2014 Annual Americ	an College of Clin	ical Pharmacy – Austin, Texas
	-	leeting and Networking Forum Minutes
Hilton, Room 400, Oo		
Meeting Attendees	Shawna King, Re	enee Sager,Grazema, Riebandt, Victoria Do, Brinda Ahiayibor, Maura Hall, Nitish Bangalore, Elizabeth er Elliott, Richard Parrish, Kyle Townsend, Angela Smith , Venita Papillion, Alan Goldberg andHarminder
Agenda Items		Discussion
1. Introduction		Kyle Townsend called the meeting to order at 6:04 pm. Attendees introduced themselves. New officers were introduced.
		 Chair Kyle Townsend, Chair-Elect Angela Smith, Secretary-Treasurer Venita Papillion, Past Chair Charlene Hope
2. Review of 2013 Meeting Minutes		Minutes from 2013 were approved.
3. Chair Report		Kyle Townsend provided a brief overview of PRN membership and financial information. • There are currently 460 members increased from 404 members in 2013 for the Clinical
		Administration PRN. Included in the total are 75 students up from 56 in 2013.
		 As of the end of September 2014, there was an account total of \$22, 368.54.
		• \$500 was contributed to the FIT Frontiers Fund
		The Student/Resident Travel award was not distributed this year.
4.Secretary-Treasurer Report		Venita Papillion provided a summary of the PRN Officers meeting which occurred on October 11, 2014 from 5:15 -6:30 pm. Nancy Perrin opened the meeting congratulating the newest PRN groups Global Health PRN and HIV PRN this brings our total PRN count to25. Message from the officers: President Gary Yee welcomed the group President-Elect Judith Jacobi discussed the theme of the year, which is "Advancing Our Standards of Practice for 'Clinical Pharmacy: Who, What and Why. Past President Curt Haas gave a status report on the ACCP Clinical Pharmacy Challenge.
		 Congratulations to Purdue University College of Pharmacy for being the 2014 Clinical Pharmacy Challenge winners and South Dakota State University COP was runner up. Nancy led the group through the discussion issues including (1) Changing the PRN group name to "Network" to increase branding opportunities. (2) Public facing websites were recommended to provide easier communication with members and those outside ACCP. (3) Concern was voiced on time slots for PRN officers meetings in the future due to the increased number of PRNs and multiple competing meetings for a small number of slots.

- Ed Webb, from ACCP, presented an update from Professional Affairs and Policy. He explained that the Medicare initiative would be tabled for 2014 as the legislative session has ended. The goal is to move this forward in 2015. He encouraged officers to encourage PRN members to participate in grassroots advocacy through the Political Action Committee (ACCP-PAC). Sheldon Holstad, ACCP, provided the Research Institute update. Points from the new strategic plan were discussed: plan will involve PRNs in the research open house, poster walk around opportunities exist and posters can be arranged based on PRN topics if desired, there are abstract reviewer opportunities for PRN members and students, Platform presentations will now include a clinical commentary period after the presentation, members can assist by judging the great eight best paper competition, investigator focused investigator program (FIT)and the new mentored research (MeRIT) will occur at the University of Georgia. COP, July 9,-13, 2015.
- Sheldon Holstad and Nancy Perrin discussed an opportunity to use ClinPharmEd, an online education, features a robust video-sharing service that is available to members of ACCP. PRNs are invited to create their own videos to share with pharmacy colleagues.
- Nancy Perrin reminded the officers of upcoming deadlines:
 - ACCP Global Conference on Clinical Pharmacy will occur October 17-21, 2015 in San Francisco. Submission of a synopsis of proposed PRN Focus Session topics for the 2015 annual meeting should be submitted by December 5, 2014.
 - PRN Focus Sessions will be shortened to 90 minutes to accommodate the additional PRNs in ACCP.
 - All requests for expense reimbursement, honoraria payments, etc. for the 2014 meeting are due by November 15 to Nancy Perrin.
 - Nancy reminded the group abstract submissions for the Global Conference in San Francisco are due February 15, 2015.

