

# Expanding Opportunities through Patient Care



American Pharmacists Association  
**2015 Annual Report**



**American Pharmacists Association®**  
Improving medication use. Advancing patient care.

**APhA**

# Expanding Opportunities through Patient Care



## OUR MISSION

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



## LETTER FROM CEO | TOM MENIGHAN

### 2015: A YEAR OF CHALLENGES MET AND SUCCESSES ACHIEVED

**SERVING PHARMACISTS** in a number of capacities with APhA for nearly 30 years has been an amazing learning experience, and it has been a true honor to serve as the organization's CEO for the last 7 years. From my vantage point, I see APhA's leadership, incredible staff, and thousands of dedicated volunteers actively engaged in the most important issues we face.

In 2015, we continued our leadership with the Patient Access to Pharmacists' Care Coalition in advocating for "provider status," which would recognize pharmacists as integral members of the health care team. Passage will provide consumers with access to and coverage for our quality patient care services. Through APhA's **Pharmacists Provide Care** campaign, you have mobilized in unprecedented proportions, with 21,000 online supporters sending more than 37,000 letters to Congress through APhA's efforts.

As a result of these efforts, the Pharmacy and Medically Underserved Areas Enhancement Act (**H.R. 592/S. 314**) was introduced into both chambers in January. By the end of 2015, 262 U.S. Representatives and 39 Senators had signed on as cosponsors of the bills! Those are fantastic numbers, but our work is not done. Rest assured that together with our partner organizations and you, we'll stay on task until we GET IT DONE! Success will be measured in benefits to medically underserved communities receiving care from pharmacists as allowed by state scope-of-practice laws through Medicare Part B coverage.

Prescription **drug abuse and dependency** are also serious national concerns, and in October, the White House invited APhA to participate in finding solutions to curb opioid abuse. As part of a national effort coordinated by the Obama administration, APhA will launch a Resource Center in 2016 to educate the pharmacy profession about opioid use and abuse. To further support our own, in June, we held the inaugural session of the APhA Institute on Alcoholism and Drug Dependencies at the University of Utah.

APhA has also been a long-term advocate for **optimizing medication use**. In October, after significant encouragement from APhA, the Centers for Medicare and Medicaid Services (CMS) announced an initiative to improve the medication therapy management benefit for patients in standalone Medicare Part D plans.

In a 2015 letter, U.S. Assistant Surgeon General Anne Schuchat praised APhA's work to prevent **vaccine-preventable morbidity and mortality**. Since its inception in 1996, APhA's national Pharmacy-Based Immunization Delivery certificate program has trained more than 280,000 pharmacists.

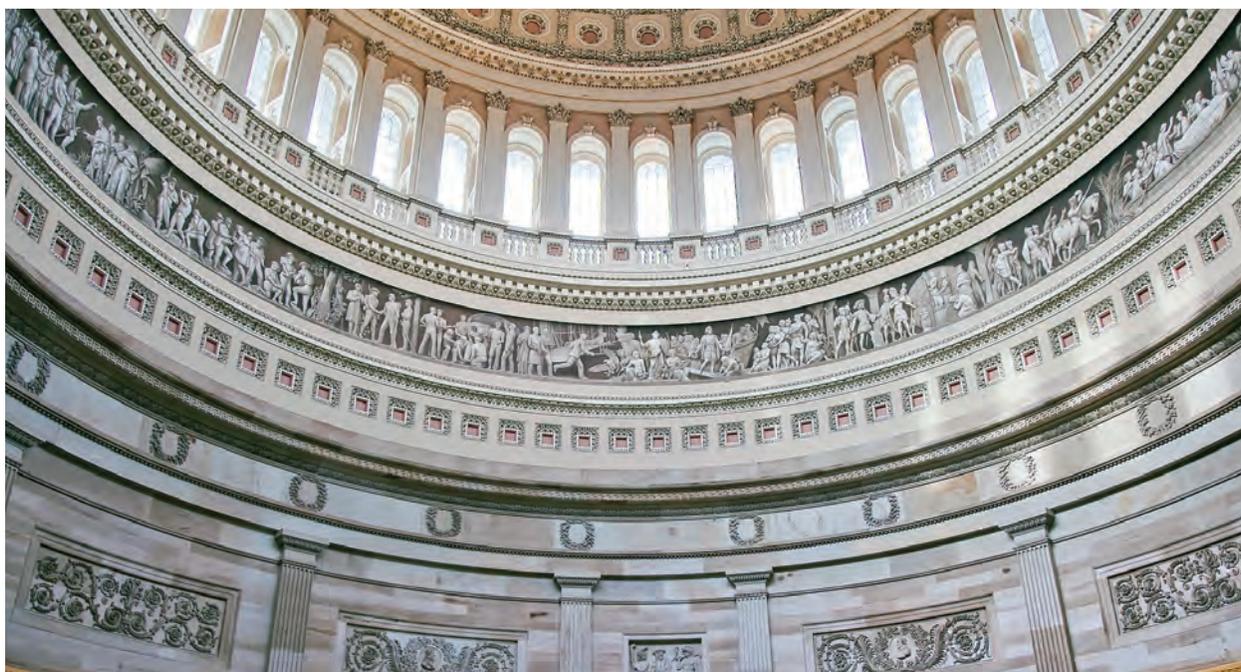
In 2015, APhA launched several new and exciting training initiatives:

- **ADAPT**, an online patient care skills/development program that delivers evidence-based content from leading experts in pharmacy
- **Advanced Preceptor Training**, a formal curriculum for preceptors at all practice sites who interact with student pharmacists and residents
- New practice tools to strengthen pharmacists' relationships with their patients in the areas of **pain and triglycerides**
- APhA Foundation's **Patient Self-Management (PSM) Solutions**, which allow providers to coach patients on the knowledge, skills, and performance they need to manage chronic disease.

APhA remains committed to ensuring you have the resources and information to grow your practice, help your patients, and make your voice heard. This coming year will be one of growth in team-based care, expanded practice roles, and pharmacists' ability to improve public health outcomes. Let's get after it together!

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





# Advocating for the Profession



Looking back at 2015, a clear picture emerges of the health care landscape and, in particular, the role of pharmacists. In our leadership role, working alongside a coalition of stakeholders, APhA has focused on continuing to pursue greater patient access to patient care services. As an advocate for the advancement of our profession, APhA continues to invest significant staff and volunteer time and financial support to firmly position pharmacists as an integral part of the overall health care team.

APhA is rallying the profession behind this drive. We are seeing many notable results. The Patient Access to Pharmacists' Care Coalition (PAPCC) has made progress in its mission to develop and help enact a federal policy proposal that would enable patient access to, and payment for, Medicare Part B services by state-licensed pharmacists in medically underserved communities. Congressional backing of the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314), introduced in both chambers, grew significantly in 2015.

A multimillion dollar media campaign was launched by the Coalition in spring 2015 to target Washington decision makers to help augment our lobbying efforts on Capitol Hill. In addition, APhA's Pharmacists Care campaign continues to make an impact nationwide through print, e-mail, media and social media outreach, and online promotion. The promotional efforts driven through the [PharmacistsProvideCare.com](http://PharmacistsProvideCare.com)

website have facilitated the coalescing of pharmacists' advocacy efforts in support of consumer access to pharmacists' quality patient care services.

The initiative to empower pharmacists to be a driving force for passage of provider status legislation has produced powerful results. At press time, there were 262 cosponsors of the House bill and 39 cosponsors of the Senate bill.

