



ALSHP News

March 2016
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Calendar

April 18: Summer Meeting
Poster Abstracts Submissions
Deadline

April 21:
Alabama Residency
Conference (formerly Pre-
SERC) at Samford University

June 5-7: ALSHP Summer
Meeting
Marriot Grand
Point Clear, AL

June 11-15:
ASHP Summer Meeting
Baltimore, MD

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President's Message

By Cherry Jackson, PharmD, FASHP, FCCP, BCPP

The ALSHP Board has been busy since the Annual Clinical Meeting in October 2015 when new members of the Board of Directors were installed. In late 2015 there was a call for volunteers after we heard your desire to be more involved, and in November the members of ALSHP committees were named. Over 100 members of ALSHP volunteered to serve on one of the organizations 20 committees or task force(s). We are thrilled to have so many people involved and are looking forward to what each of these committees can do to advance the mission of ALSHP.



In late October, ALSHP sponsored Residency Conferences at both Samford and Auburn University. We were pleased to see the number of pharmacy students interested in the many residencies represented. We appreciate all the residency programs from Alabama, Florida, Georgia, and Tennessee that were willing to come to interview with our students, and we are looking forward to expanding this great event in 2016!

In December after we heard your desire for more networking, Samford Universities McWhorter School of Pharmacy and ALSHP held a well-attended reception at the ASHP Midyear Clinical Meeting in New Orleans, Louisiana. Over 230 students, residents, faculty, and pharmacists were in attendance. It was a great time, with lots of great networking and fun. Be sure to check out the pictures on our Facebook page. We're looking forward to hosting another reception at the Midyear meeting later this year in Las Vegas, Nevada and hope to see you there.

Just before the end of 2015 our management company, Centric Management and Consulting, Inc., reported that they would no longer be managing healthcare organizations but would return to a focus on managing national glass companies. Centric will continue to provide services to ALSHP until a new management company is in place. ALSHP has prepared a new Request for Proposals (RFP), and I have charged a new search committee with finding a new management company or

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Executive Director to represent us. While we hate to see them go we would like to thank Centric for their services over the past year and look forward to the next chapter in ALSHP management.

By the time this newsletter is published, the ALSHP Board of Directors will have had their annual strategic planning meeting. The stage was set for development of a new mission statement, strategic priorities, goals and objectives in 2015. The Board challenged themselves by developing a large number of tasks to improve ALSHP, almost all of which were achieved last year. This year's Board will set up a number of new tasks that the Board and committees can work on for the next three to five years. The focus of tasks in this year's strategic plan will be on improving the membership and financial status of ALSHP, both of which have been significantly impacted since the economic downturn. We look forward to reporting on our progress later this year.

We hope that you are planning to attend the Summer Meeting and Exhibit Show June 5th-7th. We heard you and your strong demand for having a summer meeting in Alabama; therefore, this year's meeting will be held at the Marriott Grand, Point Clear Alabama. The program committee has a great program full of education and CE planned for the membership. There will be multiple opportunities for everyone to come together to share research and for networking. In addition, we are excited to announce a Practice Advancement Initiative (PAI) workshop sponsored by ASHP on Monday afternoon during the meeting. The PAI workshop will be an active learning opportunity to evaluate your current health-system services and to create an action plan for future practice initiatives. Steven Rough, Director of Pharmacy from University of Wisconsin Hospitals and Clinics will lead us in this activity. There will be something for everybody at the PAI workshop!

The Fall Annual Clinical Meeting will be held at the Sheraton Hotel, Downtown Birmingham September 29th and 30th. Be sure to mark your calendars as this is sure to be a great event.

The Board of Directors looks forward to continuing to work for you throughout 2016. We appreciate your support and hope you will help us continue to grow our membership as we continue to promote, develop, and unite pharmacy practitioners in the pursuit of providing optimal patient care in the state of Alabama.

Member Spotlight:

Dr. Michael Crouch, PharmD, BCPS, FASHP; Dean, Samford University McWhorter School of Pharmacy

As interviewed by Meagan Fowler, PharmD

Q: What was your motivation into becoming a pharmacist?

A: I have been around pharmacy all my life. I spent many days at Crouch's Ideal Drug Store in Asheville NC, which was owned by my grandfather and then my father. I had the chance to see what pharmacy was all about, and there are so many instances of servant leadership. I wanted to follow my father's example. I do have a couple of fond memories that really made me love independent pharmacy. One thing I recall warmly is the soda fountain. It was a common gathering place in West Asheville, and whenever I visited the store, the "soda jerk" would welcome me with a lime freeze. I also remember being amazed when my father made a prescription cream for a patient that entailed putting two different "rocks" in a mortar and pestle, which dissolved when they touched one another (a eutectic mixture). It was neat to see chemistry in action and I wanted to learn more about how and why it happened.



