



**MAKING AN  
IMPACT IN  
PATIENT CARE**

# 2016 ANNUAL REPORT

AMERICAN PHARMACISTS ASSOCIATION



## **Our Mission**

The American Pharmacists Association empowers its members to improve medication use and advance patient care.

## 2016: Helping Members Find Their “Tree”

You’ve heard the expression “You can’t find the forest for the trees.” I like to turn that around when I describe APhA. We do so much on so many fronts that many pharmacists can’t see their “tree” in our forest. Yet, for any pharmacist in America, if you spend a little time with this report, you’ll find YOUR tree, or trees. Let me explain.



As APhA is so collaborative, some lose sight of our unique strengths and why every pharmacist should support us. And often, pharmacists focused on one discrete issue have a hard time finding how we address it in the myriad of issues. While we focus resources on primary goals and innovative practice, we address dozens of issues daily. We’re

building a future focused on consumer access to pharmacists’ quality patient care services. Our leadership is strongly exerted in the quest for provider status by the broadest coalition in organized pharmacy’s history.

APhA strives to provide programming and services that apply to pharmacists across the spectrum in their quest to help patients manage chronic disease and meet the needs of the communities they serve. Many times APhA is able to accomplish this thru partnership with state pharmacy associations and other pharmacy organizations at the state and national levels.

APhA is the largest, oldest, most diverse and a leading pharmacy organization in America. Based on our membership ages, we’re also the youngest organization, as more and more new practitioners engage. We can be very proud of our diversity in all aspects of the word. We serve as a “911” call center for issues that threaten our profession. We get the most member engagement with thousands of volunteer leaders and contributors and more than 42,000 letters generated to Congress on our leadership effort with provider status legislation. We enhance our political strength through collaboration that comes with hard work to build trust, reliability, and strong communications.

The leadership learned through APhA’s investment in students in APhA-ASP is leveraged across the profession over their entire careers as these student leaders ascend to leadership roles throughout the profession and all organizations. You can be proud that our members

serve the profession as CEOs and elected leaders of many other organizations.

Our theme this year is “Making an Impact in Patient Care,” and in this report, you will learn how we helped APhA members advance and solidify the pharmacist–patient relationship. All of our motivation, resources, and hard work comes back to strengthening that relationship—to finding those “trees.”

So how are we doing that? APhA is meeting the profession’s needs individually through the member benefits we provide, enabling pharmacists to practice to the extent of their education and training, and giving them the tools they need when they need them. We help our members create a better future for themselves and their patients and the communities they serve. Globally, the association endeavors to be a leader in the profession, from the drive to secure access to pharmacists’ services for America’s medically underserved to adopting policy in our House of Delegates. But we also seek to be a collaborator with other pharmacy organizations and through interdisciplinary efforts. I believe caring for patients is a team effort.

This year’s Annual Report provides a glimpse of all that was accomplished in 2016 as we remain committed to our members and the profession. I believe presenting the retrospective in this fashion not only provides a recap of our journey, but also describes how passionate we are about pharmacy.

**APhA Advocates:** Leading the way on provider status and working with members, agencies, and legislators on prescription drug misuse highlight a busy grassroots effort for APhA members and staff.

**APhA Transforms:** Helping pharmacists serve their community of focus moves recognition for the unique skill-set, leadership, and overall value to the health care system closer for pharmacists who provide care in their communities.

**APhA Cares:** Backed by the commitment of APhA President Jean-

Venable “Kelly” R. Goode, PharmD, BCPS, FAPhA, FCCP, the power of community was evident in our programming.

**APhA Communicates:** Whether through social or traditional media, APhA got the word out to engage and inform the public and profession in a timely and reliable manner.

**APhA Informs:** Our books and periodicals library, including PharmacyLibrary.com, continues to grow along with our online presence, providing members with timely information and resources at their fingertips.

**APhA Welcomes:** We love to see our members in person, and when we do, the red carpet is rolled out.

**APhA Develops:** APhA is committed to providing leadership development resources to the profession’s future: today’s student pharmacists and new practitioners.

**APhA Empowers:** From certification to education, APhA seeks to train, recognize, and inspire pharmacists to take on expanded health care roles.

**APhA Connects:** We heard you loud and clear! APhA provided the venue to connect innovative practitioners to learn from each other.

**APhA Collaborates:** You can’t go it alone. APhA and the APhA Foundation is proud to partner with so many forward-thinking organizations and individuals.

**APhA Innovates:** The APhA Foundation supports new ideas, technologies, and methods that improve health and enhance the value of pharmacists’ patient care services.

APhA is 64,000 members strong. We exist to serve each and every one, no matter the practice setting or location. Whether your goal is to serve in an association volunteer position; stay up to date on trends in the profession; continuing pharmacy education (CPE); network at local, regional, or national meetings; or seek career development opportunities, we are here for you, navigating that forest together, nurturing your “tree,” and supporting you in making an impact in patient care.

Thomas E. Menighan, BSPHarm, MBA, ScD (Hon), FAPhA, Executive Vice President and CEO, APhA

## APhA Advocates

APhA was a strong advocate for pharmacists, pharmacy technicians, and pharmacy in 2016, providing more than 45 formal responses to federal agency actions. As always, APhA aggressively educated public and private sector decision-makers about the value of pharmacists' services and the role of pharmacists and pharmacy technicians in improving patient care.

### Provider Status

Provider status was once again the centerpiece of most of the pharmacy profession's advocacy work this year. APhA has summarized the pursuit of provider status as seeking patient or consumer access to and coverage of pharmacists' patient care services. Many patients will ultimately benefit from expanded recognition and coverage of pharmacists' patient care services within the private and public sectors and at the state and national program levels. The progress of federal legislation H.R. 592 and S. 314, the Pharmacy and Medically Underserved Areas Enhancement Act, continues to be a hallmark of pharmacy's advocacy efforts.

Ending 2016 with 296 members of Congress supporting the legislation in the House and 52 in the Senate, the bipartisan support for pharmacists helping medically underserved Medicare beneficiaries access health care through the coverage of pharmacists' services in Part B is a

monumental success. Despite the legislation not passing in 2016, awareness of the legislation and of the pharmacists' role in patient care paves the way for support in the new Congress.

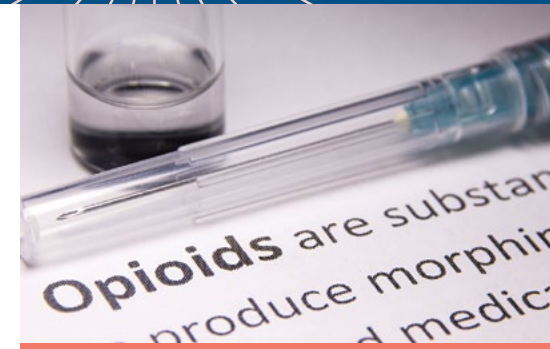


### Pharmacists Provide Care Campaign

Central to APhA's provider status activities is its Pharmacists Provide Care campaign. As part of the campaign, APhA's website ([www.pharmacistsprovidecare.com](http://www.pharmacistsprovidecare.com)) continues to deliver a wide range of supporting resources, including state-specific information, videos, and communications to facilitate grassroots advocacy efforts.

In 2016, APhA's campaign had more than 10,600 advocates send more than 42,000 letters to members of the 114th Congress, and the momentum continues to grow. In addition, APhA, along with stakeholders from other pharmacy organizations, patient advocacy groups, and health care providers, is part of the Patient Access to Pharmacists Care Coalition (PAPCC). At a time when government and private payers are looking for efficiencies and solutions, APhA and PAPCC have been developing messaging, tools, and resources to help pharmacists advocate and others to understand the value of services pharmacists can provide and are providing to patients. In addition to its work with Congress, APhA also meets with and submits comments to federal agencies highlighting the value and underutilization of pharmacists in patient care and provides pharmacists' perspectives on health care policy.

APhA continues to participate on the National Association of Boards of Pharmacy (NABP) stakeholder group on prescription drug abuse; provides information and educational programming to assist pharmacists; and within its periodicals, highlights pharmacists who are providing pain management services, working to address prescription drug abuse in their practices, and providing naloxone per scope of practice.



**Prescription Drug Abuse**  
Prescription drug misuse and abuse is a significant public health crisis, and Congress, federal agencies, and states stepped up their activities in 2016 to address the epidemic. APhA has worked diligently to promote pharmacists' roles in preventing prescription drug misuse and abuse. Highlights include:

- Advocacy to various federal agencies about pharmacists' contributions to prescription drug misuse and abuse efforts.
- Launching of an opioid resource center on [www.pharmacist.com](http://www.pharmacist.com).
- Active engagement in the National Rx Drug Abuse and Heroin Summit in Atlanta.
- Representation on the CDC Opioid Guideline Workgroup that informed the new CDC opioid prescribing guidelines.
- Collaboration with CDC on a new pharmacist resource, **Pharmacists on the Front Lines: Addressing Prescription Opioid Abuse and Overdose**.
- Engagement with members to participate as experts on stakeholder panels and educational presentations and to assist APhA with comment letters.