## Bringing Pharmacy Services to Congress

The third annual Capitol Hill Health Fair, held in October, once again gave the pharmacy profession an opportunity to show legislators the value that pharmacists provide to communities. Pharmacists and student pharmacists demonstrated to members of Congress various patient care services offered by pharmacists. At the fair, flu shots, as well as bone density, glucose, cholesterol, blood pressure, and body composition screenings, were provided to members of Congress and their staff.

# Expanding Opportunities through Patient Care

**A**PhA President Lawrence “L.B.” Brown, PharmD, PhD, FAPhA in his inaugural presidential speech, recognized patient safety as a unifying force well beyond pharmacy. He emphasized the need for the profession to keep its focus on the positive impact that expanded roles for pharmacists have on patient safety and the impact that these efforts will have on gaining allies and supporters outside of pharmacy. He also charged APhA’s practice and science academies with developing a white paper that articulates pharmacists’ patient safety roles and contributions. The paper is due to be released in early 2016.

Prescription drug misuse and abuse has reached epidemic levels in the United States. Pharmacists have a responsibility to help prevent such abuses, and their knowledge, accessibility, and expertise puts them in a unique position to help combat this significant problem.

To address and alleviate this major concern, APhA participated in the National Rx Drug Abuse Summit in Atlanta, as well as the West Virginia Summit sponsored by the White House. In support of a White House effort to curb fatalities from prescriptions drugs, APhA will also launch a new Resource Center to educate its members about opioid use, misuse, and abuse.

**44%** of pharmacists reported that their organization provides patient care services to patients who reside in medically underserved communities.

**63%** of pharmacists reported that they could provide care for a minimum of 11 patients and up to 100 patients per week.



**Student pharmacists conducted more than 1,780 presentations, and educated more than 165,000 individuals about the dangers of prescription drug misuse and abuse.**



Addressing drug dependency was another important objective for APhA this year. In 2014, the University of Utah announced it was no longer able to host an annual conference on alcoholism and drug dependency. Recognizing the value of the program, APhA assumed responsibility for the conference. The inaugural session of the APhA Institute on Alcoholism and Drug Dependencies was held in June at the University of Utah in Salt Lake City and attracted 277 registrants.

“There are very few conferences in the profession of pharmacy that make as strong an impact on the lives of the attendees as the APhA Institute on Alcohol and Drug Dependencies,” said Keith Marciniak, BSPHarm, APhA senior director of student and new practitioner development. “The University of Utah offered our pharmacist and student pharmacist members in recovery a supportive environment to learn and mentor those interested in addiction. APhA wanted to make sure that we continued this benefit for our members and those in need within our profession, with the new Institute.”

In addition, Generation Rx, developed and funded in collaboration with the Ohio State University College of Pharmacy, Cardinal Health Foundation, and the APhA Foundation a new educational program designed to increase public awareness of prescription medication abuse and encourage health care providers, community leaders, parents, teens, and college

students to actively prevent abuse. Student pharmacists in more than 90 communities around the nation implemented 117 medication take-back days, conducted more than 1,780 presentations, and educated more than 165,000 individuals about the dangers of prescription drug misuse and abuse.

### Biosimilars

In 2015, the U.S. Food and Drug Administration (FDA) continued implementing the biosimilars regulatory framework as authorized by the Biologics Price Competition and Innovation Act (BPCIA, a component of the Affordable Care Act [ACA]). While the potential of biologics and biosimilar drugs for patients and conditions are promising, the process for bringing biosimilars to market has proven challenging.

APhA and other stakeholders are working with FDA to keep the biosimilar regulatory framework consistent, with the framework of small molecule drugs, unless science dictates otherwise, including their naming. In August 2015, FDA released draft guidance on naming and a proposed rule renaming six currently approved biologics and biosimilars. FDA’s multifaceted proposal raised concerns from practitioner organizations, including APhA. APhA voiced support for applying the same naming conventions to biologics and biosimilars, and cautioned against adoption of a naming framework that varies from small molecule. Policy discussions continue with FDA and within APhA’s House of Delegates.



# Transforming the Role of the Pharmacist



**B**uilding on a foundation established over previous years, APhA continued making progress this year in promoting the role of the pharmacist as a patient care provider. Focusing on legislative changes, public awareness, and pharmacist involvement, APhA generated significant support for the advancement of consumer access to and coverage for pharmacists' quality patient care.

## Practice Innovation

Among the benefits of membership in APhA is the opportunity to connect with thought leaders in one of the most innovative associations in the pharmacy profession. Disseminating new ideas to our members helps pharmacists advance in their practices and improves patient outcomes. Through articles on *Pharmacist.com* and in *Pharmacy Today*, APhA provides examples of innovative practices that its members can employ.

In 2015, APhA pushed to include pharmacists as integral members of the health care team in providing patient care. The Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process, adopted in 2014, supports the evolution of the pharmacy profession from primarily a

medication-dispensing role to one of providing clinically oriented patient care services. The patient-centered process engages patients in their care and uses a collaborative team-based approach for the delivery of coordinated care focused on optimal health and medication outcomes.

This past year, there were multifaceted efforts to spearhead adoption and implementation of the process, including educational programs, integration of the process into the revised Accreditation Council for Pharmacy Education (ACPE) PharmD standards, and revisions to the American Society of Health-System Pharmacists' residency accreditation standards. In March, APhA released a resource that provides practical guidance to pharmacists on implementing the process in their practice.



In 2015, APhA trained 6,000 pharmacists in medication therapy management.

## Advancing Health Information Technology in Pharmacy Practice

As pharmacists expand patient care services, the functionality, use, and interoperability of electronic health records is critical. In 2015, APhA continued to focus on this important priority for the profession to ensure that pharmacists have the tools they need to provide care similar to other health care practitioners.

As a founding member of the Pharmacy Health Information Technology (HIT) Collaborative, pharmacists are not only at the table as part of the national conversation on development of the newly connected electronic health care infrastructure, but are routinely consulted for the important role that pharmacists serve in the overall treatment of patients. The Pharmacy HIT Collaborative works to ensure that HIT supports delivery of health care services and that pharmacists can electronically exchange information. The HIT Collaborative also uses templates to standardize and align patient's information within the larger health care system. In 2015, the Collaborative published many valuable coding and guidance documents for the profession. More information about the Pharmacy HIT Collaborative and its work products can be found at [www.pharmacyhit.org](http://www.pharmacyhit.org).

The use of health information technology is an effective vehicle for exchanging information between practitioners, patients, and pharmacists. Pharmacists need access to pertinent clinical information about their patients, and in turn should contribute information to the health care team in order to improve patient outcomes. APhA has continued our involvement with standards development organizations (SDOs) to ensure standards that are developed are aligned with the needs and interests of pharmacists who will be using the technology.

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## Medication Therapy Management

Pharmacists can improve medication use and outcomes in patients with complex medication regimens. Among APhA's training programs, Delivering Medication Therapy Management (MTM) Services is an interactive certificate program that explores the pharmacist's role in providing MTM services to patients. The course teaches pharmacists the skills necessary to become a successful MTM practitioner. Completion of the certificate training program will enhance pharmacists' clinical expertise in evaluating complicated medication regimens, identifying medication-related problems, and making recommendations to patients, caregivers, and health care professionals. In 2015, APhA trained 6,000 pharmacists.

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## Immunization

APhA's nationally recognized certificate training program on Pharmacy-Based Immunization Delivery has trained more than 280,000 pharmacists since its inception in 1996. Pharmacists are authorized to provide immunization services as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice. Pharmacists are recognized as vital members of the "immunization neighborhood," working through collaboration, coordination, and communication with other stakeholders dedicated to meeting the immunization needs of patients and protecting the community from vaccine-preventable diseases. APhA's education, advocacy, information, and resource activities serve as a model for pharmacist engagement in expanding patient care opportunities. As a result of our investments in increasing capacity within the profession, U.S. Assistant Surgeon General Anne Schuchat praised APhA's work in a letter about public health leadership and the 20th anniversary of the certificate training program.