Q: Where did you attend pharmacy school? What kind of post-graduate training did you do?

A: I received my Bachelor of Science in Pharmacy from the University of North Carolina followed by a first-year residency (at that time known as a pharmacy practice residency) at Wake Forest Baptist Medical Center. I continued my education at the Medical University of South Carolina (MUSC) where I received my Doctor of Pharmacy degree and completed a second-year residency focused on cardiology.

Q: When did you decide you wanted to become an administrator?

A: I oftentimes describe myself as a "reluctant leader." I had various leadership positions during my pharmacy training (class president, Kappa Psi regent, chief resident), but I can't say at any point I wanted to become an administrator. It was during my first faculty appointment at Virginia Commonwealth University (VCU) that I started to consider leadership opportunities in academic pharmacy.

Q: What was your path to Samford?

A: After completing my Doctor of Pharmacy degree and second residency at MUSC, I accepted a faculty position at VCU (Medical College of Virginia). This was a fantastic place to be a first-time faculty member and it provided a great setting to teach students and residents as well as practice health system pharmacy. I had a phenomenal practice site at VCU Health System that entailed general cardiology, the coronary care unit, and eventually Cardiothoracic Surgery (total artificial heart

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program). As mentioned previously, I started to become interested in academic leadership at VCU, and my path to Samford included stops at South University as Chair of the Department of Pharmacy Practice and East Tennessee State University (ETSU) as Associate Dean of Academic Affairs and then Executive Associate Dean. I have been at Samford since 2014, and it is has certainly been a privilege to serve at the McWhorter School of Pharmacy.

Q: What drew you to Samford over other schools of pharmacy?

A: I did not apply initially when Samford announced the dean search. It was not critical to me that I “be a dean,” and I thoroughly enjoyed my position at ETSU. As is the case with most dean searches, Samford hired an external search firm. A representative from the firm called me a couple of times asking if I would like to apply. I was well aware of Samford’s strong reputation in pharmacy, but I was not looking for a new position. The search firm was persistent and after a third call from the head of firm, I decided to complete the initial questionnaire. From this initial step, I started to realize how much Samford and Birmingham matched my professional and personal aspirations. Once I was on Samford’s campus, I knew it was the place for me. The faculty, staff, and students were (and are) amazing, and the distinctive balance of pharmacy excellence and servant leadership impressed me. Birmingham was also a draw, and my family and I have thoroughly enjoyed our time here.

Q: What is your vision for the future of the MSOP?

A: The school is going through many transitions as we adapt our program to meet the ever-changing needs of the healthcare system. During my most recent State of the School Address in January, I put forward three visions for the school.

1. The Alabama Pharmacy Practice Act allows for “Collaborative Drug Therapy Management” where graduates practice at the top of their training
2. All graduates have a unique and individualized education where each person is well-prepared and competitive for a position in his or her chosen area of practice
3. The school has state-of-the-art facilities supporting contemporary teaching & learning, innovative service, and expanded research & scholarship

Q: How do you plan to accomplish these visions?

A: Each of these goals has a different timeline and process. For vision number three, we move into new facilities on the east side of campus in July/August, which will nicely meet our aspirations regarding teaching, learning, service, research, and scholarship. Regarding all graduates having an individualized education (what I call a “Personalized Pharm.D.”), this initiative started in late 2014 building on our outstanding curriculum and previous growth. Examples of unique and personalized education include inter-professional training, certificate programs, Bachelor of Science in Pharmaceutical Sciences, dual degrees, research opportunities, and global engagement. I’m pleased with the two dual degrees we presently offer (PharmD/MBA and PharmD/MPH) and I expect continued growth. I’m equally proud of our global engagement that includes 15 affiliations in nine different countries, and projections show over 100 students from the school will travel abroad this year as part of mission trips, elective courses (e.g., London elective), and advance pharmacy practice experiences. For the third vision statement, the school is here to support the Alabama Board of Pharmacy and state pharmacy organizations to codify amazing pharmacy care happening in the state.

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This is obviously a shared vision, which requires the collective support of the 7500+ registered pharmacists in the state as well as faculty and students at both pharmacy schools.

Q: Tell me about the new pharmacy school building on Samford's campus. How will this change the MSOP student's experience?