**APhA also provided**

**regulatory comments on:**

- **Prescription Requirement under 503A**
- **Hospitals and Health-Systems**
- **Insanitary Conditions (Inspections)**
- **Essential Copies of Commercially Available Products**
- **USP 800: Hazardous Drugs—Handling in Healthcare Settings**

### **Opioid Use, Abuse, and Misuse Resource Center**

In response to the opioid epidemic and showing its commitment to the White House's initiative to address the issue, APhA created the Opioid Use, Abuse, and Misuse Resource Center ([www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center](http://www.pharmacist.com/opioid-use-abuse-and-misuse-resource-center)), which connects pharmacists and pharmacy technicians to tools, educational materials, research, guidelines, and news, among other information, related to opioids. APhA encourages clinician participation in education and training that, like our association's offerings, reflect the importance of preventing abuse and misuse while recognizing that there are patients with a legitimate need for these medications. APhA also submitted more than 15 different letters to Congress and federal agencies on this critical issue.

### **Compounding**

FDA issued a series of regulatory actions related to compounding in 2016, and APhA's Government Affairs team responded with numerous comment letters to protect the rights of, and conditions for, pharmacists compounding under 503A. One major accomplishment resulting from APhA's advocacy was issuance of an FDA notice clarifying that it will make a preliminary assessment on 503A compliance before applying 503B (cGMP) standards during pharmacy inspections, addressing a problem voiced by many members.

APhA's work in this area is guided by the comments received from members and the work of Compounding SIG Work Group.

## **APhA Transforms**

In 2016, APhA set out to transform pharmacy practice by advancing pharmacist-provided patient care services. APhA continued to develop the infrastructure and provide the tools and resources necessary to equip pharmacists to serve in these expanded roles.

### **Advancing Community-Based Residency Training**

Continuing the association's longstanding efforts to advance community-based residency education and training, an APhA initiative launched in 1983, APhA published a vision and strategic action plan for the advancement of community-based pharmacy residencies. These ever-increasingly important community-based residency training programs provide graduates with the knowledge, skills, and abilities that will properly equip them in their future roles as community-based pharmacist practitioners (CPPs).

Guided and directed by the vision and action plan for community-based residency training, in 2016, APhA in partnership with the American Society of Health-System Pharmacists (ASHP), finalized and received formal Board of Trustee approval of the new Accreditation Standard for the Postgraduate Year One (PGY1) Pharmacy Community-based Pharmacy Residency Programs.

The new standards reflect an increased emphasis on the training and preparation of pharmacists to be effective and efficient patient care providers.

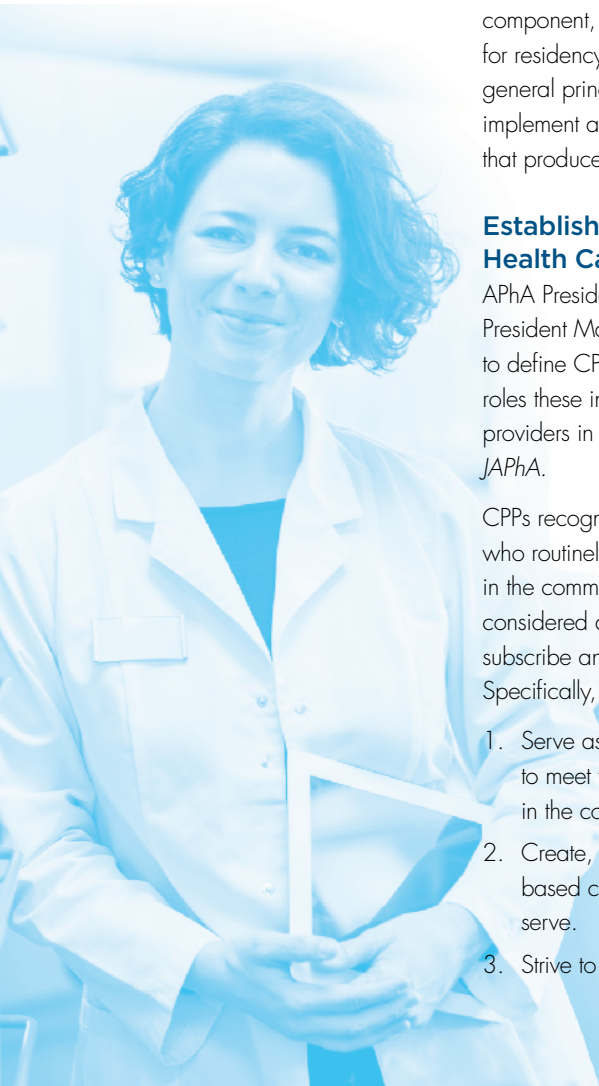
The standards focus on graduates attaining competency in four distinct areas:

- Patient care
- Leadership and management
- Advancement of community-based practice and improving patient care
- Teaching, education, and dissemination of knowledge

The new accreditation standards for community-based residency programs represent a major transformation in pharmacy residency training. The standards focus on the pharmacist as a community-based patient care provider who meets the needs of patients within the pharmacist's practice setting. This transformative approach will provide increased flexibility and expanded training options for residents. The standard, which will not go into effect until July 2017, has already rapidly expanded the total number of new or emerging community-based programs to more than 144.

Community-based programs are expanding and emerging in all types of community-based practice sites, including clinical and ambulatory care sites, long-term care/

assisted-living facilities, federally qualified clinics, managed care organizations, specialty pharmacies, physician offices, and many others. This expansion provides additional first-year residency training sites and opportunities for those in the profession who wish to serve as community-based patient care providers.



To implement consistent, quality community-based residency programs, APHA developed and launched the APHA Systematic Curriculum Design and Implementation Program for Community-Based Residency Programs (APHA SCDI) at APHA2016 in Baltimore. The program, which combines online modular training and a live workshop component, provides education and training for residency directors and preceptors on the general principles to effectively design and implement a curricular-structured residency that produces quality program graduates.

### Establishing CPPs as Essential Health Care Providers

APHA President Kelly Goode and APHA Past President Marialice Bennett took the lead to define CPPs and explain the essential roles these individuals serve as health care providers in a September commentary in *JAPhA*.

CPPs recognize and differentiate pharmacists who routinely provide patient care services in the community-based setting. To be considered a CPP, a pharmacist must subscribe and adhere to four primary tenets. Specifically, CPPs:

1. Serve as a provider of direct patient care to meet the health care needs of patients in the communities they serve.
2. Create, advance, and influence team-based care to benefit the patients they serve.
3. Strive to enhance management of

community-based pharmacy practices to focus on delivery of patient care services.

4. Serve as a leader within community-based practice settings and their local communities, and within the profession of pharmacy.

Identifying oneself as a CPP demonstrates an individual pharmacist's professional commitment to improving patient health and advancing pharmacy practice in the community.

As the term *community-based pharmacist practitioner* becomes readily adopted and established, and as it is routinely used by pharmacists to describe their role as health care providers when communicating with patients, physicians, and other providers, it is anticipated that the meaning will become broadly understood by all within the health care system. When pharmacists are routinely and broadly recognized and compensated for their patient care services, it will be critically important that CPPs, skilled community-based patient care providers, receive the recognition they deserve for their unique skillset, leadership, and overall value to the health care system by patients, physicians, and other stakeholders within the health care system.

### Advancing Quality Measurement

As the health care system moves to value-based payment and delivery models, quality

measurement is an increasingly prominent part of clinical practice. Through staff leadership and volunteer contributions to the Pharmacy Quality Alliance (PQA), APHA actively supports our profession's efforts to advance the development of meaningful quality measures that reflect the value of pharmacists' services in an evolving health care system. PQA's mission is to improve the quality of medication management and use across health care settings, with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

In 2016, APHA Executive Vice President and CEO Tom Menighan continued his service as a member of the PQA Board of Directors.

Key PQA accomplishments that APHA was proud to support include:

- Development of medication-related measures using expert measure development teams and four stakeholder advisory panels that included APHA volunteer representation.
- Approval of four new medication synchronization quality improvement indicators that pharmacies can use to improve their internal processes for medication synchronization.
- Inclusion of the PQA high-dose opioid measure in the core adult measure set for Medicaid programs.



#### APhA BENEFITS

### APhA CREDIBLE AFFINITY PROGRAM

*APhA has partnered with Credible, the “Kayak of student loans,” to enable members to save thousands on their student debt by refinancing education loans. Credible is an online marketplace that provides borrowers with competitive, personalized student loan offers from multiple, vetted lenders in real time. The process is quick and simple. Members fill out one online form to receive personalized offers from multiple lenders. They can then compare the offers side by side on their dashboard. According to Credible, the average pharmacist can save \$17,165 by refinancing. Once the loan is closed, APhA members receive an \$86 credit toward their annual dues at the next renewal.*

- Continued prominence of PGA measures in the CMS Medicare Part D Star Ratings program.
- Maintenance and growth of PGA’s extensive network in the national quality arena and advocacy for use of PGA measures in various programs.
- Provision of timely information to keep members abreast of the latest developments in quality measurement.

### Creating Sustainable Patient Care Practices

Sustainable business models for pharmacists’ patient care services are critical for long-term viability. Identifying and sharing information with APhA members about payment opportunities is a high priority for APhA. In 2016, APhA actively monitored for new billable service opportunities and ramped up educational programming on current billing for patient care services. APhA has new payment-related resources in development and is working to identify opportunities for pharmacists in value-based payment models, including Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and Merit-Based Incentive Payment System (MIPS) as well as the Part D Enhanced MTM program. In addition, APhA is collaborating with medical colleagues to highlight best practices that integrate pharmacists within team-based care and ultimately result in greater model adoption.

