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Georgia Society of Health-System Pharmacists
Monthly Newsbriefs

| About GSHP | ASHP | How You Can Join | Contact Us |

**Headlines**

**GSHP News**
- Call for Award Nominations
- Get the Most Out of Your GSHP Membership

**ASHP News**
- Compounding Legislation Clears First Senate Hurdle
- August Compliance Date Approaching for Some 340B Hospitals
- Meyer Installed as ASHP President
- U.S. Surgeon General, Three Commissioned Corps Pharmacists to Receive ASHP Award of Excellence

**Pharmacy News**
- Unprecedented Coalition Supporting Pharmacist Provider Status
- Building Versus Buying Telepharmacy a Personal Preference
- Drug Shortages Endanger Cancer Patients, Study Finds
- California Senate Requires Larger Print for Drug Labels
- Guidelines to Increase Safe Use of Blood Thinners
- Better T2DM Glycemic Control Achieved When Pharmacists and Physicians Collaborated
- Magnesium Sulfate: Drug Safety Communication - Recommendation Against Prolonged Use in Pre-term Labor
- Hungry for a Solution
- CDC Grand Rounds: Preventing Unsafe Injection Practices in the U.S. Health-Care System
- House Democrats Want Tougher Drug-Tracking Legislation

**GSHP News**

**Call for Award Nominations**

**2013 GSHP AWARDS**

**CALL FOR NOMINATIONS**

The Georgia Society of Health-System Pharmacists annually recognizes members for outstanding service and achievements in pharmacy. Very likely, you know

June 2013

**GSHP Membership Dues**
Click here to pay your GSHP membership dues

web link

**About GSHP**

Georgia Society of Health-System Pharmacists (GSHP) is a professional society of pharmacists and related personnel practicing in organized healthcare settings.

Mission Statement
Helping our members become better practitioners.

Motto
Bringing pharmacy practice into focus.

Georgia Society of Health-System Pharmacists
3015 Shannon Lakes North
Suite 303
Tallahassee, FL 32309
(800) 913-4747

e-mail link
web link
someone in GSHP who is deserving of recognition. Every member of GSHP is eligible to nominate or be nominated for one or more awards. Please fill out the nominations form on the next page to nominate yourself or someone you know for the awards listed below. Awards will be presented during the GSHP Annual Meeting to be held at Brasstown Valley Resort in Young Harris, Georgia on October 12, 2013. Deadline for nominations is September 20, 2013.

Pharmacists of the Year Award

GSHP Pharmacist of the Year Award is the highest honor GSHP can bestow on any member and is presented to a Georgia health-system pharmacist to honor outstanding service and accomplishments in health-system pharmacy practice as well as participation in GSHP. All GSHP members are eligible for nomination. Nominations should include detailed information concerning the nominee's professional, civic, and other activities. Recipients of the GSHP Pharmacist of the Year Award serve on the Awards Committee for five years following receipt of the award.

25-Year Practitioner Awards

25-Year Practitioner Awards are presented to GSHP members who have actively practiced hospital or health-system pharmacy for 25 years or more. Members are encouraged to nominate peers. Also, they may also nominate themselves for this award unless they are a previous recipient.

Outstanding Pharmacy Practitioner Award

The Outstanding Pharmacy Practitioner Award is presented to a health-system pharmacist employed in a staff position. The award recognizes outstanding service to the profession in a non-administrative, non-managerial position.

Outstanding Residency Preceptor Award

The Outstanding Residency Preceptor Award is presented to a health-system pharmacy residency preceptor. The award recognizes residency preceptor for outstanding service to the profession by serving as a preceptor to pharmacy residents.

Outstanding Pharmacy Professional Representative Award

The Outstanding Pharmacy Professional Representative Award is presented to a representative of a pharmaceutical manufacturer or wholesaler who has made outstanding contributions to health-system pharmacy through service to, participation in, and involvement with GSHP and those practicing as health-system pharmacists.

Outstanding Health-System Pharmacy Technician Award

The Outstanding Health-System Pharmacy Technician Award recognizes a health-system pharmacy technician who has demonstrated practice excellence and leadership in the support of implementing pharmaceutical care.

Community Service Award

The Community Service Award is presented to a GSHP member for Outstanding service to his/her community. Services rendered are not limited to those as a pharmacist, but include any activities which enhance or improve the quality of life of the community.

Outstanding Pharmacy Intern/Extern Award
The **Outstanding Pharmacy Intern/Extern Award** recognizes excellence in our future pharmacists. Nominations may be presented by preceptors, educators, or any other GSHP member who has had direct contact with an intern or extern who has shown exemplary service in this role.

