, new Clinical Director at the UAMS 12th Street Clinic in Little Rock. The “patients” in the commercials are employees or friends of our agency creative director, Chip Culpepper of MHP. Chip’s brother Charles is a Kroger pharmacist in Hot Springs and an APA member.

A fourth 30-second spot is sponsored by the University of Arkansas for Medical Sciences (UAMS). It features College of Pharmacy professor Dr. Melanie Reinhart and students in the chemistry lab, at a lecture and walking to class. This will be aired as a public service announcement by stations.

The TV and radio ads will be available to retail pharmacists to tag and run in their local markets if they wish.

Other deliverables for pharmacists that are part of the campaign are:

- Reminders to stores to identify the pharmacist at work that day by showing a photo of the pharmacist. (Another way to identify the pharmacist is by having him or her wear a lab coat.)

See the APA commercials at http://www.youtube.com/arkansaspharmacists
• Making available online a checklist that pharmacists may use in stores to let patients know what process or steps and safety measures were used to fill the prescriptions.
• Educational materials that can be used as slides or countertop photos with information on “Three Things You Should Ask Your Pharmacist.” These will be downloadable and easily reproduced.
• Point-of-sale education campaign material including counter cards, counter mats, screen saver art, flat-screen TV art and credentials display.
• Customizable marketing materials for members to tag for use in local markets to support the APA campaign.

In addition to the advertisements, APA will be conducting a media campaign throughout the state, contacting reporters and editors in local markets with information about what pharmacists are providing to their patients. We will also provide training on social media and weekly suggested Facebook posts for pharmacists to use to generate interest in their practice. §

Kristy Reed, Pharm.D., talks to “patients” Caroline Holcomb and daughter Brooklyn.
January 2013 Transition of Prescription Coverage of Benzos & Barbs from Medicaid to Medicare Part D

With the implementation of the Medicare Modernization Act (MMA) implemented in January 2006, Medicare Part D was required to cover prescription drugs for the dual eligible population, beneficiaries with both Medicaid and Medicare. Medicaid covered drugs were no longer paid for the dual eligible population.

Within the MMA, Part D coverage excluded specific drugs or classes of drugs which are optional for state Medicaid programs. Benzodiazepines and barbiturates are two such classes of drugs that were excluded by Part D. Medicaid was required to pay for the Part D excluded drugs for the dual eligible population to the same extent that they were paid for the general population. Benzodiazepines and barbiturates have been paid by Arkansas Medicaid for the dual eligible population since January 2006.

Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) has amended this policy. Effective January 1, 2013, the Part D plans will now be required to pay for the barbiturates when used in the treatment of epilepsy, cancer or a chronic mental health disorder and the benzodiazepines. To ensure a smooth transition from Medicaid to Medicare Part D payment we encourage pharmacies to take the proper steps needed to assure continuity of care.

The following memo regarding the transition was mailed by the Centers for Medicare & Medicaid Services (CMS) to Part D plans in October 2012.

TO: Part D Sponsors  
FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group  
SUBJECT: Transition to Part D Coverage of Benzodiazepines and Barbiturates Beginning in 2013

The purpose of this memorandum is to provide Part D sponsors with transition guidance specific to new Part D coverage of barbiturates and benzodiazepines beginning in 2013. As of January 1, 2013, Part D will begin covering barbiturates (used in the treatment of epilepsy, cancer, or a chronic mental health disorder) and benzodiazepines. In order to ensure a smooth transition for beneficiaries currently taking medications in these classes and prevent unintended interruption in therapy, we believe that claims for these drugs need to be given special consideration during transition. Specifically, we expect Part D sponsors to consider all claims for drugs in these classes during the first 90 days of 2013 to be continuing therapy for the purpose of transition requirements. This applies to both new enrollees and existing enrollees because Part D sponsors would not be expected to have reliable claims history from which to distinguish ongoing therapy from new starts. Notably, Part D sponsors will not have claims history for dual eligible beneficiaries that have had these drugs covered by state Medicaid programs prior to 2013.

Unlike benzodiazepines that will be covered for all Part D medically-accepted indications, for 2013 barbiturates will only be covered under Part D when used in the treatment of epilepsy, cancer or chronic mental health disorders. However, given that phenobarbital is a protected class drug primarily used for epilepsy, and that there is significant potential for adverse effects if ongoing therapy is interrupted, we do not believe Part D sponsors should implement point-of-sale edits on phenobarbital to confirm the Part D medically-accepted indication. In contrast, sponsors may impose CMS approved point-of-sale edits (e.g. prior authorization), during transition or otherwise, to confirm the indication for other barbiturates that are more likely to be used for indications that will remain excluded from Medicare Part D.

The Affordable Care Act of 2010 amended §1927(d)(2) of the Social Security Act by removing barbiturates from the list of drug classes subject to restriction under this section beginning January 1, 2014. This means that, beginning January 1, 2014, all barbiturates that otherwise meet the definition of a Part D drug may be covered under Part D when used for any medically-accepted indication (as defined in §1927(k)(6)).

If you have any questions on this memorandum, please contact Craig Miner at craig.miner@cms.hhs.gov or 410-786-7937. §
Over the past decade, a prominent transitional care movement has begun within the health care community. In a 2003 article published in the Journal of the American Geriatrics Society, Dr. Eric Coleman, et al., defined transitional patient care — or care transitions, as it is more commonly called — as “a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.”

