ADVANCING AS ONE
OUR MISSION
The American Pharmacists Association empowers its members to improve medication use and advance patient care.
LETTER FROM CEO | TOM MENIGHAN

Most readers of this report will skim the text with only a vague appreciation of the topics discussed. But I ask you to consider the fact that our initiatives and their results described here are the product of hundreds of hours of effort by amazing volunteers and dedicated staff. To those of you who have not visited our organization personally or who watch from afar, it is easy to assume we are just an organization. In fact, we are in the trenches with you every day. We tirelessly come to work early and leave late in order to take on the important issues in pharmacy on your behalf.

We may not always succeed in meeting our goals, and you may not always agree with our positions, but no one can question WHY we do what we do: work to promote consumer access to and coverage for pharmacists’ quality patient care services. Yet with this broad vision, we make every effort to stay focused on the most important issues identified by our members as we maintain a diverse leadership, an active and open policy process, and inclusive initiatives. When we take a position on literally hundreds of issues each year, that position is well reasoned, well researched, and vetted with our members. We do our best to pursue the important issues with all the human and financial resources available on behalf of our members and the profession.

Our theme for this year is “Advancing as One.” In 2014, we did quite a bit of “advancing” in many areas, most notably provider status. In thinking about the idea of “advancing,” I realized there are three ways in which we advance as one.

One Profession: We are in the midst of an unprecedented era of collaboration among national and state pharmacy organizations. APhA’s role in this advancement is to convene the stakeholders, communicate the issues, and build consensus so that we are all going down the same path together. As a profession, we must be flexible and adjust based on input, as well as give credit where credit is due.

One Association: APhA advances as a unified force. Our leadership team, Board members, and staff are well connected with our mission and strategic plan, and are driven to increase patient access to and coverage of pharmacists’ patient care services.

One Team: The staff of APhA is dedicated and hard working, determined to help elevate the practice of pharmacy and make pharmacist-provided care services available. This asset, combined with dedicated and committed volunteer leaders, members, and partners allows us to work as one team toward achieving common goals. In all of these ways, we are advancing as one, moving the profession closer to pharmacists being recognized as essential members of the health care team, in all practice settings, to achieve optimal medication use that improves patient health, wellness, and quality of life.

“Provider status” has been the hot button term this year, but I’ve never been a big fan of the term. Why? Outside the profession of pharmacy, most people don’t understand what it means or why they should care. The truth is that provider status is less about our “status” and more about what our patients need—our services. In this country, even today, people suffer and die needlessly because they do not have coverage for pharmacist services to help them use medications more safely and effectively. But together, advancing as one, we are moving toward a future when all Americans will have access to the patient care services of a pharmacist, when pharmacists will be part of every health care team, and when the value of contributions by pharmacists to the management of patient health will be recognized.

The power of our collective voice increases with our membership. APhA invites you to continue to make your voice heard though your active membership, engagement, and collaboration with APhA in 2015 and beyond, as we advance as one.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and Chief Executive Officer
Advancing as One

The vital role of pharmacists in improving patient outcomes, managing costs, and raising the quality of care for patients is increasingly being recognized by policymakers, payers, and many others in the health care sector. As the largest and oldest pharmacy association, APhA has taken a leadership role in increasing public access to and coverage of pharmacists’ patient care services and advocating for the advancement of our profession.

Almost 20 years ago, we began the march to increase pharmacist training in providing immunizations. This activity has provided a focal point on just one way pharmacists can improve the health of our communities. We are fortunate as an organization to have thousands of incredible practitioners in our membership and leadership to help us identify opportunities to advance our work and to give us guidance about how to be most effective. Early on, we began the fundamental work with NACDS and other stakeholders to create consensus around a definition of and core elements related to medication therapy management (MTM), with portions of that work being integrated into Medicare. With fits and starts, the techniques and core elements are increasingly used to enhance patient care. In 2008, we pulled together JCPP organizations to develop principles for health care reform that guided our collective lobbying. In 2009, we began the hard work with NABP of getting community pharmacy standards understood, developed and placed in the market place. In 2010, along with AMCP and NCPA, we helped to found the Pharmacy HIT Collaborative to get pharmacists, “read/write access”, to health records. That led to the National Library of Medicine publishing over 300 SNOMED codes that will allow pharmacists to characterize their work in HL7-based records. We’ve continued work to promote understanding, skills, and adoption of MTM and to build a continuum of practice standards (with NABP and ASHP) across community specialty, call centers, and soon health systems. We led the effort involving all pharmacy organizations and are now completing the work to establish a common patient care
process, a huge and important undertaking, now ensconced in ACPE standards. And we’ve continued to build opportunities for pharmacists to gain new skills recognized in the market through CTPs in MTM, Immunizations, Diabetes Care, and most recently Cardiovascular Care. The list goes on with development of a program called ADAPT, being piloted now, that will provide additional training for folks beyond CTPs but not so advanced as BPS certification (which, by the way, has grown dramatically to over 20,000 pharmacist specialists certified).

Meanwhile, our Foundation is building the evidence base and creating an adoption strategy for the patient self-management credential, a process (knowledge, skill, performance) that serves quite well to explain what pharmacists do, and can do much more of, to help patients manage their chronic diseases more effectively.

We saw advancement consistently in 2014 through many major advocacy initiatives, strategic partnerships, new innovations in practice, and new patient care processes. Primary to this is the push for provider status and the recognition of the value of pharmacists as part of collaborative health care teams.

As the role of the pharmacist continues to evolve, APhA remains at the forefront of envisioning the new and expanded role that pharmacists will play in our changing health care system. Many of the practice advancements have occurred through the work of ambulatory care pharmacists practicing within clinics, physician-offices, and community practice sites. APhA has provided opportunities for highlighting their work, gaining knowledge, building on opportunities, and networking with colleagues.

We are proud of the accomplishments of 2014 and our work on behalf of America’s nearly 300,000 pharmacists. This Annual Report is designed to describe major APhA achievements and enhancements during 2014 related to key strategic goals, highlight APhA’s capabilities, and recognize the work of the Association’s dedicated members, leaders, and staff.
Advancing as One

Advocating for Pharmacists and Patients

APhA’s government affairs division spearheads efforts designed to help legislators and regulators understand and consider the importance of the role of pharmacists in the provision of health care when drafting policy. 2014 was notable for the Association’s major work in the push for Provider Status. APhA is particularly proud of what we’ve achieved in this area in 2014, and we will continue to push for increased public access and full recognition of the value and importance of pharmacists and their vital role as patient care providers.

Provider Status

In 2014, Provider status continued to be the centerpiece of APhA’s increasing public access to and coverage of pharmacists’ patient care services (aka provider status) advocacy efforts. APhA has been working with stakeholders from other pharmacy organizations, patient advocacy groups, and health care providers over the past year on provider status–related activities. The Association was a founding member of the Patient Access to Pharmacists’ Care Coalition (PAPCC), originally comprised of more than 20 organizations representing pharmacists and pharmacies, but now expanded to also include groups and organizations representing patients and other health care stakeholders.

To further support provider status activities within our membership, APhA created the Pharmacists Provide Care Campaign, available at pharmacistsprovidecare.com. As part of this campaign, APhA developed informational materials and videos to use in advocacy efforts. At the end of September 2014, APhA’s campaign had nearly 5,000 volunteers and nearly 100 videos from 48 states describing the value pharmacists are providing to patients. By the end of 2014, the Pharmacists Provide Care Campaign had nearly 146,000 volunteers.

