OUR MISSION
The American Pharmacists Association empowers its members to improve medication use and advance patient care.
APhA’s efforts to improve medication use and advance patient care were never more significant than through the contributions of members, leaders, collaborators, and staff in 2013. Indeed, the collective work, advancements, and expertise to achieve APhA’s strategic aims as outlined in this report are worthy of your read if you share and desire to help us achieve our ultimate goals for patients and pharmacists.

Like no other time in history, APhA has begun the conversation on Capitol Hill for pharmacists to be included and recognized as providers of care. Ultimately, advocating for pharmacists and patients will be achieved when all patients demand their personal pharmacist be actively involved in maintaining their health beyond access to medication. Meeting that demand will require federal, state, and local government decision makers to be fully informed and consider the role and compensation of the pharmacist in drafting laws and regulations that will meet the intrinsic health care needs of all Americans.

To ensure pharmacists stand ready to meet the expectations of their patients and colleagues, APhA needs your help in transforming the role of the pharmacist to a direct provider of care. Transformation will be complete only when all patients have available an annual medication review performed by their pharmacist and pharmacists are totally accessible to collaborate with every member of the health care team. Critical to successful collaboration is the ability for pharmacists to share and review patient findings and interventions through integrated and compatible platforms for exchange of critical patient health information.

Elevating pharmacy practice to allow pharmacists to provide patient care at a level congruent with their professional education and expertise related to medication use is another high priority. Accreditation standards should facilitate a practice environment conducive to the delivery of patient care and safe medication distribution. When pharmacists are being recruited to provide care collaboratively with physicians in every medical practice in America, APhA’s vision for how pharmacists should practice will be realized.

We must also work together to educate and inform pharmacists to ensure our training and abilities are applicable to the achievement of higher quality health care at a lower cost. Pharmacists’ knowledge and competence must remain current to step forward and assume patient care accountability across the profession and within the new health care delivery system.

APhA’s strength and influence will be undeniable when every pharmacist is a member and the power of our collective voice cannot go unheard. Much like our prominent and historical position on Constitution Avenue in Washington, DC, APhA invites you to be part of the power and the promise of pharmacy through active membership and collaboration in 2014 and many years ahead.

Sincerely,

THOMAS E. MENIGHAN, BSPharm, MBA, Sc.D (Hon), FAPhA
Executive Vice President and Chief Executive Officer
THE POWER AND PROMISE OF PHARMACY

As medication experts, the power of pharmacists to positively impact patient lives and improve health care quality is being recognized and actively pursued by policy makers, payers, and many other health care sectors that understand the importance of safe and effective medication use. In 2013, APhA is especially proud to have helped pharmacists move closer to full recognition for themselves and their profession in a way that promises continued advancements and improvements in patient care.

Pharmacists’ services have grown well beyond functions tied only to the medication dispensing process and now encompass the provision of patient care. Many pharmacists coordinate medication use during care transitions, provide medication management services, conduct comprehensive medication reviews with ongoing medication monitoring, support chronic disease management, actively educate patients, and offer disease prevention and wellness services.

APhA is fully committed to attaining provider status and value recognition for pharmacists to ensure integration on health care teams. To help pharmacists assume and sustain any number of roles in providing care, in 2013 APhA vigorously advocated for pharmacists as patient care providers, educated pharmacists on emerging clinical and practice management issues, cultivated practice innovation, and engaged our members to build momentum, capacity, and demand for pharmacists’ patient care services while continuing to expand APhA’s organizational strength and influence on behalf of America’s nearly 300,000 pharmacists. This Annual Report is designed to describe major APhA accomplishments and enhancements during 2013 related to key strategic goals, highlight APhA’s capabilities, and recognize the work of members, leaders, and staff.
Pharmacists have a rich and impressive history of helping patients. Published literature is replete with accounts of how pharmacists have significantly improved clinical, economic, and quality outcomes of patient care. With newly committed resources and focused intensity, the APhA government affairs division spearheads efforts on pharmacists’ behalf that are intended to help lawmakers and regulators understand and consider the importance of the pharmacist’s role in the provision of health care when drafting policy.

APhA’s advocacy efforts are grounded in the evidence supporting pharmacists’ expertise related to medication use and the benefits that can be realized when pharmacists are integrated into the health care team. With the national focus on pay for performance, care coordination, collaboration, and transitions of care, there are many areas where pharmacists can contribute their expertise to improve the patient experience, improve population health, and reduce costs: the “Triple Aim.” It is vitally important that pharmacists be recognized as providers in the health care delivery system to allow new and existing models to fully integrate pharmacists.
Provider Status
As part of APhA’s provider status action plan, the government affairs team, along with collaborating pharmacy organizations, aggressively educates and lobbies members of key congressional committees, such as the House Ways and Means Committee; House Energy and Commerce Committee; Senate Health, Education, Labor, and Pensions Committee; and Senate Finance Committee. APhA develops and maintains relationships with key members and staff and, through our Political Action Committee, supports candidates for federal office who recognize the value of pharmacists in the health care system. APhA is consistently viewed as a balanced, reputable, and constructive resource on health care legislation as evidenced by an increasing number of requests for input and the Association uses those opportunities to discuss provider status.

APhA has designed a multi-level campaign for advocacy efforts directed toward pharmacist provider status that goes beyond the pursuit of a single piece of legislation and encompasses activities at the federal, state, and local levels. APhA recognizes the need for local engagement and works closely with state pharmacist associations to engage pharmacists and build grassroots networks that include not only pharmacists but patients and other health care providers. Additionally, we “tell your story” by identifying pharmacy success stories and using them to demonstrate the value pharmacists bring to patients and the health care system as a whole.

In November 2013, APhA submitted comments regarding the draft of the U.S. Department of Health and Human Services (HHS) Strategic Plan for 2014–2018. The Association argued for pharmacists’ provider status: “In order for pharmacists to fully realize their potential to improve patient care and outcomes and for HHS to achieve the objectives outlined in its Strategic Plan, certain barriers, including reimbursement issues and resource allocation, must be addressed.” APhA commented that the lack of federal provider status is often cited by state and private health plans as their reason for not covering beneficiaries or compensating pharmacist-delivered patient care services. This lack results in barriers to access and coverage for those services in emerging integrated care delivery models such as patient-centered medical homes and accountable care organizations (ACOs). Pivoting to the HHS Strategic Plan’s emphasis on the use of electronic health information technology (HIT), APhA further added: “Recognizing pharmacists as ‘eligible professionals’ for the [electronic health record] incentive program would contribute significantly to this effort.”