Following these transitions, patients and their receiving health care providers are often unprepared to manage the patient’s complex care needs due to a lack of information transfer, poor patient education and activation, and a lack of standardized processes. This lack of coordination across the health care continuum leads to poor patient health outcomes and increased rehospitalization rates following discharge from an acute care facility. These poor outcomes are even more pronounced within the more vulnerable, elderly Medicare population. In 2004, it was estimated that nearly 20 percent of Medicare beneficiaries were readmitted back to the hospital within 30 days of discharge, costing Medicare more than $17 billion in uncoordinated health care costs.

**Medicare Initiatives to Reduce Readmission Rates**
The Centers for Medicare & Medicaid Services (CMS) has increased its focus on improving the quality of care transitions and reducing 30-day readmission rates for Medicare beneficiaries. Starting Oct. 1, the Hospital Readmissions Reduction Program, sanctioned in Section 3025 of the Patient Protection and Affordable Care Act, will decrease reimbursement rates for all Medicare discharges for Inpatient Prospective Payment System hospitals experiencing elevated 30-day readmission rates for patients with acute myocardial infarction, heart failure, and pneumonia.

CMS has also charged the Arkansas Foundation for Medical Care (AFMC), the Quality Improvement Organization for Arkansas, with assisting communities in creating a comprehensive effort to improve the quality of care for Medicare beneficiaries who transition between care settings and to reduce 30-day readmission rates by 20 percent over three years in accordance with the national Partnership for Patients goal.

AFMC is currently working with communities around the state to form community coalitions comprised of health care providers, civic leaders and other stakeholders dedicated to improving care transitions. These coalitions are charged with performing a community-wide root cause analysis (RCA) to determine underlying reasons for poor transitions and avoidable readmissions. Once these issues are identified, AFMC works with health care providers, et al., to choose evidence-based interventions based on RCA results, existing community resources, funding availability, and intervention sustainability. Some of the most popular evidence-based interventions include the Care Transitions Intervention, Project RED (Re-engineered Discharge), and the Intervention to Reduce Acute Care Transfers. After choosing an intervention, AFMC works with communities to facilitate intervention implementation and to choose process and outcome measures for data collection to evaluate the success of the new intervention.

**How Can Pharmacists Get Involved?**
Pharmacists can play a key role in improving care transitions and reducing 30-day readmission rates. Many care transition coalitions are finding medication reconciliation to be the No. 1 reason for avoidable readmissions within the community, and numerous evidence-based interventions have medication-related components. Therefore, pharmacists should be proactive in joining existing care transitions initiatives within their health care setting and community. If no such initiative exists, pharmacists can take an active role in leading these efforts. Medication reconciliation, prevention of adverse drug events, and high-level patient education are all areas in which pharmacists can and should contribute to the reduction in readmission rates and improvement in transitional patient care.

Pharmacists interested in learning more about care transition coalitions in their area can contact Dr. Christi Quarles Smith at csmith@afmc.org.

**REFERENCES**


Christi Quarles Smith, PharmD, is a pharmacy specialist at the Arkansas Foundation for Medical Care (AFMC), and is the team lead for AFMC’s reducing adverse drug events and care transitions projects. She is a graduate of the University of Arkansas for Medical Sciences (UAMS) and completed a Pharmacy Practice residency at UAMS. She can be reached at csmith@afmc.org.

AFMC is the state’s health care Quality Improvement Organization and contracts with the Centers for Medicare & Medicaid Services to give technical assistance to health care providers. AFMC’s mission is to promote excellence in health and health care through education and evaluation.
In September, cases of rare fungal meningitis began appearing throughout the United States. By early October, the source of the outbreak was identified as the New England Compounding Center (NECC) in Framingham, Massachusetts. NECC is a specialty compounding pharmacy that is licensed with the Massachusetts Department of Public Health’s Board of Registration in Pharmacy. At press time, 347 cases of meningitis were reported in 23 different states. Twenty-five deaths were reported due to the contaminated products that came from NECC.

NECC is not a typical pharmacy that compounds. NECC engaged in large scale compounding involving many sterile preparations. When performed by skilled pharmacists using appropriate equipment in high quality facilities, sterile compounding is a safe and lifesaving niche within the profession of pharmacy. However, when the pharmacy and the regulators that oversee the compounding pharmacy are lax, the conditions become ripe for a disaster.

The products that NECC compounded that led to this meningitis outbreak were injectable corticosteroids (methylprednisolone and triamcinolone). Specifically, NECC compounded preservative-free preparations of these steroids, which contain no preservatives to prevent the growth of bacteria or fungus. Therefore, the sterile integrity of the products depended solely on the technique of the compounder and the cleanliness of the facilities where the products were compounded.

**Lax oversight of NECC**

Information that has surfaced since the outbreak began suggests that NECC did not maintain the facilities with the sterile conditions that are required to ensure sterility. A report issued Oct. 23 by the Massachusetts Board of Pharmacy indicated a number of deficiencies, including:

- Distributing two lots of methylprednisolone prior to receiving results of sterility testing;
- Failing to follow NECC policy and United States Pharmacopeia Standard 797 (USP 797) for final sterilization of the product;
- Failure to validate autoclaves to ensure proper function;
- Black particulate matter present in sealed vials of recalled methylprednisolone;
- Failure to properly clean powder hoods;
- Clean room “tacky” mats were visibly soiled in violation of USP 797;
- Standing water was observed around a boiler and adjacent walls, creating unsanitary conditions.

Additionally, the Massachusetts Board found that the pharmacy was operating outside the scope of its licensure with the Board, by distributing large batches of compounded...
sterile products to facilities for general use, not for specific patients. The October 2012 post-outbreak inspection was the first that had been conducted on the facility since May 2011, despite over a decade of complaints and reprimands against the facility, including 2002 and 2004 incidences involving methylprednisolone, the same drug linked to the 2012 meningitis outbreak.