To assist pharmacists in practicing at the top of their training, APhA is partnering on resources to facilitate pharmacists’ engagement in collaborative practice agreements, state-based protocols, and other opportunities. Through collaborations with the National Alliance of State Pharmacy Associations and CDC, a new collaborative practice agreement toolkit is targeted for release in early 2017. The hypertension guide was released in late 2016. The other two are still in development.

### Immunization Efforts

This year marked the 20th anniversary of the APhA Pharmacy-based Immunization Delivery Certificate Training Program! For decades, APhA has played a major role in the movement to provide pharmacists with the authority and education needed to be part of the immunization neighborhood. Pharmacists are now authorized to administer vaccines in every state, and approximately 300,000 pharmacists have been trained across the United States. According to CDC, these pharmacists now administer roughly 25% of all influenza vaccinations. Pharmacists’ authority to administer vaccines recommended by CDC beyond influenza and across the lifespan is expanding, making the work of pharmacy-based immunizations a year-round activity.

In celebration of this 20-year milestone, CDC released a “Dear Pharmacist” letter on September 29, in which CDC Director of the National Center for Immunization and Respiratory Diseases Nancy Messonnier, MD (CAPT, U.S. Public Health Service), stated that CDC “recognizes and appreciates the increasingly important role that [pharmacists] play in public health, including vaccinating the public against seasonal influenza and other vaccine-preventable diseases.”



Approximately  
**300,000 U.S. pharmacists** have  
been **trained** in  
immunizations

APhA has also commemorated the occasion by releasing a video highlighting pharmacists’ important role in collaboration, coordination, and communication among immunization stakeholders.





## APhA Cares

Patient care services are delivered within and beyond traditional pharmacy and health care settings. APhA members are out in the community and making an impact by providing education, screenings, and health services in a variety of areas.

### Engaging the Power of Community

"The underlying focus of my work can be summed up in one word: community." These words, delivered by APhA President Jean-Venable "Kelly" R. Goode, PharmD, BCPS, FAPhA, FCCP, during her presidential address at APhA2016 in Baltimore, set the tone for the year and emphasized how the association is making an impact in patient care.

Goode does her part for the community with the Daily Planet, a federally qualified health center for the homeless in Richmond, VA, whose mission is to provide accessible, comprehensive, and integrated health services to those at risk of, or experiencing, homelessness. As the primary pharmacist on the interdisciplinary team, Goode has an unprecedented opportunity to influence patient care services throughout the clinic. Her key activities include providing medication optimization, chronic disease management, wellness and prevention services, medication information, and patient and staff education, as well as managing a high-risk diabetes clinic.

"My connections to the community have taught me so much about patient care and driving practice change," Goode said.

"Most importantly, they have reminded me 'to not follow where the path may lead. Go instead where there is no path and leave a trail.' " Goode's message resonated with APhA members, who in 2016 made the promise to lead from where they stand and go beyond any preconceived limits set for pharmacy practice. She is just one example of pharmacists making a difference in the communities they serve.

### APhA-ASP Patient Care Programs

Inspired by the Student Academy's 2016-17 theme "Together We Can," APhA-ASP members provided an impressive number of community outreach activities throughout the country. Each of the five APhA-ASP national patient care projects (Operation Immunization, Operation Diabetes, Operation Heart, OTC Medicine Safety, and Generation Rx) provides student pharmacists, new practitioners, and schools and colleges of pharmacy the opportunity to serve patients and the profession. By providing education and health and wellness services, including screenings and immunizations, students are improving the overall health of their communities. The national campaigns also provide all student pharmacists with practical,

educational opportunities to improve their communication, critical thinking, and pharmacy practice skills.

More than 12,000 student pharmacists participated in the five patient care programs in 2016.

### APhA Institute on Alcoholism and Drug Dependencies

In June, APhA hosted the 2nd annual APhA Institute on Alcoholism and Drug Dependencies at the University of Utah campus in Salt Lake City. A resounding success, the APhA Institute offered training and networking opportunities for attendees to guide their APhA-ASP chapters, schools and colleges of pharmacy, practice areas, recovery centers, and state boards of pharmacy to build a strong foundation for addiction awareness and programming

within the profession. The Institute brought together 372 student pharmacists, pharmacists, faculty members, state board members, Generation Rx award winners, speakers, student ambassadors, and staff.

### APhA New Practitioner Network Community Health Ambassador Program

While it isn't always easy for recent graduates to balance their career demands with community service, the APhA New Practitioner Network (NPN) now offers them an opportunity to give back, enhance their communication skills, and promote pharmacist-provided patient care services. The APhA NPN Community Health Ambassador Program provides ready-made resources for new practitioners to use for local presentations and educational sessions

Program	# of Chapters Participating	# of Events Conducted	# of Patients Immunized/ Screened/ Educated	# of Patients Educated Through Public Relations
Operation Immunization	92	1,376	111,277	3,253,576
Operation Diabetes	91	1,057	47,462	3,685,321
Operation Heart	87	1,222	121,083	4,485,144
OTC Medicine Safety	62	406	39,573	1,931,490
Generation Rx	91	117	165,909	12,674,311

focused on preventing prescription drug abuse and misuse and safe use of dietary supplements.

There was 2016 project activity in multiple contexts (budget, analytics, reporting, communication). “The Foundation imagined and designed a way to translate what it already knew worked in primarily employed populations with self-insured employers to disproportionately affected (www.APhAFoundation.)and medically underserved populations in 25 diverse communities in 17 states across the United States. Participating organizations included community- and university-affiliated pharmacies, self-insured employers, federally qualified health centers, and free clinics. Participating patients ranged from homeless persons to farm workers to school teachers, and more. Quantitative and qualitative evidence from participating communities showing the value of pharmacists’ patient care continues to emerge.org/our-work.

## APhA Communicates

In 2016, APhA’s Communications Department focused on creating content that educated and informed the public about the evolving role of pharmacists in health care. In addition to dispensing medication and ensuring patient safety, APhA conveyed messages that emphasizes how pharmacists are taking larger roles as medical counselors, educators, and advocates on topics such as medication adherence and drug interactions, provider status, opioids, and consumer tips from pharmacists.

APhA spokesperson interviews appeared in Dow Jones’ *MarketWatch*, *POLITICO*, *U.S. News & World Report*, *NBC News*, *Reuters*, *TIME*, and *the Huffington Post*. Public health topics dominated the news cycle in 2016, led by cost-effective health care (EpiPen pricing), prescription drug abuse and misuse, and lethal injection.

In addition to traditional media growth, APhA used its social media platforms, Facebook and Twitter, to engage and inform members, the pharmacy profession, and the general public on public health and health care issues affecting the practice of pharmacy. APhA’s social media messages also encouraged pharmacists and student pharmacists to advocate for provider status and to educate Congress and other stakeholders about pharmacists’ evolving role as part of the health care team.

### American Pharmacists Month

Every October is American Pharmacists Month, during which APhA celebrates pharmacists’ accomplishments and educates patients, the public, policymakers, and other

health professionals about pharmacists’ expanding role in patient care as integral members of the health care team. American Pharmacists Month’s theme inspires the community to “Know Your Pharmacist—Know Your Medicine.” The APhA message is based on one essential fact seen in pharmacies, clinics, and other health care sites every day: the more patients interact with their pharmacist, the more they will know about their medications.

For American Pharmacists Month 2016, APhA collaborated to organize the 4th annual Capitol Hill Health Fair, where members of Congress, staff, and the general public received their flu shots and health screenings, including bone density, glucose, cholesterol, blood pressure, and body composition. Student pharmacists and pharmacists local to the Washington, DC, area provided these services to demonstrate pharmacists’ professional competencies that are often underutilized in the current health care system.

	2016	2015	% Change
<b>Media Relations</b>			
Press Releases	55	44	25%
Media Inquiries	159	139	14.4%
Total Mentions	7,600	4,022	89%
Internet Reach (Avg per month)	231.3M	73.4M	215.1%
Print Reach	23.2M	16.5M	40.6%
<b>APhA Facebook</b>			
Likes (total fans)	164,374	139,617	17.7%
Total Posts	1,189	N/A	
Average Posts	99.1	N/A	
<b>APhA Twitter</b>			
Total Followers	18,390	16,161	13.8%
Total Tweets	1,711	2,535	-32.5%
Impressions	1.3M	178,411	623%
<b>PT Facebook</b>			
Likes (total fans)	41,135	36,207	13.6%
Total Posts	1,424	2,396	-40.6
Average Posts	118.7	199.7	-40.6
<b>PT Twitter</b>			
Total Followers	7,787	6,259	24.4%
Total Tweets	2,632	2,262	12.3%
Impressions	994,572	896,483	12.3%



#### APhA BENEFITS

##### APhA VISA CARD

As a member, support APhA with every purchase on your APhA Visa!

Simply choose the card that best suits you. The creditor and issuer of the APhA Visa card is U.S. Bank National Association, pursuant to a license from Visa U.S.A. Inc.