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APhA has trained **more than 280,000 immunizers.**

## Developing Community-based Pharmacist Practitioners

As community-based pharmacy practice residency training programs have evolved and expanded, pharmacy practice has continued to evolve. The role of pharmacists and training must continue to evolve as well. To provide an accelerated training pathway for future community-based practitioners, APhA has continued its active involvement in and support of postgraduate residency training in community practices. In 2015, Postgraduate Year (PGY1) Community Pharmacy



In 2015, (PGY1) Community Pharmacy Residency programs expanded to 127 programs nationwide with more than 230 resident positions.

Residency programs expanded to 127 programs nationwide, with more than 230 resident positions. Launched in 1986, the initiative has transformed and advanced community pharmacy practices and driven adoption of advanced clinical pharmacy services in community pharmacy settings.

In 2015, as part of our ongoing commitment to and investment in postgraduate training in the community, APhA focused on developing a strategic action plan for the future of community-based pharmacist residency training. The initiative, funded by a grant from the Community Pharmacy Foundation, brought together thought leaders from the profession. In partnership with the American Society of Health-System Pharmacists (ASHP), APhA led the development of new PGY1 Pharmacy: Community-based Care Residency Program standards. The standards reflect

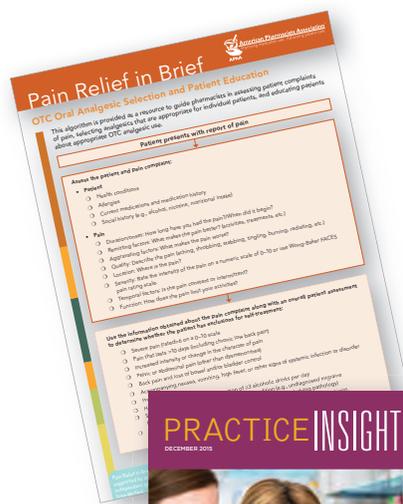
a shift in nomenclature for these residency programs and embody a concept that residency training should focus on preparing pharmacists to serve the needs of patients in their communities.

The purpose of the new standards is to build upon pharmacists' PharmD education so that they may pursue advanced training opportunities and to develop community-based practitioners with diverse patient care, leadership, and education skills. The new accreditation standards and corresponding competency goals are expected to be approved in 2016. A manuscript from the strategic action plan project will be published as a special feature in the *Journal of the American Pharmacists Association*.

## Progress through Collaboration

APhA, along with other national associations, participated in the Affordable Care Act (ACA) Roundtable with the Obama administration. This year, discussions focused on improving insured patients' access to and use of preventive health services and targeting outreach to populations and regions with high rates of uninsured patients. Pharmacists can have a significant impact in this area, and APhA will continue to articulate these roles and work with the administration to make regulatory and legislative improvements. As ACA implementation moves forward as "value-based" care evolves, we will continue to provide our membership with updates.





## New Practice Tools

Practice tools are a valuable resource to assist pharmacists in strengthening relationships with patients. These tools provide pharmacists with practical options to educate patients and offer useful guidelines for the delivery of treatment choices.



For example, the *Pharmacist–Patient Guide and Treatment Options for Very High Triglycerides (VHTG)* offers current and succinct clinical information that can be

quickly and easily incorporated into busy practices. *Pain Relief in Brief* is another tool used to guide pharmacists in assessing patient complaints of pain, selecting analgesics, and educating patients on appropriate over-the-counter (OTC) analgesic use.

In 2015, APhA conducted a survey to explore the role of pharmacists in supporting self-treating patients. *Practice Insights: Pharmacists as Self-Care Advisors* provides insight into how pharmacists engage with patients in community pharmacy settings.



Center for  
Pharmacy Practice  
Accreditation (CPPA)

For any new service to scale, it must be “specific, predictable, and measurable.” These characteristics are necessary, for example, if pharmacists’ services in our various practice settings are to gain broad adoption in health care. That means standards.

The Center for Pharmacy Practice Accreditation (CPPA) recognizes pharmacy practices for providing patient care services that improve health outcomes and contribute to lower health care costs. CPPA’s mission is to raise through standards the level of pharmacy-delivered patient care services. As a founding member of CPPA, APhA continues its strong support of this important organization.

“Specialty pharmacy practice involves a great deal of **complex and high-cost** patient care,”

—Lynnae Mahaney,  
BSP Pharm, MBA, FASHP,  
CPPA executive director

In addition to community pharmacy standards, CPPA announced the launch of a new accreditation program for specialty pharmacy practices. CPPA is also beta-testing telehealth pharmacy practice accreditation. The size and scope of specialty pharmacies is growing rapidly, and models of care are evolving. CPPA’s specialty accreditation program is adaptable to different models of care, including integrated health networks, specialty pharmacy practices that engage with other partners for specialty care delivery, and specialty community pharmacy networks. “Specialty pharmacy practice involves a great deal of complex and high-cost patient care,” said Lynnae Mahaney, BSP Pharm, MBA, FASHP, CPPA executive director. “A CPPA-accredited specialty pharmacy practice, like other CPPA-accredited practices, has shown a commitment to the highest level of pharmacy care and cost-effective outcomes for patients, which distinguishes that practice within the health care system.”





**“BPS is proactively evaluating and refining the structure and framework of specialty recognition to increase capacity for board certification for pharmacists that will meet the increasing needs of our evolving health care system and the patients we serve.”**

**—Sharon M. Durfee**, immediate past chair of the BPS Board of Directors.



## Board of Pharmacy Specialties

For nearly 40 years, the Board of Pharmacy Specialties (BPS) has provided specialty-level certification programs for pharmacists as an autonomous division of APhA. As health care providers are being held to a higher level of accountability for the quality of care delivered to patients, a greater emphasis is being placed on credentialing health professionals. With improved outcomes in patient care as the primary purpose of specialization, BPS board certification is recognized as the gold standard for determining which pharmacists are qualified at advanced practice levels.

In 2015, BPS added two new specialties (critical care pharmacy and pediatric pharmacy), with more than 1,000 pharmacists sitting for these new certifications. Previously established specialties include ambulatory care pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pharmacotherapy, and psychiatric pharmacy.

This year, 3,972 pharmacists passed BPS’s specialty exams. As of December 31, 2015, there are 24,857 board-certified pharmacists, including more than 1,800 international pharmacists. With the need for pharmacists to provide patient care services being global, BPS is responding by creating a task force to examine the board certification of pharmacists on a worldwide level.

BPS is expanding specialty certifications available to pharmacists and recently issued a call for petitions in both cardiology and infectious diseases. BPS also approved role delineation studies in sterile compounding, solid organ transplantation, and emergency medicine. This will take place over the next 24 months. A role delineation study helps determine whether a practice area is based upon specialized knowledge of pharmaceutical sciences, as well as specialized functions routinely performed by practitioners in a proposed specialty. If studies suggest these areas should be recognized as specialty practices, BPS will issue a call for petition to recognize any or all of these areas as pharmacy specialties.

“BPS is proactively evaluating and refining the structure and framework of specialty recognition to increase capacity for board certification for pharmacists that will meet the increasing needs of our evolving health care system and the patients we serve,” said Sharon M. Durfee, immediate past chair of the BPS Board of Directors.

As complex health care issues continue to demand a multidisciplinary approach, patients will increasingly expect specialty-certified pharmacists to be involved in their care.