Remarkable success was achieved in March 2014 when a provider status bill, H.R. 4190, was introduced in the United States House of Representatives by Reps. Brett Guthrie (R-KY), G.K. Butterfield (D-NC), and Todd Young (R-IN). The bill—though short in length—would have far-reaching impact. Most important, the government affairs staff of APhA, ASHP,
NACDS. NCPA, and Walgreens worked as a team in doing the hard work of advocacy that led to its introduction in the House by three Congressmen willing to lead our cause on behalf of the American people. The bill would enable Medicare beneficiaries’ access to pharmacist-provided services under Medicare Part B by amending the Social Security Act. Pharmacy services would be covered under Medicare Part B if they are provided in medically underserved communities and consistent with state scope-of-practice laws. The provider status bill has broad bipartisan support, with more than 120 cosponsors from both sides of the aisle. The message has focused on the pharmacist’s education, training, and ability as a member of the patient’s health care team to increase access, improve quality, and lower costs of care. At a time when government and private payers are looking for efficiencies and solutions, APhA will continue to develop tools and resources to help pharmacists advocate and others understand the value of services pharmacists can and are providing to patients. APhA continues to provide materials, information, and support to pharmacists to gain support from their legislators.

To determine if pharmacists were willing to engage in this campaign, APhA conducted two electronic surveys among members and non-members. We learned that since the launch of the campaign, pharmacists are 31% more likely to be “very familiar” with the concept of provider status. More than nine in ten pharmacists (95%) say achieving provider status is important to them. Three in four pharmacists (74%) are familiar with the Pharmacists Provide Care Campaign, and 79% are likely to become involved in the campaign.

With a new Congress beginning in 2015, planning efforts were done to prepare for reintroduction of the House bill and introduction in the U.S. Senate.

Medicare Part D Benefit
In 2003, the President signed and passed a Medicare Part D drug benefit bill that provides coverage for prescription medications to Medicare beneficiaries. This benefit is often referred to as “Part D.” Since its passage, the benefit has continued to evolve, and APhA is there to promote pharmacists’ roles in optimizing outcomes of medication use. We regularly interact with staff from the Centers for Medicare and Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), and Health Resources and Services Administration (HRSA) on the untapped potential of pharmacists’ contributions to health care. APhA monitors and engages with CMS on issues, including medication therapy management (MTM), network adequacy, and quality ratings. In 2014, APhA responded to CMS’s proposed rule for improving the Part D benefit, which included a substantial overhaul of the Part D MTM benefit, as well as provisions related to opening up preferred networks to “any willing provider” and to improving patient experience by allowing patients more choice between retail and mail-order pharmacies.
Although the proposed rule was not adopted, APhA continues to push for improvements to Part D. Specifically, APhA educates legislators on Capitol Hill and engages in productive discussions with policymakers at the agencies. Our work is guided by feedback gathered from our members involved in MTM services. Additionally, APhA works collaboratively with other groups to expand access for patients by loosening preferred network restrictions. CMS and legislators engage with APhA on these issues, and they show through their policy proposals that they believe in the value of pharmacists’ services. CMS, in particular, has stated repeatedly that the agency values MTM and encourages its use by Part D plans.

Patient Safety

In 2014, APhA continued to work with the FDA on implementation of the Drug Quality and Security Act (DQSA), which granted the FDA more authority to regulate the manufacturing of compounded drugs. Since the passage of the DQSA, APhA continues to push the FDA to implement the law effectively by safeguarding patient access to vital medications, while further improving the safety and quality of those medications. APhA has attended listening sessions with FDA staff regarding DQSA implementation, educated congressional staffers regarding issues that have arisen during implementation, and joined a coalition of other organizations advocating for improvement in DQSA implementation.

APhA is working on multiple initiatives to address prescription drug abuse while at the same time advocating for access to medications needed for legitimate purposes. APhA opposed unsuccessfully the FDA’s recommendation to reschedule hydrocodone to Schedule II. We based our opposition on evidence that this change could reduce legitimate patient access to medications and cause harm—largely to patients living with chronic pain. Despite our opposition, the FDA moved forward with rescheduling hydrocodone in early 2014, so we are now seeking effective implementation of the new requirements. Through work with the Pain Care Forum and the National Association of Boards of Pharmacy Stakeholder Group, APhA is working toward prescription drug abuse solutions. Our publications and online communities regularly inform pharmacists about medication safety problems. We continue to serve as an active member of the National Coordinating Council for Medication Error Reporting and Prevention. Highlighting the role and value of pharmacists in addressing medication use and safety issues will be an APhA advocacy focus in 2015.
Transforming the Role of the Pharmacist

While APhA is strong on its own, we know our members appreciate and respect our many collaborations with other health care partners. Our belief is that together we can achieve more for the profession than we could individually. Relationships with stakeholders are essential to the goal of advancing APhA’s many practice and science initiatives, which assist pharmacists in transforming their practice, while working collaboratively with other practitioners, taking a greater role in primary care, and being involved in new and innovative health care delivery models.

Practice Innovation
APhA members are on the forefront of innovation and provide examples for other members to use in creating their own innovative practices. Throughout 2014, APhA profiled examples of innovative practices where pharmacists were integrated into health care teams to help optimize patient outcomes. These profiles appeared in each issue of Pharmacy Today magazine, as well as on pharmacist.com. Examples of practice innovation highlighted in 2014 include a pilot program in telehealth in which a pharmacist partners with home health services for homebound patients with medication issues, a pharmacy focused primarily on compounding and patient care, a collaboration between the American Academy of Family Physicians’ president and a pharmacotherapy specialist to provide collaborative primary care, and a Bureau of Prisons pharmacist who cares for inmates around the country remotely, utilizing advanced technology.

Each month, Pharmacy Today showcases practice innovation stories from all practice settings, providing members with ideas and guides to implement in their own practices.

Health Information Technology
We recognize that technology will advance with or without us and that by utilizing the latest in health care technology, we advance pharmacists’ connectivity with patients and the evolving health care team. In 2014, APhA continued its leadership role in the Pharmacy Health Information Technology Collaborative. The biggest priority of the Collaborative has been to gain “read/write access” for pharmacists in Electronic Health Records (EHRs). We must be able to exchange information and maintain patient care records in addition to prescription records. Access to EHRs will allow pharmacists to work in the same environment as other health care providers and improve health care outcomes for patients.

Health Information Technology (HIT) programming at APhA2014 was quite successful and included a forum as part of a medication management special interest group session on HIT. The forum provided an opportunity for attendees to discuss different systems and interoperability.
Later in the year, and recognizing the importance of medication safety and HIT, APhA, with funding from Boehringer Ingelheim Pharmaceuticals, convened a stakeholder meeting to discuss the National HIT network in support of safe, efficient, and effective medication delivery. We assessed best practices to minimize medication errors. Stakeholder participants left with a resolve to implement interoperable HIT systems that maximize medication safety and promote enhanced patient care delivery. In a follow-up to the live meeting, a webinar was conducted in the fall of 2014, and an article was published in Pharmacy Today that highlighted the meeting and follow-up actions.