Andrew Lucas was unable to attend the meeting but in his absence he prepared a student/resident liaison report for the CADM PRN members. The student report discussed a survey that was sent to all 56 students with a response received from 15. Some of the responses include the following: Students found limited value in the PRN digest, CADM PRN is not the primary PRN for most students but the opportunities exist to excel in the area of research, there was a lack of student/resident focused programming, throughout the year, ideas shared about future projects was well received and seen as valuable, residents want to become more involved in the leadership academy while students did not know about the academy and its offerings. Andrew recommended our group review the information and use it as an opportunity to connect and improve relationships.

5. Board Liaison Report

Dr. Brad Phillips, Board Liaison, presented the Board's focus for the previous and upcoming year:

- Dr. Phillips reviewed the two newest PRNs of 2014 and discussed the upcoming Global conference in San Francisco in 2015.
- Student attendance has reached another recording setting milestone with student attendance reaching 400 this year. Additionally, students' chapters have increased from 12 in 2013 to 49 in 2014. The opportunity to see ACCP as a good venue for pharmacy resident recruitment was discussed and members of the PRN shared their rationale and experiences.
- Government and Professional Affairs has focused on advocacy and advancing an initiative to seek
 legislative change to relevant sections of the Social Security Act (SSA).that would recognize the
 direct patient care services of qualified clinical pharmacists as covered benefit under the Medicare
 program. This year the group worked hard and received inquiries from senate offices during the
 last legislative session. Although the Medicare bill did not make it to congress progress was made
 and next year is another opportunity for success. The group had discussions with major physician
 leaders representing American Academy of Family Physicians and the American Congress of
 Oncology and Gynecology
- The Political Action Committee (PAC) We are encouraged to challenge members of the Clinical Admin PRN and other PRNs to contribute to our advocacy committee to ensure our voice is heard in Washington, DC. Remarkably small numbers of members contribute to the PAC fund and if we can change that even to a small degree based on our size and volume we can make a difference.
- ACCP has partnered with ClinRxEd to provide a new resource for pharmacy education with virtual capabilities. PRN members are provided complimentary access to this program and are encouraged to trial the product and provide feedback.
- The Research Institute has a new offering, MeRIT, a mentored introduction into research. This
 program and focused investigator training (FIT) will occur at the University of Georgia COP, July 9,13, 2015.

Dr. Phillips addressed several questions from PRN members, including the following:

- Size of rooms and topics sometimes seemed too small. It was explained that the size of the room is relative to the topic and it is not easy for ACCP to estimate the popularity of some offerings.
- The issue of reducing the time to ninety minutes for the Global International Conference was discussed and it was stated this is an effort to provide all PRNs an opportunity to present
- The question arose on how to add informatics to the clinical administration PRN. The follow up question was whether or not it was in the original application. It was recommended to reach out to Dr.Phillips and the ACCP staff to obtain additional information. The group recommended combining clinical administration, medication safety and informatics.