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## Pharmacy Quality Alliance

APhA continues to support the work of the Pharmacy Quality Alliance (PQA) through leadership and volunteer contributions. PQA's mission is to improve the quality of medication management and use across health care settings, with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

In 2015, PQA continued development of medication-related measures using a new structure comprised of 10 measure development teams and 4 strategic advisory panels. APhA solicited experts to serve on both types of groups. Three new PQA measures related to opioid use were approved in 2015 and are being incorporated into different health care programs. Several of PQA's measures continue to play a prominent role in the CMS Medicare Part D Star Ratings program, and various measures are being incorporated into Medicaid and private-sector programs. APhA was a cosponsor of a PQA Quality Ratings Workshop for Community Pharmacists that was conducted in November. From a leadership perspective, APhA CEO Tom Menighan continued his service as a member of the PQA Board of Directors in 2015.

As the health care system continues to move to value-based care delivery and payment models, it is critical to have meaningful quality measures. APhA is committed to supporting efforts to develop quality measures that effectively measure the value of pharmacists' services in an evolving health care system.

## Pharmacists' Patient Care Process

In May 2014, the Joint Commission of Pharmacy Practitioners (JCPP) adopted the pharmacists' patient care process—a consistent approach to patient-centered care that pharmacists are being urged to adopt. In 2015, the process is being recognized on a larger scale, and pharmacy organizations are integrating it into their practices.

The Accreditation Council for Pharmacy Education (ACPE) has made the process a requirement for PharmD programs in colleges of pharmacy starting next year is also ACPE working with accredited continuing education providers to incorporate the process into their curriculums, and national and state pharmacy associations including it in their education training programs. Residency accreditation standards and practice accreditation programs are also including the process within their revised standards.

# Educating and Informing Pharmacists



Throughout our history, APhA has thrived because of our members. Today, our 63,000 members' voices actively shape the Association and advance our profession. The passion, expertise, and breadth of specialties within our membership combine to create a vital force in building and sustaining our legacy as we move forward, advancing as one in the profession.

Membership in APhA helps each pharmacist do his or her job better. Our goal is to make membership experiences both positive and fruitful. In 2015, we eased the ways member interact with valuable resources and information. In the following sections, the Association's resources and benefits—education, information, periodicals, books, electronic products, networking opportunities and the work of the APhA Academies—will be highlighted. APhA strives to provide a unique membership experience for each member. APhA members are in agreement about the value of membership. In a 2015 survey, 93 percent of members were satisfied with their membership in APhA.

## Continuing Professional Education

During our 2015 Annual Meeting and Exposition, APhA launched ADAPT, our newest education offering. ADAPT is a transformative, online patient care skills-development program designed for pharmacists in all settings. ADAPT delivers evidence-based content from leading experts in an interactive online learning format.

The health care system is changing and expanding the scope of practice for pharmacists across the country. ADAPT can help turn these challenges into opportunities. ADAPT will help pharmacists integrate new patient care skills, processes,





**APhA2015**  
 Nearly 6,000 attendees  
 151 exhibitors.

and tools into everyday practice. Participants practice new skills in real-world settings, supported by continuous assessment, feedback, and mentoring from peers and trained moderators.

The new APhA Advanced Preceptor Training program helps participants gain the knowledge and confidence necessary to become successful preceptors. The training is a self-paced, online-only curriculum that provides continuing pharmacy education credit. Content tracks include Getting Started as a Preceptor; Working Effectively with Student Pharmacists; Building Clinical Confidence; and Cultivating Inter-professional Education.

“As a leader in training programs for pharmacy professionals, we are proud to offer this exceptional development program,” said Kelly French, APhA director of advanced preceptor training. “Preceptors are extremely important for the next generation of pharmacists and this all-encompassing curriculum will ensure preceptors are prepared to help students succeed.”

### Annual Meeting and Exposition

Nearly 6,000 APhA student members and pharmacy supporters, along with 151 exhibiting companies, attended APhA2015 in San Diego. Participants enjoyed numerous education sessions, networking opportunities, and events designed to advance and celebrate the pharmacy profession.

The theme of this year’s conference was “Advancing as One.” During his opening session, APhA President Matthew C. Osterhaus, BSPHarm, FASCP, FAPhA, discussed how pharmacists are becoming more unified and more prominent as part of patients’ health care teams. Using the metaphor of putting together a puzzle, he explained how each pharmacist represents one piece, which together complete the whole picture. Osterhaus cited the work of the Patient Access to Pharmacists’ Care Coalition on federal provider status legislation and noted the significant online support garnered by APhA’s Pharmacists Provide Care campaign.

APhA President-elect L.B. Brown called on pharmacists to inform their personal networks about the provider status campaign. He also reminded attendees that “patient safety is a quest that unifies us across all practice settings and... serves as a vehicle for expanded patient care roles.” He encouraged the audience to help APhA revolutionize the profession, spread the word, and tell their story.



## Periodicals

To support greater access to and coverage of pharmacists' quality patient care services, APhA launched the *Pharmacists Patient Care Services Digest* in March 2015. This publication describes how pharmacists' services are provided and offers profiles of pharmacists who employ innovative techniques. From community pharmacies and integrated care settings to ambulatory care and health systems,

pharmacists provide many vital patient care services. These services include medication therapy management, disease state management, health and wellness services, and immunizations. These services have increased access, improved outcomes, and lowered health care costs.

The findings from the *Digest* indicated that:

1. Pharmacists' services are expanding.
2. Confidence in pharmacists' ability to deliver these services continues to grow.
3. Pharmacists are improving access to care, reducing gaps in patient care, and improving performance for health plans.
4. Work systems and processes are being aligned with desired outcomes of care.

To broaden the reach and maximize the value of its publications, APhA has selected Elsevier, a global leader in providing scientific, technical, and medical information products and services, as the exclusive publisher and distributor of *Pharmacy Today*, the *Journal of the American Pharmacists Association*, and the *Journal of Pharmaceutical Sciences*. Starting in January 2016, Elsevier will publish and distribute all print and electronic editions. “As a leading global publisher, Elsevier will ensure our journals remain leaders in the field and expand our reach, while keeping us up to date with the publishing trends and needs of our authors and readers,” said Elizabeth Keyes, APhA Chief Operating Officer.

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—**Elizabeth Keyes**, APhA chief operating officer





*Pharmacy Today* is a monthly publication in print and online formats. The publication provides profiles, continuing education articles, and practical tips. It also provides members with information about new drug advances and therapies. The *Journal of the American Pharmacists Association*, published bimonthly, offers research and opinion pieces, and provides the latest tools and data related to patient care. The *Journal of Pharmaceutical Sciences* is a monthly online-only publication with research, topical reviews, and commentaries.

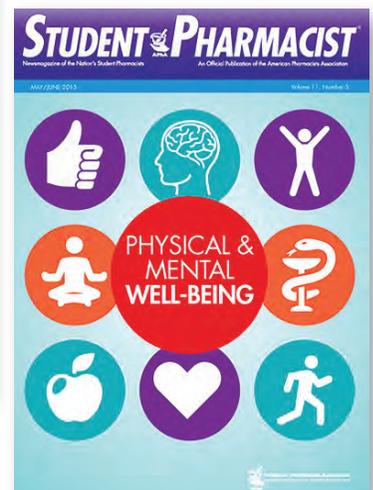
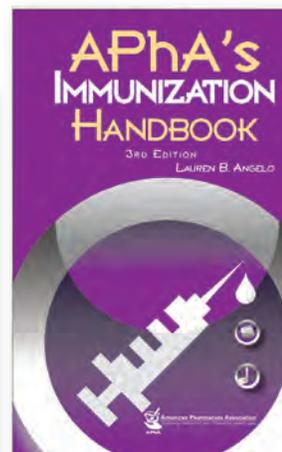
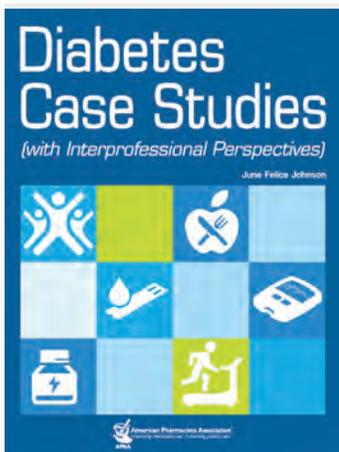
Affairs Department collaborated on the publication of a book about the pharmacists' patient care process. *How to Implement the Pharmacists' Patient Care Process* helps pharmacists practice the patient care process and apply it in all practice settings. The editors are Marialice S. Bennett, RPh, FAPhA, former APhA president and faculty emeritus at Ohio State University College of Pharmacy and Midwestern University Pharmacy Professor Mary Ann Kliethermes, PharmD, pharmacy professor at Midwestern University.

