

WMSHP NEWSLETTER

~ Happy Spring 2014 ~



MARCH 2014

Contents

President's message	2
March Madness Goes Viral: Measles & Mumps 2014	4, 5
Legislation Proposes Allowing Medicare to Reimburse for Pharmacy Services	8, 9
Crossword Puzzle	6, 7
Crossword Puzzle - Answer Key	10
Obituary	11
Meetings	3, 4
Save the Date	4
Members Section	11

Newsletter Editor

Monique Bonhomme, PharmD, MS, BCPS

Editor's note:

Happy Spring! The weather has been a bit hectic this year, however hopefully we have seen the last of winter until next year. I am pleased to see that one of our WMSHP members, Tara Smith, has made a great contribution to this newsletter. My goal is to make this a forum for the members of WMSHP to contribute, showcase their many talents, and express their opinions. Also, an outlet for those to actively participate in reviving WMSHP as an organization you are proud to be a member.

*Monique, ASHP Delegate
2014 - 2016*



President's Message:

I am honored to represent WMSHP this year and to continue our society's vision and mission for pharmacy excellence. Many of 2014's CE and non-CE events have already been planned and scheduled. Please visit our website (www.wmshp.org) in the upcoming months for further details as we finalize additional programs. This year we will again host a family event as well as pharmacy week celebratory events.

We have selected the dates and location for our Spring and Fall all day CE meetings. In the Spring, we will again be co-hosting with the DC-College of Clinical Pharmacy society. Please save the following dates: May 10, 2014 and September 13, 2014 for our all day CE meetings. Both events will be worth a total of 12 CE hours along with text-books and prizes. We will be hosting these events at the 4H Youth Conference Center in Chevy Chase, MD.

Our Committees will be meeting very soon to start committee work. If you are interested in joining a committee, please email the respective Chairs on our Committee Section webpage. Last year our committee members did an excellent job and we would like to continue this excellence this year. There are many talented Pharmacists in our society who are ideal candidates for our many Committees (Legislative, Programming, Membership, Nominations, Publications and Website Maintenance.) Please join us with your creative ideas and make WMSHP a great society to belong to. We will also be introducing and implementing our Mentoring Program for first year practitioners and students this year. See everyone at our many events this year.

Vicki

WMSHP and DC-CCP Spring Meeting – 0.6 CEU



WHEN: Saturday, May 10, 2014
TIME: 0700 to 1715 (7:00am to 5:15pm)
LOCATION: National 4-H Youth Conference Center
7100 Connecticut Avenue
Chevy Chase, MD 20815
301.961.2801

AGENDA:

0700 - 0745	Registration/Breakfast
0745 - 0800	Welcome Address
0800 - 0900	Pulmonary Hypertension
0900 - 1000	Management of Depression
1000 - 1200	Break/Exhibit Session/Raffle Prizes
1200 - 1245	Lunch
1300 - 1400	Medication Errors
.....	
1400 - 1500	Consensus or Controversy: Updated Guidelines For the Management of Cardiovascular Risk
1500 - 1600	Pearls in the Safe Care of Patients
1600 - 1615	Break/Raffle Prizes
1615 - 1715	Transitional Care Management Billing Codes: What Are They? What Do They Mean for Pharmacists?
1715	CE Certificates

FEE: By May 2, 2014 – Member: FREE, Non-member \$95, DC-CCP member \$30, Student \$20
After May 5, 2014 – Member: \$25, Non-member \$110, DC-CCP member \$45, Student \$35

Credit card billing available via the website – www.wmshp.org

RSVP to: sarahkellywmshp@gmail.com

March Madness Goes Viral: Measles & Mumps 2014*by Tara L. Smith, PharmD, MS RSHS, CCRP*