Medicare Part D Benefit
APhA regularly educates and updates staff of the Centers for Medicare and Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), and Health Resources and Services Administration (HRSA) on the value of pharmacists. For more than a decade and...
continuing in 2013, APhA monitors and engages with CMS on medication therapy management (MTM). APhA influenced CMS's determination that MTM is a quality improvement medical benefit under Medicare Part D rather than an administrative cost for the prescription benefit plans. Commonly known as the 80/20 rule or the Medical Loss Ratio rule, health insurance companies are required to disclose how much they spend on health care and how much they spend on administrative costs, such as salaries and marketing. Recognizing MTM as a health care expenditure, instead of as an administrative cost, positions MTM as a service that improves quality of care. This decision by CMS underscores the value and importance of ensuring proper medication use. CMS has stated repeatedly, such as in the 2013 Part D Call Letter, that the agency values MTM and encourages its use by Part D plans.

Patient Safety

In November 2013, President Obama signed the Drug Quality and Security Act (H.R. 3204), which granted FDA more authority to regulate the manufacturing of compounded drugs. APhA worked closely with House and Senate staff to make improvements throughout the nearly yearlong process to enact the bill. Although concerns with the final legislation still remain, APhA believes the law will protect the public from harm while maintaining access for patients to important and often life-saving compounded preparations.

In October 2013, APhA submitted comments on HHS’s draft National Action Plan for Adverse Drug Events (ADE) Prevention. APhA supported the Action Plan, which focused on preventing ADEs related to three drug classes: anticoagulants, diabetes agents, and opioids. In the draft Action Plan, HHS specifically recognized the critical role of pharmacists in preventing ADEs and the difference pharmacists make in improving the quality of patient care. HHS also acknowledged the economic barriers affecting pharmacists’ services and APhA’s provider status efforts. The American Health Quality Association (AHQA) also discussed the need for pharmacist provider status in its comments on the draft Action Plan; specifically, AHQA recommended that “recognition of pharmacists as providers” be included in the HHS Action Plan “as a central component of drug safety efforts.”

APhA opposed FDA’s recommendation to reschedule hydrocodone to Schedule II, based on evidence that this change could reduce legitimate patient access to medications and cause harm—largely to patients living with chronic pain. Furthermore, APhA communicated concern that rescheduling these medications would introduce inefficiencies and increase health care costs at a time when policy makers are seeking to do precisely the opposite.
Core strategy of the Association is to transform the role of the pharmacist in collaborations with other health care stakeholders. These stakeholder relationships are key to advancing APhA’s numerous practice and science initiatives, which are intended to help pharmacists transform their individual practices as well as elevate pharmacists’ roles in new and existing health care delivery models, such as in advanced primary care.

Practice Innovation

As health care reform sweeps across America and echoes in the halls of Congress, pharmacists must innovate and stand ready to assume new roles. Many APhA members are on the forefront of innovation and provide examples for other members to adapt, adopt, or further refine. Throughout 2013, APhA collected and showcased innovative practices where pharmacists were integrated into health care teams to assist with optimizing patient outcomes. Articles published in Pharmacy Today and on APhA’s pharmacist.com website highlight innovative pharmacist roles and responsibilities, including their experiences, recommendations, and business model strategies.

Widely disseminating examples of successful and innovative practice models provides APhA members with insights and ideas to help elevate their own practices. Moreover, the identification of success factors at the state level helps APhA reflect commonalities in states that have successfully advanced recognition and payment for pharmacists. Profiling pharmacists in each state also supports grassroots advocacy efforts and directs policy makers to experience pharmacists’ services. In collaboration with the National Alliance of State Pharmacy Associations (NASPA), APhA updated individual state profiles in 2013 to help pharmacists highlight needs and opportunities when meeting with policy makers, payers, or other health care decision makers in their states. In addition, focused analysis of states and practices is underway and scheduled for release in early 2014 to further guide the state-based roadmap to provider recognition.

Health Information Technology

Through our primary leadership role in the Pharmacy Health Information Technology Collaborative, APhA continued to actively pursue technology solutions that will support pharmacist providers. The Collaborative works to ensure the meaningful use of standardized electronic health records (EHR) that supports safe, efficient, and effective medication use; facilitates continuity of care; and provides access to the patient care services of pharmacists with other members of the interdisciplinary patient care team. In 2013, several of the

The ultimate goal is to use health information technology to support collaboration between pharmacists and prescribers for improving medication use.
Collaborative’s work groups helped prepare electronic structure documents that specify standards for information and data that pharmacists need to review and share when using EHR systems. The ultimate goal is to use HIT to support collaboration between pharmacists and prescribers for improving medication use. As a result of the work of the Collaborative, pharmacists and pharmacy are included in important national HIT discussions and decisions.

Medication Therapy Management
In March 2013, APhA published the fifth timely and comprehensive assessment in an ongoing series on the status of MTM in the United States. The APhA Medication Therapy Management Digest tracks implementation of MTM across the country, reporting survey responses from MTM payers and pharmacists and discussing key developments in the marketplace. The 2013 issue highlights trends for pharmacists’ integration into interdisciplinary health care teams. In 2013, APhA convened an expert panel of pharmacist and scientist members to develop extensive feedback to the Agency on Healthcare Research and Quality on a draft MTM systematic review.

Immunizations
With more than 230,000 pharmacists trained through APhA’s Pharmacy-Based Immunization Delivery certificate training program, the Association has been instrumental in extending the vital role pharmacists play in public health. Through ongoing partnerships with colleges of pharmacy, state pharmacy associations, and corporate pharmacy organizations, APhA continues to be viewed as a source of quality education, training, and support for pharmacists wanting to make a difference in public health.

The Immunization Resource Center on pharmacist.com is the hub for information and resources designed to help pharmacists build and sustain their immunization practice. APhA’s demonstrated leadership and funding from partners—such as the APhA Foundation, HHS National Vaccine Program Office, vaccine manufacturers, and others—allows us to convene immunization leaders as well as provide immunization education and updates for pharmacists to support practice transformation that reinforces the expanded role for pharmacists expected by the public at large.

U.S. Assistant Secretary for Health Howard Koh, MD, MPH, and Assistant Surgeon General RADM Anne
Schuchat, MD, recognized APhA for coining the term “immunization neighborhood” that is gaining acceptance by immunization stakeholders. They applauded pharmacists for working collaboratively with other providers to protect the public from vaccine-preventable diseases and addressing the challenges in implementing the immunization neighborhood. APhA is viewed as a leader, facilitator, and collaborator on immunizations.

**Practice Demonstration**

During 2013, APhA engaged in practice demonstration activities that align with FDA’s Nonprescription Drug Safe Use Regulatory Expansion (NSURE) initiative related to nonprescription drugs and the public health role of pharmacists. The APhA Anaphylaxis Screening and Protection (ASAP) pilot program practice sites used a web-based patient assessment and consultation tool to identify and educate patients at risk for anaphylaxis. The ASAP project was supported by a grant from Mylan Specialty LP. Another large project, supported by Pfizer, was implemented in 2013 and is evaluating the impact of varied educational strategies on pneumococcal immunization activity by community pharmacists. APhA also convened and facilitated stakeholder discussions on important professional issues including opioid abuse, diversion, and addiction, and strategies for development of collaboration between pharmacy and payers to meet CMS Star Rating quality measures.