Recognizing team-based care as critical to improving patient outcomes, APhA also published an educational resource and study guide, *Diabetes Case Studies (with Interprofessional Perspectives)*. This publication presents actual cases and incorporates an interprofessional perspective. June Felice Johnson, professor at Drake University College of Pharmacy, authored the book with contributions from health professionals outside the pharmacy field.



### Books and Electronic Products

One of the longstanding roadblocks to pharmacists' opportunities is the variability in their approach to patient care. Other health care fields have uniformly educated their respective professionals on a consistent, systematic process of care. In 2015, APhA's Books Department and Electronic Products and Practice





# Building Strength and Influence

The heart and future of pharmacy are student pharmacists. Student pharmacists support APhA's mission and commitment, and advance the profession.

## Student Pharmacists

Once again, the APhA Academy of Student Pharmacists (APhA-ASP) focused on serving as the collective voice of student pharmacists, improving patient care, and advancing the profession of pharmacy in 2015. Members concentrated on improving existing patient care projects as well as introducing a new community outreach project.

Operation Diabetes identifies individuals with diabetes and those at risk for developing the disease. Student pharmacists conduct screenings in their communities and counsel patients on the importance of monitoring and regulating their glucose levels. Through the collective efforts of 86 chapters, more than 48,000 patients were screened at more than 1,000 events in 2015. Through Operation Heart,

student pharmacists work to encourage lifestyle modifications, monitor associated risk factors, and provide education about medications for heart disease. Last year alone, nearly 90,000 individuals were screened at more than 1,000 clinical events. Operation Immunization is a campaign designed to increase awareness surrounding communicable diseases and encourage more patients to receive immunizations. During 2015, more than 102,000 patients were immunized as a result of Operation Immunization and more than 9.6 million patients were educated through public relations initiatives.

APhA-ASP members also participated in two educational community outreach projects, Generation Rx and OTC Medicine Safety. Student pharmacists continued to use the Generation Rx campaign to



increase public awareness of prescription medication abuse and encourage health care providers, teachers, parents, teens, and college students to actively prevent misuse and abuse. Introduced in 2015, the OTC Medicine Safety campaign was launched in partnership with McNeil Consumer Healthcare and Scholastic to educate 5th and 6th grade students and their families about the safe use and storage of OTC medicines.

The APhA–ASP Summer Leadership Institute (SLI) offered student pharmacists opportunities to advocate for the profession with members of Congress and strengthen their leadership skills. Throughout a series of educational workshops, student pharmacist leaders from across the country were challenged to cultivate their individual leadership styles and develop innovative communication strategies to reach chapter members. As constituents and student pharmacists, attendees were provided a unique opportunity to promote pharmacy legislation on Capitol Hill and develop relationships with their congressional members. Student pharmacists were presented with their state’s individual infographics regarding current access to health care to demonstrate the impact that increased access to pharmacist-provided services could make within each state. More than 200 student pharmacists from 20 states met with more than 100 elected officials and their staff to advocate for these services.

Following SLI, APhA–ASP chapter members throughout the United States continued their advocacy efforts through participation in the provider status campaign. Student pharmacists vowed to contact their congressional representatives, sign up patients for the Pharmacists Provide Care campaign, and share personal stories online.

Advocacy was also a major focus at the APhA–ASP Midyear Regional Meetings (MRMs), as three congressional members—Rep. Debbie Dingell (D–MI), Rep. Marsha Blackburn (R–TN), and Rep. Bill Keating (D–MA)—spoke to the student pharmacist attendees and answered their questions. In Region 3, Rep. Blackburn’s remarks about pharmacists’ ability to meet a great need resonated with attendees. “Rep. Blackburn’s key message was that pharmacists are the most accessible member of a patient’s health care team and therefore are the most trusted,” said Alexandra Cervantes, a second-year PharmD candidate at the University of North Carolina at Chapel Hill’s Eshelman School of Pharmacy.

APhA–ASP MRMs are held every fall for each of the eight APhA–ASP regions across the country. These meetings are unique in that they are the only meetings in the United States designed exclusively for student pharmacists. The meetings allow students from each region to collaborate and share innovative patient care

Results from the 2014–2015 APhA–ASP Patient Care and Community Outreach Projects\*

<b>84–91</b>	Chapters participating (per project)
<b>13,069</b>	Students participating (average per project)
<b>4,246</b>	Faculty participating (total)
<b>4,369</b>	Pharmacists participating (total)
<b>5,252</b>	Events conducted (total)
<b>138,866</b>	Patients screened (total)
<b>8,834</b>	Patients referred to their primary care provider (total)
<b>465,274</b>	Patients received health and wellness services (total)
<b>102,813</b>	Patients immunized (total)
<b>165,909</b>	Individuals receiving prescription drug abuse education (total)
<b>27,477,136</b>	Individuals reached through PR initiatives (total)

\*Projects included: Generation Rx, Operation Diabetes, Operation Heart, and Operation Immunization

programming ideas, network with leaders in the profession, and develop their leadership skills. In 2015, more than 2,700 student pharmacists attended MRMs

Throughout the year, student pharmacists were challenged by APhA–ASP National President Lucy West to “Live Their Why.” In order to provide patients with optimal care, inspire chapter members, and advocate to legislators, student pharmacists must first know their “why.” APhA–ASP witnessed an overwhelming response to the theme, with student pharmacists sharing their “why” stories throughout October’s American Pharmacists Month on various social media platforms. Some of these stories were even shared during a congressional hearing on the floor of the U.S. House of Representatives, where Rep. Buddy Carter BPharm, (R–GA), and Rep. Doug Collins (R–GA) advocated for pharmacist-provided services. The “Live Your Why” theme ultimately inspired student pharmacists to discover their “why” and allowed them to share their insights to advance the profession and provide patients with better care.

## New Practitioners

For the APhA New Practitioner Network (NPN), 2015 was all about connections: at live events, through innovative webinars, with student pharmacists, and on social media.

At APhA2015, new practitioners enjoyed a robust schedule that included a career-enhancing education pathway tailored to their needs, increased networking

opportunities, a joint leadership session with student pharmacists, and the inaugural NPN Delegate Caucus.

In July, the NPN met in Washington, D.C., for an inaugural event celebrating NP L.I.F.E.—Leadership. Involvement. Friendship. Empowerment. Participants received legislative and regulatory updates, effective decision-making tips, interprofessional collaboration strategies, and financial planning advice. Opportunities to network and socialize with fellow new practitioners throughout the day proved to be a highlight, and the valuable lessons learned will continue to resonate with attendees in both their professional and personal lives.

Throughout the year, APhA brought new practitioners together through engaging webinars focused on hot topics such as provider status, leadership development, and mentoring. The success of these sessions has generated excitement for the planned research webinar series in 2016.