March 2014 has already included at least 40 cases of mumps and 30 cases of measles reported in at least three states across the United States. Ohio State University's mumps outbreak includes 40 infected people - 32 students, 4 staff members, 1 student's relative and 3 university community members. The university does not have policies in place mandating Measles, Mumps, Rubella (MMR) vaccine for incoming students and staff. At New York Presbyterian Hospital/Columbia University Medical Center 10 measles cases were treated. A spokesperson Myrna Manners from the New-York Presbyterian Hospital said "to the best of our knowledge, none of the patients who were seen in our emergency room got measles here in our emergency room." She went on to explain that "out of an abundance of caution" the hospital was reaching out to 600 people who were potentially exposed to the measles. In Los Angeles, California the county confirmed 10 measles cases, 8 of which were linked to international travel. To date, there are in excess of 70 confirmed cases nationwide. Measles is an acute, viral, systemic, infectious disease. The measles virus is transmitted through air droplets and is highly contagious, as its primary site of infection is the respiratory epithelium of the nasopharynx. Clinical features of measles include cough, increasing fever, coryza, conjunctivitis, Koplik spots and a confluent maculopapular rash. Measles complications can include diarrhea, seizures, pneumonia, otitis media, encephalitis and death. Mumps is a contagious disease, spread by saliva or mucus for the oral cavity or nasopharynx of an infected person. Signs and symptoms of the mumps include fever, fatigue, swollen salivary glands and headache which can lead to rare complications such as mastitis, oophoritis, orchitis, encephalitis/meningitis and deafness.

SAVE THE DATE

WMSHP May Meeting

May 10 , 2014

Chevy Chase, MD

Summer Meeting and Exhibition

May 31 – June 4, 2014

Las Vegas, Nevada

National Pharmacy Preceptors
Conference

August 20 - 22, 2014

Washington DC

2014 Midyear Clinical Meeting
and Exhibition

December 7 – 11, 2014

Anaheim, California

**March Madness Goes *Viral*: Measles & Mumps 2014
(continued)**

These 70+ confirmed mumps and measles cases to date is astounding since just last year we saw a spike in measles cases and prior to 2013 the annual secular trends in these particular viral infections in the US have been relatively low. According to CDC, there were a reported 159 cases of measles in the United States between January and August of 2013, likely the worst measles numbers in 2 decades. In recent years the largest mumps outbreaks were during 2006 and 2009 involving 6584 and 3502, respectively. Marketed in the US, we have MMR vaccines for measles and mumps that work well: M-M-RII (measles, mumps and rubella in those 12 months and older) and ProQuad (measles, mumps, rubella and varicella in children 12 months to 12 years old).

So, why the apparently violent resurgence of these controllable infectious diseases in 2014? Dr. Sanjay Gupta, CNN's Chief Medical Correspondent gives some insight in response to measles outbreak 2013: "For all the triumphs in modern medicine one of the greatest ones is being able to prevent a lot of these diseases through vaccines. And we know that they work. In pockets of people [around the country] who have not been vaccinated, they are particularly susceptible [to vaccine-preventable diseases]." It is possible that mandating MMR vaccines at Ohio State University could lower risk of susceptibility to vaccine-preventable diseases like measles and mumps. Certainly, educating and monitoring patients who were potentially exposed to measles at New York Presbyterian exhibits good patient care. Vaccination of children and at risk adults, education about vaccines and vaccine-preventable diseases, and preparation of populated clustered spaces (ie airports, medical facilities, campuses, daycares, community residents, etc) for best isolation techniques are some good practices for preventing resurgence of measles, mumps and other vaccine-preventable diseases.

A group of pharmacists in the state of Washington became the first immunizing pharmacists in 1994 and pharmacists have since expanded our practice to include immunizations. Today, pharmacists can be registered immunizers in all 50 states, the District of Columbia and Puerto Rico. Because pharmacists are a vital part of the healthcare team and can educate, immunize and assist in preparation for vaccine-preventable diseases in various settings, we should. For more information about becoming an immunizing pharmacist, see the following website: www.pharmacist.com/immunization-center.

Find helpful resources and regulatory information regarding immunizing pharmacists:

www.pharmacist.com/immunization-center

www.immunize.org

www.cdc.gov/vaccines

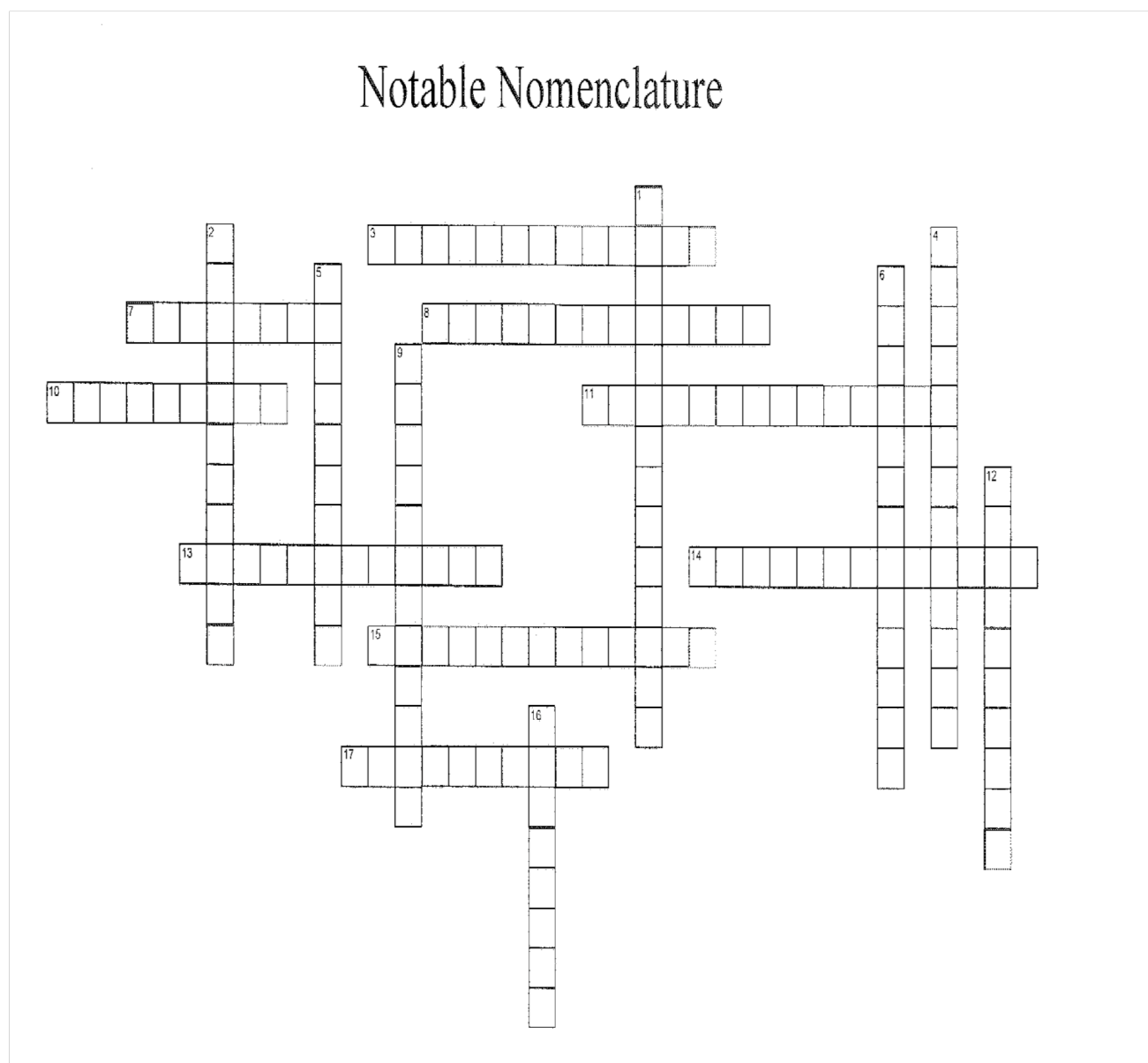
CDC Pink Book

March is Women's History Month
By: Tara L. Smith, WMSHP member

Crossword Puzzle

Notable Nomenclature: Organisms named after Celebrities

The participant will look at the nomenclature/organism clue and fill in the word puzzle with the name of the notable person.