**Community Pharmacy Residency**

APhA supports community pharmacy residency programs designed to prepare pharmacists for advanced community/ambulatory practice. Accreditation of postgraduate year 1 (PGY1) community pharmacy residency programs is in its 14th year and these programs are administered through a partnership between APhA and the American Society of Health-System Pharmacists. During 2013, PGY1 community pharmacy residency programs grew 20% to 112 programs and 189 positions. This expansion clearly indicates that there is continuing need for highly trained and capable pharmacists to lead the transformation of practice in the community setting. Ambulatory services are critical in the safety net, Medicare, Medicaid, and private sectors to improve access and meet demand for primary care services. Community pharmacy residency programs are innovation incubators for community practice.
Developing useful quality measures and engaging the pharmacy profession in the delivery of a consistent patient care process are essential elements for providing scalable services in the marketplace. To that end, articulating a standardized patient care process for pharmacists was a high priority for APhA and collaborating pharmacy organizations in 2013. A well-defined and implemented process of care creates predictable expectations for pharmacists’ services and more consistency in measuring the value of those services using recognized quality metrics.

Progress through Collaboration
When APhA works together with other stakeholders and colleagues on a common issue or project, the synergy creates results greater than those produced by the sum of the individual members. Accordingly, APhA is committed to working collaboratively with other pharmacy organizations on the provider status effort. Following work that began in 2008 on health care reform, APhA refocused in 2012 to organize and regularly convene a coalition of national pharmacy organizations. This group created provider status principles.

Inherent to any health innovation is the need to ensure standards of care are being met and can be measured. In 2013, APhA worked to shape the development of quality measures for medication use and evaluated new approaches to patient care and new payment models for pharmacists that align with evolving quality-based and performance-driven reimbursement structures.

ELEVATING PHARMACY PRACTICE
that are patient-centered, focused on team-based care, and grounded in improving access, quality, and cost. In March 2013, the coalition gathered constructive feedback on the principles at a national provider status stakeholder meeting convened in Los Angeles.

A consensus-based approach for advocacy and legislative efforts is crucial for the profession to deliver an understandable, consistent, and coordinated message. Each collaborating organization is committed to doing its part to advance the objective. Following the stakeholder meeting, APhA launched a dedicated section of pharmacist.com to keep members abreast of progress, news, and ways to become involved. We continually develop new information to add to the website as well as ways to better update and inform members.

In addition, APhA engaged Qorvis, a national communications firm, to develop a national campaign to support outreach and obtain feedback from decision makers, the public, pharmacists, and other health care professionals. Telephone survey results from more than 1,000 registered voters and 600 pharmacists nationwide indicate that there is significant support for pharmacists as providers. More than 80% of voters agree that pharmacists should be considered part of each patient’s overall health care team. Furthermore, of the sample taken, 62% of APhA members, 44% of nonmembers, and 51% of former members say achieving “provider status” is “very important” to them personally.

Integrated Care Delivery Models: Accountable Care Organizations and Medical Homes

As part of the provider status initiative, APhA is working to influence the inclusion of pharmacists in new coordinated health care models such as ACOs and medical homes. In 2013, APhA embarked on the development of a series of eight ACO issue briefs produced through the Association’s engagement with Leavitt Partners LLC. These briefs inform APhA members about the evolving health care delivery system—in particular, the ACO, a predominant new delivery model—and explore the roles of medication use and pharmacists in these new models. The premiere issue brief, Accountable Care Organizations 101, is available publicly while the others in the series are available only to APhA members. In addition, APhA promotes the benefits that patients receive when pharmacists are included on the health care team through participation in organizations and meetings, including through membership in the Patient-Centered Primary Care Collaborative.

Value of Pharmacists’ Services

APhA regularly publishes articles on the value of the pharmacist and pharmacist-provided patient care services and utilizes a multi-channel communication strategy to reach key stakeholders with these messages. APhA coordinated with other pharmacy organizations in November 2013 and began an evidence project focused on demonstrating the value of pharmacists and pharmacists’ patient care services. The impetus for the project was the need for an “outside of pharmacy” look at the evidence related to pharmacists and their services. The contracted project consists of a supplemental literature review, gap analysis of literature and recommendations, and an independently branded white paper. The project, slated for completion in spring 2014, should serve as the strong foundation for federal, state, and private provider status activities.
Pharmacy Practice Accreditation
As a founding member of the Center for Pharmacy Practice Accreditation (CPPA), APhA envisions that the accreditation of pharmacy practices will improve processes of care and advance the profession of pharmacy. In March 2013, CPPA released its Community Pharmacy Practice Accreditation Standards, which were developed within the profession using a consensus-based process that included a public comment period. Within the standards, the Center identified three domains that reflect the overarching purpose of community pharmacy practice accreditation: practice management, patient care services, and quality improvement. CPPA accreditation indicates measurable, safe, effective patient care is provided by the accredited pharmacy practice and distinguishes that practice and its value within the health care system. The first accredited pharmacies are projected for early 2014.

Board of Pharmacy Specialties
More than 19,000 pharmacists are currently recognized as having advanced practice skills through certification by the Board of Pharmacy Specialties (BPS). Since its inception, BPS has helped pharmacists achieve new levels of responsibility in their individual careers as well as elevate and recognize pharmacists’ value in existing and developing health care delivery systems. In 2013, BPS approved two new specialties—Pediatric Pharmacy and Critical Care Pharmacy—to address the major contributions made by pharmacists in these clinical areas. In addition, BPS shifted to a computer-based testing platform that allows pharmacists to access more than 650 testing centers worldwide and resulting in more than 5,100 candidates tested during fall 2013. The continued expansion in board certification reflects increasing demand for greater pharmacist engagement that supports APhA’s efforts to advocate for pharmacist provider status.

Quality Management
In 2013 and 2014, APhA Executive Vice President and CEO Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA, serves as Chairman of the Board President for the Pharmacy Quality Alliance (PQA). APhA fully supports the mission of PQA to improve the quality of medication management and use across health care settings. In addition to developing and introducing measures for medication use quality, in 2013 PQA announced a new initiative to support the implementation of medication synchronization programs and pilots in community pharmacies nationwide using the appointment-based model (ABM). Medication synchronization using ABM focuses on aligning patients’ refills of chronic medications to occur on the same appointment date each month and connecting with the patient using an outbound call prior to the appointment. APhA believes that efforts to measure quality are paramount to demonstrating the value of pharmacists’ services and elevating practice to provider status.
Pharmacists must be ready to step forward and assume patient care accountability across the profession and within the new health care delivery system. Application of pharmacists’ training and abilities is necessary for the achievement of higher quality health care at a lower cost. APhA’s outstanding educational offerings, books and publications, and the impressive Annual Meeting are critical resources for helping pharmacists to stay up to date, be innovative, and motivate themselves to the higher level of practice that provider status will require.