Connecting with student pharmacists, also known as “soon-to-be new practitioners,” has always been a priority for the New Practitioner Mentor Program. Through this ever-growing partnership, more than 100 new practitioners assisted APhA–ASP chapter members with their patient care projects, provided presentations on rotation life and provider status, prepared them for APhA2015 and the APhA–ASP Midyear Regional Meetings, and much more.

The NPN community grew on Facebook as well, as more members took to social media to learn more





## | APhA-APPM SIGs

about life as a recent graduate, voice their opinions, read *Transitions* (the official e-newsletter of the NPN), and get the latest news from APhA headquarters.

All of these events were spearheaded by the tireless efforts of NPN volunteers, including the APhA New Practitioner Advisory Committee; the four standing committees (Awards, Communications & Networking, Education & Professional Development, and Membership & Involvement); and the Transitions Editorial Advisory Board.

### APhA Academies

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

In response to a charge from APhA President L.B. Brown, APhA-APPM and APhA-APRS collaborated to create an advocacy piece related to the role of the pharmacist in improving patient safety. A task force was created to include a diverse group of science and practice member volunteers. The group has made great strides and is looking forward to sharing the final piece with members during the APhA2016 Annual Meeting.

The Academies also provided a number of information webinars for leaders and members, designed to address practice needs and hot topics. Topics included APhA-APPM Special Interest Group (SIG) Leaders Orientation: Education and Training to Facilitate the Development and Engagement of Diverse Leaders for the Association and Profession; APhA Engage Training: Tools to Increase Member Engagement; Practical Considerations for the Use of SGLT2 Inhibitors in Diabetes; and Preparing for Provider Status at the State Level. The Academies have also begun to plan a new series of webinars in 2016. Stay tuned!

APhA-APPM and APhA-APRS also engaged members using the APhA Engage e-community platform. All nine APhA-APPM SIGs (Compounding; Diabetes Management; Immunizing Pharmacists; Medical Home/ACO; Medication Management;

APhA members network and support the profession by addressing emerging topical issues through a variety of SIGs:

- COMPOUNDING
- DIABETES MANAGEMENT
- IMMUNIZING PHARMACISTS
- MEDICAL HOME/ACO
- MEDICATION MANAGEMENT
- NUCLEAR PHARMACY PRACTICE
- PAIN, PALLIATIVE CARE, AND ADDICTION
- PRECEPTOR
- TRANSITIONS OF CARE

Nuclear Pharmacy Practice; Pain, Palliative Care and Addiction; Preceptor; and Transitions of Care) continued to thrive and grow. Overall, the Engage platform has helped increase volunteer and leadership opportunities within both Academies.

Aligned with the APhA provider status campaign, the practice and science Academies integrated provider status activities into their strategic plans. The Academies collaborated during July to launch a letter-writing campaign, the APhA Academy Challenge. Academy leaders challenged members to write their U.S. Senators and Representatives, urging them to support provider status legislation for pharmacists. The Challenge concluded with more than 1,500 letters to Congress and 37 new cosponsors added to the House and Senate bills. Shortly thereafter, the practice Academy held its 2nd Annual APhA-APPM SIG Political Action Committee (PAC) Challenge, a friendly competition between the Academy's SIGs. The Campaign helped increase awareness of the provider status campaign and increased funds for the APhA-PAC. The science Academy also continued to support the provider status campaign by identifying members to submit op-eds to local news outlets.

Lastly, APhA-APPM and APhA-APRS leaders and members continued to contribute their time and expertise to a vast number of practice- and science-related areas and organizations, including internal and external committees and appointed representative positions.



“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 two webinars a month,”

—RoseMarie Babbitt, BSP Pharm, MA, APhA’s vice president and project director of federal contracts and grants

## 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 the Health Resources and Services Administration’s (HRSA) Office of Pharmacy Affairs (OPA). In 2015, HRSA again opted to extend APhA’s contract for another year—through the end of September 2016. 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 340B Peer-to-Peer Program. The Peer-to-Peer Program spotlights high-performing 340B covered entities and recognizes them as Leading Practice Sites. “These Leading Practice Sites and Peer Mentors from these sites are identified as doing it right” said RoseMarie Babbitt, BSP Pharm, MA, APhA vice president and project director of federal contracts and grants. Peer Mentors also provide education to 340B stakeholders and keep HRSA informed of relevant safety net pharmacy and 340B issues.

FCG’s support of OPA enables pharmacists and pharmacies to serve the underserved and stretch scarce resources. FCG also creates an array of educational resources. “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 two webinars a month,” said Babbitt.

In 2015, FCG developed and produced three of the five sessions for the Access to Care track at the APhA Annual Meeting in San Diego in March. The APhA-developed portion of the Access to Care track was attended by more than 100 individuals during the course of the three-day meeting. The specific 340B sessions included:

- HRSA Office of Pharmacy Affairs & 340B Audit Update
- 340B Drug Pricing Program Update
- Becoming a 340B Contract Pharmacy

Attendees evaluated the overall quality of the track as “very good” or “excellent” (90%), with an average of 83% 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 said they would recommend the activities to their colleagues. An average 98% of attendees evaluated the overall quality of speakers as “good” or better. All of the attendees (100%) claimed that the sessions met the learning objectives.



## Corporate Alliances

APhA’s Corporate Alliances Group continuously monitors the changing landscape, meets with stakeholders, and convenes groups of industry leaders to discuss places where mission, vision, values, and priorities intersect. In October, APhA convened a group of industry leaders to discuss the Association’s priorities for the coming year. Fostering the open exchange of information and ideas, these partnerships often function as a forum for innovation. APhA’s collaboration with alliance partners has enabled us to move from ideation to the creation and dissemination of best practices and models of care integrating pharmacists to improve quality and outcomes. Specifically, APhA’s education and certificate training programs, demonstration projects, practice-based research, patient care tools and resources, and strengthened relationships with other provider groups have been catalysts for pharmacy practice advancement.



## APhA news spokesperson interviews

appeared in *Drug Topics*, *Pharmacy Times*, *Family Circle*, *U.S. News & World Report*, *Consumer Reports* and the *Chicago Tribune*.

## Public Relations and Communications

From medication management and disease awareness to immunizations and screenings, pharmacists are improving patients' health outcomes. APhA is focused on gaining greater recognition for pharmacists by communicating to the public and other health care stakeholders the value of pharmacist's patient care services.

In 2015, APhA issued more than 40 press releases, and our media advisors provided expert commentary on a diverse range of subjects, including provider status; medication adherence and interactions; immunizations; naloxone dispensing; and consumer tips for talking with pharmacists. As a highly regarded media resource, APhA news and spokesperson interviews appeared in numerous trade and consumer publications, including *Drug Topics*, *Pharmacy Times*, *Pharmacy Today*, *Family Circle*, *U.S. News & World Report*, *Consumer Reports*, and the *Chicago Tribune*. Topics that generated substantial media coverage included lethal injection, medication management, the changing role of pharmacists, cost-effective health care, and vaccinations.

Along with traditional media relations, APhA actively employs social media to engage and update pharmacy professionals and highlight news on emerging health and pharmacy issues. In addition, APhA's Facebook and Twitter channels provide an ideal platform for encouraging pharmacists and student pharmacists to advocate for provider status by raising awareness among local media, members of Congress, and patients about the value and importance of patient access to and coverage for pharmacist-provided patient care services. Interest in APhA's social media content was substantial during the year. APhA's Facebook page received more than 137,000 likes, and our Twitter account grew to almost 15,000 followers. The *Pharmacy Today* social media channels also attracted strong interest, with Facebook likes reaching more than 36,000 and Twitter receiving 5,400 followers.