**State Board of Pharmacy inspects annually**
Is Arkansas susceptible to a similar type of outbreak from a compounding pharmacy in Arkansas? It is highly unlikely. Arkansas is fortunate to have a State Board of Pharmacy that is both well-staffed and proactive at writing regulations to protect public health.

Arkansas is unique because there are five full-time pharmacists employed by the Arkansas State Board of Pharmacy. Three of Arkansas’s Board pharmacists are dedicated to performing routine inspections on every licensed pharmacy (retail, compounding, hospital, etc…) in Arkansas every year. While this sometimes seems burdensome to pharmacists, they do so to protect public health by ensuring that the conditions of the pharmacies are safe and secure and to ensure that Arkansas law is being followed.

Arkansas is one of only a very few states that performs annual inspections on every pharmacy in the state. Contrast that with Massachusetts. Their State Board has a single pharmacist on staff who works in quality control, not in inspecting pharmacies. When inspections occur, however, they seem to be more complaint driven instead of the proactive annual quality-focused inspection and pharmacy grading that is done in Arkansas.

**Arkansas adoption of USP 797**
The Arkansas Board of Pharmacy has also been very proactive in updating Arkansas law to incorporate the latest recommendations for safety in various areas of practice. A classic example is in the area of sterile compounding. Not long after the USP issued the draft of standard 797 the Arkansas Board of Pharmacy incorporated it into Regulation 7 (07-02-0001). Arkansas was among the first states to take this step and they did it in 2003! To date, only 17 of the 50 states have incorporated USP 797 into their state pharmacy regulations. But having a regulation is only useful when it is enforced. Through the mandatory annual inspections, Arkansas actively enforces Regulation 7 and all of the Arkansas pharmacy laws.

Lastly, it is important to know that there is a voluntary national accreditation process, Pharmacy Compounding Accreditation Board (PCAB)-accreditation, that compounding pharmacies can undergo to verify their practices and procedures for all areas of compounding, including sterile compounding. In Arkansas three of the largest sterile compounders all possess PCAB accreditation.

The profession of pharmacy and all other healthcare professions are regulated on a state-by-state basis. Undoubtedly there will be attempts in Congress to give the federal government oversight over compounding pharmacies in light of the tragedy in Massachusetts. However, we should actively fight to retain state control of our profession, including the practice of compounding.

We should, however, encourage other states to use Arkansas as a model for how to proactively govern a profession through the creation of appropriate regulations and through oversight by pharmacist-inspectors who perform thorough annual inspections of all pharmacies licensed within the state each year.
University of Arkansas for Medical Sciences (UAMS) College of Pharmacy (COP) was announced as the winner of the National Community Pharmacists Association (NCPA) Foundation Student Business Plan Competition on Sun. Oct. 14 in San Diego. They competed against the University of Kentucky and University of the Pacific. The student team included Brandyn England, Blake Johnson, Kevin Barton, Tiffany Berkemeyer, and Tyler Shinabery. Drs. Anne Pace and Schwanda Flowers are the faculty advisors. First place prize is $3,000 for the NCPA student chapter, and $3,000 in the UAMS COP Dean’s name to promote independent pharmacy at the school. The team members, team advisor, and Dean will receive complimentary registration, travel, and lodging to the NCPA Multiple Location in February 2013 at the Hyatt Regency Aruba Resort.

The students’ business plan is based on Smith Country Club Drug Store in Little Rock. It involves a fictitious junior partnership in which they purchase the existing store with a period of employment overlap between the buyer and seller in order to preserve the goodwill of the store. They then add clinical services to this existing store, revamp the front end, and overhaul the existing marketing plan. Their services are heavily focused on providing personalized healthcare to the patients of this store. They add medication adherence services as well as focusing on a revolutionary clinical service named “TailorFitRx.” TailorFitRx is a program designed to allow community pharmacists to test patients for genetic variations in their drug metabolism, allowing creation of a “pharmacogenomic drug profile” for each patient. This allows for tailor-fitting a person’s medication regimen based on his or her ability to metabolize drugs. The service was piloted with warfarin, but will be quickly expanded into over 120 other medications. The students thank Dr. Pat Ingels for allowing them to base the plan on her business at Smith Country Club Drug Store.

Congratulations to the team! We’re very proud of you!
Successful Research Builds a College

This time of year is harvest time. The hard work of planting and nurturing is rewarded with the fruits of our labor. This fall, the UAMS College of Pharmacy is celebrating the success or harvest resulting from many years of work to accomplish the goals of our last strategic plan. The faculty is very pleased with our outcomes in each of the areas of our mission: teaching and learning, service to the profession, and discovery. Over the past year, I’ve shared much of our success in the areas of student recruitment, graduation and job placement, and student leadership and professional development. I would like to devote this column to some of the highlights of our success in the area of scientific discovery.

Dr. Peter Crooks, Chair of the Department of Pharmaceutical Sciences, reports the UAMS College of Pharmacy moved from 38th to 24th in the nation in terms of research dollars in total grants and contracts during the past academic year (2010-2011). He also reports that the increase in research funding will move us further into the top tier of College of Pharmacy research programs in the United States during 2012-2013. Our impressive new laboratory space has promoted a fast payoff.