**Continuing Professional Education**

APhA is proud of our reputation as a principal source of education for pharmacists. Each year, APhA offers approximately 200 distinct education activities that are accredited by the Accreditation Council for Pharmacy Education (ACPE). Designed to be more than license renewal activities, these educational offerings train pharmacists to be competent providers by instilling, expanding, and enhancing practice competencies through the acquisition of specified knowledge, skills, attitudes, and performance behaviors. APhA educational programs are developed to meet the needs of a diverse profession and support pharmacists’ efforts to meet new roles and responsibilities as recognized providers.

In 2013, APhA adopted a more comprehensive and more frequent needs assessment approach to identify pharmacists’ perceived interests and capabilities as well as to uncover knowledge gaps related to specific topics. By expanding education outcomes evaluation beyond self-assessment to assessment of actual knowledge gains and practice competency, APhA provides pharmacists with “the right education, at the right moment, to help that one patient.” Education formats are intended to support diverse practices and learning styles using webinars, self-directed programming, live seminars, and print options; all formats are supported by the APhA learning management system. The APhA education team believes that pharmacists will need to be more self-aware and take an active role when seeking education and training to attain and maintain knowledge, skills, and competence as providers. APhA training programs are increasingly focused on national treatment guidelines and helping pharmacists implement strategies that allow them to stay informed on new developments and changes in practice.

Advanced competency training (ACT) programs were introduced in 2013 and complement the current suite of certificate training programs. APhA’s ACT programs use extensive case studies to help pharmacists apply knowledge and gain skills to work directly with patients. APhA also continues to engage partners to meet the needs of pharmacists by offering multi-disciplinary training opportunities that support collaboration between pharmacists and other health care providers. Partnerships allow APhA to expand the type, breadth, and number of offerings as well as reach a greater number of pharmacists and thus affect a greater number of patients.
The 2013 APhA Annual Meeting and Exposition successfully united high energy, young professionals with seasoned, more experienced pharmacists to generate new ideas, gather momentum toward provider status, and set the profession’s policy in the House of Delegates. Six separate sessions and a summit on provider status were held during APhA2013 in Los Angeles. The Federal Pharmacists Forum during the Annual Meeting also helps APhA support and understand the unique needs of pharmacists who serve in the armed services. APhA2013 attracted nearly 6,000 attendees along with 160 exhibitor companies and organizations showcasing pharmaceutical products and manufacturers, pharmacy-focused software and equipment, an employment exchange, and many other products and services of interest to pharmacy professionals.

The Annual Meeting and Exposition is APhA’s most communal event of the year and allows members to meet and interact with APhA staff and to network with exhibitors and colleagues. Opportunities abound to attend live education sessions with nationally recognized experts, interact socially, and engage in discussions that are continued for months afterward and in some instances throughout an entire professional career. The Annual Meeting allows APhA to engage face to face with pharmacists and generate interest on key issues confronting the Association and the profession. Pharmacists recognize that the APhA Annual Meeting is a capstone event that allows members to observe and experience the value of their membership in action.

**Periodicals**

*Pharmacy Today* is APhA’s monthly MTM magazine, which is distributed to more than 150,000 pharmacists nationwide. A major enhancement in 2013 included a cover redesign to spotlight featured profiles that recognize individual pharmacists and the innovative patient care services they provide. Readers can use these featured profiles as models to develop and improve their own practice, increase patient adherence, and build patient loyalty. Regular content areas of *Pharmacy Today* also include practice pearls, product showcases, counseling tips for over-the-counter therapies, communication tools, integrative medicine updates, legislative and regulatory developments affecting the practice of pharmacy, and a range of other relevant topics.

APhA supports and publishes science-based and practice-focused journal articles for a diverse membership in *Journal of the American Pharmacists Association (JAPhA)* and *Journal of Pharmaceutical Sciences (JPharmSci)*. *JAPhA* is a source of peer-reviewed evidence of pharmacist-delivered services that support the case for expanded recognition of pharmacists’ value. *JPharmSci* is an internationally recognized source of peer-reviewed research used by scientists involved in drug development. In July 2013, Andy Stergachis, BPharm, PhD, was named editor in chief of *JAPhA*. In this position, Stergachis leads a team of associate editors in conducting peer review of manuscripts submitted for publication in the Science and Practice section and oversees the editorial content of *JAPhA*. “APhA members rely on *JAPhA* for information and updates that link the science of pharmacy with daily practice in health care settings of all types,” noted APhA Executive Vice President and CEO Thomas E. Menighan.
Books and Electronic Products

APhA books and electronic products help pharmacists transform their practices by offering current information and updates to time-sensitive and rapidly evolving professional issues and drug information that supports pharmacists’ efforts to improve the lives of patients. The practitioners, educators, and students serving on the Books and Electronic Products Editorial Advisory Board work to identify and develop relevant and timely content and subject areas and they help determine the optimal platform on which to publish. Digital publishing allows APhA to make available even niche titles with limited readers when the topic supports the mission of APhA and the needs of the profession. Consistent with general demand for mobile, anytime, anywhere access to information across other market and demographic segments, digital publishing at APhA also experienced a dramatic increase in uptake over the previous year.

PharmacyLibrary, launched in 2010, continued to show substantial growth in institutional subscriptions in 2013 with the increase primarily due to alignment with student pharmacist preparation and training for patient-centered care. PharmacyLibrary now includes more than 20 book titles and provides convenient access to information for individual subscribers as well as for colleges of pharmacy and employers seeking to support patient care program development and delivery. A key enhancement in 2013 was the addition of more than 125 active learning exercises developed by faculty from the University of Iowa College of Pharmacy. More than 1.5 million content retrievals were executed in 2013.

APhA’s commitment to improving medication use is evident with the 2013 publication of Motivational Interviewing for Health Care Professionals: A Sensible Approach by Bruce Berger and William Villaume. This new resource is useful not only for pharmacists but for all health professionals who desire to help patients adhere to prescribed medication regimens and adopt healthful behaviors.
Membership in APhA

Pharmacists are fortunate to have a professional future that spans several decades with numerous opportunities for growth and leadership. Through student and new practitioner programming, APhA has helped thousands of young pharmacists build a foundation for leadership in the profession and increasingly responsible positions in their own organizations. Regardless of experience or years since graduation and licensure, APhA membership gives pharmacists the opportunity to gain experience and participate in leadership roles in their individual practice and the profession as a whole. The “It’s Mutual” membership campaign was launched in fall 2013 to convey that APhA shares every pharmacist’s desire for a successful and meaningful career.