American Pharmacists Month was another opportunity for pharmacists, student pharmacists, pharmacy

technicians, and APhA staff to highlight the pharmacist's value as medication experts. Throughout October, participants nationwide hosted events featuring the theme "Know Your Pharmacist—Know Your Medicine." As part of its advocacy efforts during the month, APhA partnered with the co-chairs of the House Community Pharmacy Caucus, the National Association of Chain Drug Stores, the National Community Pharmacists Association, the American Society of Health-System Pharmacists, and Walgreens to host the third annual Capitol Hill Health Fair.

In addition to working with APhA media advisors to promote the role of pharmacists as health care providers, APhA also supports pharmacists' grassroots engagement with local media, community leaders, and patients by offering pharmacist guidance on media and advocacy outreach.

### APhA Is Growing Its Social Media Channels

#### APhA Facebook

Likes	More than 137,000
Posts for year	Approx. 1,400
Average reach per month (number of people to whom post was served)	Approx. 41,000

#### APhA Twitter

Followers	14,800
Tweets for year	1,600
Average impressions per month (times a user is served a tweet in timeline or search results)	200,000

#### Pharmacy Today Facebook

Likes	More than 36,000
Posts for year	Approx. 2,000
Average reach per month (number of people to whom post was served)	Approx. 14,000

#### Pharmacy Today Twitter

Followers	5,400
Tweets for year	2,900
Average impressions per month (times a user is served a tweet in timeline or search results)	100,000





## EXPANDING OPPORTUNITIES THROUGH PATIENT CARE

APhA recognizes the commitment of the leaders who devoted their time and expertise to the Association in 2015.

### APhA Board of Trustees

#### Officers

**President:** Lawrence "L.B." Brown, Irvine, CA  
**President-Elect:** Jean-Venable "Kelly" R. Goode, Richmond, VA  
**Immediate Past President:** Matthew C. Osterhaus, Maquoketa, IA  
**Treasurer:** Tery Baskin, Little Rock, AK  
**Executive Vice President/CEO:** Thomas E. Menighan, Washington, DC  
**Honorary President:** Metta Lou Henderson, Tucson, AZ

#### Trustees

Nancy A. Alvarez, Lake Forest, CA  
Gregory A. Fox, Carmel, IN  
Dennis K. Helling, Denver, CO  
Linda Garrelts MacLean, Spokane, WA  
Melody Ryan, Lexington, KY  
Ronald H. Small, Advance, NC  
Bradley P. Tice, Thompsons Station, TN  
Theresa W. Tolle, Grant, FLA  
Wendy Weber, Bellevue, NE  
Lucianne "Lucy" West, Boston, MA

### APhA Committee of Nomination

**Chair:** Steve Simenson, Anoka, MN  
Carolyn Brown, Austin, TX  
William Riffe, Montrose, WV  
Timothy Tucker, Huntingdon, TN  
Wilma Wong, Alameda, CA

### APhA House of Delegates

#### Officers

**Speaker of the House:** William H. Riffe, Montrose, WV  
**Speaker-Elect:** Theresa Tolle, Grant, FL  
**Secretary:** Thomas E. Menighan, Washington, DC

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

#### Executive Committee

**President:** Wendy Weber, Bellevue, NE  
**Immediate Past President:** Nicki Hilliard, Little Rock, AR

#### Members-at-Large

Amber Beals, Orlando, FL  
Amy Kennedy, Tucson, AZ  
Catherine Kuhn, Plain City, OH  
Bella Mehta, Columbus, OH  
Michael Schuh, Jacksonville, FL  
Daniel Zlott, Lovettsville, VA  
**New Practitioner Officer:** Phillip Lawrence, Farmington, UT

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

#### Executive Committee

**President:** Melody Ryan, Lexington, KY  
**Immediate Past President:** William Fassett, Spokane, WA  
**Postgraduate Officer:** Antoinette Coe, Richmond, VA

#### Section on Basic Pharmaceutical Sciences

**Chair:** Leon Shargel, Raleigh, NC  
**Chair-Elect:** William McLaughlin, Germantown, TN

#### Section on Clinical Sciences

**Chair:** Michael Wincor, Los Angeles, CA  
**Chair-Elect:** Julie Oestreich, Lexington, KY

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

**Chair:** Donna S. West-Strum, University, MS  
**Chair-Elect:** Joel Farley, Chapel Hill, NC

### Joint APhA Academy of Pharmacy Practice and Management (APhA-APPM) and Academy of Pharmaceutical Research and Science (APhA-APRS)

#### Taskforce on Pharmacists' Role in Improving Patient Safety

**Chair:** Chelsea Leeper, Indianapolis, IN  
Kim Croley, London, KY  
Calvin Daniels, Memphis, TN  
Stefanie Ferreri, Chapel Hill, NC  
Elizabeth (Betsy) Flynn, Artesia, NM  
John Galdo, Birmingham, AL  
Ashley Lorenzen, Marshfield, WI  
Todd Marcy, Oklahoma City, OK  
Dorothy Smith, McLean, VA  
Terri Warholak, Tucson, AZ  
Dan Zlott, Bethesda, MD

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

#### National Executive Committee

**National President:** Lucy West, Northeastern University  
**National President-Elect:** Kelsea Gallegos, The University of New Mexico  
**National Members-at-Large:** Stephanie Garza, The University of Texas at Austin; Jeffrey Van Liew, University of Incarnate Word  
**Speaker of the House:** Lauren Bode, University of Tennessee Health Science Center

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

#### Board of Governors Officers

**Chair:** Steve Firman, Cedar Falls, IA  
**Vice-Chair:** Susie Bartlemay, Allen, TX  
**Governors**  
Edward M. Bednarczyk, Lancaster, NY  
Lauren Bode, Memphis, TN  
Robin Cooke, Anchorage, AK  
Greg Fox, Carmel, IN  
Kem Krueger, Laramie, WY  
Michael Moné, Dublin, OH  
Norman Tomaka, Melbourne, FL

### APhA-APPM

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

##### Compounding

**Coordinator:** Lou Diorio, Wayne, NJ  
**Coordinator-Elect:** William Mixon, Hickory, NC

##### Diabetes Management

**Coordinator:** Wendy Mobley-Bukstein, Des Moines, IA  
**Coordinator-Elect:** Andrew Bzowickyj, Kansas City, MO



## EXPANDING OPPORTUNITIES THROUGH PATIENT CARE

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### Immunizing Pharmacists

**Coordinator:** Karl Hess, Pomona, CA  
**Coordinator-Elect:** Sheila Seed, Worcester, MA

### Medical Home/ACO

**Coordinator:** Mary Ann Kliethermes, Downers Grove, IL  
**Coordinator-Elect:** Jeremy Thomas, Fayetteville, AR

### Medication Management

**Coordinator:** Starlin Haydon-Greatting, Springfield, IL  
**Coordinator-Elect:** Denise Clayton, Mayflower, AR

### Nuclear Pharmacy Practice

**Coordinator:** Eric Smith, Madison, WI  
**Coordinator-Elect:** James Velez, Bellevue, WA

### Pain, Palliative Care and Addiction

**Coordinator:** Jake Nichols, Natick, MA  
**Coordinator-Elect:** Brian Fingerson, Louisville, KY

### Preceptor

**Coordinator:** Vibhuti Arya, Brooklyn, NY  
**Coordinator-Elect:** Nicole Avant, Benton, AR

### Transitions of Care

**Stephanie Gernant**, Indianapolis, IN  
**Ashley Lorenzen**, Marshfield, WI

### Awards Standing Committee

**Chair:** Dan Zlott (Chair), Lovettsville, VA  
**Katelyn Alexander**, Johnson, TN  
**Jean Cottrell**, Clifton Park, NY  
**Gretchen Garofoli**, Morgantown, WV  
**Nicole Gattas**, Saint Charles, MO  
**Sara LaBella**, Columbus, OH  
**Bella Mehta**, Columbus, OH  
**Bridgette Nelson**, Cave Creek, AZ  
**Lalita Prasad-Reddy**, Clarendon Hills, IL  
**Deanna Tran**, Hanover, MD