**Medication Therapy Management**

In March 2014, APhA published the sixth comprehensive assessment of medication therapy management in the United States. The APhA Medication Therapy Management Digest tracks implementation of MTM across the country and reports on survey responses and market developments with MTM payers and pharmacists. The 2014 issue highlights how provider status efforts are expanding pharmacists’ patient care services in the marketplace. It also identifies trends for pharmacists’ integration into interdisciplinary health care teams. The findings further highlight how pharmacists contribute important patient care services.

In November, the Agency for Health Care Research and Quality (AHRQ) released its final systematic review on medication therapy management services. APhA convened an expert panel and commented extensively on the draft report. The final report described positive findings in some areas, though a lack of standardized nomenclature for pharmacists’ MTM interventions made evaluation of the overall impact of pharmacists’ interventions difficult. This ambiguity led to an assessment that the impact of MTM services remains inconclusive. National pharmacy organizations, through the Joint Commission of Pharmacy Practitioners (JCPP), will address standard nomenclature in 2015.

**Immunizations**

With more than 260,000 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. We’ve established valuable 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 who want to make a difference in public health.

The Immunization Resource Center on pharmacist.com is the hub designed to build and sustain immunization practices and public health roles. APhA’s demonstrated leadership and funding and resources from partners allow us to convene immunization leaders as well as provide immunization education and updates for pharmacists that reinforce the expanded role for pharmacists as part of the immunization and public health neighborhood. These partners included the APhA Foundation, HHS, National Vaccine Program Office, Centers for Disease Control and Prevention (CDC), Immunization Action Coalition (IAC), vaccine manufacturers, and others. This year, APhA continued providing timely and tailored information for pharmacists. We posted “in the moment” information for pharmacists about evolving Ebola and new pneumococcal vaccination recommendations.

APhA is viewed as a leader, facilitator, and collaborator on immunizations. We drive understanding of the
immunization neighborhood and implementation of the NVAC Adult Immunization Standards. APhA staff and members served on numerous federal, state, and local public health advisory committees. In 2014, APhA staff members were actively engaged in the Pharmacy Quality Alliance’s (PQA) Immunization Measures Task Force, where we worked toward the release of measure concepts in 2015.

Whether leading efforts to develop quality measures, expand pharmacists’ education and training around new opportunities in immunizations, advocating for pharmacists’ recognition as “in-network” immunization providers and team members, or recognizing and celebrating immunization champions, APhA is focused on increasing access to and coverage for pharmacists’ immunization and public health services.

**Practice Demonstration**

In addition to the Health Information Technology and medication safety project, described in the Health Information Technology section, APhA, in conjunction with the American Chronic Pain Association (ACPA), also completed the first phase of a program supported by Teva Pharmaceuticals. The program, “Persons with Pain and Pharmacists in Partnership,” is for the benefit of people with pain so that they can have a meaningful and instructive conversation with their pharmacist. Phase I of the project develops insight into the relationship between a person with pain and his pharmacist. Tools include online surveys of both pharmacists and patients that explore current relationships, the types of conversations that take place, and how the relationships could be strengthened. Key findings from the surveys will allow APhA and ACPA to develop resources for each group and will enhance the relationships between pharmacists and patients in pain.

**Community-Focused Pharmacist Practitioners**

As the health care system evolves, community-focused care providers will expand. In order to support this growth, APhA is expanding community pharmacy residency training. APhA has been the lead national organization on this initiative since 1985, and since 1999 through a partnership with the American Society of Health-System Pharmacists. In 2014, the number of Post Graduate Year 1 (PGY1) community pharmacy residency programs grew to 120 programs and more than 200 positions.

In 2014, with funding from the Community Pharmacy Foundation, APhA created the *Postgraduate Year 1 Community Pharmacy Residency Program Implementation Guide*, available at pharmacist.com. This comprehensive guide gives advice for potential sites on program planning, marketing, implementation, accreditation, and quality assessment.

This year, APhA also took educational programming on the road to three locations—including Chicago, IL, Columbus, OH, and Los Angeles, CA—to support the design and conduct of new residency programs.
Elevating Pharmacy Practice

When the profession advances, the entire practice of pharmacy is elevated. In 2014, APhA elevated pharmacy practice by reinforcing the value of pharmacists’ services, tracking pharmacist integration into health care delivery models, and leading a collaboration on the development of a new Pharmacists’ Patient Care Process.

Integrated Care Delivery Models: Accountable Care Organizations and Medical Homes

In 2014, APhA maintained active dialogue with medical and other health care organizations regarding the role of pharmacists on the health care team while identifying common issues to collectively address. As the health care system integrates, it is essential that pharmacists are included in team-based care models such as accountable care organizations (ACOs) and medical homes. To promote awareness and opportunities for our members, a series of eight ACO issue briefs were published beginning in March 2014. The first issue brief, Accountable Care Organizations 101, is open access to the public, and the other seven are viewable by members only at pharmacist.com. To highlight pharmacists working in team-based care models, APhA profiles innovative practitioners through various communications venues, including monthly profiles in Pharmacy Today magazine, and publishes new evidence regarding the success of these models in JPhA. APhA is conducting outreach and developing collaborative relationships with medical and other health care practitioner professional organizations, and the Association continues to be an active member of the Patient-Centered Primary Care Collaborative (PCPCC). Active members in APhA’s Medical Home/ACO, Medication Management, and Transitions of Care Special Interest Groups are working to advance pharmacist inclusion in coordinated care models at the grassroots level.

Value of Pharmacists’ Services

APhA regularly publishes articles on the value of the pharmacist and pharmacist-provided patient care services. We utilize a multi-channel communication strategy to
reach key stakeholders with these messages. To be sure we were working with the most contemporary evidence, we took the research of the APhA Academy of Practice Research and Science (APRS) and worked with Avalere Health to update and expand it. This broadened analysis was supported by other pharmacy organizations and resulted in evidence for pharmacists’ services in team-based care models. This contracted project consisted of a supplemental literature review, gap analysis of literature and recommendations, and an independently branded white paper. The independent report, “Exploring Pharmacists’ Role in a Changing Healthcare Environment,” was released in May 2014 and established positive evidence for pharmacists’ patient care services. Avalere focused on four pharmacist services and one care delivery arrangement, including medication management; medication reconciliation; preventive services (screening and immunization); education and behavioral counseling; and collaborative care models. According to the report, “many of the pharmacist services explored in this paper have been shown to improve therapeutic outcomes, adherence to medications, or reduced downstream health care costs.” The report concluded that “Moving forward, it will be critical that reimbursement policies are aligned to incentivize appropriate utilization of pharmacist services in order to deliver the highest value health care to patients.”

An expert MTM Evidence Advisory Panel composed of members from APhA’s Academy of Pharmaceutical Research and Science convened monthly throughout 2014 to review newly published studies on pharmacists’ patient care services for validity and impact. Studies selected by the expert panel are added to a compilation of studies maintained by APhA.

Pharmacy Practice Accreditation
APhA continues to support the work of the Center for Pharmacy Practice Accreditation (CPPA). In addition to accrediting community pharmacy practices in 2014, CPPA is in the process of introducing a specialty pharmacy accreditation program. Specialty pharmacy standards have been developed and are being tested in specialty pharmacy practices. APhA Executive Vice President and CEO Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA served as Chair of the CPPA Board of Directors in 2014, and APhA members actively contributed to standards development and accreditation process oversight while serving on CPPA’s Board and Committees. CPPA’s mission is to serve the public health by raising the level of pharmacy-delivered
patient care services through accreditation of pharmacy practices. The development and adoption of these standards is an important element of a broader strategy to get pharmacists on the team and in the game in health care. For pharmacists’ services to be broadly adopted and utilized, there must be standards.