One grant, the largest in our history, came from the Biomedical Advanced Research and Development Authority (BARDA). The study it supports promises to produce a safe, reliable medication that will significantly enhance every American’s security from radiologic injury, whether from cancer treatment, accident or hostile act. Our researchers are establishing a national reputation for excellence in this field. Their daily work of research also includes publication of results and sharing our remarkable discoveries with scientists around the world. Last year, faculty members in the Department of Pharmaceutical Sciences published 105 peer-reviewed articles, 13 book chapters, and a new textbook. They also were awarded nine new patents and applied for 30 that are now pending.

Dr. Amy Franks, Chair of the Department of Pharmacy Practice, also reports many successes among departmental faculty in clinical practice and in pharmaceutical evaluation and policy. Faculty members are working in various communities to improve the health of Arkansans through health screenings, medication management, and evidence-based practice. They are working in conjunction with the Arkansas Pharmacists Association to define ways in which we can partner to advance the practice model for our profession.

Successful research builds a college. It instills the entrepreneurial drive among faculty that Arkansas needs in all pharmacy students and practitioners. At the same time, researchers who teach greatly enrich the curriculum our students learn. Our research faculty members are teachers, and insights based on fruitful research has led to changes in what we teach and how we teach. It has also provided opportunities for five to 10 students to work in the laboratories each year during summer research internships.

The departments have also teamed together to submit a proposal for a graduate program leading to a PhD in Pharmaceutical Sciences in the areas of Drug Discovery and Pharmaceutical Evaluation and Policy. We anticipate approval of the graduate program prior to the next academic year and hope to enroll multiple students within the first semester of its implementation.

So as is appropriate during harvest time, we are pleased with our results and grateful for the partnerships we share across our campus and across our profession that have helped make this possible. But, even as we celebrate, we plan for the years ahead. Our next five-year plan will soon be completed and we look forward to our next stages of growth. §
Many of you were able to attend the APA District Meetings and it was great to see you all and share some updates from the Harding University College of Pharmacy (HUCOP). For those of you who weren’t able to attend, I thought I’d use this opportunity to provide a written update on the happenings at HUCOP. You can always read about what’s going on at HUCOP through our quarterly newsletters at http://www.harding.edu/pharmacy/Newsletter.html.

This year marked two important milestones for the college. On May 5, 2012, the inaugural class graduated with 55 students being granted the doctor of pharmacy degree. Of that group, 22 percent (12 individuals) chose to accept residencies as the next step in their career plan. Seven of these residency positions are in Arkansas while the other five are in Maryland, California, Florida, and Missouri. To our knowledge, none of our graduates were unable to secure a position practicing pharmacy.

The second milestone is related to our accreditation status. At its June 2012 meeting, the Accreditation Council for Pharmacy Education (ACPE) board of directors granted HUCOP advancement to full accreditation status. We received the customary two-year initial accreditation term for new schools and colleges of pharmacy. ACPE will complete a focused site visit during 2013-14 for assessment of extension of the accreditation period.

The class of 2016, our fifth entering class, started on August 13, 2012, with a one-week orientation session. The class contains 63 students from 16 states with 38 percent hailing from Arkansas. The next highest yield is students from Texas. The class is 52 percent female and the average age is 25.

We had four new faculty start with us this fall, all in the department of pharmacy practice. Dr. Debbie Waggoner formerly practiced at the Central Arkansas Veterans Healthcare System but most recently was a nuclear pharmacist in Texas. She has a practice site at White County Medical Center in the emergency room. Dr. MaRanda Sanders had a five-year history as a community pharmacist before deciding to complete a pharmacy practice residency at UAMS University Hospital in 2011-12. She has a clinical practice site at PrimeCare, a primary care clinic in Searcy. Dr. Melissa Shipp is a recent graduate of UAMS College of Pharmacy who in 2011-12 completed a pharmacy practice residency at White River Medical Center in Batesville, AR. Dr. Gabriella Douglass had a three-year career as a community pharmacist before deciding to complete an ambulatory care pharmacy practice residency with Harding at ARcare. She now has a practice site in an ARcare primary care clinic which includes a specialty practice in HIV.

Our students have been very busy maturing the HUCOP chapters of pharmacy professional organizations. Their hard work has been recognized at the national level in a couple of different ways. In December 2011 at the American Society of Health-System Pharmacists Midyear Clinical Meeting in New Orleans, LA, the Harding student team made up of then P4 Janice McKean and P4 Mallory Garfield placed 2nd out of 114 teams competing in the Clinical Skills Competition. As part of the American Association of Colleges of Pharmacy/National Association of Chain Drug Stores (NACDS) “Script Your Future” medication adherence challenge, Harding won the national Social Media Award which was based on Facebook pages created by each class focusing on different chronic disease states in addition to video presentations about managing medications and health.

Our faculty also received recognition at the national level in the form of being awarded competitive grants. Dr. Jeanie Smith received one of fifteen nationally awarded Million Hearts Team Up Pressure Down grants offered by the NACDS Foundation. The grant allowed Dr. Smith to expand health screenings during the month of September that covered the “ABCS” of the Million Hearts initiative – appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation. Dr. Smith put an interprofessional twist on the screenings by involving Harding physician assistant students as well. Dr. Landry Kamdem was awarded...
one of two American Society of Clinical Pharmacology and Therapeutics Young Investigator Awards to complete a project involving the pharmacogenomics of exemestane.