## APhA Informs

### Books & Electronic Products

Above all, 2016 was a year in which APhA's book publishing program rebuilt the infrastructure for the future. PharmacyLibrary (www.PharmacyLibrary.com), APhA's online subscription collection of books, case studies, active learning exercises, and practice questions for the NAPLEX®, has grown continuously since it came on the market in 2010. In 2016, APhA moved the product to a new platform that will allow for the addition of new content, updates on existing content, and incorporation of multimedia resources. This development has enabled the creation of a major new feature on the site, PharmacotherapyFirst: A Multimedia Learning Resource, which will become available in 2017.

In addition to making these infrastructure improvements, APhA published four new books:

- *Peripheral Brain for the Pharmacist 2016–17*, edited by Jeanine Abrons
- *Pharmacy: An Introduction to the*

*Profession*, 3<sup>rd</sup> edition, by L. Michael Posey and Abir A. Kahaleh

- *The Art, Science, and Technology of Pharmaceutical Compounding*, 5<sup>th</sup> edition, by Loyd V. Allen Jr.
- *The Pharmacy Technician's Pocket Drug Reference*, 9<sup>th</sup> edition, by Theresa A. McEvoy and Joyce Generali

### Engaging the Community of Readers

APhA's commitment to excellence in keeping members up to date and in the know is evident through its continued partnership with Elsevier, a world-leading provider of information solutions. In tandem with Elsevier, the APhA Internet Services and Integrated Design and Production Center teams helped create an online ecosystem of APhA's periodical library, designing and optimizing the websites to promote content

and manuscript submission for the journals and content consumption for *Pharmacy Today* and pharmacist.com.

The APhA editorial staff has worked diligently to forward APhA's mission while maintaining an eye on the marketplace, providing practical practice info, and spotlighting innovative practitioners. Throughout the year, on an up-to-the minute basis via pharmacist.com, in the *Pharmacy Today* daily e-newsletter, and through the pages of our flagship monthly publication *Pharmacy Today*, the major pharmacy issues of the day were covered in detail. From provider status efforts to specialty pharmacy, from practice trends and OTC information to pain management and opioid use, misuse, and abuse, and from live coverage at APhA2016 in Baltimore to state laws and regulations, the editorial team had it all covered.

Other 2016 activities that affected APhA's periodicals include:

- The redesigned online look and increase in the quantity and quality of article submissions has been a boon for JAPhA readers.
- Kristin Weitzel, PharmD, FAPhA, took over the reigns as Editor-in-Chief of *Pharmacy Today* in March. Already a valuable member of the staff, Weitzel said she is committed to "increasing *Pharmacy Today's* voice within the profession."



## APhA Welcomes

### APhA2016 in Baltimore

**B**altimore “Hons” welcomed attendees to kick off a meeting attended by more than 6,000 individuals and more than 154 exhibiting companies. Noted nephrologist and keynote speaker Rajiv Shah, MD, praised attendees for their contributions to health care, telling them that “pharmacists’ expertise matters because the biggest fixable problem today in health care, one that amounts to \$300 billion, is medication nonadherence. No one in the world has as much medication education as pharmacists.”

In the area of CPE, APhA2016 focused on timely topics and provided a place for pharmacy professionals to exchange ideas and build new skills. The meeting offered leading-edge education sessions to strengthen understanding on clinically relevant topics ranging from pain management and addiction to disease management updates. APhA2016 featured dynamic speakers and opportunities to learn, discuss, and debate new approaches and innovative ideas in pharmacy. Attendees were able to choose from 80 educational sessions designed to meet the needs of students, new practitioners, and pharmacists with years of practice experience. Education sessions were categorized into tracks representing diverse areas of pharmacy practice, including access to care, clinical patient care and services, health-system pharmacy, nuclear pharmacy, and pharmacy management and professional leadership.

The down-home, community feel of Baltimore concluded with a closing reception that

knocked it out of the park in Oriole Park at Camden Yards, where attendees recapped their amazing time in “Charm City” and discussed doing it all again next year at APhA2017 in San Francisco.

### Joint Federal Pharmacy Seminar

As the only meeting of its kind, the 2016 Joint Federal Pharmacy Seminar (JFPS) was the place to be for federal pharmacists. Held in the fall at the Gaylord National

Hotel and Convention Center in Washington, DC, the meeting was a resounding success and marked JFPS’s third year as a newly branded federal pharmacy meeting.

The 2016 theme, “Leadership through Service,” appropriately described and showcased innovative and best practices within the federal pharmacy communities. The conference provided attendees an opportunity to receive more than 21 hours of CPE and review 52 poster presentations. JFPS 2016 marked a turning point in attendance, as it surpassed attendance records with more than 650 attendees representing all aspects of federal pharmacy: U.S. Public Health Service, Veterans Health Administration, Department of Defense, Coast Guard, and other Federal Agency pharmacists, pharmacy technicians, as well as our neighbors to the North, the Canadian Force pharmacists. In addition, 81 exhibitors supported the event.



APhA2016:

**6,000** attendees,  
**154** exhibiting companies,  
**80** education sessions



**APhA Foundation Supports Women in Pharmacy**  
The APhA Foundation hosted the very popular Women in Pharmacy Reception: Mix, Mingle, and Margaritas, a fundraiser that fosters professional networking and supports identifying and addressing the needs of women in pharmacy.

More than 100 APhA members, corporate friends, and other APhA Foundation supporters participated in the Women in Pharmacy 5K Fun Run/Walk fundraiser held during APhA2016.



### APhA2016 Exhibit Hall

A total of 150 companies and organizations showcased their products and services to pharmacists, including pharmaceutical products, pharmacy manufacturers, software companies, equipment, employment exchange, and “others.”

#### Booth Types:

- **Technical – 122**
- **Career Connection – 27**
- **Allied – Nonprofit and/or related organizations – 5**



**APhA Benefits**

**GEICO CAR INSURANCE**

*GEICO offers APhA members quality car insurance with complete 24-hour sales, policy, and claims service; members may also qualify for an additional 8% member discount off GEICO's already low rates.*



**APhA Benefits**

**HERTZ RENTAL CARS**

*APhA members enjoy low web rates and special offers when making reservations from Hertz.*

## APhA Develops

By offering thousands of engagement and leadership opportunities, APhA develops and supports an active cadre of current and future trailblazers.

### APhA-ASP

APhA student pharmacist members have a wide array of leadership opportunities to choose from at the chapter and national levels and several cutting-edge leadership sessions to attend during the year, including the Annual Meeting & Exposition and Academies Leadership Meeting.

In addition, more than 230 student pharmacist leaders met in Washington, DC, in July for the 2016 APhA-ASP Summer Leadership Institute (SLI). Student pharmacists developed their leadership skills, grew professionally, networked, and returned home with the tools to run effective APhA-ASP chapters. Motivational speaker Ron Culberson conducted a day-long presentation that made participants laugh and motivated them to develop a leadership style focused on excellence and experience. His motto—"Do it well. Make it fun."—resonated with the student attendees. Clad in their white coats, SLI attendees also advocated for the profession on Capitol Hill.

In the fall, the Midyear Regional Meetings (MRM) were held in the eight APhA-ASP regions around the country. The action-packed MRM schedule always includes an APhA-ASP Leadership Training Series (LTS) session, which this year focused on conflict resolution. An excellent CV and portfolio builder, the LTS Recognition of Participation is earned upon attending and completing surveys for any four LTS sessions held during the APhA Annual Meeting and MRMs.

### APhA New Practitioner Network

The APhA New Practitioner Network supports and guides the transition from student to successful new practitioner and beyond. APhA helps new graduates discover opportunities in the profession, develop themselves and their professional network, and define the future of their profession and career.

Highlighted opportunities this year included an expanded lineup of professional and networking events at APhA2016; a three-part webinar series titled "Make the Resolution to Research," and the 2nd annual Day of NP LIFE, a day-long CPE



### APhA-ASP Leadership by the Numbers

- 5 National Executive Committee positions
- 20 Standing Committee positions (Awards, Communications, International, Member Engagement, Policy)
- 24 Regional Officers
- 1,400 APhA-ASP chapter leadership positions that receive information/guidance from APhA

and networking event that featured financial planning advice, a legislative round-up, precepting tips, a leadership keynote address from Board of Pharmacy Specialties (BPS) Executive Director Bill Ellis, and a group outing to a Washington Nationals baseball game.



**APhA Foundation Supports Student Pharmacists**  
The APhA Foundation stewards scholarship funds that are awarded to up to 39 individuals:

**Incentive Grants for Practitioner Innovation in Pharmaceutical Care**, the Foundation's longest-running program, provides seed money to initiate concepts that change and improve health outcomes in communities throughout the country. More than 500 projects have been supported. In 2016, a total of 22 grants were awarded to help establish innovative patient care services addressing metabolic syndrome, diabetes care, pharmacogenomics, medication adherence, specialty medications, immunizations and transitions of care.

The APhA Foundation also provides funds that are awarded to APhA-ASP and APhA-NPN for the Generation Rx initiative, an educational program that increases public awareness of prescription medication abuse and encourages health care providers, community leaders, parents, teens, and college students to work actively to prevent abuse.

## APhA Empowers

APhA members are inspired, empowered, and equipped to assume expanded health care roles that improve patient health.