Board of Pharmacy Specialties

More than 20,000 pharmacists are currently recognized as having advanced practice skills through certification by the Board of Pharmacy Specialties (BPS), the premier post-licensure certification organization serving the pharmacy profession. “BPS board certification distinguishes those pharmacists who are uniquely prepared to meet the continually expanding expectations of other health care team members and the specialized needs of the patients they care for,” said BPS Executive Director William Ellis.

Since its inception, BPS has helped pharmacists achieve new levels of responsibility in their organizations and individual careers. BPS’s mission is to improve patient care and increase awareness of the need for BPS Board-Certified Pharmacists as integral members of multidisciplinary health care teams through recognition and promotion of specialized training, knowledge, and skills in pharmacy and specialty board certification and recertification of pharmacists throughout the world. The credential is increasingly gaining global recognition, and currently there are BPS-certified pharmacists in 26 countries. “BPS pharmacists have a deep knowledge base which helps the whole practice of pharmacy,” said Ellis.

In 2014, BPS certified pharmacists in six different areas: Nuclear Pharmacy, Nutrition Support Pharmacy, Oncology, Psychiatric Pharmacy, Pharmacotherapy, and Ambulatory Care. Ambulatory Care certification, the newest certification, joined BPS’s other certifications by receiving initial accreditation this year by the National Commission for Certifying Agencies and is currently the second largest BPS specialty, after Pharmacotherapy. Two new specialty certifications are currently in development and will launch in 2015—Pediatric Pharmacy and Critical Care Pharmacy. Three additional specialty certifications are in the pipeline for future release.

“BPS-Certified pharmacists are being recognized and taking on a greater role in patient care, which elevates the whole profession,” said Ellis. “Pharmacists’ value is in their versatility, and BPS certification helps advance the practice of pharmacy,
for all pharmacists, by demonstrating what pharmacists are capable of doing.”

**Quality Measurement**

In 2014, APhA Executive Vice President and CEO Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA, served as Chairman of the Board of Directors 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 2014, PQA released a resource paper, “Perspectives: Applying Value-Based Incentive Models Within Community Pharmacy Practice,” to educate community pharmacists about new value-based incentive programs, and EPIQ (Educating Pharmacists in Quality), a series of updated educational modules designed to train students and pharmacists in measuring, improving, and reporting quality of care in pharmacy practice. PQA continues to develop new medication-related quality measures, and has been successful in getting PQA measures adopted into programs such as the CMS Star Rating program. APhA believes that efforts to measure quality are paramount to demonstrating the value of pharmacists’ services and elevating practice in an evolving health care system.

Pharmacy Quality Solutions (PQS) is a spin-off of PQA focused on getting measures adopted in the marketplace. Menighan serves as a board member of this organization, which grew dramatically in 2014 and now provides performance dashboards to most community pharmacies in America.

**Pharmacists’ Patient Care Process**

Pharmacists are underutilized and underappreciated by the health care systems in America. The profession has suffered because our place in contributions to health care are not well articulated. In 2014, we took a major step toward fixing that issue.

The Joint Commission of Pharmacy Practitioners (JCPP), a longstanding but not well-known coalition of national pharmacy associations, including APhA, released the Pharmacists’ Patient Care Process in May 2014. The process is designed to characterize any patient care service and any practice setting where pharmacists practice. APhA took a leadership role by coordinating a workgroup of representatives from ten national pharmacy organizations to develop the process using a consensus-based approach. Development took a period of two years, including comment periods. “Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers, within patient-centered, team-based health care.” This JCPP vision will be more readily achieved through the implementation of a consistent patient care process. Profession-wide adoption of the patient care process is also necessary for pharmacists’ patient care services to be measured and valued in an evolving health care system. JCPP organizations, including APhA, are now implementing strategies for uptake within the profession. Notably, the Accreditation Council for Pharmacy Education (ACPE) is incorporating the new Patient Care Process into new standards for schools of pharmacy so that next generation of pharmacists will instinctively use this process.
Knowledge is power. Constantly shifting priorities make this axiom truer than ever. Pharmacists must adapt and stay up to date in order to succeed. APhA is committed to providing pharmacists with the tools needed—in the form of educational programs, using every channel (live, print, digital), periodicals, books, and of course live meetings like our Annual Meeting—to give pharmacists the training and skills necessary to elevate their practice and bring cost-effective care to patients.

Continuing Professional Education
APhA continues to be a principal source of the highest quality professional education for pharmacists. Each year, we offer about 200 different educational activities accredited by the Accreditation Council for Pharmacy Education (ACPE). These educational offerings advance the role of pharmacists by providing them with the knowledge, skills, and performance behaviors for optimal patient care. These three elements are captured in an important initiative known as the Patient Self-Management Credential being promoted by the APhA foundation. For pharmacists committed to lifelong learning and continuous professional development APhA’s continuing educational activities will offer cutting edge practices and prepare them for new roles and responsibilities as recognized providers.

APhA continues to place a strong emphasis on researching the educational needs of pharmacists and technicians. Through innovative surveys, our education team strives to identify APhA’s gaps in knowledge and practice. The enlightening results of the surveys help develop content that pharmacists truly need. APhA’s continuing professional educational programs are designed to give all pharmacists the tools they need to thrive in our new health care environment.

By late 2015, APhA will have doubled its training programs. Currently all programs are being updated, and three new programs are preparing to launch in 2015. APhA currently has three Certificate Training Programs: Delivering Medication Therapy Management Services, Pharmacist and Patient-Centered Diabetes Care, and Pharmacy-Based Immunization Delivery. At APhA2015, we will

"APhA’s continuing education activities will keep pharmacists on the cutting edge of care and prepare them for new roles and responsibilities as recognized providers."
introduce Pharmacy-Based Cardiovascular Disease Risk Management. In 2014, APhA’s first Advanced Competency Training (ACT) program, Pharmacy-Based Travel Health Services, was introduced to provide pharmacists with an additional pathway to their immunization knowledge. ADAPT Patient Care Skills Development will also launch in 2015. The ADAPT program will provide 100 hours of patient care skills development and will prepare pharmacists to engage patients as the possibility of provider status creates a new and expanded role. ADAPT will increase pharmacists’ confidence and experience in integrating new patient care skills. It is anticipated that content will be delivered digitally and participation will be “asynchronous” to allow busy pharmacists to complete the program from home.

APhA’s training and educational programs help pharmacists stay current in practice and clinical issues, and prepare them to lead the way in the changing environment.

Annual Meeting and Exposition

APhA’s Annual Meeting and Exposition (APhA2014) was a vibrant and resounding success, attracting a total of about 6,000 attendees who gathered to learn, network, innovate, and set policy in the House of Delegates. The meeting, which took place in Orlando, Florida, attracted 143 exhibiting companies who took a total of 231 exhibitor booths, showcasing pharmaceuticals and manufacturers, pharmacy software and equipment, and many other products and services of interest to pharmacists.

APhA2014 general sessions were headlined by nationally renowned speakers, including former United States Surgeon General Richard H. Carmona and
Georgia Senator and pharmacist Buddy Carter, who was recently elected into the U.S. Senate.

