



Georgia Society of Health-System Pharmacists

Our Mission is to help our members become better practitioners.

July 2016 Newsletter

Website

About Us

Legislative Issues

News

Calendar

Meetings

GSHP members recognized as Fellow by ASHP.

The ASHP Practitioner Recognition Program recognizes pharmacists who have excelled in pharmacy practice and distinguished themselves through service and contributions to ASHP.

Please congratulate the following individuals on being named ASHP Fellows for 2016.

Christina E. DeRemer(right)

Michael J. Melroy (center)

Beth B. Phillips (left)

Candidates for ASHP's Practitioner Recognition Program must be practitioner members of ASHP with a record of outstanding service to ASHP and at least ten years of professional service to pharmacy practice in acute or ambulatory care settings.



Additional eligibility requirements include:

- Demonstration of sustained commitment or contributions to excellence in pharmacy practice in acute and ambulatory care settings
- Contribution to the total body of knowledge in pharmacy practice in acute and ambulatory care

settings

- Involvement in and commitment to educating practitioners and others
- Demonstration of active involvement and leadership in ASHP and other professional organizations

- **See more at:**

<http://www.ashp.org/menu/AboutUs/Awards/ASHPFellows#sthash.62nVjNbc.dpuf>

Congratulations to the members below who were elected in the recent election

President-Elect:	Jennifer Sterner-Allison, Children's Healthcare of Atlanta
Treasurer:	Margaret Chastain, Wellstar Douglas
SE GA District Director-elect:	Bruce Jones, St Joseph's/Candler
S Metro West District Director-elect:	Brinda Ahiayibor, Piedmont Henry
SW GA District Director-elect:	Maura Hall, John D Archbold Memorial Hospital
Central Savannah River District Director-elect:	Jody Rocker, GA Health Sciences Medical Center
Central GA District Director-elect:	Juliet Whitten, Perry Hospital
NW District Director-elect:	Naadede Badger-Plange, Piedmont Atlanta

Webinar-

August 11, 2016 - 12 noon-1:00 pm

Title of Presentation: Immunotherapy in Metastatic Melanoma

Learning Objectives

1. Describe the impact of immunotherapy as a novel approach for the treatment of metastatic melanoma
2. Evaluate the literature supporting the efficacy of immunotherapy in patients with metastatic melanoma
3. Discuss immune-related adverse effects secondary to immunotherapy utilization

Speaker: Benjamin Andrick, PharmD



Georgia Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program is approved for 1 hour (0.1 CEUs) of continuing pharmacy education credit. Proof of participation will be posted to your NABP CPE profile within 4 to 6 weeks to participants who have successfully completed the post-test. Participants must participate in the entire presentation and complete the course evaluation to receive continuing pharmacy education credit. UAN # 0228-0000-16-121-L01-P
This is a member service of GSHP. There is no charge for members to attend. Non-members will be charged \$20.

Members:

To register: <https://attendee.gotowebinar.com/registre...>

Non-member registration: Email sglass@gshp.org

[To view a summary of the actions from the ASHP HOD](#)

Summary of the Actions of the ASHP House of Delegates

June 12 and 14, 2016



Clinical Article

Ouch! Zurampic® to Keep Gout Out

Amanda Breakey, Pharm.D Candidate, Class of 2016, Hannah Thomas, Pharm.D Candidate, Class of 2016, and Maria Miller Thurston, Pharm.D., BCPS

Mercer University College of Pharmacy

Background

Gout is a rheumatic disease that results from deposition of urate crystals into body tissues and fluid surrounding joints. Crystal formation is caused by hyperuricemia, an uncontrolled metabolic disorder characterized by elevated levels of uric acid in the blood. This elevation may result when there is either an overproduction or under excretion of uric acid.^{1,2} Gout is a painful and potentially disabling form of inflammatory arthritis, affecting an estimated 8.3 million adults in the United States. Risk factors for the development of gout include hypertension, obesity, type 2 diabetes mellitus (DM), chronic kidney disease (CKD), hyperlipidemia, diuretic use, alcohol consumption, and a purine rich diet.¹

Gout is typically episodic, characterized by painful flares that last days to weeks, followed by asymptomatic periods of remission.³ An acute gout attack often presents with extreme pain and inflammation in one or more joints. While gout can affect any joint in the body, it usually occurs in joints of the lower extremities. The most common site of an attack is the "big toe," especially if it is the first time one is experiencing an attack. Individuals may develop chronic gout that is characterized by chronic arthritis, with multiple sore and aching joints.⁴ The development of tophi,

which is most commonly seen in the elbows, ears, or distal finger joints, is usually indicative of chronic gout.³ Individuals suffering from gout are at an increased risk of having a diminished health-related quality of life; therefore, proper disease-state management is key to patients living happier and healthier.¹

Continue Reading

Management Article

Medicare Cost Reports - Not in MY Job Description!

You are a Pharmacist. You do not prepare Medicare cost reports. You do not have a degree in accounting, socio-economics, or marketing. But, if your hospital participates in the 340B program, these topics should be of interest to you.

The DISH

An integral factor for 340B participation is the DSH (a.k.a. the "Dish") Adjustment Factor. DSH is the acronym for "Disproportionate Share Hospital". The DSH Adjustment Factor is an indication of the level of low-income inpatients served by the hospital. The magic DSH numbers for 340B eligibility are 11.75% and 8.0% (dependent upon the hospital's Medicare status). If your hospital has a DSH Adjustment factor below these numbers, the hospital could lose its 340B eligibility.


If your hospital is granted Medicare Critical Access Hospital status (hospital must have fewer than 25 beds), there is no DSH requirement.


Continue reading

Coming in the August issue:

Award recipients
Summer meeting recap
Installation address
Fall meeting information

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