6. PBRN Liaison Report	 Richard Parrish from the Practice Based Research Network (PBRN)reported: The new mentored research institute training program (MeRIT) fits well with the existing Focused Investigator Training (FIT) program and the Research and Scholarship Certificate Program part of the ACCP Academy. MeRIT is intended to assist pharmacists with developing the abilities necessary to conduct investigator-initiated research, either independently as a principal investigator or as an active co-investigator within a research team. It is a two year longitudinal program, utilizing a combination of teaching and mentoring methods to provide those mentored with the education and support needed throughout the research experience. There are two new study opportunities for ACCP members, "The Pneumococcal Immunization Practices Study" and "The Atypical Antipsychotics Use and Outcomes Study". The pneumococcal study invites up to 120 ACCP member pharmacists practicing in inpatient and/or outpatient settings with responsibilities that include providing care for immunocompromised patients 19 years and older to consider participate in a cross-sectional survey. The atypical antipsychotic use and outcome study invites 25 ACCP member pharmacists who provide care to adult patients with schizophrenia spectrum and bipolar disorder to participate in a feasibility study. PBRN continues to encourage PRN members to join the network and at a minimum register on the website. The PBRN is looking for research ideas from members. The group can assist with funding ideas, workload calculations, staff development, and peer review. Donations to the PBRN were encouraged.
7. PRN Committee Reports	Research and Scholarship Committee No report Nominations Committee Student travel subcommittee – derived criteria but there were no applicants The plan was to distribute \$500 for a student and a resident Focused Session Planning Committee The CADM PRN Focus Session occurred on Monday, October 13, 2014 from 3:45 PM to 5:45 PM. and was well attended with 53 participants. The 2014 topic was "Improving Medication-Related Key Performance Indicators with Innovative Utilization of Pharmacy Students". The session was moderated by Kyle Townsend. Speakers included Rowell Daniels, Pharm.D. M.S., Director of Pharmacy, UNCMC, Associate Dean for Clinical Practice, Associate Professor of Clinical Education, UNC, Pharmacy at Chapel Hill, NC. Dr. Daniels discussed both his original topic "Best Practice in the Academic Health System: Challenges and Innovative Ways to Achieve and Maintain High-Quality, Medication-Related Key Performance

	 Indicators (KPI)" and "Medication-Related Key-Performance Indicators (KPI) – What Are They and Why Do I Care?" originally scheduled to be presented by Olavo Fernandes RPh, BscPhm, ACPR, Pharm.D, FCSHP Director of Pharmacy-Clinical, University Health Network, Toronto, Canada.Asst. Professor (Status), University of Toronto. Special thanks to Dr. Daniels, who not only covered his topic but graciously discussed the presentation by Dr. Fernandes. Special thanks also to Dr. Fernandes who completed his presentation for the session but was unable to attend due to unforeseen medical issues. Michael Putze, Pharm.D, ,Cph, Population Health Product Leader, Cardinal Health, presented "Best Practice in the Non-Academic or Community Health System: Challenges and Innovative Ways to Achieve and Maintain High-Quality, Medication-Related Key Performance Indicators (KPI)" from experiences at the Palms of Pasadena Hospital, St Petersburg, Florida. Poll Everywhere, audience polling system, was successfully used by Dr. Daniels. The program plan for the 2015 Annual Meeting is due December 5, 2014. PRN Student Liaison Committee Andrew Lucas provided an update communication for the annual meeting which was covered in the secretary-treasurer report.
8. Focused Session Programming	 Angela Smith compiled a list of possible topics for the 2015 program. Many of the following topics were brainstormed including: credentialing and privileging, management of drug shortages, USP 797 and issues with compounding pharmacies, NIOSH 2014, leadership training on all staff levels, future training for clinical/staff pharmacists. Consider a small hospital (<200 beds) currently with a centralized pharmacy model - implementing the PPMI initiatives, eMAR, bedside barcode medication scanning and CPOE. What are some non-technology ways to improve the model? innovative practices, key performance indicators for clinical pharmacists, comparing core measures internationally, roles for students within pharmacy department rotations and how students may bring value (including what we need our students to come to our site and be prepared to do – how can the schools prepare them?), innovative ways to meet PPMI, credentialing and privileging, management of drug shortages, USP 797 and issues with compounding pharmacies. Encouraging staff to develop and implement stretch goals to go beyond their current comfort roles/zones Pharmacist driven initiatives and gaining approval from the C-Suite Focus on key health professional competencies, integrated team based care that is patient

Minutes respectfully submitted by:

Venita Papillion, Pharm.D, Secretary / Treasurer ACCP Clinical Administration PRN November 24, 2014