**Outstanding Young Health-System Pharmacist Award**

Nominees for the **Outstanding Young Health-System Pharmacist Award** are not limited by age, but by the length of time in the profession. Nominees should have graduated from a pharmacy school within the past five years. The recipient is chosen based on exemplary service and dedication to the field of health-system pharmacy in this time period.

**Outstanding Hospital or Health-System Pharmacy Newsletter Award**

Recipients are selected for the **Outstanding Hospital or Health-System Pharmacy Newsletter Award** based on submission and review of the three most recent editions of their newsletter. To be eligible for consideration, the newsletter must be hospital generated and not a purchased newsletter.

**Best Paper Describing a New Pharmaceutical Care Service**

The award for **Best Paper Describing a New Pharmaceutical Care Service** will be presented based on publications by GSHP members in the pharmaceutical literature. Selection of the recipient is made by the Awards Committee and is based on a review of pharmacy journals and other publications for the 12-month period beginning September, 2012 through August, 2013.

**GSHP Pharmaco-economics Research Award**

The **GSHP Pharmaco-economics Research Award** is designed to recognize a GSHP member who has performed a pharmacoeconomic analysis in a particular area of pharmacy practice and to encourage pharmacists to investigate and report the cost benefits of pharmaceutical care through the provision of cost effective pharmacy services. Members performing an analysis or investigation in an area related to the cost effectiveness, cost benefit, or cost utility of a particular medication therapy, type of patient care delivered by pharmacists or some aspect of pharmacy services are eligible.

To nominate someone, click here

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**Get the Most Out of Your GSHP Membership**

Our goal at GSHP is to provide you with current and timely information that will help you with your practice. In addition to the GSHP website and our email blast system, we utilize three other methods for reaching out to members.

Facebook

GSHP has a page on Facebook. Follow us on Facebook, by clicking on the link
We also have a group on LinkedIn. To join the group, http://www.linkedin.com/groups?trk=hb_side_g&gid=3699702

Text messaging service

We now have the ability to send you a text message to your cellphone and would like to ask you to join in our txt messaging service. Based on current cellphone regulations, you have to opt in to this service which you can do by sending a txt from your cellphone. You will need to txt gshp to 33938 from your cellphone. Your cellphone number will not be shared with anyone and you will receive no more than 3 txt messages per month from GSHP. Remember this is an opt in service that requires you to txt GSHP to 33938.

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**ASHP News**

**Compounding Legislation Clears First Senate Hurdle**

Kate Traynor

BETHPESA, MD 14 June 2013—The Senate Health, Education, Labor and Pensions (HELP) Committee on May 22 passed legislation to improve the safety of sterile compounding and give FDA explicit authority over a new class of drug makers called compounding manufacturers.

*Senate bill 959*, External Link the Pharmaceutical Compounding Quality and Accountability Act, defines compounding manufacturers as entities that compound sterile drug products without a prescription and sell them across state lines or offer to do so. Under the terms of the act, compounding manufacturers would be regulated by FDA and have to follow many of the procedures expected of traditional drug manufacturers, which would remain under FDA's purview.

[Read more](#)

**August Compliance Date Approaching for Some 340B Hospitals**

Kate Traynor

BETHEDSA, MD 14 June 2013—Some hospitals that participate in the federal 340B Drug Pricing Program are rapidly approaching the deadline for compliance with newly clarified rules on the use of group purchasing organizations (GPOs).

By August 7, no 340B-covered entity to which the prohibition applies may use a GPO or other group purchasing arrangement at any time to buy 340B-covered drugs for outpatient use. Hospitals that are unable to comply with the GPO prohibition must withdraw from the 340B program.

[Read more](#)
Meyer Installed as ASHP President
Trovato, Schneider, Pawlicki, and Smith, Join Board of Directors

6/10/2013
Gerald E. Meyer, Pharm.D., M.B.A., FASHP, was installed last week as president of the American Society of Health-System Pharmacists (ASHP) during the 65th session of the Society’s House of Delegates in Minneapolis.

Meyer is director of experiential education at the Jefferson School of Pharmacy in Philadelphia. He served three terms as chair of the ASHP House of Delegates and a member of the Board of Directors. A past president of both the Pennsylvania and Delaware Valley Societies of Health-System Pharmacists, Meyer is integral to the coordination of the Eastern States Residency Conference and has received several awards recognizing teaching and precepting excellence. Meyer was named “Pharmacist of the Year” by both PSHP and DVSHP.