While recognition is one measure of success, service is the true essence of Harding University College of Pharmacy success. Our students complete over 7,000 hours each year of service in pharmacy service-learning activities such as working in the pharmacies at charitable health clinics, teaching substance abuse classes in the public school system, and performing health screenings. In a unique required fourth year advanced pharmacy practice experience (APPE) known as “Health and Wellness” our students provide over 9,000 hours each year implementing projects such as medication reconciliation at rural hospitals, smoking cessation awareness, and development of toolkits to support non-English speaking patient populations. Harding also emphasizes service in the form of international spring break mission trips and APPEs. This year at least seven fourth year students will be completing elective four-week APPEs in Zambia, Haiti, and Honduras.

If there is any way HUCOP faculty, students, or staff can be of service to you, please do not hesitate to let me know at jahixson@harding.edu or by calling 501-279-5205. §
As the end of the year approaches, it is important to remind association members to renew their memberships and encourage colleagues to join. But how might a member answer the question, “Why join the Arkansas Pharmacists Association?”

You might respond by saying that APA helps you stay updated on issues facing pharmacy and ensures that state and federal policies encourage the advancement of the profession of pharmacy. Other benefits for you might share are the more than 20 hours annually of Continuing Education programs, weekly and quarterly publications, and District and Annual meetings.

Since the Pharmacist Immunization Program launched last spring, several members have commented that this program has added value to their membership by helping to increase their stores’ revenues, enhancing their clinical knowledge about vaccines, and aiding their handling of emergency situations in their stores.

One of the program offerings was free administration trainings and CE programs on immunization for Arkansas pharmacists. The Association was able to purchase the license to the APhA’s Pharmacy-Based Immunization Delivery Program and offer it to Arkansas pharmacists at no expense to them. Ninety pharmacists completed this program this summer.

One pharmacist said of the program, “The information was very relevant to my practice... The next week we started implementing some of the suggestions from the program. For example, we had a patient come in and request a shingles vaccine, and I remembered from the program to get the Vaccine Information Sheet form online and use that as a screening tool. We also worked with our pharmacy software vendor and are now billing patients’ insurance plans for the admin fee instead of having them pay for it out-of-pocket.”

A rural pharmacy in Northeast Arkansas had two of their pharmacists attend the training program in Jonesboro last August. Following the training, they both received their authorities to administer and had secured a protocol. By mid-October, they had already given about 100 flu shots and over 20 shingles shots.

Recently, Joe Roach, a pharmacist in Marked Tree, received the terrible news that fellow pharmacist Randy Shinabery had suddenly collapsed in his pharmacy a few doors down.
Joe ran over to find Randy unconscious. Thankfully, Joe had just finished his immunization training program and his CPR Basic Life Support for Healthcare Providers course to get his Authority to Administer. Using his newly acquired training, Joe administered CPR until the EMTs arrived. Randy was ultimately rushed to the local hospital and has made a very nice recovery. Joe told the APA, “I would have never gotten my CPR certification if there wasn’t the big push for pharmacists to get immunization certified and I wouldn’t have been prepared for that situation.”

Pharmacist Justin Boyd also has glowing reviews for the program: “The Pharmacist Immunization Program provides information and tools that add value for my patients. Tools such as the patient immunization record reflect our commitment to providing quality care.”

The APA will continue to partner with the Department of Health, other agencies and associations in programs similar to this one to enhance its members’ practice of pharmacy and to add additional value to APA membership.

Stephanie O’Neal, P.D. of Wynne commended the resources available through the Pharmacist Immunization Program. “Even though starting an immunization program in our pharmacy was a good idea, the challenges to implement a program seemed overwhelming. However, the Pharmacist Immunization Program has made implementation much easier than I expected and we are delighted to have this "value-added" service to offer our patients and the community. Eric Crumbaugh has been a knowledgeable and reliable resource to help us through the process,” she said.

These great comments reflect just a small sampling of the benefits that members have received from the Pharmacist Immunization Program. Are you taking advantage of them? You should! Grant funding for the program will end in August of 2013, but the association plans to keep the resources up-to-date for its members through a password protected website.

Remember, APA has a lot to offer its members and we look forward to serving you in 2013! Renew today at www.arrx.org! §
At the Arkansas Association of Health-System Pharmacists (AAHP) 46th Annual Fall Seminar in Hot Springs at the Arlington Hotel and Spa, pharmacists, pharmacy technicians, and students attended sessions providing over 20 hours of live ACPE-accredited continuing education. This year featured concurrent sessions that allowed attendees to customize the program to meet their needs. Also, the AAHP Residency Taskforce and the Arkansas College of Clinical Pharmacy hosted the first annual residency showcase providing residency programs and perspective residents a head start in recruitment and program selection. Thank you to the many terrific volunteers and speakers who made the seminar a success!

Philip Schneider, BS, Pharm.D., Treasurer of the American Society of Health-System Pharmacists (ASHP), provided the keynote address on Optimizing Patient Care through Appropriate Medication Use. Prior to the meeting, Dr. Schneider toured Baptist Health Medical Center-North Little Rock, Central Arkansas Veterans Healthcare System, and National Park Medical Center. Thank you to Drs. Kevin Robertson, Don Garner, Jason Eakin, Tracy Mosby, and Bill Reeves for organizing and participating in the tours. All Fall Seminar slides are available at: http://www.arrx.org/aahp-fall-seminar-slides.

AAHP Awards
Congratulations to the 2012 award winners: “New Practitioner of the Year” Dr. Kim Young, Baptist Health Medical Center-North Little Rock; “Staff Pharmacist of the Year” Dr. Kathy Phillips, Saint Mary’s Regional Hospital, Russellville; “Manager of the Year” Dr. Lynette Nelson, Central Arkansas Veterans Healthcare System, Little Rock; “Technician of the Year” Melissa Kennedy, BS, CPhT, St Bernards Medical Center, Jonesboro; “Clinician of the Year” Dr. Natalie Ohrenberger, Baptist Health Medical Center-North Little Rock; and “Poster of the Year” Dr. Erin Beth Hays, White River Medical Center, Batesville.