Being an APhA member offers pharmacists access to education, resources, and opportunities for professional growth. Perhaps equally important is how the opinion, insight, and innovation of one member can influence the practice of pharmacy and potentially millions of patients. That amplification of a single person’s voice is routinely evident at the many workshops, stakeholder meetings, focus groups, House of Delegates sessions, and market research activities influencing the message that APhA publishes or directly conveys to legislative and regulatory decision makers.

In 2013, APhA staff conducted the work necessary to prepare for implementation of the new association management system (AMS) in early 2014; AMS software will streamline the many online transactions performed by members and non-members while simultaneously helping APhA better understand member interests and needs. To be more responsive and accessible to members, APhA also implemented changes to our call center support service that allows members to speak directly and immediately with a member support person rather than having to leave a telephone message.

Student Pharmacists

APhA is committed to supporting an expanded role for future pharmacists and views student members as a critical and vital force to transform the profession. Student pharmacists clearly support the APhA mission, commitment, and promise to sustain and advance the future of pharmacy through their activities in the Association’s Academy of Student Pharmacists (APhA-ASP).
As expressed by APhA-ASP 2013–2014 National President Brandi Hamilton, the theme “Be the Change” recognizes how student pharmacists can inspire an enhanced perception of the pharmacist’s role in patient care. Currently, there are 129 student chapters representing 100% of schools and colleges of pharmacy. As a result of the extensive outreach efforts, nearly two out of every three student pharmacists are APhA-ASP members. The APhA-ASP’s Summer Leadership Institute continues to set record attendance and in 2013 resulted in more than 135 visits to members of Congress. For the second year, APhA-ASP conducted its webinar week of 2-hour sessions designed to develop chapter leaders, with more than 600 student pharmacists participating in 2013. The APhA-ASP Midyear Regional Meetings continue to grow and the demand in 2013 exceeded meeting room capacity; with a record 2,975 attendees these events have been expanded to include more leadership development, networking, and chapter activity spotlighting sessions.

APhA-ASP programs provide opportunities for students to shape their future careers, and profession as well as engage directly with their communities through chapter projects such as Generation Rx, Operation Diabetes, Operation Heart, Operation Immunization, and Operation Self-Care. The projects are intended to generate grassroots visibility of the pharmacists’ role in health care through health fairs, other community projects, and direct legislative outreach. The APhA-ASP Policy Postcard Challenge let patients show their appreciation for student pharmacists and the clinical services they provide by sending postcards to their state and federal legislators. By participating in the Challenge, student pharmacists and the patients they serve help demonstrate the value of pharmacist-provided services to legislators.

New Practitioners

Moving from student pharmacist to new practitioner can be exciting but sometimes overwhelming. APhA defines a new practitioner as a school or college of pharmacy graduate within the last 5 years. The Association seeks to empower and grow these members as leaders to sustain the profession. The New Practitioner Advisory Committee appointed by the Board of Trustees and four Standing Committees (Awards; Communications and Networking; Education and Professional Development; and Membership and Involvement) demonstrate APhA’s commitment to the unique needs of pharmacists just beginning their careers. A well-received 2013 webinar series focused on transitioning into leadership, effective communication, and leadership styles. Furthermore, new practitioners will participate in a capstone event at the 2014 APhA Annual Meeting and Exposition being held in Orlando, Florida.

Nearly 100 new practitioners participate in a mentor program to support APhA-ASP chapters and offer student pharmacists the opportunity to interact with recent patient care projects.

**HIGHLIGHTS OF APhA-ASP PATIENT CARE PROJECTS**

- Chapters participating = 68–81 per project
- Students participating = 10,977 (total = 43,911)
- Faculty participating = 3,303
- Pharmacists participating = 3,325
- Events conducted = 4,051
- Patients screened = 251,788
- Immunizations provided = 77,868
- Patients referred to their primary care provider = 11,077
- Patients received health and wellness services = 324,503
- Patients reached through PR initiatives = 21,102,799
graduates who can provide insight into the transition from student to pharmacist. APhA developed a toolkit in 2013 to help mentors plan and engage with their chapters in ways that will help student pharmacists conduct successful patient care projects and prepare for experiential rotations.

APhA Academies
APhA’s Academy of Pharmacy Practice and Management (APhA-APPM) and Academy of Pharmaceutical Research and Science (APhA-APRS) are designed to provide opportunities for members to communicate and network regarding shared interests in practice or research priorities. During 2013, APhA was pleased to support increased activity of the practice and science groups due to greater alignment and momentum related to the strategic priorities and the focus on provider status across the organization and membership. The structure of the Academies provides a platform for individual members to be heard by the APhA Board of Trustees, the pharmacy profession, and the larger health care community.

In 2013, the number of APhA-APPM Special Interest Groups (SIGs) increased from four communities to nine communities and APhA members were the driving force behind the expansion. These groups are based on issues and topics that are relevant to pharmacists no matter their practice setting. SIGs provide members an online, anytime, anywhere forum to network, exchange ideas, discuss emerging issues, answer questions, and share resources. APhA-APPM officers serve as liaisons for the SIGs and report activities to the APhA Board of Trustees.

Academy work groups provided invaluable contributions to APhA, especially through their special project activities relevant to provider status. APhA-APPM provided input on training modules developed by the American College of Physicians, which were designed to train medical residents and practicing physicians on appropriate prescribing. This collaboration also demonstrated APhA’s ability to develop relationships with other health care provider groups. The APhA Evidence for Pharmacists Services Expert Panel, composed of members from APhA-APRS, released an initial compilation of best evidence to help convince policy makers and other decision makers of the need for pharmacist provider status. Another expert panel composed of APhA-APPM and APhA-APRS members reviewed newly developed national guidelines from the American College of Cardiology and the American Heart Association for cholesterol, obesity, and lifestyle management and provided recommendations that led to APhA’s sign-on in support of these guidelines. APhA-APPM also worked with the Patient-Centered Primary Care Collaborative to review best practices for training health care practitioners in the medical home in an effort to support the development of a well-trained workforce to deliver patient-centered, team-based, integrated, and collaborative primary health care. Other work groups are actively engaged in compiling information on pharmacist integration into health care teams and identification of gaps in resources needed by pharmacists to meet CPA accreditation standards.

Safety Net Pharmacists
In 2013, APhA launched a new section on pharmacist.com intended to provide resources and information for thousands of pharmacists and pharmacy technicians who serve the nation’s most vulnerable patients. Safe-
ty net providers are defined by the Institute of Medicine as “providers that by mandate or mission organize and deliver a significant level of health care and other health-related services to the uninsured, Medicaid, and other vulnerable patients.” HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. In addition to the many practice resources and opportunities already available on pharmacist.com, the safety net section provides unique information relevant to safety net pharmacists ranging from news to specific education and meeting opportunities.