### Board of Pharmacy Specialties (BPS)

Now in its 40th year as the premier postlicensure certification agency, BPS continues to enjoy rapid growth and success. BPS certifications have become global credentials, boasting more than 28,000 board-certified pharmacists in eight specialties throughout more than 26 countries. In October 2016, BPS reached an agreement with the Commission for Certification in Geriatric Pharmacy to move the Certified Geriatric Pharmacist (CGP) credential under the BPS portfolio of certifications in 2017. BPS also has five additional future specialties in various stages of development.

Regarding the move of the CGP credential, APhA Executive Vice President and CEO Tom Menighan stated, "This decision is very good for the pharmacy profession and most importantly for patients, as it creates alignment, synergy, and clarity for the board certification of pharmacists. It is also fitting that this occurs as BPS is celebrating 40 years of improving patient care by promoting the recognition and value of specialized training, knowledge, and skills in pharmacy and specialty board certification of pharmacists."

Established as an autonomous division of APhA in 1976, BPS is now known as the gold standard for recognizing pharmacists who are qualified to contribute at specialty practice levels. The five specialties in the pipeline—Cardiology, Infectious Diseases,

**28,000** Board-certified pharmacists  
**8** specialties  
**26** countries



Sterile Compounding, Emergency Medicine, and Solid Organ Transplantation—along with Geriatric Pharmacy, would join Ambulatory Care, Critical Care, Nuclear, Nutrition Support, Oncology, Pediatric, Pharmacotherapy, and Psychiatric Pharmacy.

This future expansion is significant, as these new specialties naturally align BPS board certification with the Top 10 PGY2 residency training programs, both in terms of number of residencies and in resident positions. As BPS Executive Director Bill Ellis said, "The quickest path to board certification is completion



BPS Specialty	Total # of active Board-Certified Pharmacists	% of all Board-Certified Pharmacists	Total # Certified in 2016	% Certified in 2016 (of Total Specialty Area)
Ambulatory Care	2,778	10%	429	15%
Critical Care	1,157	4%	600	52%
Nuclear	441	2%	5	1%
Nutrition Support	556	2%	53	10%
Oncology	2,266	8%	310	14%
Pediatrics	597	2%	310	52%
Pharmacotherapy	19,881	69%	2,351	12%
Psychiatric	978	3%	98	10%
<b>TOTAL</b>	<b>28,654</b>		<b>4,156</b>	<b>15%</b>

of a PGY2 residency, and pharmacists are eligible for most specialties immediately after completing a PGY2 residency (with the exception of Pharmacotherapy, as candidates are eligible after completing a PGY1 residency). We are evolving and harmonizing our criteria so there is a 2-, 3-, and 4-year pathway to board certification, with the 4-year eligibility pathway being opened to pharmacists who have not completed residency training.”

This special year will always be remembered in BPS history as an eventful way to celebrate a ruby anniversary!

### Hot Topic Webinars

A new and exciting benefit—the Hot Topics in Pharmacy Education Webinar Series, informally known as “Webinar Wednesdays”—offers monthly, live, 1-hour CPE webinars on hotbutton topics that keep APhA members up to date as front-line providers. During these members-only webinars, attendees get the latest news on key topics such as naloxone and opioid overdose, immunization updates, ACC Expert Consensus Decision pathway on cholesterol management, Zika virus, and much more. Each webinar is also available as a home-study learning activity and includes a 30-minute “CPE Clinical Patient Case Challenge” to reinforce and apply knowledge gained through the webinar. The case challenges offer clinical facts and pose questions to the learner, providing enhanced guidance and links to references for more information on the topic.

### Online Activities and Practice Tools

Through funding received from corporate partners in 2016, APhA developed the following online activities and practice tools for pharmacists:

- “Pain Relief in Brief,” a web resource with an accompanying video to help pharmacists provide advice on nonprescription pain relievers and provide information to patients.
- “The Pharmacist’s Role in Supporting Appropriate Dietary Supplement Use,” a 1-hour online CPE educational activity.
- “Preventing Pneumococcal Disease in High-Risk Patients: An Emphasis on Cigarette Smokers,” a 2-hour online CPE educational activity.
- “Focus on Tdap,” a resource designed to support pharmacists’ consultations with patients about Tdap vaccinations.
- “Practice Insights: Emerging Insulins.”
- “Using Vitamins, Herbs, and Other Dietary Supplements Wisely,” a revised patient brochure.

### APhA’s Training Programs Go International

In February, APhA faculty traveled to Beijing, China, to present the “Delivering Medication Therapy Management Services” Certificate training program and corresponding faculty training. In partnership with the Beijing Pharmacists Association, the program trained 65 pharmacists, 20 of whom went on to complete the faculty training. This certificate training program teaches pharmacists the

essential skills necessary to become a successful MTM practitioner. It enhances pharmacists’ clinical expertise in evaluating complicated medication regimens, identifying medication-related problems, and making recommendations to patients, caregivers, and health professionals. Following the success of the program in Beijing, an additional offering was held in Guangdong, China, in November.

### APhA-APPM & APhA-APRS

APhA members network and support the profession by addressing emerging topical issues through the APhA-APPM Special Interest Groups (SIGs) and APhA-APRS Sections. The following action items were completed or got underway in 2016:

- Radiopharmaceutical Vendor Qualification Tool (created by the Nuclear Pharmacy Practice SIG): Provides a checklist of relevant items to be addressed when evaluating potential nuclear pharmacy vendors for the provision of radiopharmaceuticals.
- Immunization Quick Reference Guide (created by the Immunizing Pharmacists SIG): Enables immunizing pharmacists and student pharmacists to stay up to date on current vaccines and guidelines, as well as helps them answer questions from patients and other practitioners.
- APhA-APPM held the 3rd annual APhA-APPM SIG Political Action Committee (PAC) Challenge, a friendly competition between the Academy’s SIGs. The campaign helped to raise funds for the

APhA-PAC. Not to be outdone, APhA-APRS held its first APhA-APRS PAC 100% Challenge, where members were asked to donate and participate on behalf of their state.

- APhA-APRS continued to work with member volunteers on the MTM Advisory Panel to identify and summarize evidence to support the value of pharmacist-provided services.
- In collaboration, APhA-APPM and APhA-APRS responded to APhA President Lawrence “L.B.” Brown’s charge to create an advocacy piece related to pharmacists’ role in improving patient safety. A document titled *Pharmacists’ Impact on Patient Safety* was launched during the APhA2016 Annual Meeting.
- Website updates:
  - Updated compounding FAQ and resources
  - Updated MTM Central and Library
  - Created several new resource centers related to medication adherence, quality metrics, nuclear pharmacy practice, and postgraduate education and training

The Academy SIGs conducted webinars on contemporary topics identified by SIG members.





**AphA Benefits**

**PROFESSIONAL LIABILITY INSURANCE**

*This plan is designed to protect your assets and cover your expenses if a suit is brought against you for malpractice. Administered by Healthcare Providers Service Organization (HPSO) and underwritten by American Casualty Company of Reading, PA, a CNA Company, the plan is designed to meet the unique needs of today's pharmacy professional and student pharmacists. It is free to eligible final-year student pharmacists who register during the Spring Membership Drive.*

**AphA Foundation Recognizes Excellence**  
 With the help of its philanthropic supporters, the APHA Foundation recognizes and rewards innovation and leadership in the pharmacy profession.

Established in 1958, the prestigious Bowl of Hygeia Award recognizes pharmacists who possess outstanding records of civic leadership in their communities and encourages pharmacists to take active roles in their communities. The award is presented annually by participating state pharmacy associations, including those in the District of Columbia and Puerto Rico. This award is managed by a cooperative of pharmacy organizations: APHA, the National Alliance of State Pharmacy Associations, and the



**AphA Foundation.** The support of Boehringer Ingelheim augments the charitable donations by individual APHA members made to the Bowl of Hygeia Endowment.

Through the Pinnacle Awards, the APHA Foundation recognizes individuals, corporations, and organizations that demonstrate pioneering, innovative ways to improve pharmaceutical systems, with particular

emphasis on improving the medication use process in a way that increases patient adherence, promotes the use of national treatment guidelines, improves patient outcomes, and enhances communications among all members of the health care team. The following are the 2016 recipients:

- 2016 Individual Award for Career Achievement—James M. Hoffman, PharmD, MS, BCPS, FASHP
- 2016 Group Practice – Health System – Corporation Award—Kelley-Ross Pharmacy Group
- 2016 Government Agency – Nonprofit Organization – Association Award—U. S. Department of Health and Human Services



Academy	Webinar Title
AphA-APRS	The Pharmacist as a Public Health Provider, Partner, and Researcher
Preceptor SIG	Developing Your Preceptor Persona
Transitions of Care SIG	Innovative Transitions of Care Delivery Among Various Settings
Diabetes Management SIG	Implementing a Diabetes Self-Management Program into a Community Pharmacy
Medication Management SIG	MTM Pharmacy as a Team Sport: How to Integrate Technicians into MTM Workflows
Transitions of Care SIG	Billing Fundamentals: Walking the Walk, Talking the Talk (Two-Part Series)
Diabetes Management SIG	Improving Treatment Adherence in Patients Living with Diabetes

## APhA Connects

**A**PhA provides numerous platforms for its members to learn from the association and each other, as well as to comment on the hot topics of the day and provide feedback on the association's direction.