Attendees, surveyed after returning from APhA2014, reported their primary reasons for attending were for continuing pharmacy education and to network with colleagues and vendors. Ninety-seven percent of those surveyed said they were likely or very likely to recommend attending an APhA annual meeting to a friend or colleague. Attendees reported that the top five continuing education topics that were most useful to them were: cardiovascular disease, diabetes, opportunities for pharmacists in an evolving health care system, immunizations, and provider status. The Federal Pharmacy Forum also took place at APhA2014, and attendees reported high levels of satisfaction with the programming.

Perhaps most important, however, is the fact that pharmacists report planning changes to their practice as a result of what they experienced at APhA2014. A total of 96% agreed that “the knowledge and skills gained from attending APhA2014 will help you improve your practice.”

The APhA2014 mobile app grew in popularity as more of today’s pharmacists are turning to electronic devices for information. Seventy-one percent of attendees surveyed reported downloading the mobile app, and 95% reported that it was useful or very useful.

Additionally, through the generous donations from APhA2014 attendees and exhibitors, and proceeds from student t-shirt sales, APhA was able to raise over $8,300 for Paws for Veterans, the official “Friends in Pharmacy” annual community service project.
Periodicals

Pharmacy Today is APhA’s monthly patient care services magazine, distributed to more than 150,000 pharmacists nationwide and placed online on pharmacist.com. Through practice profiles, continuing pharmacy education articles, and practical tips for readers, the content of Pharmacy Today informs the profession about new drugs, advances in pharmacotherapy and pharmacy practice, and developments in the legal and regulatory arenas.

In recognition of the major news-reporting function fulfilled by the staff of Pharmacy Today, a dedicated Reporter position was created in the Periodicals Department during 2014. The staff generates several news articles each week for posting on the APhA website and inclusion in the weekly Focus e-blast. These activities are a part of APhA’s commitment to keeping its members up-to-date.

Pharmacy Today greatly increased its social media presence in 2014, growing its Facebook and Twitter followers by sharing articles about pharmacists and the profession, Pharmacy Today content, medication news, APhA information, and pharmacist.com blog posts, on a seven-days-a-week schedule. Periodicals staff also “live tweeted” from APhA2014 and other pharmacy meetings this year, providing users with another way to access valuable pharmacy information and stay up to date on news.

APhA supports and publishes practice-focused and science-based 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. JAPhA Editor-in-Chief Andy Stergachis, BPharm, PhD, leads a team of associate editors—many of whom started their service in 2014—in conducting peer review of manuscripts submitted for publication in the Science & 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.

The Periodicals staff also produces three other publications for its members. The APhA DrugInfoLine (ADIL), prepared by Editor-in-Chief Kristin Weitzel, PharmD, CDE, FAPhA, provides at least two articles in specific disease or therapeutic areas each week, and the Periodicals staff monitors FDA approvals and other actions for immediate reporting on the ADIL website. In partnership with the staff of Internet Services, Student Pharmacist magazine converted to an online publication during 2014 so that the members of APhA-ASP can access the content on the pharmacist.com website. Also on that site is the Transitions newsletter, a service to new practitioners that helps them navigate common challenges as they move into practice.
Books and Electronic Products

APhA’s books and electronic products continue to advance the profession of pharmacy by providing pharmacists with the tools to create a more patient-centered practice, as well as to develop as leaders and advocates.

In 2014, APhA published a new guidebook—How to Conduct a Comprehensive Medication Review: A Guidebook for Pharmacists—providing pharmacists with a detailed description of each step of the medication review process. The guidebook, published in February in three formats (print, e-book, and PharmacyLibrary digital edition) focuses on enabling pharmacists to review medications with patients in a professional and economical way in order to ensure that patients are on the correct path to optimal treatment. Five hundred copies of the guidebook were sold during the month that it was featured as Book of the Month, and the guidebook continues to be extremely popular.

New editions of four books in APhA’s pharmacy technician training series came out in 2014 in response to changes from the Pharmacy Technician Certification Board (PTCB). When the blueprint for the board’s certification exam changes, the books are upgraded to reflect these changes and best prepare pharmacy technicians. The new editions include: Complete Math Review for the Pharmacy Technician, Complete Review for the Pharmacy Technician, The Pharmacy Technician Skills-Building Manual, and The Pharmacy Technician’s Pocket Drug Reference.

A great deal of attention was focused on PharmacyLibrary (www.pharmacylibrary.com) in 2014. This online subscription-based digital compilation of APhA and other content currently houses about 28 textbooks and reference works and 3,000 NAPLEX review questions and answers. Also included are 450 case studies and 250 active learning exercises. Fully completed in 2014, the active learning exercises were part of an initiative started in 2013 and were written and developed by University of Iowa College of Pharmacy faculty. The active learning exercises are an excellent resource in the pharmacy curriculum. Subscriptions to PharmacyLibrary continue to increase, as most schools of pharmacy now provide the resources to their students and preceptors.
As the nation’s oldest and largest pharmacy organization, APhA holds a vital place in the history and continued evolution of the practice of pharmacy. APhA’s historic headquarters on the National Mall in Washington, D.C., inspires a feeling of awe and pride in those who visit as they think of the generations of pharmacists who have come before and who have left their marks as leaders of the profession. APhA strives to build strength and influence by growing membership and representing pharmacists from all practice sites, as well as by forming alliances and strategic partnerships to help advance the profession of pharmacy.

Membership in APhA
Technology was the buzz word for membership in 2014 as APhA added and launched new technologies to make becoming a member easier and more rewarding and to capture more information in order to tailor the membership experience more fully.

To the average member, APhA’s technology adoption in 2014 may not have been readily apparent. However, we made some major leaps forward! APhA’s new association management system (AMS) was launched in early 2014. The new platform provides members with much greater and more streamlined access to their history and activities with the association. Users have a profile page, which allows them to sign up for special interest groups (SIGs) and academies, renew membership, and list conferences attended and committees they are affiliated with. The AMS keeps a history of members’ involvement and engagement with APhA and houses the information in one central location. This gives more flexibility and control to members and personalizes their membership experience.

Another technology addition was the creation of a Help Center on the “join” page of pharmacist.com. A “live chat” option was added, providing live, online help to assist prospective members with the enrollment process. This service is available during regular business hours.
Also upgraded was APhA’s email delivery system, which sends out newsletters, association email, and other information vital to members. A push toward integrating APhA’s various technologies—including the website, E-communities, etc.—is ongoing.

2014 saw the launch of Engage—APhA’s community platform that allows members to interact with each other. Engage allows users to email each other, connect more easily, and join special interest groups (SIGs) and e-communities based on their interests. Engage will be fully launched in 2015.

The “It’s Mutual” membership campaign continued through 2014, and in the fall of 2014, “The APhA Advantage” campaign was launched. The new campaign, with its “real pharmacists, real results” tagline, highlights how APhA has impacted pharmacists’ careers and practice and focuses on the areas of knowledge, advocacy, practice, and engagement.

Student Pharmacists
As the future of pharmacy, student pharmacists are of critical importance to both APhA and the profession as a whole. Student pharmacists support APhA’s mission, commitment, and promise to sustain and advance the future of pharmacy through their activities in APhA’s Academy of Student Pharmacists (APhA-ASP).