Federal Contracts and Grants
APhA federal contracts and grants (FCG) activities continued to advance the mission to increase the pharmacist’s role by providing pharmaceutical expertise and education to support HRSA’s Office of Pharmacy Affairs. APhA completed the base year of its 5-year contract at the end of September 2013 with HRSA opting to fund another year through the end of September 2014. As part of the contract, APhA maintains the infrastructure to manage a national network of leading practice sites and peer mentors for the HRSA Peer-to-Peer Program. Pharmacists from leading practice sites, called Peer-to-Peer Mentors, help provide education to 340B stakeholders and keep HRSA informed of relevant safety net pharmacy and 340B issues. Under a new contract with the National Coordinating Center (NCC) with funding from CMS, APhA is also supporting quality improvement teams around the country working to improve patient safety and quality of care through integrated medication management.

APhA contracts with more than 100 national pharmacy experts and consultants to support HRSA and NCC. This important work has established APhA with expertise to provide efficient and effective management of federal dollars to help achieve improvements in 340B program integrity and quality, patient safety through integrated medication management, and pharmacist integration on health care teams including patient-centered medical homes. The work of FCG allows APhA to directly support pharmacists’ efforts that strengthen the focus of their organizations on medication use and how pharmacists can contribute to overall quality of care.

Corporate Alliances
Corporate alliances and strategic relationships with other stakeholders allow APhA to offer our members the tools, education, information, and resources to meet the needs of their patients. A new multi-tier corporate alliance structure provides APhA and its corporate partners with the framework to collaborate and identify opportunities that share, synergize, and amplify APhA’s mission while generating and documenting actual change in medication use through provider knowledge acquisition, patient behaviors, or changes in pharmacist practice activities.

Collaborations and external funding sources are used by APhA to develop education and certificate training programs, conduct practice demonstration projects, strengthen relationships with other provider groups, convene stakeholders, and disseminate new information through APhA’s multiple print and electronic communication channels.
Public Relations and Communications

APhA strives to ensure that the public and other health care stakeholders understand the valuable services provided by pharmacists. American Pharmacists Month in October 2013 included a new logo and revised consumer messaging. During the commemorative month, APhA was pleased to host an inspiring visit from Acting U.S. Surgeon General RADM Boris Lushniak, MD, MPH, and Acting Deputy Surgeon General RADM Scott Giberson, BSPharm, MPH.

Lushniak offered thanks to America’s pharmacists for their growing contributions to public health and patient care. He commented on APhA’s work with immunizations, heart disease, diabetes, and smoking cessation. In November 2013, APhA also organized a health fair on Capitol Hill in collaboration with the National Community Pharmacists Association and the National Association of Chain Drug Stores, during which more than 75 pharmacists and student pharmacists from the Washington, DC-metro area conducted blood pressure, cholesterol, glucose, and bone density testing. This successful event highlighted pharmacists’ expanded health care roles and capabilities to federal lawmakers.

In addition to releasing comments and statements directly to the news media, APhA uses social media to allow news sources to track and gain insight on the role of pharmacists, APhA’s activities and priorities, as well as emerging health care and pharmacy issues. In 2013, APhA took steps to expand our media advisors’ focus on consumer issues to include the ability to comment on provider status and other health policy topics. APhA also supports and encourages pharmacists’ grassroots engagement with their local media to ensure that provider status gains momentum.
The Power and Promise of Pharmacy

APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2013.

**APhA**

**APhA Board of Trustees**

**Officers**

President: Steven T. Simenson, Ramsey, MN
President-Elect: Matthew C. Osterhaus, Maquoketa, IA
Immediate Past President: Jenelle L. Sobotka, Lima, OH
Treasurer: Tery Baskin, Little Rock, AR
Executive Vice President: Thomas E. Menighan, Washington, DC

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Jean-Venable “Kelly” R. Goode, Richmond, VA
Brandi A. Hamilton, Little Rock, AR
Nicki Hilliard, Little Rock, AR
Jonathan G. Marquess, Acworth, GA
Michael A. Pavlovich, Long Beach, CA
William H. Riffee, Montrose, WV
Ronald H. Small, Advance, NC

**APhA House of Delegates**

**Officers**

Speaker: William H. Riffee, Montrose, WV
Secretary: Thomas E. Menighan, Washington, DC

**APhA Academy of Pharmacy Practice and Management (APhA-APPM)**

**Executive Committee**

President: Nicki Hilliard, Little Rock, AR
Immediate Past President: Michael Hogue, Mount Olive, AL
Members-at-Large: Collin Conway, Tukwila, WA;
Holly Duhon, Tyler, TX; Carrie Koenigsfeld, Johnston, IA;
Amy Lugo, Keystone Heights, FL; Sarah Ray, Milwaukee, WI;
Eric Smith, Madison, WI
New Practitioner Officer: Andrew Bzowyckyj, Kansas City, MO

**APhA Academy of Pharmaceutical Research and Science (APhA-APRS)**

**Executive Committee**

President: William Fassett, Spokane, WA
President-Elect: Melody Ryan, Lexington, KY
Postgraduate Officer: Antoinette Coe, Richmond, VA

**Section on Basic Pharmaceutical Sciences**

Chair: Robin Zavod, Downers Grove, IL
Chair-Elect: Leon Shargel, Raleigh, NC

**Section on Clinical Sciences**

Chair: Robert DiCenzo, Albany, NY
Chair-Elect: Michael Winco, Los Angeles, CA

**Section on Economic, Social, and Administrative Sciences (ESAS)**

Chair: Richard Hansen, Auburn, AL
Chair-Elect: Donna West-Strum, University, MS

**APhA Academy of Student Pharmacists (APhA-ASP)**

**National Executive Committee**

President: Brandi A. Hamilton, University of Arkansas for Medical Sciences
President-Elect: Nicholas A. Capote, The University of Tennessee Health Science Center
Members-at-Large: Joshua Cahill, D’Youville College;
Brian Donahue, Mercer University
Speaker of the House: JT Fannin, University of Florida

**APhA Political Action Committee (APhA-PAC)**

**Board of Governors**

Chair: Steve Firman, Cedar Falls, IA
Vice Chair: John Pattison, Zanesville, OH

**Governors**

Susie Bartlemay, Allen, TX
Edward M. Bednarczyk, Lancaster, NY
Robin Cooke, Anchorage, AK
JT Fannin, Temple Terrace, FL
Jonathan Marquess, Acworth, GA
Michael Mone, Dublin, OH
John Vandel, Laramie, WY

**APhA Foundation**

**Officers**

President: Daniel Luce, Deerfield, IL
Vice President: Laura Gordon, Washington, DC
Treasurer: Mark Cziraky, Wilmington, DE
Secretary: Thomas E. Menighan, Washington, DC

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Nicholas Capote, Memphis, TN
Leonard Edloe, Mechanicsville, VA
Stuart Haines, Wellington, FL
Ed Hamilton, Lake Alfred, FL
Dennis Helling, Aurora, CO
Bruce Laughrey, Windermere, FL
Eugene Lutz, Altoona, IA
Jan Scruggs, Washington, DC
Thomas Temple, Des Moines, IA
Eleanor Vogt, San Francisco, CA
APhA appreciates the numerous volunteers who dedicated countless hours to Association activities.