**ENGAGE.** APhA-APPM and APhA-APRS engaged members using the APhA ENGAGE online community platform. All nine APhA-APPM SIGs (Compounding; Diabetes Management; Immunizing Pharmacists; Medical Home/ACO; Medication Management; Nuclear

Pharmacy Practice; Pain, Palliative Care, and Addiction; Preceptor; Transitions of Care) continued to thrive and grow, along with the APhA-APRS ENGAGE online community.

The exciting new addition to the community in 2016 was the New Practitioner Community, where recent graduates share tips and resources related to professional and personal issues, work-life balance, APhA volunteer opportunities, and more.

Overall, the ENGAGE platform has helped increase volunteer and leadership opportunities within both Academies.

**APhA House of Delegates (HoD).** The democratic forum for the profession, the APhA HoD is where all areas of the profession come together to address contemporary issues in pharmacy. At APhA2016 in Baltimore, delegates passed resolutions focused on biologic, biosimilar, and interchangeable biologic drug products; point-of-care testing; and medication optimization services within the patient care process.



## APhA Collaborates

**A**PhA collaborates with many organizations to advance pharmacists' services.

**APhA & the Joint Commission of Pharmacy Practitioners (JCPP)** APhA staff serves as the Secretary for JCPP, a coalition of 13 pharmacy organizations focused on achieving the JCPP Vision for Pharmacists' Practice: patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based health care. Representatives to JCPP, which meets quarterly, consist of the chief elected and executive officials of the member organizations.

Examples of work that APhA has been involved with JCPP member organizations in 2016 include:

- Development and implementation of the JCPP Pharmacists' Patient Care Process.
- Supporting the development and consensus-building on definitions used to describe pharmacists' patient care services and framework for coding of these activities.
- Collaboration on transforming practice and achieving pharmacist recognition that ultimately results in consumer access to and coverage for pharmacists' quality patient care services.

**Pharmacy Health Information Technology (HIT) Collaborative** The Pharmacy HIT Collaborative is a coalition of nine

professional pharmacy associations and additional members representing the pharmacy profession in all matters related to HIT. APhA is one of the founding members and, in 2016, helped develop four informative guidance documents of extreme value to practicing pharmacists:

- Implementing SNOMED CT in Practice: A Beginner's Guide
- Electronic Health Record Certification: Making the Pharmacist's Case to System Vendors by Practice-Specific Settings
- Overview of Pharmacists' Role of mHealth in Medication Adherence
- Guidance for Use of SNOMED CT in Transitions of Care Documentation

### APhA & CDC

APhA continued to expand relationships and foster collaboration with many groups within CDC, including the Office of Noncommunicable Diseases, Injury, and Environmental Health; the Center for Chronic Disease Prevention and Health Promotion; the Division for Heart Disease and Stroke Prevention; and the National Center of Unintentional Injury Prevention and Control, National Center for Immunization and Respiratory Diseases, and Million Hearts. Through these collaborations, APhA assisted in the development and dissemination

of publications and resource guides for pharmacists and physicians, public health, and communities.

In 2016, the primary objective of APhA's work with CDC was to identify evidence, develop strategies, define outcomes, and work closely with partners to implement pharmacist interventions that have the greatest health and cost impact. Some of these collaborative resources and publications included:

- *Vital Signs*, a publication on medication adherence showing that almost 25% of Medicare Part D recipients are nonadherent to their antihypertensive medications.
- Seminar in Science, a group of national speakers who present on current and emerging approaches to estimating, identifying, assessing, and intervening on medication nonadherence, as well as emerging practices and a research agenda to accelerate improvement in medication adherence.
- An action guide for health benefit managers, public health practitioners, and the overall health system.
- *Creating Community—Clinical Linkages between Community Pharmacists and Physicians*, a resource guide that discusses the importance of relationships between community pharmacists and physicians.
- Resource guide and translational tools for pharmacists to use in developing

and executing collaborative practice agreement.

- In collaboration with the American Medical Association, "*Using the Pharmacists' Patient Care Process to Manage High Blood Pressure*" to apply the pharmacists' patient care process to management of high blood pressure.
- *Resources and Methods for Engaging Pharmacy Partners*, a guide for state and local public health departments to understand how to begin and grow partnerships with pharmacists and pharmacy organizations.
- An education program for pharmacists related to falls prevention in seniors through MTM activities.
- *Pharmacists on the Front Lines: Addressing Prescription Opioid Abuse and Overdose*, a guide on pharmacists' role in the national opioid epidemic.
- Development and dissemination of education, tools, and resources that facilitate pharmacist engagement in the immunization neighborhood and supports implementation of the NVAC Adult Immunization Standards.

### **APhA & the National Alliance of State Pharmacy Associations (NASPA)**

With support from the Community Pharmacy Foundation, APhA and NASPA created state fact sheets that align proven results from studies on pharmacists' services with state-specific data to help demonstrate the

impact pharmacists can have on individual states and make the case for pharmacists' patient care services. Located on <http://pharmacistsprovidecare.com>, the fact sheets are another tool pharmacists can use to advocate during the quest for provider status.

### **The APhA Foundation**

The APhA Foundation continued to

collaborate on important cardiovascular health initiatives in 2016 with CDC's Division for Heart Disease and Stroke Prevention, the Million Hearts Initiative, and the American Medical Association's Improving Health Outcomes division.

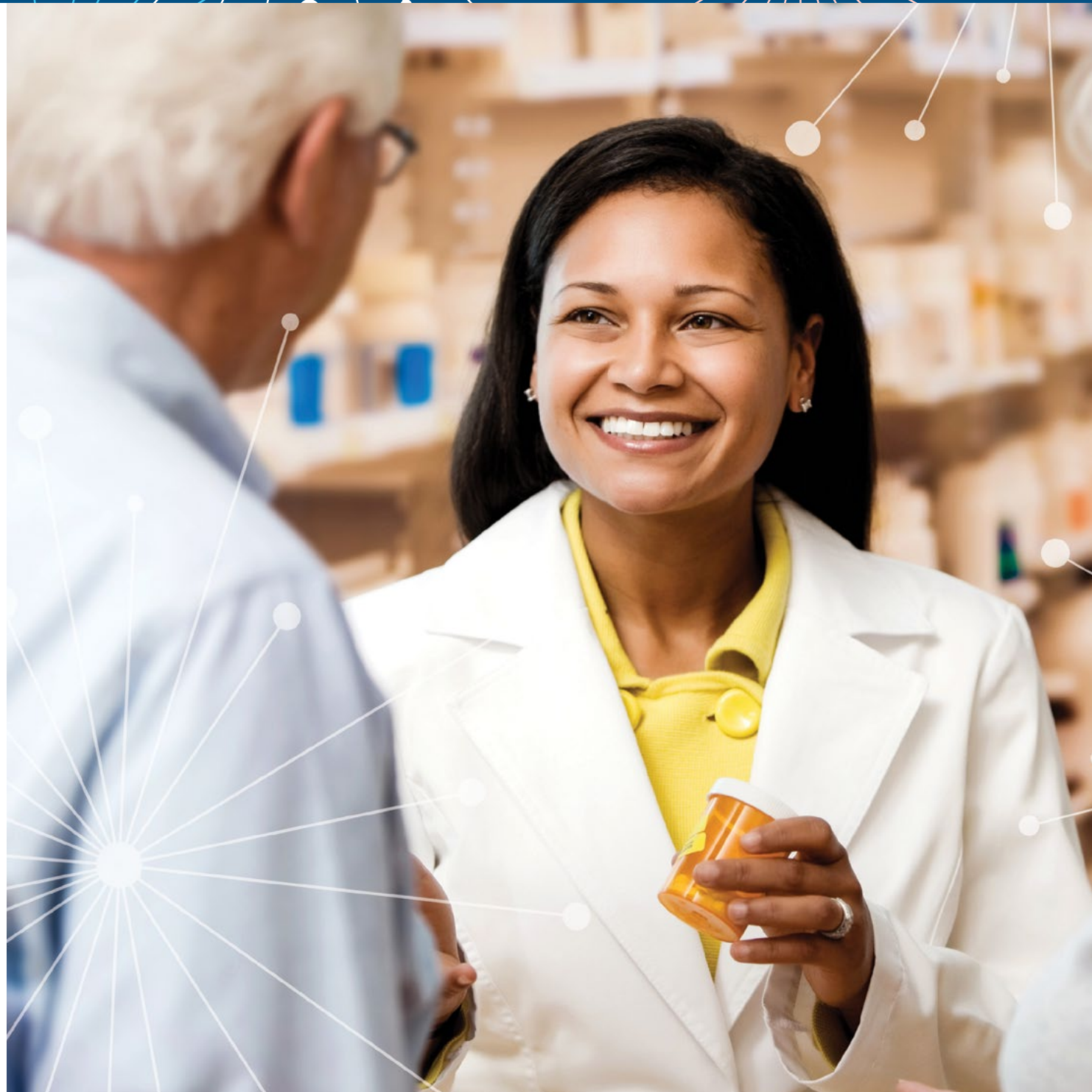
The Foundation's 15-plus year history of collaboration with Kroger continued in an exciting new initiative in 2016, Beating