APhA-ASP celebrated its 45th anniversary this past year as an officially recognized group/academy within APhA. A year-long celebration of social media posts, articles, and video tributes highlighted the impact that student pharmacists have had on the profession and the Association. Two additional milestones celebrated this year were the launch of Student Pharmacist magazine in a digital format on pharmacist.com and the 30th Anniversary of the APhA-ASP National Patient Counseling Competition. Since the creation of the Student American Pharmaceutical Association (SAPhA) in 1969, students in every decade have embodied 2014–2015 APhA-ASP National President Nicholas Capote’s theme of “Discover Your Voice” through the Academy’s education sessions, competitions, projects, programs, leadership development, and most important, legislative efforts.

At the APhA-ASP Summer Leadership Institute in July, student pharmacists discovered their voice through a record 207 legislative visits to their members of Congress. Excitement from the Institute helped to further

Results from the 2013–2014 APhA-ASP PATIENT CARE and COMMUNITY OUTREACH PROJECTS

- Chapters Participating = 68–81 per project
- Students Participating = 12,640 (average per project)
- Faculty Participating = 4,850 (total)
- Pharmacists Participating = 4,505 (total)
- Events Conducted = 6,654 (total)
- Patients Screened = 237,838 (total)
- Patients Referred to their Primary Care Provider = 11,564 (total)
- Patients Received Health and Wellness Services = 325,613 (total)
- Patients Immunized = 79,771 (total)
- Individuals Receiving Prescription Drug Abuse Education = 124,263 (total)
- Patients Reached through PR Initiatives = 32,843,373 (total)
engage student leaders to become active in APhA’s Pharmacists Provide Care Campaign within their state and chapter. New this year, APhA-ASP launched the Advocate Training Series, which provides training and recognition for student pharmacist advocacy efforts. In addition, the APhA-ASP Policy Postcard Challenge sent more than 1,400 postcards to state and federal legislators from patients, showing their appreciation for student pharmacists and the clinical services they provide. By participating in the Challenge and advocacy efforts, student pharmacists and the patients they serve help demonstrate the value of pharmacist-provided services to legislators.

The APhA-ASP Midyear Regional Meetings (MRMs) have continued to grow in demand this year by exceeded meeting room capacity at three of our meetings. With a record 3,012 attendees, MRMs delivered phenomenal sessions on provider status, leadership development, prescription medication abuse, career opportunities, and chapter roundtables for networking and idea sharing. In addition, two members of Congress joined the students in Regions 1 and 3 to provide welcoming remarks and words of encouragement that pharmacists are valuable members of the health care team.

APhA-ASP programs provide opportunities for students to shape their future careers, as well as engage directly with their local 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.

New Practitioners

The transition from student pharmacist to new practitioner can be simultaneously exhilarating and overwhelming. APhA’s goal is to support transitions of students to new practitioners. In 2014, this support took the form of educating new practitioners about provider status, promoting new practitioners to the media, and providing opportunities for leadership and leadership development.

APhA defines a new practitioner as someone who has graduated from pharmacy school within the last five years. The Association seeks to empower and grow these members as new 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.

Highlights over the past year included joint events with student pharmacists (tomorrow’s new practitioners), such as an APhA2014 leadership session that attracted more than 300 attendees, and the 2014 APhA New Practitioner Network/APhA-ASP Webinar Series. Webinar topics included financial planning, work-life balance, supervising, and time management. New practitioner leaders served as webinar speakers.

Additionally, more than 100 new practitioners paid it forward by supporting APhA-ASP chapters through the APhA New Practitioner Mentor Program. Recent graduates provided insight into life on rotation, assisted with APhA-ASP patient care projects, participated in chapter advocacy efforts, and served as judges for local patient counseling competitions.
APhA Academies

APhA’s Academies—Academy of Pharmacy Practice and Management (APhA-APPM) and Academy of Pharmaceutical Research and Science (APhA-APRS)—continued to contribute to the Association’s strategic priorities of transforming the role of the pharmacist, empowering members, advocating for the profession, and developing leaders for the Association and the profession.

Through enhanced use of technology, we enjoyed tremendous growth in volunteer engagement in 2014, assisted by the launch of APhA’s new online community platform—Engage. APhA-APPM’s Special Interest Group (SIG) members have been utilizing the new platform, where they have continued to thrive and grow. Engage has provided increased volunteer and leadership opportunities for members, allowing them to network, communicate, and share resources with colleagues across the United States. Currently, the nine APhA-APPM SIGs include: Compounding; Diabetes Management; Immunizing Pharmacists; Medical Home/ACO; Medication Management; Nuclear Pharmacy Practice; Pain, Palliative Care, and Addiction; Preceptor; and Transitions of Care. APhA-APPM Executive Committee Officers serve as liaisons for the SIGs and report activities to the APhA Board of Trustees.

In 2014, the Academies provided a number of informational webinars for members and leaders. Designed to address practice needs and highlight hot topics in the profession, the webinars focused on areas such as Forensic Pharmacy Practice, Leadership in the Virtual World, Diabetes-Related Peripheral Neuropathy, Patient-Centered Medical Homes and Accountable Care Organizations, Transitions of Care, and Strategies for Providing Feedback to Students.

The Provider Status campaign was integrated into Academy activities as well. Both APhA-APPM and APhA-APRS developed strategic work plans to support the overall campaign, with an emphasis on member outreach and recruitment, education, and communication. 2014 also included a friendly competition between the APhA-APPM SIGs to increase awareness of the Provider Status campaign and raise funds for the APhA Political Action Committee (APhA-PAC).

APhA-APPM and APhA-APRS members continued to contribute time and expertise to a number of professional practice-related areas and organizations, including internal work groups and task forces, external committees, and appointed representative positions.

Federal Contracts and Grants

APhA Federal Contracts and Grants (FCG) activities continue to advance the role of pharmacists by providing medication expertise and education to support HRSA’s Office of Pharmacy Affairs (OPA). In 2014, HRSA again opted to extend APhA’s contract for another year, through the end of September 2015. APhA works closely with OPA to support program integrity efforts and maintains the infrastructure necessary to manage a national network of leading practice sites and peer mentors for the HRSA Peer-to-Peer program. The program identifies those sites that are examples of what OPA intended for the program. “Peer mentors identify leading practice sites ... those who are doing it right,” said Rose Marie Babbitt, Vice President, Federal Contracts and Grants. Peer mentors also help provide education to 340B stakeholders and keep HRSA informed of relevant safety net pharmacy and 340B issues. FCG’s support of OPA helps enable pharmacists and pharmacies to serve the underserved and stretch scarce resources.

FCG provides educational resources both live and online. “Pharmacists in contract pharmacies or any health care entity that participates in the 340B program can log on and access our educational programs, which include a webinar a month,” said Babbitt.

In 2014, FCG developed and produced three of the five sessions for the Access to Care Track at the 2014
APhA Annual Meeting held in Orlando in March. The APhA-developed portion of the Access to Care Track was attended by more than 150 attendees during the course of the three-day meeting. The specific 340B sessions were:

- 340B Spotlight: HRSA Office of Pharmacy Affairs Update and Program Integrity
- Innovative Funding and Programs to Improve Patient Access in Safety Net Settings
- Ins and Outs of 340B Drug Inventory in Mixed-Use Settings and Contract Pharmacies

Attendees evaluated the overall quality of the Track as “Very Good” (74%), with an average of 72% of attendees stating that the information presented during the sessions will result in their efforts to make changes in their practices. An average of 95% of attendees stated they would recommend the activities to their colleagues. Attendees also evaluated the overall quality of speakers as “good” or better at an average of 98%.