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

Compounding SIG
Coordinator: Carol Petersen, Madison, WI
Coordinator-Elect: Lou Diorio, Wayne, NJ

Diabetes Management SIG
Coordinator: Jennifer D. Smith, Wilson, NC
Coordinator-Elect: Wendy Mobley-Bukstein, Clive, IA

Immunizing Pharmacists SIG
Coordinator: Adam Welch, Mountain Top, PA
Coordinator-Elect: Karl M. Hess, Pomona, CA

Medical Home/ACO SIG
Coordinator: Bella Mehta, Columbus, OH
Coordinator-Elect: Mary Ann Kliethermes, Downers Grove, IL

Medication Management SIG
Coordinator: Michael J. Schuh, Jacksonville, FL
Coordinator-Elect: Carmela Avena-Woods, Queens, NY

Nuclear Pharmacy Practice SIG
Coordinator: Fred Gattas, Lake St. Louis, MO
Coordinator-Elect: Mark Soffing, Brooklyn, NY

Pain, Palliative Care, and Addiction SIG
Coordinator: Charles Broussard, Maineville, OH
Coordinator-Elect: Jeffrey Baldwin, Omaha, NE

Preceptor SIG
Coordinator: Karen Whalen, Gainesville, FL
Coordinator-Elect: Susan Vos, Iowa City, IA

Transitions of Care SIG
Coordinator: Shelley Otsuka, Philadelphia, PA
Coordinator-Elect: Shanta Sen, Philadelphia, PA

Awards Standing Committee
Chair: Amy Lugo, Keystone Heights, FL
Katherine S. Hale, Missoula, MT
Eric Smith, Madison, WI
Duann Thistlethwaite, Norcross, GA
Deanna Tran, Hanover, MD

Communications Standing Committee
Chair: Collin Conway, Tukwila, WA
Christine Bryant, Richmond, VA
Holly Duhan, Tyler, TX
Angel Jones, Memphis, TN
Brenden O’Hara, Cary, NC
Timothy Ulbrich, Rootstown, OH

Education Standing Committee
Chair: Sarah Ray, Milwaukee, WI
David Bright, Marysville, OH
Kenneth Hohmeier, Avon, OH
Carrie Koenigsfeld, Johnston, IA
Monali Majmudar, Alpharetta, GA
Martha Rumore, Rego Park, NY

Policy Standing Committee
Chair: Michael Hogue, Mount Olive, AL
Jenny Arnold, Renton, WA
Jeffrey Baldwin, Omaha, NE
Jeff Bratberg, Attleboro, MA
Amber Briggs, Soldotna, AK
Charles Broussard, Maineville, OH
Andrew Bzowyczkyj, Kansas City, MO
Collin Conaway, Tukwila, WA
Nicki Hilliar, Little Rock, AR
Amy Kennedy, Tucson, AZ
Charles C. Thomas, Montgomery, AL
Daniel Zlott, Lovettsville, VA

Community Pharmacy Residency Panel
Chair: Timothy J. Warner, Rochester, NY
Bethany Bedford, Richmond, VA
William Grise, Richmond, KY
Todd Kennedy, East Lansing, MI
Cherokee Layson-Wolf, Baltimore, MD
Janelle Ruisinger, Kansas City, KS
Jeri Sias, El Paso, TX
Laurie Warrington, Jackson, MS

New Practitioner Advisory Committee
Chair: Alison R. Knutson Minneapolis, MN
Mark L. Angeles, Arlington, VA
Gretchen K. Garofoli, Morgantown, WV
Brittany N. Hoffmann, Monee, IL
Marissa Salvo, East Hampton, C

APhA-APRS
Awards Standing Committee
Chair: Robert DiCenzo, Albany, NY
Jill Augustine, Tucson, AZ
Lawrence “LB” M. Brown, Irvine, CA
Gireesh Gupchup, Edwardsville, IL
Anthony Palmieri III, Gainesville, FL
Leon Shargel, Raleigh, NC

Communications Standing Committee
Chair: Richard Hansen, Auburn, AL
Joseph Dikun, Oxford, MS
Adriane Irwin, Albuquerque, NM
Tatjana Petrova, Oakbrook Terrace, IL
Education Standing Committee
Chair: Robin Zavod, Downers Grove, IL
Antoinette Coe, Richmond, VA
Mary Gurney, Peoria, AZ
Karen Nagel-Edwards, Downers Grove, IL
Coralynn Trewet, Ankeny, IA
Donna West-Strum, University, MS
Michael Wincor, Los Angeles, CA

Nominations Committee
Chair: Melody Ryan, Lexington, KY
Robert DiCenzo, Albany, NY
Richard Hansen, Auburn, AL
Robin Zavod, Downers Grove, IL

Policy Standing Committee
Chair: William Fassett, Spokane, WA
Antoinette Coe, Richmond, VA
Robert DiCenzo, Albany, NY
Richard Hansen, Auburn, AL
Melody Ryan, Lexington, KY
Leon Shargel, Raleigh, NC
Donna West-Strum, University, MS
Michael Wincor, Los Angeles, CA
Robin Zavod, Downers Grove, IL

Postgraduate Advisory Committee
Chair: Antoinette Coe, Richmond, VA
Jill Augustine, Tucson, AZ
Joseph Dikun, Oxford, MS
Tammy Lambert, Oklahoma City, OK
Corey Lester, Jamestown, RI
David Malewski, Ann Arbor, MI
Marwa Noureldin, West Lafayette, IN
Donna Simpson, Seminole, FL
Benjamin Urick, Iowa City, IA

APhA-ASP
Awards Standing Committee
Vice Chair: Michael Wolcott, University of North Carolina at Chapel Hill
John Flores, Western University of Health Sciences
Mika Fujinaka, University of Florida
Maggie Oser, The Ohio State University

Communications Standing Committee
Vice Chair: Hazel Atienza, Thomas Jefferson University
Mohamed Jalloh, Wilkes University
Shawlien Lie, University of the Pacific
Adam Loyson, University of Michigan

Education Standing Committee
Vice Chair: Sara Wettergreen, South Dakota State University
Maureen Campion, Purdue University
Jamie Kraemer, University of Cincinnati
Negin Moon, Mercer University

International Standing Committee
National Contact Person: Cory Nelson, Idaho State University
Student Exchange Officer Assistant: Colleen O’Connell, South Dakota State University
Student Exchange Officer: Ashley Potter, South Dakota State University
National Project Coordinator: Van Duong, University of the Pacific

Policy Standing Committee
Vice Chair: Susan Dickey, The University of Tennessee Health Science Center
Jerod Braschler, University of Houston
Eliza Daubert, Wilkes University
Brian Primeaux, University of Louisiana at Monroe