### **APhA collaborated with both pharmacy and nonpharmacy groups to achieve its goals in 2016. Here is a listing:**

- Academy of Managed Care Pharmacy
- American Association of Colleges of Pharmacy
- American College of Clinical Pharmacy
- American College of Physicians
- Accreditation Council for Pharmacy Education
- American Medical Association
- American Medical Group Association
- American Society of Consultant Pharmacists
- American Society of Health-System Pharmacists
- Association of State and Territorial Health Officers
- Center for Pharmacy Practice Accreditation
- CDC
- Council on Credentialing in Pharmacy
- Gerontological Society of America
- HHS National Vaccine Program Office
- Immunization Action Coalition
- Infectious Diseases Society of America (S-FAR)
- International Pharmaceutical Federation
- International Pharmacy Federation
- Joint Commission of Pharmacy Practitioners
- National Adult and Influenza Immunization Summit
- National Alliance of State Pharmacy Associations
- National Association of Boards of Pharmacy
- National Association of Chain Drug Stores
- National Community Pharmacists Association
- National Council for Prescription Drug Programs
- National Council on Patient Information and Education
- National Vaccine Program Office
- Patient Access to Pharmacists' Care Coalition
- Pharmacy HIT Collaborative
- Pharmacy Quality Alliance
- Pharmacy Technician Certification Board
- U.S. Department of Health and Human Services
- United States Pharmacopeia
- Unity Coalition (Adolescent Health)
- Plus representatives from APhA on an extensive array of coalitions

Diabetes. The collaboration among Kroger, and the APhA Foundation produced valuable practice insights that will create new resources for practicing pharmacists to more efficiently engage with patients and empower people to be more successful with lifestyle, nutrition, and medication use behaviors and change that contribute to effective diabetes self-management.

The Foundation initiated collaboration with a U.S. Department of Defense contractor and a clinical reference laboratory on a precision medicine partnership to design and implement initiatives that will have pharmacists providing new pharmacogenomics services. The project will use a PGx panel with data from up to 210 or more potential drug-gene pairs to inform comprehensive MTM consultations and interventions with prescribers and patients.



## APhA Foundation Innovates

With the help of its corporate sponsors, the APhA Foundation imagines, designs, implements, evaluates, and communicates about innovative patient-centered, team-based care models that improve patients' health ([www.APhAFoundation.org](http://www.APhAFoundation.org)).

- Through a partnership with Sanofi, the APhA Foundation continued its important work in 2016 with Patient Self-Management Credentialing (PSMC), an initiative that expanded the use and reach of its provider-mediated, patient empowerment PSMC resources for diabetes and cardiovascular health.
- The Project IMPACT: Immunizations Pilot, with corporate support from Merck & Co., Inc., enabled the APhA Foundation to imagine and evaluate what might be possible if pharmacists are armed with access to a bidirectional immunization information system at the point-of-care, utilizing influenza vaccinations as a vector to assess patients' vaccination histories, identify unmet needs, educate, and address ACIP guidelines to improve public health. Eight community pharmacy practice sites were selected in communities throughout Washington State: Belfair, Cheney, Eatonville, Edmonds, Lopez Island, Seattle, Spokane, and Yakima. Partners also included Scientific Technologies Corporation, Washington State Pharmacists Association, and the Washington State Department of Health. Invited presentations about the initiative were made at the American Immunization Registry Association in April and the American Public Health Association in October.
- In June, with support from Sanofi Biosurgery, the APhA Foundation convened an interprofessional expert panel of thought leaders to discuss how pharmacists can work together with patients and other health care providers to design optimal processes for proper medication use and therapy associated with osteoarthritis and chronic pain. The resulting white paper outlines best practices and principles that can contribute to the transformation

of osteoarthritis and chronic pain management in the health care delivery system.

- Through experience, evidence, and stakeholder input, the APhA Foundation, in conjunction with Sanofi, believed it was important to convene a Consensus Consortium on Patient Self-Management Credentialing and Value-Based Health Benefit Design Considerations in Patient-Centered, Team-Based Care to create a set of principles to guide health care system stakeholders in making value-based health benefit design decisions for people with challenging and complex chronic conditions such as diabetes, hypertension, dyslipidemia, and others. The Consortium convened on December 1, and based on input from the 18 participants, key principles that could *IMPACT* effective health care system changes and improve patient outcomes are as follows:

**Inspire** patients, providers, and payers to transform the health care system.

**Make** the patient the center of all health care decisions.

**Promote** access to evidence and information that elevates clinical decision making.

**Align** the incentives for patients, providers, and payers.

**Cultivate** quality improvement and practice enhancement.

**Take** accountability for the financial, clinical, and humanistic outcomes of patient medication use.



### Value for the Profession of Pharmacy

- Create evidence of the impact pharmacists have as members of the health care team (used to advocate for the profession).**
- Develop consensus around unexplored or controversial pharmacy topics.**
- Examine new opportunities for pharmacy practice.**
- Groom pharmacy innovators to become our profession's leaders.**

- Imagine the possibilities if pharmacists were able to integrate new technologies for 3D printing with pharmacogenomics to enable point-of-care production of medications customized for patients based on their genome and individual needs. In November, the APhA Foundation began an initiative with key industry representatives to explore, implement, and evaluate doing just that!

### Value for APhA Foundation

- Fulfill mission to improve health by inspiring philanthropy, research, and innovation that advances pharmacists' patient care services.**
- Create awareness and support for APhA and the APhA Foundation with engaged patients, pharmacists, and communities.**



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## APhA-APPM

### APhA-APPM Special Interest Groups (SIGs) Compounding

Coordinator: William Mixon, Hickory, NC

Coordinator-elect: Michael Blaire, Scottsdale, AZ

### Diabetes Management

Coordinator: Andrew Bzowycyk, Kansas City, MO

Coordinator-elect: G. Blair Sarbacker, San Antonio, TX

### Immunizing Pharmacists

Coordinator: Sheila Seed, Worcester, MA

Coordinator-elect: Monali Majmudar, Alpharetta, GA

Medical Home/ACO Coordinator: Jeremy Thomas, Little Rock, AR

Coordinator-elect: William Shealy, North Charleston, SC

### Medication Management

Coordinator: Denise Clayton, Mayflower, AR

Coordinator-elect: Rachel Stafford, North Little Rock, AR

### Nuclear Pharmacy Practice

Coordinator: James Velez, Bellevue, WA

Coordinator-elect: Wendy Galbraith, Oklahoma City, OK

## Pain, Palliative Care and Addiction

Coordinator: Brian Fingerson, Louisville, KY

Coordinator-elect: Jeffrey Bratberg, Attleboro, MA

## Preceptor

Coordinator: Nicole Avant, West Chester, OH

Coordinator-elect: Lanita White, Little Rock, AR

## Transitions of Care

Coordinator: Ashley Lorenzen, Marshfield, WI

Coordinator-elect: Brittany Stewart, Livonia, MI

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Chair: Michael Schuh, Jacksonville, FL