Corporate Alliances

Corporate alliances and strategic partnerships with public and private entities, including non-profits, allow APhA to offer our members a wealth of resources while at the same time promoting the value of pharmacists. These partnerships and alliances improve patient outcomes in the interest of improving public health. Collaborations are used to develop tools for pharmacists to use as a framework, enabling them to practice at the top of their license.

As an example, in 2014, APhA convened a national stakeholders meeting to discuss the Health Information Technology (HIT) network in support of safe, effective, and efficient medication delivery. APhA convened a national stakeholders meeting to discuss the Health Information Technology (HIT) network in support of safe, effective, and efficient medication delivery.

Public Relations and Communications

APhA strives to ensure that the public and other health care stakeholders understand the essential role of pharmacists and the services they provide. For American Pharmacists Month 2014, APhA organized and participated in two health fairs for Congress on Capitol Hill. In September, APhA, in collaboration with the National Community Pharmacists Association, the American Society of Health-System Pharmacists, and the National Association of Chain Drug Stores, held a health fair in the Rayburn Foyer of the House of Representatives, during which more than 50 pharmacists and student pharmacists from the Washington, D.C.-metro area provided flu shots and conducted blood pressure, cholesterol, glucose, and bone density testing for members of Congress and their staff. This successful event highlighted pharmacists’ expanded health care roles and capabilities to federal lawmakers. In October, APhA and a few local D.C. pharmacists participated in a large health fair at the Library of Congress, providing flu shots, glucose screenings, and medication consults for the 900-employee Architect of the Capitol.

In addition to providing comments and statements directly to the news media, APhA uses social media to highlight the role of pharmacists, provide information on emerging health and pharmacy issues, and update pharmacists on provider status activities. We’ve also used social media to encourage pharmacists to reach out to their legislators to ask for support for the provider status initiative. We’ve expanded the role of our media advisors to include the ability to comment on provider status and other health policy issues. APhA also supports and encourages pharmacists’ grassroots engagement with their local media to ensure that provider status gains momentum, and the Association provides pharmacists with the tools necessary to reach out to media and legislators.
APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2014.

APhA

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Section on Economic, Social, and Administrative Sciences (ESAS)
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Chair-Elect: Joel Farley, Chapel Hill, NC

APhA Academy of Student Pharmacists (APhA-ASP)
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National President-elect: Lucianne West, Northeastern University
National Members-at-Large: Brian Donahue, Mercer University
Maggie Oser, The Ohio State University
Speaker of the House: Loren M. Kirk, East Tennessee State University

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Executive Director: Mindy Smith, Washington, DC
APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2014.

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Thomas Temple, Des Moines, IA
Megan Tucker, Washington, DC
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Eleanor Vogt, San Francisco, CA
Lucy West, Boston, MA

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, Wilkes-Barre, PA
Coordinator-elect: Karl M. Hess, Pomona, CA

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

Medication Management SIG
Coordinator: Carmela Avena-Woods, Queens, NY
Coordinator-Elect: Starlin Haydon-Greatting, Springfield, IL

Nuclear Pharmacy Practice SIG
Coordinator: Mark Soffing, Brooklyn, NY
Coordinator-elect: Eric Smith, Madison, WI

Pain, Palliative Care, and Addiction SIG
Coordinator: Jeffrey Baldwin, Omaha, NE
Coordinator-elect: Jake Nichols, Natick, MA

Preceptor SIG
Coordinator: Susan Vos, Iowa City, IA
Coordinator-elect: Vibhuti Arya, Brooklyn, NY

Transitions of Care SIG
Coordinator: Shelley Otsuka, Philadelphia, PA
Coordinator-elect: Stephanie Kleyman, Indianapolis, IN

Awards Standing Committee
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David Bright, Comstock Park, MI
Kristen DiDonato, Kansas City, MO
Holly Duhon, Tyler, TX
Natasha Jackson, Sugarland, TX
Randy Knutsen, Centennial, CO
Jennifer O’Callaghan, Sioux Falls, SD
Nathan Pope, Austin, TX
Deanna Tran, Baltimore, MD

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Brian Hille, Pleasanton, CA
Michael Hogue, Birmingham, AL
Phillip Lawrence, Farmington, UT
Lisa Clayville Martin, Lake Buena Vista, FL
Michael Mosley, Knoxville, TN
Duann Thistlethwaite, Jefferson, PA
Daniel Zlott, Lovettsville, VA

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Amber Beals, Orlando, FL
Kimberly Boothe, Suffern, NY
Lisa Meny, Alto, MI
Breeanna Neumann, Bella Vista, AR
Emily Prohaska, Overland Park, KS

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Anthony Ball, Fond Du Lac, WI
Amber Briggs, Soldotna, AK
Sharon Gatewood, Richmond, VA
Betty Harris, Bangor, ME
Catherine Kuhn, Plain City, OH
G. Blair Sarbacker, San Antonio, TX
Kayce Shealy, Clinton, SC

Policy Standing Committee
Chair: Wendy Weber, Bellevue, NE
Cheryl Clarke, Des Moines, IA
Advancing as One

APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2014.

Angela Dyer, Franklin, TN
Nicki Hilliard, Little Rock, AR
Amy Kennedy, Tucson, AZ
Karen Whalen, Gainesville, FL
Daniel Zlott, Lovettsville, VA

Community Pharmacy Residency Panel
Chair: Timothy J. Warner, Rochester, NY
Stephanie Adams, Richmond, VA
William Grise, Richmond, KY
Cherokee Layson-Wolf, Baltimore, MD
Janelle Ruisinger, Kansas City, KS
Jeri Sias, El Paso, TX
Monet Stanford, Bowie, MD
Laurie Warrington, Jackson, MS

APhA-APRS
Awards Standing Committee
Chair: William McLaughlin, Germantown, TN
Adriane Irwin, Corvallis, OR
Anandi Law, Pomona, CA
Donald J. Levine, Plano, TX
Julie Oestreich, Lexington, KY
Anthony Palmieri III, Gainesville, FL

Communications Standing Committee
Chair: Donna West-Strum, University, MS
Mary Gurney, Glendale, AZ
David Malewski, Ann Arbor, MI
Joey Mattingly, Baltimore, MD
Brent Reed, Baltimore, MD

Education Standing Committee
Chair: Michael Wincor, Los Angeles, CA
Jill Augustine, Tucson, AZ
Antoinette Coe, Richmond, VA
Joel Farley, Chapel Hill, NC
Adriane Irwin, Corvallis, OR
William McLaughlin, Germantown, TN
Leon Shargel, Raleigh, NC

Nominations Committee
Chair: Melody Ryan, Lexington, KY
Leon Shargel, Raleigh, NC
Donna West-Strum, University, MS
Michael Wincor, Los Angeles, CA

Policy Standing Committee
Chair: Melody Ryan, Lexington, KY
Antoinette Coe, Richmond, VA
Joel Farley, Chapel Hill, NC
William Fassett, Spokane, WA
William McLaughlin, Germantown, TN
Julie Oestreich, Lexington, KY
Leon Shargel, Raleigh, NC
Donna West-Strum, University, MS
Michael Wincor, Los Angeles, CA

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: Amy Kiskaddon, University of Florida
Jamie Kraemer, University of Cincinnati
Ali Lloyd, Samford University
Abigail Surles, East Tennessee State University

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Vice Chair: Erin Turingan, University of North Carolina at Chapel Hill
Linda Kalamkeryan, University of the Pacific
Ashley Paladino, University of Arkansas for Medical Sciences
Christopher Sedgwick, Lake Erie College of Osteopathic Medicine

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Jessica Brinkley, Belmont University
Joseph Haley, University of Florida
Whitney Jandreau, Husson University

International Pharmaceutical Students Federation
Standing Committee
National Contact Person: Adrian Hughes, University of Washington
National Project Coordinator: Nellie Jafari, Virginia Commonwealth University
APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2014.