AAHP Officers Installation
Thank you to Dr. Rayanne Story, Assistant Professor of Pharmacy Practice at Harding University, who completed her term as immediate past president. Dr. Willie Capers, Director of Pharmacy at St. Bernards Medical Center became the immediate past president. Officer installations included: Dr. Lanita White, Director of the 12th Street Clinic, President; Dr. Marsha Crader, Assistant Professor of Pharmacy Practice at UAMS, President-Elect; Dr. Niki Carver, Assistant Director of Pharmacy at UAMS Medical Center, Board Member-at-large; Dr. Wendy Koons, Pharmacy Manager at St Bernards Medical Center, Secretary; Dr. Zhiva Brown, Pharmacist at Central Arkansas Veterans Healthcare System-North Little Rock.

Congratulations to the 2012 Fall Seminar Committee!
Co-Chairs: Niki Carver, Pharm.D., Little Rock and James Reed, Pharm.D., Conway
Exhibit Chair: Cynthia Garris, Pharm.D., Jonesboro
Speaker Chair: Jeffrey Mercer, Pharm.D., Searcy
Student and Poster Chair: Wendy Koons, Pharm.D., Jonesboro
Technician Chair: Janet Liles, MS, CPhT, Searcy
Technology Chair: Bobby Dunham, Pharm.D., Rogers
Advisor: Lanita White, Pharm.D., Little Rock

Special Recognition:
Leigh Austin, Marsha Crader, Pharm.D., Eileen Denne, Don Johnson, Pharm.D., Jim Parks, Pharm.D., and Amanda Perry.
Compounding Confusion

In light of the recent tragic situation of contaminated product from a compounding pharmacy in Massachusetts, there has been a lot of confusion about this industry even within our pharmacy profession. IACP (International Academy of Compounding Pharmacy) made a few points in their media statements regarding the incident that will help to clear up confusion.

1) How common is pharmacy compounding?
It is estimated that 7,500 pharmacies in the United States specialize in advanced compounding prescriptions and of those 3,000 specialize in sterile compounding. Compounding pharmacies have been able to address the ongoing shortages of critical manufactured medications and have therefore received national attention in the value of compounding for helping meet the needs of healthcare.

2) Is compounding pharmacy regulated?
All compounding pharmacists and pharmacies are subject to governmental oversight by three distinct regulatory bodies: State Boards of Pharmacy inspect the pharmacy and their adherence to practice requirements; the Food and Drug Administration (FDA) for the integrity of the drugs and Active Pharmaceutical Ingredients (APIs) which they order, store, and use; and by the Drug Enforcement Administration (DEA) for their handling of controlled substances used in the preparation of compounded medications.

In addition to government regulation, adherence to United States Pharmacopeia, USP <797>, standards for the compounding of sterile medications is required. USP <797> is a national standard for process, testing, and verification of any medication prepared for administration to patients. These standards are used by the State Boards of Pharmacy in their oversight of sterile compounding pharmacy.

Finally, the accrediting body for the compounding pharmacy profession is the Pharmacy Compounding Accreditation Board (PCAB). PCAB provides an additional level of quality assurance recognition for sterile and non-sterile compounded preparations. Pharmacies with PCAB accreditation status have demonstrated that their policies and processes meet the highest possible quality standards. Of the 7,500 compounding pharmacies across the nation, around 200 are accredited at this time. The Massachusetts pharmacy was not accredited.) The number of accredited compounding pharmacies continues to grow.

For more information visit www.iacprx.org and/or www.pcab.org.
APA 2012 District Meetings

(L to R) Allison Burroff, Susie Hicks and Tami Murphy at Camden District Meeting.

(L to R) Mike and Margie Smith and Justin Boyd in Russellville.

(L to T) Charlotte Phillips, Becky & Gary Whittington at Fort Smith Meeting.

District 7 President C.A. Kuykendall in Fort Smith.

(L to R) DJ Jackson, Tony Vertino, Ashley Wagner, Dell McCarley at Little Rock District Meeting.

District 1 President Clint Boone makes a point at Little Rock District Meeting.

(L to R) John Stewart, Justin Brown and Bryan Stewart at Russellville District Meeting.

District 4 President Lise Liles opens meeting in Camden.
(L to R) Jim Bond, Derek Messmer, Roger Jackson, Stephen Avitts at Bentonville Meeting.

(L to R) Tiffany Dickey, Victoria Seaton, Melanie Claborn, Lacy Bassham at Bentonville Meeting.

District 3 President Chris Allbritton at Mountain Home District Meeting.

Leo Ziebert and Susan Wilhite in Mountain Home.

(L to R) State Board President Ronnie Norris and Billy Cammel at Monticello District Meeting.

(L to R) Johnny Roach, Ben Johnson, Brandy Bowen at Monticello Meeting.

(L to R) Carissa Specht, Ashley Paul, Josh Paul at Hot Springs District Meeting.

(L to R) John Martin, Josh Landrum, Eric Shelley at Hot Springs District Meeting.
APA 2012 District Meetings

State Board Asst. Director Brenda McCready at Stuttgart District Meeting.

(L to R) Holly Van Zandt, Carrie Simpson, Abby Staton, Jack Coker at Stuttgart District Meeting.