Sandra Bollinger, Sikeston, MO

Deborah Bourquin, Canton, MI

Andrea Brookhart, Palmyra, VA

Angela Dyer, Franklin, TN

Mark Huffmyer, Lexington, KY

Angela Olenik, Falls Church, VA

Nicole Olenik, New Albany, IN

Teisha Robertson, Bowie, MD

Margaret Robinson, New Kent, VA

Krystalyn Weaver, Richmond, VA

Jennifer Wilson, Waxhaw, NC

## APhA-APPM Education Standing Committee

Chair: Bella Mehta, Columbus, OH

Jim Kirby, Cincinnati, OH

MiEsha Buckner, San Antonio, TX

Gretchen Garofoli, Morgantown, WV

Sarah Kelling, Ann Arbor, MI

Abby Matulewicz, Richmond, VA

Wendy Mobley-Bukstein, Des Moines, IA

Shelley Otsuka, Philadelphia, PA

Michael Petrick, Phoenix, AZ

Olivia Strain, Madison, MS

Deanna Tran, Hanover, MD

**APhA-APPM Policy Standing Committee**

Chair: Sarah Ray, Milwaukee, WI

Patricia Fabel, Winnsboro, SC

Nicki Hilliard, Little Rock, AR

Brian Hose, Clear Spring, MD

Amy Kennedy, Tucson, AZ

Karim Mohamed, Ventnor City, NJ

Cortney Mospan, Indian Trail, NC

Pamela Piotrowski, Gilbert, AZ

Larry Selkow, La Quinta, CA

Kayce Shealy, Clinton, SC

Wendy Weber, Bellevue, NE

**APhA-APPM Committee on Nominations**

Chair: Wendy Weber, Bellevue, NE

Marialice Bennett, Columbus, OH

Nicki Hilliard, Little Rock, AR

Michael Hogue, Birmingham, AL

Dan Kennedy, Portland, OR

**APhA-APRS****APhA-APRS Awards Standing Committee**

Chair: Anthony Di Pasqua, Fort Worth, TX

Justin Arnall, Kernersville, SC

Adriane Irwin, Corvallis, OR

Roger Lander, Birmingham, AL

Wendy Lantaff, Indianapolis, IN

Milap Nahata, Columbus, OH

Tony Olson, Burnsville, MN

Salisa Westrick, Auburn University, AL

Alan Zillich, Fishers, IN

**APhA-APRS Communications Standing Committee**

Chair: Eric Jarvi, Bangor, ME

Edward Bednarczyk, Buffalo, NY

Audrey Kostrzewa, Mequon, WI

Darius Mason, Albany, NY

Jaclyn Myers, Fishers, IN

Brent Reed, Baltimore, MD

**APhA-APRS Education Standing Committee**

Chair: Kevin Farmer, Oklahoma City, OK

Joseph Dikun, Oxford, MS

Andrea Kjos, Des Moines, IA

Tammy Lambert, Oklahoma City, OK

Bill McLaughlin, Germantown, TN

Leticia Moczygemba, Richmond, VA

Donna Rivera, Rockville, MD

Kimberly Scarsi, Omaha, NE

Robin Zavod, Downers Grove, IL

**APhA-APRS Policy Standing Committee**

Chair: Rob DiCenzo, Winchester, VA

Melody Ryan, Lexington, KY

Jill Augustine, Tucson, AZ

Anthony Di Pasqua, Fort Worth, TX

Eric Jarvi, Bangor, ME

Darius Mason, Albany, NY

Kimberly Scarsi, Omaha, NE

Salisa Westrick, Auburn University, AL

**APhA-APRS Postgraduate Advisory Committee**

Chair: Jill Augustine, Tucson, AZ

Justin Arnall, Kernersville, SC

Joseph Dikun, Oxford, MS

Jaclyn Myers, Fishers, IN

Tony Olson, Burnsville, MN

**APhA-APRS Committee on Nominations**

Chair: Rob DiCenzo, Winchester, VA

Anthony Di Pasqua, Fort Worth, TX

Kevin Farmer, Oklahoma City, OK

Darius Mason, Albany, NY

**APhA-ASP****Awards Standing Committee**

Chair: Michelle Leatherwood, Samford University

Nicole Clay, University of Cincinnati

Alaina Darby, University of Tennessee Health Center

Christine Rarrick, University of New Mexico



### Communications Standing Committee

Chair: Eileen Hang, Midwestern University - Chicago

Meryam Gharbi, University of Maryland

Princy John, University of the Sciences

Jeremy Sparks, University of Florida

### International Standing Committee

Chair: Wilhelmina Lord-Adem, University of Maryland

Carla Figura, University of Florida

Jimmy Godwin, Mercer University

Eric Kao, University of Houston

### Member Engagement Standing Committee

Chair: Allie Jo Shipman, Mercer University

Bethany Boyle, University of Arkansas Medical Sciences

Amanda D'Ostroph, University of North Carolina at Chapel Hill

Jordan Long, Cedarville University

### Midyear Regional Meeting Coordinators

Region 1: Daniel De Lena, University of Connecticut

Region 2: Shelly Ray, Rutgers University

Region 3: Han Ngoc Le, University of Florida

Region 4: Rebecca Lahrman, University of Cincinnati

Region 5: Elizabeth S. Murray, South Dakota State University

Region 6: Meghan N. Petersen, University of Arkansas Medical Sciences

Region 7: Lauren E. Alai, University of Utah

Region 8: Tracey Tang, Midwestern University - Glendale

### Regional Delegates

Region 1: Afeefa Y. Bhatti, MCPHS University Worcester

Region 2: Nimit Jindal, Rutgers University

Region 3: Jason Gaines, Mercer University

Region 4: Emily Willard, University of Cincinnati

Region 5: Anne Stella, Drake University

Region 6: Alexandria Ybarra, Texas Tech University Health Sciences Center

Region 7: Tingting Fu, Idaho State University

Region 8: Kevin Mai, Western University of Health Sciences

### Regional Members-at-large

Region 1: Stacy Longo, Western New England University

Region 2: Laura Byrd, University of Maryland Eastern Shore

Region 3: Rachel Brunner, Lipscomb University

Region 4: Morgan Land, Manchester University

Region 5: Claire Weidman, University of Iowa

Region 6: Katrina Watson, University of Houston

Region 7: Juliet Nguyen, Washington State University

Region 8: Anna Tabutsadze, Midwestern University - Glendale

### New Practitioner Network

#### New Practitioner Advisory Committee

Chair: David Steeb, Chapel Hill, NC

Vice-Chair: Cortney Mospan, Indian Trail, NC

Member-at-large: Kevin Barton, Bentonville, AR

Member-at-large: Brandi Hamilton, Bakersfield, CA

Member-at-large: Angela Olenik, Falls Church, VA

### Communications and Networking Standing Committee

Chair: Chelsea Anderson, Indianapolis, IN

Lauren Anderson, Detroit, MI

Michelle Carey, Toledo, OH

Brittany Schmidt, Knoxville, TN

### Education and Professional Development Standing Committee

Chair: Meagan Williams, Avon, IN

Stephanie Lewis, Middletown, CT

Donna Rivera, Rockville, MD

Megan Smith, Little Rock, AR

### Membership and Involvement Standing Committee

Chair: Lauren Lakdawala, Baltimore, MD

Brittany Hoffmann-Eubanks, Frankfort, IL

Nicole Pezzino, Wilkes-Barre, PA

Alexa Sevin, Columbus, OH

## AMERICAN PHARMACISTS ASSOCIATION

APhA Statement of Financial Position<sup>a</sup>December 31, 2016<sup>aa</sup> and 2015

	2016 <sup>aa</sup>	2015
<b>Assets:</b>		
Cash and cash equivalents	\$ 9,871,232	\$ 9,709,806
Accounts and other receivables, net	2,059,113	3,402,833
Due from affiliates	1,232,805	1,631,791
Prepaid expenses	994,099	537,472
Inventories	338,073	411,263
Investments	17,375,984	15,588,052
Investment in 2200 C Street LLC	(12,068,527)	(11,881,517)
Land, building, and equipment, net	10,040,930	10,338,854
Other assets	258,464	—
<b>Total assets</b>	<b>\$ 30,102,173</b>	<b>\$ 29,738,554</b>
<b>Liabilities:</b>		
Accounts payable and accrued expenses	\$ 2,064,393	\$ 2,038,792
Accrued payroll and related liabilities	1,323,225	1,486,512
Deferred revenue	12,407,466	12,812,642
Deferred compensation	1,189,775	1,049,324
Notes payable	300,000	—
<b>Total liabilities</b>	<b>17,284,859</b>	<b>17,387,270</b>
<b>Net assets:</b>		
Unrestricted	12,672,149	12,203,676
Temporarily restricted	130,165	132,608
Permanently restricted	15,000	15,000
<b>Total net assets</b>	<b>12,817,314</b>	<b>12,351,284</b>
<b>Total liabilities and net assets</b>	<b>\$ 30,102,173</b>	<b>\$ 29,738,554</b>

<sup>a</sup>Reflects APhA core operations and its investment in the headquarters building (2200 C Street LLC).<sup>aa</sup>Unaudited.APhA Statement of Activities<sup>a</sup>Year ended December 31, 2016<sup>aa</sup> and 2015

	2016 <sup>aa</sup>	2015
<b>Revenues:</b>		
Meetings and education	\$ 8,122,729	\$ 9,060,329
Grants and support	7,189,889	7,300,022
Board certification	6,304,001	5,446,303
Publications and subscriptions	4,612,923	4,478,341
Membership dues	4,321,786	4,310,630
Advertising	753,297	3,371,788
Investment income, net of nonoperating investment income	728,664	671,688
Royalties	565,743	567,279
Rental income	285,592	285,629
Other	1,672,988	1,314,650
<b>Total revenues</b>	<b>34,557,612</b>	<b>36,806,659</b>
<b>Expenses:</b>		
Salaries and related costs	14,723,160	14,354,345
Professional fees and honoraria	6,487,299	7,615,621
Occupancy costs	3,697,757	3,579,008
Travel and meetings	2,529,488	2,733,969
Publications and editorial costs	1,544,776	1,768,446
Equipment rental, and repair and maintenance	1,087,828	1,002,970
Depreciation and amortization	1,001,972	1,021,376
Contributions and dues	499,130	335,258
Postage, and shipping and handling	479,907	1,222,563
Printing	374,998	869,845
Telephone and internet	214,959	229,006
Paper costs and supplies	198,503	647,070
Other	1,576,652	1,028,690
<b>Total expenses</b>	<b>34,416,429</b>	<b>36,408,167</b>
<b>Net operating surplus before other items</b>	<b>141,183</b>	<b>398,492</b>
<b>Other items:</b>		
Nonoperating investment gain (loss):		
APhA (after allocation to operations)	791,417	(1,087,069)
2200 C Street LLC	922,988	(151,388)
Loss from building operations	(939,387)	(959,920)
Provider status initiative	(148,866)	(1,449,951)
Other strategic initiatives	(301,305)	(279,649)
<b>Change in net assets</b>	<b>466,030</b>	<b>(3,529,485)</b>
<b>Net assets, beginning of year</b>	<b>12,351,284</b>	<b>15,880,769</b>
<b>Net assets, end of year</b>	<b>\$ 12,817,314</b>	<b>\$ 12,351,284</b>

<sup>a</sup>Reflects APhA core operations and its investment in the headquarters building (2200 C Street LLC).<sup>aa</sup>Unaudited.