Midyear Regional Meeting Coordinators
Region 1: Brianna Luft, Albany College of Pharmacy and Health Sciences
Region 2: Brooke Morris, West Virginia University
Region 3: Allie Jo Shippman, Mercer University
Region 4: Kasandra Chambers, Cedarville University
Region 5: Jenalee Schwab, University of Nebraska Medical Center
Region 6: Stephanie Garza, The University of Texas at Austin
Region 7: Melanie Shelden, Idaho State University
Region 8: Kelsea Gallegos, The University of New Mexico

Regional Delegates
Region 1: Adam Heiermann, University at Buffalo The State University of New York
Region 2: Matt Marianski, Temple University
Region 3: Lauren Bode, The University of Tennessee Health Science Center
Region 4: Jessica Comstock, Purdue University
Region 5: Meena Murugappan, University of Minnesota
Region 6: Jeffrey Van Liew, University of the Incarnate Word
Region 7: Megan Carroll, Oregon State University
Region 8: Kaitlyn Skulkan, The University of Arizona

Regional Members-at-Large
Region 1: Jonathan Lee, University of Connecticut
Region 2: Aeree Choi, Wilkes University
Region 3: Will Beaty, East Tennessee State University
Region 4: Samantha Landolfia, University of Illinois at Chicago
Region 5: Joshua Rose, The University of Iowa
Region 6: Puja Patel, St. Louis College of Pharmacy
Region 7: Sydney Root, University of Washington
Region 8: Nestle Jane Austero, Roseman University of Health Sciences
## APhA Statement of Financial Position

**December 31, 2013** and 2012

<table>
<thead>
<tr>
<th>Assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$6,917,858</td>
<td>$7,353,972</td>
</tr>
<tr>
<td>Accounts and other receivables, net</td>
<td>3,734,391</td>
<td>3,366,832</td>
</tr>
<tr>
<td>Due from affiliates</td>
<td>1,078,599</td>
<td>1,016,078</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>644,319</td>
<td>815,454</td>
</tr>
<tr>
<td>Investments</td>
<td>15,521,247</td>
<td>13,491,779</td>
</tr>
<tr>
<td>Investment in 2200 C Street LLC</td>
<td>(8,408,340)</td>
<td>(8,350,598)</td>
</tr>
<tr>
<td>Land, building, and equipment, net</td>
<td>10,734,155</td>
<td>10,216,734</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$30,529,346</strong></td>
<td><strong>$28,303,164</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$2,509,423</td>
<td>$2,337,902</td>
</tr>
<tr>
<td>Accrued payroll and related liabilities</td>
<td>1,661,429</td>
<td>1,493,717</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>8,862,784</td>
<td>7,768,046</td>
</tr>
<tr>
<td>Deferred compensation</td>
<td>862,133</td>
<td>799,353</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>$13,895,769</strong></td>
<td><strong>$12,399,018</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets:</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>16,433,834</td>
<td>15,704,403</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>184,743</td>
<td>184,743</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>$16,633,577</strong></td>
<td><strong>$15,904,146</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total liabilities and net assets</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$30,529,346</strong></td>
<td><strong>$28,303,164</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Reflects core operations only. Excludes operations of the Political Action Committee and land holdings within 100% owned LLC. Unaudited.*

## APhA Statement of Activities

**Years ended December 31, 2013** and 2012

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings and educational programs</td>
<td>$10,644,936</td>
<td>$10,504,714</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>8,524,770</td>
<td>9,594,551</td>
</tr>
<tr>
<td>Membership dues</td>
<td>4,263,733</td>
<td>4,688,871</td>
</tr>
<tr>
<td>Publications</td>
<td>3,614,833</td>
<td>3,708,611</td>
</tr>
<tr>
<td>Advertising</td>
<td>2,716,790</td>
<td>3,010,749</td>
</tr>
<tr>
<td>Investment income, net of nonoperating investment income</td>
<td>596,556</td>
<td>534,776</td>
</tr>
<tr>
<td>Royalties</td>
<td>550,134</td>
<td>496,434</td>
</tr>
<tr>
<td>Other</td>
<td>3,044,528</td>
<td>2,524,578</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>$33,956,280</strong></td>
<td><strong>$35,063,284</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and related costs</td>
<td>12,597,002</td>
<td>12,252,802</td>
</tr>
<tr>
<td>Professional fees and honoraria</td>
<td>7,569,684</td>
<td>8,192,505</td>
</tr>
<tr>
<td>Occupancy costs</td>
<td>3,229,166</td>
<td>3,394,892</td>
</tr>
<tr>
<td>Travel and meetings</td>
<td>2,825,681</td>
<td>2,921,479</td>
</tr>
<tr>
<td>Publications and editorial costs</td>
<td>1,520,289</td>
<td>1,624,165</td>
</tr>
<tr>
<td>Postage, shipping, and handling</td>
<td>1,137,372</td>
<td>1,230,581</td>
</tr>
<tr>
<td>Printing</td>
<td>849,700</td>
<td>1,093,990</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>798,328</td>
<td>729,059</td>
</tr>
<tr>
<td>Equipment rental, repair, and maintenance</td>
<td>771,037</td>
<td>693,554</td>
</tr>
<tr>
<td>Contributions and dues</td>
<td>431,918</td>
<td>482,360</td>
</tr>
<tr>
<td>Telephone</td>
<td>195,725</td>
<td>228,827</td>
</tr>
<tr>
<td>Other</td>
<td>1,121,443</td>
<td>1,096,853</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$33,786,266</strong></td>
<td><strong>$34,907,727</strong></td>
</tr>
</tbody>
</table>

| Net operating surplus before other items | 170,014 | 155,557 |

<table>
<thead>
<tr>
<th>Other items</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider status initiative</td>
<td>(629,544)</td>
<td>—</td>
</tr>
<tr>
<td>Nonoperating investment income after allocations to operations</td>
<td>1,246,703</td>
<td>857,505</td>
</tr>
<tr>
<td>(Loss) gain from 2200 C Street LLC</td>
<td>(57,742)</td>
<td>550,082</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td><strong>729,431</strong></td>
<td><strong>1,563,144</strong></td>
</tr>
</tbody>
</table>

| Net assets, beginning of year | 15,904,146 | 14,341,002 |
| Net assets, end of year | **$16,633,577** | **$15,904,146** |
Much has been done, yet much more opportunity exists toward securing the pharmacist’s role as a provider of care in addition to the longstanding responsibilities as medication expert. Through the power of collaboration, shared vision, coordination, and strategically focused effort, APhA is well positioned to help meet the promise of pharmacists to improve medication use and advance patient care. In 2014, APhA looks forward to forging new relationships, strengthening existing programs, advancing the value of pharmacists, and meeting the diverse and changing needs in today’s dynamic health care environment.