A: The new facilities for the College of Health Sciences will house four schools: McWhorter School of Pharmacy, Ida V. Moffett School of Nursing, School of Public Health, and School of Health Professions. These shared facilities encompass over 260,000 square feet and they will provide an unparalleled learning environment to educate healthcare providers of tomorrow. A good example of the innovation of this space is the clinical teaching labs on the simulation floor. We will have an entire floor of more than 20,000 square feet that includes high fidelity simulation rooms, mock operating room, simulated apartment, compounding lab, intravenous admixture lab, patient counseling rooms, large patient assessment rooms, and provider-like offices for standardized patients. In addition to remarkable student spaces, faculty members will have modern labs to conduct outcomes and bench top research.

Q: As post-graduate training becomes more popular and required for certain jobs, how will this affect the curriculum and training at MSOP and other schools of pharmacy?

A: We had 30 students match with a PGY1 residency last year, and I expect this number to grow considering recommendations of ASHP and ACCP. The curriculum at McWhorter was last revised markedly about five years ago. In addition to the clinical fourth year, the curriculum has a solid science foundation, pharmacy application labs, introductory practice experiences, administrative courses each semester, and extensive pharmacotherapy coursework. I don't foresee any major curricular structure changes, although there is likely greater use of innovative teaching and learning methods. Additionally, we have a novel co-curricular way to support students interested in residency training called the Postgraduate Education Residency Committee or PERC. Two to three times each semester faculty members, including our Associate Dean of Academic Affairs, meet with students to discuss residencies, fellowships, and post-graduate degrees. The program has become very popular and it will continue to be one the ways we prepare students for post-graduate training.

Q: As a profession, how do you feel that we as pharmacists in Alabama compare to other states?

A: As I have traveled the state over the past year and a half, I have seen amazing patient care provided by pharmacists in the community, hospital, and ambulatory care settings. Like all states, the challenge is to ensure pharmacists can practice at the top of their training. Alabama is one of only two states lacking explicit laws authorizing pharmacist collaborative practice agreements. This is particularly important considering ongoing national legislation, specifically the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314). Few states would benefit more from passage of this national legislation than Alabama, so long as legal authority is established in the state.

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Q: What do you think the future will look like for pharmacists in Alabama in the next 5-10 years?

A: In the next 5-10 years, I foresee a health system in Alabama where we fully utilize the expertise of all providers including pharmacists. I expect pharmacists will be both recognized and reimbursed for collaborative practice and optimization of medication outcomes. As we consider the future of this great profession, the quote from Alan Kay is certainly applicable: “the best way to predict the future is to invent it.”



Call for Abstracts

Each year, ALSHP sponsors a Research Poster Session at the Summer Meeting. This is a great opportunity to share innovative ideas with others and likewise learn about up and coming trends in Alabama health-system pharmacy practice. All ALSHP members and students enrolled in an Alabama School of Pharmacy are eligible to submit abstracts to be considered for presentation. The deadline for poster abstracts is April 18th, 2016 at 11:59 pm CT. Please watch for more details on abstract submission guidelines and instructions on the ALSHP Listserv.

New Drug Update: Orkambi™

Author: Emily Kirby, PharmD

Cystic fibrosis (CF) is caused by a defect in the cystic fibrosis transmembrane conductance regulator (CFTR) channel.¹ This channel is important because it allows for the transport of sodium and chloride to and from cells. In CF patients, the sodium and chloride secretion from cells is blocked causing a multitude of complications in these patients. The most notable complication is thickening of the secretions in the airways which leads to pulmonary exacerbations often requiring hospital admission and intravenous antibiotics. CF occurs in 1 in 3500 births in the United States, most commonly in the Caucasian population. The average lifespan in CF patients has rapidly increased to approximately 40 years old over the last few decades due to increased understanding of the disease and most importantly, new medications affecting patients at the genetic level.²

Testing for CF is now mandatory and is performed as part of newborn screenings in all 50 states. If this test is positive, infants are referred for a “sweat test.” If this test is positive, the infant is diagnosed with CF and genetic testing is performed to identify the specific CF mutation. There are five classes of mutations with the most common class and type being class II, F508del. Kalydeco™, generic name ivacaftor, was approved by the FDA in 2012 and is used to treat patients with ten different mutation types, not including F508del. Orkambi™, generic name lumacaftor/ivacaftor, was approved by the FDA this year and is available for CF patients 12 years of age and older with the homozygous F508del mutation. With this mutation type being the most prevalent (found in 86% of CF patients), this drug has the potential to make a large impact on the CF population.² Ivacaftor is the first drug in a class known as “potentiators”; it works at the cell surface to help the CFTR channel open, allowing chloride to leave the cell. Lumacaftor is the first drug in a class known as “correctors” and works by helping to correct the misfolding of the CFTR.