Read more

U.S. Surgeon General, Three Commissioned Corps Pharmacists to Receive ASHP Award of Excellence
Lauded for Their Support of Advanced Patient-Care Role of Pharmacists

6/3/2013
U.S. Surgeon General Regina Benjamin, M.D., M.B.A., and the three primary authors of a report to the Surgeon General supporting advanced patient care roles for pharmacists are the 2013 recipients of the American Society of Health-System Pharmacists’ (ASHP’s) Board of Directors Award of Excellence. The award is in recognition of their exceptional work on advancing pharmacists’ roles in patient care and public health policy. The award was presented today during the Society’s Summer Meeting in Minneapolis. In addition to the Surgeon General, the award recipients are RADM Scott Giberson, B.S.Pharm., M.P.H., D.Sc. (H); CDR Michael P. Lee, Pharm.D.; and CDR Sherri Yoder, Pharm.D.

Read more

Unprecedented Coalition Supporting Pharmacist Provider Status
Pharmacy Times (06/12/13) Weiss, Daniel
American Society of Health-System Pharmacists (ASHP) CEO Paul Abramowitz, PharmD, FASHP, provided a progress update on the movement to win health care provider status for pharmacists at a town hall event at the ASHP Summer Meeting in Minneapolis. The coalition that has formed to help pharmacists reach the goal of health care provider status has reached an unprecedented breadth, he said, as it includes, along with ASHP, the American Association of Colleges of Pharmacy, the American College of Clinical Pharmacy, the Academy of Managed Care Pharmacy, the American Pharmacists Association, the National Association of Chain Drug Stores, the National Community Pharmacists Association, and some of the large pharmacy chains. While there a number of issues between coalition members that need to be solved, Dr. Abramowitz said that he has “never seen such cohesion in pharmacy as I see around provider status.” The executives from the organizations in the coalition have been meeting to determine who should be considered a provider and what services they should be reimbursed for, adding that one approach that has been discussed is a “privileging process” like the one used by the Department of Veterans Affairs. Once a strategy has been agreed to, Dr. Abramowitz said, the coalition will begin reaching out to organizations.
representing other health care providers to try to gain their support, then may approach consumer and patient organizations such as AARP. Once it has gathered more support, the coalition will begin to look into employing consultants and lobbyists, and work to develop a grassroots organizing effort involving state pharmacy organizations and colleges of pharmacy.

Building Versus Buying Telepharmacy a Personal Preference
**Pharmacy Practice News (05/13) Vol. 40, Wild, David**

Though it can be time consuming to implement a telepharmacy service, and hospital pharmacists must consider whether to outsource or develop an in-house solution, the experiences of two rural hospital pharmacy directors suggest that the available services are relatively comparable, and the decision whether to buy or build is more dependent on individual considerations. According to Dave Johnson, RPh, the director of pharmacy at Cuyuna Regional Medical Center, in Crosby, Minn., the quotes he received from a commercial vendor and a hospital-partnering arrangement when he began considering the "build it or buy it" dilemma of having a telepharmacy service were comparable and substantially below the cost of hiring a full-time pharmacist. He and the staff chose to pursing a partnership with a hospital, feeling that it would be a better option. Johnson said "We ended up partnering with another hospital within a health system that is in the same purchasing group as us, although they're outside of our consortium." Other hospitals, like the HealthSouth Rehabilitation Hospital of Northern Virginia, have also turned to telepharmacy, but have outsourced the service. Erin Sherwood, BPharm, the director of pharmacy at HealthSouth has had more than 14,000 remote orders processed by Cardinal Health's Remote Order Entry Service (ROES) telepharmacists, and notes that their response time is good, and the annual price tag for the service has been more than sufficiently offset by the estimated savings on in-house pharmacy staff costs.

Drug Shortages Endanger Cancer Patients, Study Finds
**USA Today (06/03/13)**

A recent survey of 245 doctors has found that cancer specialists often encounter shortages of drugs used to treat their patients, and that these shortages are having an effect on the treatment these patients receive. The survey found that roughly 83 percent of cancer specialists had reported a drug shortage in the previous six months, and that 92 percent of these specialists said that these shortages have had an impact on patient care. Cancer specialists who were unable to provide their patients with the drugs they needed reported taking several different actions to compensate, the most common being switching to a potentially less effective chemotherapy regimen. Meanwhile, experts say that the steps the Food and Drug Administration has taken to deal with drug shortages have been somewhat helpful but that more needs to be done.

California Senate Requires Larger Print for Drug Labels
**Los Angeles Times (05/17/13) McGreevy, Patrick**

California's Senate has passed legislation mandating that pharmacists print specific, important information on prescription labels in at least 12-point type. Adding weight to the bill was a survey cited by its author that found that 60 percent of people want larger or bolder print on prescription labels. "SB 205 assists patients to better read the labels on their prescription bottles, since they contain critical information that can keep them safe and potentially save their lives," said Senate Majority Leader Ellen M. Corbett (D). She said the legislation "seeks to prevent medication use errors by simply ensuring that the patient's name, drug's name and strength, directions for use and the condition for which the drug was prescribed appear in at least 12 point font."
Guidelines to Increase Safe Use of Blood Thinners