ACROSS

- 3 *Agra catbellae*
- 7 *Agra liv*
- 8 *Norasaphus monroeae*
- 10 *Brachypanorpa sacajawea*
- 11 *Mesoparapylocheles michaeljacksoni*
- 13 *Preseucoila imallshookupis*
- 14 *Struszia mccartneyi*
- 15 *Aptostichus angelinajolieae*
- 17 *Caloplaca obamae*

DOWN

- 1 *Scaptia beyonceae*
- 2 *Agra katewinsleta*
- 4 *Victoria amazonica*
- 5 *Phialella zappai*
- 6 *Stasimopus mandelai*
- 9 *Pheidole harrisonfordi*
- 12 *Bushiella beatlesi*
- 16 *Aleiodes gaga*

Legislation Proposes Allowing Medicare to Reimburse for Pharmacist Services

Cheryl A. Thompson

BETHESDA, MD 14 March 2014 — A bill introduced in the House of Representatives on March 11 would allow the Medicare program to reimburse pharmacists for pharmacist services in medically underserved communities.

The Medicare program, which provides health insurance for the disabled and persons 65 years of age or older, currently does not provide a mechanism to directly reimburse pharmacists for their services.

H.R. 4190 Now Online

The text (PDF) of H.R. 4190 became publicly available on March 18.

Representatives Brett Guthrie (R-Kentucky), G.K. Butterfield (D-North Carolina), and Todd Young (R-Indiana) jointly stated that their "common-sense bill" creates a means by which pharmacists can receive reimbursement for providing services permitted by state law to Medicare beneficiaries in medically underserved areas.

All three congressmen represent districts in which more than half the counties have been federally designated as medically underserved areas.

Pharmacotherapy Specialist Tim R. Brown cares for patients in a medically underserved area, Summit Service Area, commonly known as Akron, Ohio.

"This particular bill becoming a law would allow me to stand on my own as a provider — still working with that same physician and still working 'incident to' but being recognized as someone that's a part of the team," he said. "And that would be a huge step."

Brown, who practices at Akron General Medical Center's Center for Family Medicine, said he currently bills his chronic disease state management services under a collaborating physician's name as incident to physician professional services in the physician's office.

He estimated his payer mix as 60% Medicare and 40% private pay.

Ohio has allowed such pharmacist-physician-patient collaborative practice agreements since 1999.

The bill, if enacted into law, would also strengthen the health care team, Brown said.

"By giving provider status to pharmacists," he said, "that [bill] strengthens our role as a part of the patient-centered medical home model team that many people are working within currently."

Sandra Leal, director of clinical pharmacy at El Rio Community Health Center in Tucson, Arizona, cares for patients in the medically underserved Pima Service Area.

In fact, the health center targets the medically underserved population, she said.

Although El Rio has what Leal described as a good mix of payers, she lamented that the center does not receive compensation for some of the services the pharmacists provide patients. Or, if the center does receive compensation, the amount represents a level of service lower than what was actually provided to the patient. For example, when Leal and other El Rio pharmacists manage the diabetes therapy of a patient with Medicare Part B coverage, "we have to override our level of care to a lower code because we're not recognized for the full service that we provide."

**Legislation Proposes Allowing Medicare to Reimburse for Pharmacist Services
(continued)**

She said compensation for the actual service level the pharmacists provide would help the center's clinical pharmacy program become more sustainable and widespread.

"There's a significant demand for patient visits, for access," Leal said. "We had a lot of people that joined the health care system [in 2014] with new insurance. And right now we have pharmacists at some of our sites but not all of the different satellites."

The primary reason, she said, is lack of a means to permanently finance the full-time-equivalent positions. El Rio applies for and receives grants and funds, but those have end dates.

"I'm glad to see some new legislation out there" to recognize pharmacists as providers, Leal said.

Although Gloria P. Sachdev, in her current position, does not work with a medically underserved population, she expressed support for the legislation.

Having "provider status" in Medicare Part B is "critically important to our sustainable business model" for clinical pharmacist services in ambulatory care settings, said Sachdev, a clinical assistant professor at the Purdue University College of Pharmacy.

"I'll certainly be contacting my congressman and my senators . . . to support this bill," she said, adding that she is "just waiting for someone to say, Do it" and also for the exact language of the bill to be available.