The two major trials showing Orkambi’s™ efficacy include the TRAFFIC and TRANSPORT trials.³ The trials included a total of 1122 patients aged 12 years and older with the homozygous F508del mutation. The primary method used to determine a CF patient’s health status is to obtain a spirometry reading of the patients’ forced vital capacity (FVC) and forced expiratory volume in 1 second (FEV₁). The trials compared the patients’ FEV₁ at baseline, 16 weeks, and 24 weeks into the trial. The patients randomized to the Orkambi™ group versus placebo experienced an increase in FEV₁ of 4.3 to 6.7% which was statistically significant. Additional positive effects were seen in patients in the Orkambi™ group including fewer pulmonary exacerbations, increased body mass index (BMI), and improvement in a cystic fibrosis health assessment survey known as CFQ-R administered to the patients. The most common side effects observed in the trial included cough, headache, chest tightness, diarrhea, and dyspnea.

Orkambi™ is now available for CF patients who are 12 years and older with the homozygous F508del mutation. Orkambi™ is an oral tablet taken twice daily. Patients should be counseled to take the medication with a high fat meal. Patients should be informed that the most common side effects they will experience when first starting Orkambi™ are chest tightness and dyspnea; these side effects should lessen after one to two weeks of taking the medication. A second Orkambi™ clinical trial is currently underway in CF patients who are 6-11 years old with the homozygous F508del mutation. Additional

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medications affecting CF at the genetic level are being studied and more information on the CF drug pipeline is available at the Cystic Fibrosis Foundation's website.⁴

References:

1. Phan H, Kuhn RJ. Cystic fibrosis. In: Benavides S, Nahata MC, eds. *Pediatric Pharmacotherapy*. Lenexa, KS: ACCP; 2013: 179-189.
2. 2013 CFF Patient Registry Annual Data Report. Cystic Fibrosis Foundation Web site. https://www.cff.org/2013_CFF_Patient_Registry_Annual_Data_Report.pdf. Accessed August 28, 2015.
3. Wainwright CE, Elborn JS, Ramsey BW, et al. Lumacaftor-ivacaftor in patients with cystic fibrosis homozygous for phe508del CFTR. *N Engl J Med*. 2015;373(3):220-31.
4. CFF Drug Pipeline. Cystic Fibrosis Foundation Web site. <https://tools.cff.org/research/drugdevelopmentpipeline/>. Accessed August 23, 2015.

Committee Updates

Legislative Committee Update

Thank you to the ALSHP members who have been coming to the Board of Pharmacy meetings! Your presence is recognized and makes an impact. Please continue to come to the Board meetings

- Two new state inspectors have been approved by the Board.
- The Technician Renewal Cycle is complete. Of note, there were approximately 10,000 submissions for renewal with approximately 1,000 of these placed on administrative hold for 2016 due to not submitting proof of citizenship. These technicians will not have a paper technician license for 2016 and should not be working in a pharmacy.
- A large number of questions have been asked regarding whether a pharmacist may administer immunizations outside of the pharmacy. The Board recently issued a statement specifically stating that pharmacists are able to give immunizations outside of a pharmacy.

Residents and New Practitioners Update

The Resident and New Practitioners Committee had its inaugural conference call (with 100% attendance). Following brief introductions, the committee discussed the dates for the Alabama Residency Conference (ARC), which is scheduled for April 21, 2016 at Samford University. The 2nd annual New Practitioners Research Forum was also discussed (date and time to be determined).

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Finance Committee Update

The finance committee had its inaugural meeting (with 100% attendance!) on Tuesday, January 19th. Topics discussed included a review of the Policy and Procedure document of the Treasurer, the 2016 budget, and the current financial position of the Society. Committee charges were discussed as well as action items for the next meeting. The meeting was a great success!

Newsletter Callouts

- Do you have someone that you think should be featured in our 'Member Spotlight'? Please send your recommendations along with a brief explanation to mstokes@uabmc.edu.
- Would you like to have an event added to the newsletter calendar? Please send us your ALSHP-related events to sierra.c.schmidt@gmail.com or mstokes@uabmc.edu.
- Do you or one of your students have a new drug update or timely pharmacy-related article you would like to submit for publication? Please email your articles to mstokes@uabmc.edu.