Student Exchange Officer: Ashley Potter, South Dakota State University
Student Exchange Officer-elect: Amanda Cavness, The University of Tennessee Health Science Center

Policy Standing Committee
Vice Chair: Dylan Jones, University of Arkansas for Medical Sciences
Valerie Budinger, The Ohio State University
Sarah Reeg, Palm Beach Atlantic University
Sierra Schmidt, Auburn University

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 Shipman, 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 Beatty, East Tennessee State University
Region 4: Samantha Landolfi, 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

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Vice-Chair: Veronica Vernon, Indianapolis, IN
Kelli D. Barnes, Columbus, OH

Awards Standing Committee
Chair: Brigid Long, Columbus, OH
Brittany Hoffmann, Frankfort, IL
Sean Lasota, Baltimore, MD
Angela Olenik, Wappingers Falls, NY

Communications and Networking Standing Committee
Chair: Deanna Tran, Baltimore, MD
Kevin Barton, Bentonville, AR
Megan Keller, Grove City, OH
Michelle Schroeder, Toledo, OH

Education and Professional Development Standing Committee
Chair: Karleen Melody, Philadelphia, PA
Indrani Kar, Highland Park, NJ
Davin Patel, Chicago, IL
Kristin Showen, Minneapolis, MN

Membership and Involvement Standing Committee
Chair: David Steeb, Chapel Hill, NC
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Bethany Murphy, Jackson, TN
Alexa Sevin, Columbus, OH

Phillip Lawrence, Farmington, UT
Jennifer A. Wilson, Wingate, NC
American Pharmacists Association
Financial Statements
Unaudited

APhA Statement of Financial Position
December 31, 2014 and 2013

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</tr>
<tr>
<td>Inventories</td>
<td>591,748</td>
<td>414,044</td>
</tr>
<tr>
<td>Investments</td>
<td>15,986,232</td>
<td>15,421,498</td>
</tr>
<tr>
<td>Investment in 2200 C Street LLC</td>
<td>(10,040,610)</td>
<td>(9,037,882)</td>
</tr>
<tr>
<td>Land, building, and equipment, net</td>
<td>10,187,419</td>
<td>10,734,155</td>
</tr>
<tr>
<td>Total assets</td>
<td>$30,263,782</td>
<td>$30,545,882</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
</tr>
<tr>
<td>Accrued payroll and related liabilities</td>
</tr>
<tr>
<td>Deferred revenue</td>
</tr>
<tr>
<td>Deferred compensation</td>
</tr>
<tr>
<td>Total liabilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net assets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
</tr>
<tr>
<td>Temporarily restricted</td>
</tr>
<tr>
<td>Permanently restricted</td>
</tr>
<tr>
<td>Total net assets</td>
</tr>
</tbody>
</table>

| Total liabilities and net assets | $30,263,782 | $30,545,882 |

APhA Statement of Activities
Years Ended December 31, 2014 and 2013

<table>
<thead>
<tr>
<th>Revenues:</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings, education &amp; certification programs</td>
<td>$12,507,802</td>
<td>$10,644,936</td>
</tr>
<tr>
<td>Grants and support</td>
<td>7,011,276</td>
<td>8,684,771</td>
</tr>
<tr>
<td>Publications and subscriptions</td>
<td>4,295,167</td>
<td>3,614,832</td>
</tr>
<tr>
<td>Membership dues</td>
<td>4,217,507</td>
<td>4,263,732</td>
</tr>
<tr>
<td>Advertising</td>
<td>2,904,903</td>
<td>2,716,790</td>
</tr>
<tr>
<td>Investment income, net of nonoperating investment income</td>
<td>622,812</td>
<td>596,556</td>
</tr>
<tr>
<td>Royalties</td>
<td>559,227</td>
<td>550,133</td>
</tr>
<tr>
<td>Rental Income</td>
<td>295,150</td>
<td>232,824</td>
</tr>
<tr>
<td>Other</td>
<td>2,739,023</td>
<td>3,045,821</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$35,152,867</td>
<td>$34,350,395</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and related costs</td>
</tr>
<tr>
<td>Professional fees and honoraria</td>
</tr>
<tr>
<td>Occupancy costs</td>
</tr>
<tr>
<td>Travel and meetings</td>
</tr>
<tr>
<td>Publications and editorial costs</td>
</tr>
<tr>
<td>Postage, shipping, and handling</td>
</tr>
<tr>
<td>Printing</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
</tr>
<tr>
<td>Equipment rental, repair, and maintenance</td>
</tr>
<tr>
<td>Paper costs and supplies</td>
</tr>
<tr>
<td>Contributions and dues</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total expenses</td>
</tr>
</tbody>
</table>

| Net operating surplus before other items | $287,776 | $239,732 |

<table>
<thead>
<tr>
<th>Other items:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonoperating investment (loss) income after allocations to operations</td>
</tr>
<tr>
<td>2200 C Street LLC:</td>
</tr>
<tr>
<td>Loss from building operations</td>
</tr>
<tr>
<td>Provider status initiative</td>
</tr>
<tr>
<td>Change in net assets</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
</tr>
<tr>
<td>Net assets, end of year</td>
</tr>
</tbody>
</table>

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

*Unaudited.
Professional Issues We Addressed in 2014:
ACO/Medical Home • Acetaminophen • APAP Rx and OTC Labeling
• Accreditation Standards (CE and Schools) • Compounding • Community pharmacy accreditation • Community Pharmacy & other residency programs • Counterfeit/Pedigrees/Track and Trace Technology • Consumer Medication Information • Access to Products and Services • Biosimilars • Fraud, Waste, and Abuse • Generics • Health Plan Benefits • Hospital Acquired Conditions • Immunizations • Medicaid & Medicare • MTM • Pain Care • Prevention & Wellness • Quality/Safety/REMS • Transitions of Care • Workforce • Disease State Management • Drug Interactions and Adverse Drug Events • FDA Advisory Committees • Follow On Biologics (Biosimilars) • HEALTH CARE REFORM • Health and wellness services • Health Information Technology • Importation • IMMUNIZATIONS • Internet Pharmacy • Medicaid, Medicare, private and public health benefit programs • Controlled substances use, abuse and classification • Cannabis • Medication and Syringe Disposal • Medication errors/patient safety • Medication reconciliation / TRANSITIONS OF CARE • MEDICATION THERAPY MANAGEMENT • Medication Shortages and Recalls • Medication Reimbursement • Nuclear Pharmacy Issues • Pandemic Response • Medication Adherence • Pediatric Cough and Cold • Pharmacist Credentialing • Pharmacist Manpower • Pharmacist service recognition & compensation • Pharmacogenomics • Post marketing Surveillance – Sentinel Initiative • Quality/medication outcomes • Restricted Distribution Systems • Risk Evaluation and Mitigation Strategies (REMS) • And more…
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 2015, 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.