(L to R) Cheyenne Smith, Blair Thielemeir, Gevan Murphy at Jonesboro District Meeting.

Paul Morgan, APA’s Mark Riley and Greg Turner at Searcy District Meeting.

UAMS COP Dean Stephanie Gardner in Fort Smith.

(L to R) Bill Runken of Smith Drug and District 2 President Kristy Reed at Jonesboro Meeting.

Harding COP Dean Julie-Hixson Wallace at Hot Springs District Meeting.
2012-2013 Calendar of Events

DECEMBER

December 2-6
American Society of Health-System Pharmacists
Midyear Clinical Meeting and Exhibition
Las Vegas, NV

December 8-9
APA Committee Forums and Board of Directors Meeting
Holiday Inn Airport
Little Rock, AR

MARCH

Date TBD
APA Board of Directors Meeting
Lester E. Hosto Conference Center
Little Rock, AR

March 1-4
APhA Annual Meeting & Exposition Los Angeles, CA
Los Angeles, CA

APRIL

April 11 (tentative)
Arkansas Pharmacy Foundation
Annual Golf Tournament

MAY

Dates TBD
National Community Pharmacists Association
Legislative Conference
Washington, D.C.

May 11
Harding University College of Pharmacy Commencement
Searcy, AR

May 12
UAMS College of Pharmacy Commencement
Little Rock, AR

JUNE

June 5-8
APA 130th Annual Convention
The Peabody Hotel
Little Rock, AR
Pharmacy technician positions available—Cantrell Drug Company is currently seeking to fill multiple non-retail pharmacy technician positions. These full-time positions will be on 2nd and 3rd shifts, to include weekends. The successful candidate will have proven experience in compounding while demonstrating an attention to detail and a focus on quality. Please send resume to dconaway@cantrelldrug.com.

Pharmacist positions—Cantrell Drug Company is currently seeking to hire three full-time pharmacists for evening shift positions. These positions will be in our sterile compounding areas and compounding experience is preferred. Please send resume to dconaway@cantrelldrug.com.

Full-time pharmacy technician needed in Lonoke—At Lackie Drug Store in Lonoke. Mon. – Fri. 8:00 a.m. - 6:00 p.m. Experience in independent retail is a must. Previous experience with Enterprise Rx software is a plus. Please fax resume to 501-676-6009, Attn: Kyle Lackie, or email kylelackie77@yahoo.com.


PRN pharmacist needed at Hot Spring County Medical Center in Malvern—Mostly needing weekend coverage, but may need weekday coverage too. Will train any interested pharmacists regardless of past work experience. Competitive pay and relaxed environment. Call Josh Paul @ 501-332-7356 or email jpaul@hscmc.org.

Full-time pharmacist needed for AllCare Pharmacy in Arkadelphia—This position is in the long-term care facility in Arkadelphia. Hours are Mon. to Fri. from 9 a.m. to 6 p.m. and every third weekend. They are looking for a pharmacist to learn their systems and have the potential to manage the operations down the road. Salary is based on experience. They will work with retail pharmacists. If interested please contact Jim Brady via email JTB4216@aol.com or phone at 866-371-7429.

Pharmacy consultants needed part-time—Mostly central and south Arkansas.

Three years’ experience in nursing home consulting preferred. Contact Jim Griggs at 479-601-2145 or e-mail griggsjj@juno.com.

Johnson Regional Medical Center seeking a full-time staff Pharmacist—JRM is a growing eighty-bed hospital located in Clarksville, Arkansas. We are seeking a full-time staff pharmacist for our Pharmacy Department. JRM offers competitive wages, flexible scheduling and a comprehensive benefit package, including health, dental, vision, life, disability, 401(k) with matching contributions, child care assistance, paid time off, discounts on hospital services and over-the-counter medication, continuing education, paid license renewal and Arkansas Pharmacists Association membership. If you or anyone you know will like to learn about the staff Pharmacist position at JRM, call Sherrie Lane at 479-754-5454 Ext. 554 or 479-477-2006.


Licensed pharmacist with compounding experience available for relief—Please contact Pegah at 479-236-2244 or pegah@mtnsystems.com. I have been fortunate to train under the direction of highly professional pharmacists who have coached and mentored me. I am experienced in both retail and hospital, and have worked at Wal-Mart for 6 years. With my outgoing personality and energy and dedication, I believe I can provide the best customer service and make an immediate contribution to your team.


Pharmacy Tech needed—Experienced tech needed for independent retail pharmacy in Helena. Send resume to carol@ssipharmacy.com.

Marvell Pharmacy for Sale—Want to be home every week, every weekend and every holiday? Want to make in excess of $200K/yr? Like to hunt and fish? Be your own boss? Plenty of opportunities to expand the business. Located in Marvell, AR, pop 1400 plus 1000 extra in drawing area. Located in a clinic with nurse practitioners. Average 125 scripts per day. Hours 9 to 5 five days a week. Contact Bob Wright at 870-829-1044 or 870-816-5269.

Assistant Director of Pharmacy—Cardinal Health in partnership with CoxHealth Monett has an opening for an Assistant Director Pharmacy. This 25-bed facility located in Monet, Missouri, is 45 minutes SW of Springfield. Interested applicants can email resumes to alicia.clark@cardinalhealth.com.

VHA, Inc. Clinical Pharmacist Consultant opportunity available. VHA assists member organizations in achieving excellence in medication management. The clinical pharmacist will identify and implement medication use strategies that will improve both clinical and economic performance of the health system. To see additional information or to apply, click here.