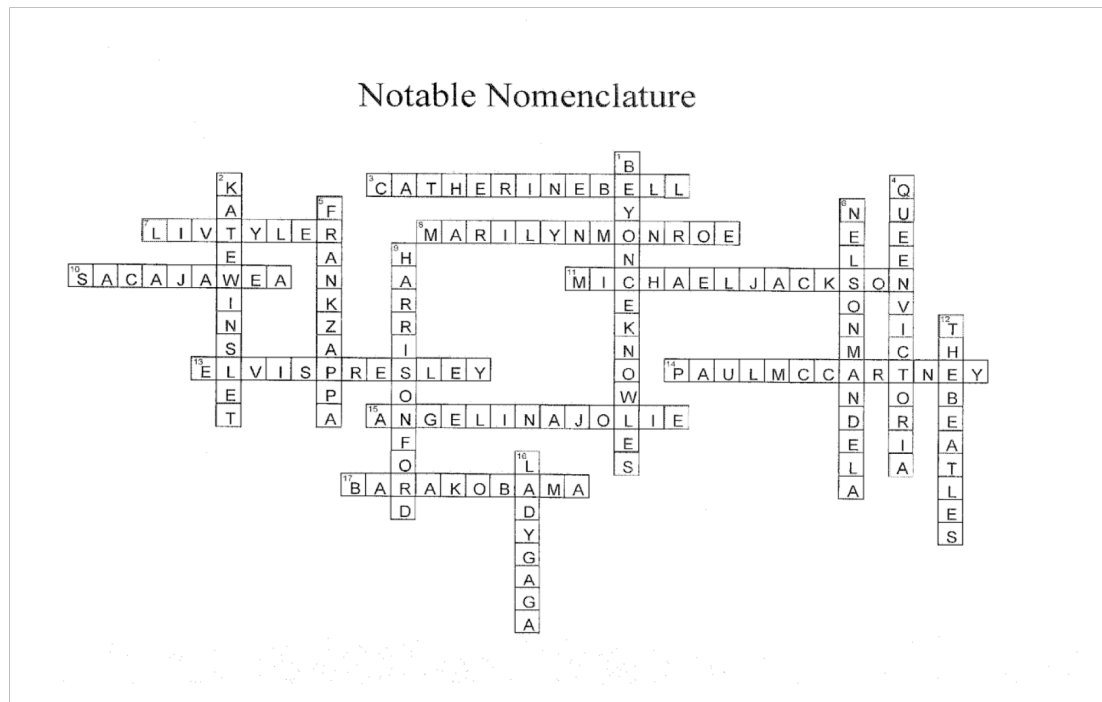
The bill by Guthrie is modeled after the concepts advocated by the Patient Access to Pharmacists' Care Coalition, in which ASHP plays a "significant leadership role," said Kasey K. Thompson, the Society's vice president for policy, planning, and communications.

"This [bill] is a really great opportunity to give patients the access they deserve" to pharmacist-provided patient care services, he said.

By amending the portion of the Social Security Act concerning the Medicare program, Thompson said, the bill would allow pharmacists to bill for Medicare Part B practitioner services.

The type and scope of those services remain under the purview of the state in which a pharmacist provides them, he said.

Guthrie's bill pertains to all state-licensed pharmacists, Thompson said, and ASHP and the coalition support that position—all pharmacists are providers.

Answer Key:

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MEMBERS SECTION

Harold Lichtenstein (Age 92)

A Washington, DC resident for almost seven decades died on February 15, 2014. After serving in the US Army during World War II, Harold received his pharmacy degree from the George Washington University and practiced his profession for almost 40 years.

After retirement, Harold did volunteer work for Montgomery County Commission on the Aging and tutoring for Beth Ami Synagogue.

He and his twin sister Goldie, who predeceased him, were born in Brooklyn, NY in 1921. He was predeceased also by his older sister Sylvia and older brother Dan.

He is survived by his loving wife of 69 years Betty Shapiro Lichtenstein; his children Sally Berk (Sanders), Michael (Abbl), and Joyce Harrison (eric); his grandchildren David, Lisa, Cathy, Christine, Jennifer, and Stephanie, his great-grandchildren Jessica and Eliana.

The service will be February 17 at 1:30 P.M. at Ohr Kodesh Congregation, 8300 Meadowbrook Lane, Chevy Chase, MD. Interment will be at 3:30 p.m.

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WMSHP Committees

Interested in becoming actively involved in WMSHP?

Join and participate in one or more of our Committees

Finance	Legislative
Membership	Programming (monthly meetings)
Nominations	Publications (newsletters, website)

****Send email with interest to monique.wmshp@gmail.com ****