_After the 27/05/13

A panel of scientists led by Edith Nutescu, a clinical pharmacy professor at the University of Illinois at Chicago, have developed new guidelines to increase the safe use of anticoagulants used to prevent blood clots, heart attacks, and stroke. Blood thinners are high-risk drugs linked to nearly 7 percent of medication errors in hospitalized patients, Nutescu said, but also are the preferred treatment in preventing blood clots, heart attacks, and stroke. Endorsed by the board of directors of the Anti-coagulation Forum and published in the *Annals of Pharmacotherapy*, the guidelines include continuous quality improvement; evidence-based standards of practice; the use of a multidisciplinary care team for each patient; patient education; procedures designed to promote the safe transition of the patient to another setting; reliable means of identifying and tracking patients; and staff training.

Better T2DM Glycemic Control Achieved When Pharmacists and Physicians Collaborated

_Drug Topics (05/15/13)

A study published in The Annals of Pharmacotherapy has found that type 2 diabetics are able to achieve glycemic control without taking additional medications when physicians in various practice settings and pharmacists work together. The study looked at the effects of several different methods of collaboration between pharmacists and physicians, including practice agreements that allowed pharmacists to independently prescribe medications to diabetics and joint pharmacist-physician appointments in which patients were evaluated and treatment plans were developed. Researchers also examined the impact of pharmacist-provided services such as patient education and reviews of self-monitored blood glucose logs. The study found that more than a third of the 200 patients whose pharmacists and physicians had a collaborative relationship were able to achieve glycemic control by the end of the study, compared to 13 percent at baseline.

Magnesium Sulfate: Drug Safety Communication - Recommendation Against Prolonged Use in Pre-term Labor

_Medwatch (05/30/2013)

The FDA is advising health care professionals against using magnesium sulfate injection for more than five to seven days to stop pre-term labor in pregnant women. This recommendation is based on findings that show longer periods of treatment can lead to low calcium levels and bone problems in the developing baby or fetus, including osteopenia and fractures. The shortest duration of treatment that can result in harm to the baby is not known, and the agency notes that this drug is not FDA approved for this purpose. New data will be added to the labeling for magnesium sulfate stating that continuous administration for more than five to seven days can cause low calcium levels and bone changes in the baby.

Hungry for a Solution

_Modern Healthcare (06/08/13) Lee, Jaimy

Hospitals and other healthcare providers are experiencing shortages of electrolyte and mineral injections used for total parenteral nutrition, as well as cancer therapies and anesthesia drugs. These shortages have been blamed on a number of factors, including the small number of companies that manufacture these products as well as the role that group purchasing organizations play in driving down prices. Some hospitals have responded to the shortage of IV nutrition products by obtaining them from compounding pharmacies, though the safety of drugs produced by these compounders has been called into question by the fungal meningitis last year that is believed to have been caused by contaminated steroid injections produced and distributed...
by a compoundinger in Massachusetts. Federal lawmakers say that shortages of IV nutrition products is harming critically-ill infants and that the Food and Drug Administration needs to do more to address the scarcity of these products, though the agency has already taken some steps to do so.

CDC Grand Rounds: Preventing Unsafe Injection Practices in the U.S. Health-Care System

Outbreaks attributed to unsafe injection practices have risen substantially in the United States in recent years. The Centers for Disease Control and Prevention (CDC) and state and local health departments have investigated the outbreaks and the results reveal that the healthcare system in susceptible to the dangers of unsafe injections. State and federal governments have pursued policy and educational initiatives to address the problem, but injection safety interventions will need to be implemented in all settings where injections are delivered. Many outpatient facilities typically do not fall within the purview of federal and state regulatory oversight of healthcare facilities, making it difficult to monitor injection safety and other infection control practices. The risks of unsafe injections practices are unacceptable, and the harm is "entirely preventable," the CDC said.

House Democrats Want Tougher Drug-Tracking Legislation

The Senate is set to take up a bill already passed by the House that would create a national system for tracking prescription drugs through the supply chain. The legislation calls for drug manufacturers to apply identifiers to each package of a drug as well as homogenous cases of prescription drugs that are "intended to be introduced in a transaction." Drug companies will also be required to provide documentation when moving pharmaceuticals through the supply chain, while wholesale drug distributors would be prohibited from moving products that lack identifiers beginning seven years after the bill takes effect. The bill faces opposition from some Democrats who say that some of the requirements do not take effect soon enough. The provision for providing traceability for individual lots of a drug, for example, would not take effect until 2027. In addition to taking up the House bill, the Senate is considering legislation of its own that would require tracing individual lots of prescription drugs within 10 years. Drug wholesalers, distributors, and pharmacist groups have generally said they support the House bill. A full Senate vote on a final version of combined legislation could take place by July.