Pharmacist or Pharmacy Tech to consult at Little Rock school for online sixteen week Pharmacy Technician course. Meet with students once every other month. Pay $200 on independent contractor basis each meeting. Reply to billhess@triadrr.com with phone number and good time to call.

Pharmacy building for lease between Helena-West Helena & Marvell—4,000-square-foot building located between Helena-West Helena occupied by Central Drug Store. Next to Wendy’s and in the same location for over 35 years. Ample parking with wide entrances and exits. Fixtures may be used for free. Contact Ralph Davidson at rdavidson@suddenlink.net or 870-572-7594.

Relief Pharmacist Available—Pharmacist with compounding experience looking for relief pharmacy work in Arkansas. Please contact Buzz Garner at 479-234-1100 or drbuzz@arkansas.net.

Relief Pharmacist Needed—Independent pharmacy in Van Buren/Ft. Smith, AR area is seeking relief pharmacist for Saturdays.
Hours on Saturday are 9 a.m. to 1 p.m. and I have excellent technicians who will be scheduled those hours. I would love to have someone work every Saturday, but need someone for at least one or two Saturdays per month. If interested please call or text 479-414-7503 or send resume or email: kbarlow@pharmacyexpressvb.com.

**Full Time Hospital Pharmacist Wanted in Mountain Home**- $10,000 Sign-On Bonus Available- Baxter Regional Medical Center is seeking a full time Hospital Pharmacist to rotate through clinical staff and medication history duties. This position will work 10 hour shifts, predominantly days, with occasional evening and weekend shifts. BRMC has an integrated pharmacy practice model with significant automation to support drug distribution. Apply online at www.baxterregional.org, or call Sheila Wilson at 1-888-723-5673 for more information.

**Looking for Relief Pharmacist Work**- Looking to serve as a relief pharmacist during the day within 2 hours of Pine Bluff. Was a licensed DMST educator; can handle MTM diabetic work; familiar with home packaging as well as LTC packaging. Would love to find an opportunity. Contact Robert Rosen, Pine Bluff at (phone and fax) 870-536-4460 or rmr66@att.net.

**Charitable Clinic Needs Service Minded Pharmacists**- Want to be thanked dozens of times a day? Tired of dealing with insurance? Join our team at River City Charitable Clinic in North Little Rock. We are looking for volunteer pharmacist to take an active role in the healthcare of low income, uninsured, unassisted patients. Volunteer(s) are needed specifically for a new "refill clinic". You can pick your ideal clinic time on Monday, Wednesday, or Thursday. Staff it weekly or share with a friend. Interested pharmacists can contact Pam Rossi at PRRossi@uams.edu or call Anne Stafford, RN Medical Manager at 501-376-6694.

**Seeking Relief Pharmacist work**- Booneville pharmacist looking for relief pharmacist work for independent pharmacists in Arkansas. Please contact Bill Carpenter at 479-675-6246 or cripplec@magtel.com.

**Seeking Pharmacy Tech position**- I am looking for a Pharmacy Tech position. If anyone is hiring please contact Allene at 501-244-0319 or 501-912-7259 or email msallene@sbcglobal.net.

**Experienced Relief Pharmacist Available**- Experienced relief pharmacist (retail/hospital/IV) available in Central Arkansas. Willing to travel reasonable distances. Fred Savage 501-350-1716; 501-803-4940; fred.savage@sbcglobal.net.

**Pharmacy for Sale**- West Central Arkansas-Pharmacy for sale in West Central Arkansas, established in 1934, 20 miles from Fort Smith, Arkansas. Located in a small community with good schools encompassing a large trade area. Solid prescription business with a solid increase in annual sales and net income. Current store hours are Mon. to Fri.: 8 a.m. to 6 p.m.; Saturday: 8 a.m. to 4 p.m. Owner wishes to retire after 34 years. Some owner financing available. Call 479-719-1750.

**Volunteer Pharmacists Needed at Hot Springs Charitable Clinic**- Wanted: VOLUNTEER pharmacists to assist in dispensing prescriptions, checking prescriptions, and counseling for low income and uninsured patients at a charitable clinic in Hot Springs. Volunteers are needed for bi-weekly evening clinics from 6 p.m. to 9 p.m. and daily clinics, Tuesday and Wednesdays from 9 a.m. to 3 p.m. Interested pharmacists should call or email Reita Currie at 501-623-8850, reitacurrie52@yahoo.com, at the Charitable Christian Medical Clinic, 133 Arbor Street, Hot Springs, AR 71901.

**IVANRX4U, Inc., Pharmacist Relief Services, Career Placements**- Relief pharmacists needed - FT or PT. Based in Springfield, MO and now in Arkansas. Staffing in Missouri, Arkansas, Eastern Kansas and Oklahoma. We provide relief pharmacists for an occasional day off, vacations, emergencies - ALL your staffing needs. Also seeking pharmacists for full or part-time situations. Please contact Christine Bommarito, Marketing and Recruiting Director, or Mike Geeslin, President, for information regarding current openings throughout Arkansas, including temporary as well as permanent placements. Let IvanRx4u help staff your pharmacy, call 417-888-5166. We welcome your email inquiries. Please feel free to contact us at: ivanrx4u@aol.com or ivanrx4u-tracy@hotmail.com.

**STAFF RPH, Inc.-** Pharmacist and Technician Relief Services. We provide quality pharmacists and technicians that you can trust for all your staffing needs. Our current service area includes AR, TX, OK and TN. For more information call Rick Van Zandt at 501-847-5010 or email staffrph@att.net.
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