### Awards Standing Committee Fellows Subcommittee

**Chair:** Dan Zlott, Lovettsville, VA  
**Anthony Ball**, Fond du Lac, WI  
**Brandon Craig**, Wooster, OH  
**Carole Hardin-Oliver**, Kingwood, TX  
**Chelsea Leeper**, Fishers, IN  
**Sarah Parnapy Jawaid**, Winchester, VA  
**Valerie Prince**, Springville, AL  
**Susan Vos**, Iowa City, IA  
**Adam Welch**, Johnson City, TN  
**Kristina Wittstrom**, Albuquerque, NM

### Communications Standing Committee

**Chair:** Amber Beals, Orlando, FL  
**Carmela Avena-Woods**, Williston Park, NY  
**David Bright**, Comstock Park, MI  
**Jeff Hamper**, Downers Grove, IL  
**Amy Kennedy**, Tucson, AZ  
**Kimberly Koon**, Seattle, WA  
**Alyssa Lesko**, Charlottesville, VA  
**Maria Marzella Mantione**, Seaford, NY

### Education Standing Committee

**Chair:** Cathy Kuhn, Plain City, OH  
**MiEsha Buckner**, San Antonio, TX  
**Phillip Lawrence**, Farmington, UT  
**Nicole Olenik**, New Albany, IN  
**Shelley Otsuka**, Philadelphia, PA  
**Emily Prohaska**, Overland Park, KS  
**Garcia Simon-Clarke**, Parsippany, NJ  
**Jennifer Smith**, Wilson, NC  
**Sarah Sorum**, Madison, WI  
**Nora Stelter**, Urbandale, IA

### Policy Standing Committee

**Chair:** Nicki Hilliard, Little Rock, AR  
**Wendy Weber**, Bellevue, NE  
**Michael Schuh**, Jacksonville, FL  
**Brett Barker**, Nevada, IA  
**Bobbie-Jean "BJ" Cobb**, Albuquerque, NM  
**Pamela Piotrowski**, Gilbert, AZ  
**Kayce Shealy**, Clinton, SC  
**Larry Selkow**, La Quinta, CA  
**Charles Thomas**, Montgomery, AL

### Committee on Nominations

**Wendy Weber (Chair)**, Bellevue, NE  
**Marialice Bennett**, Columbus, OH  
**Nicki Hilliard**, Little Rock, AR  
**Michael Hogue**, Birmingham, AL  
**Dan Kennedy**, Portland, OR

### APhA-APRS

#### Awards Standing Committee

**Chair:** Joel Farle, Chapel Hill, NC  
**Anthony DiPasqua**, Fort Worth, TX  
**Mary Gurney**, Glendale, AZ  
**Roger Lander**, Birmingham, AL  
**Eunjoo Pacifici**, Los Angeles, CA  
**Lourdes Planas**, Oklahoma City, OK  
**Nathaniel Rickles**, Boston, MA

#### Communications Standing Committee

**Chair:** Bill McLaughlin, Germantown, TN  
**Darius Mason**, Albany, NY  
**Joey Mattingly**, Baltimore, MD  
**Marwa Noureldin**, Indianapolis, IN

#### Education Standing Committee

**Chair:** Julie Oestreich, Lexington, KY  
**Jill Augustine**, Tucson, AZ  
**Kevin Farmer**, Oklahoma City, OK  
**Yardlee Kauffman**, Philadelphia, PA  
**Andrea Kjos**, Des Moines, IA  
**Karen Nagel-Edwards**, Downers Grove, IL  
**Reshmi Singh**, Laramie, WY

#### Nominations Standing Committee

**Chair:** Melody Ryan, Lexington, KY  
**Joel Farley**, Cary, NC  
**Bill McLaughlin**, Germantown, TN  
**Julie Oestreich**, Lexington, KY



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### Policy Standing Committee

**Chair:** Melody Ryan, Lexington, KY  
**Jill Augustine**, Tucson, AZ  
**Robert DiCenzo**, Albany, NY  
**Joel Farley**, Cary, NC  
**Kevin Farmer**, Oklahoma City, OK  
**Darius Mason**, Albany NY  
**Bill McLaughlin**, Germantown, TN  
**Anthony Di Pasqua**, Fort Worth, TX  
**Julie Oestreich**, Lexington, KY

### Postgraduate Advisory Committee

**Chair:** Jill Augustine, Tucson, AZ  
**Joseph Dikun**, Oxford, MS  
**Bithia Fikru**, Minneapolis, MN  
**David George**, Oklahoma City, OK  
**Dave Malewski**, Ann Harbor, MI  
**Tony Olson**, Burnsville, MN  
**Benjamin Urick**, Iowa City, IA

### APhA-ASP

#### Awards Standing Committee

**Vice Chair:** Jessica Comstock, Purdue University  
**Kaity Erickson**, University of Minnesota  
**Ben Morris**, Idaho State University  
**Allie Jo Shipman**, Mercer University

#### Communications Standing Committee

**Vice Chair:** Bethany Sibbitt, Cedarville University  
**Eileen Hang**, Northwestern University - Chicago  
**Saranpreet "Sunny" Nagra**, University of Pacific  
**Jing "Daisy" Zhu**, University of Pittsburgh

#### Education Standing Committee

**Vice Chair:** Jennifer Levine, University of North Carolina at Chapel Hill  
**Nicole Clay**, University of Cincinnati  
**Joseph Elashkar**, Northwestern University - Glendale  
**Samantha Lewis**, University of Tennessee Health Science Center

#### International Standing Committee

**IPSF Student Exchange Officer-Elect/Vice Chair:** Amanda Cavness, University of Tennessee Health Science Center  
**IPSF National Contact Person:** Ifeoma Ibe, Notre Dame of Maryland University  
**IPSF Student Exchange Officer-Elect:** Wilhelmina Lord-Adem, University of Maryland  
**IPSF National Project Coordinator:** Shiny Parsai, University of Iowa

#### Policy Standing Committee

**Vice Chair:** Alyssa Billmeyer, University of Iowa  
**Jared Frye**, Wingate University  
**Adam Heiermann**, University at Buffalo  
**Lauren San Juan**, Northwestern University - Chicago

#### Midyear Regional Meeting Coordinators

**Region 1:** Kayla Joyal, Northeastern University  
**Region 2:** Chelsea Henderson, University of Pittsburgh  
**Region 3:** Alexander Tu, Belmont University  
**Region 4:** Nikhil Patel, Manchester University

**Region 5:** Andrea LeVoi, University of Minnesota

**Region 6:** Jeremy Eutsler, University of Missouri-Kansas City

**Region 7:** Le Diem "Teresa" Pham, Oregon State University

**Region 8:** Jen Pham, Roseman University of Health Sciences

#### Regional Delegates

**Region 1:** Olivia Dioguardi, University at Buffalo

**Region 2:** Traore Saletatou, University of Maryland Eastern Shore

**Region 3:** Evan Colmenares, University of North Carolina at Chapel Hill

**Region 4:** Scott Sexton, Southern Illinois University Edwardsville

**Region 5:** Hilary McCants, The University of Iowa

**Region 6:** Deseree Reyna, University of the Incarnate Word

**Region 7:** Nathanael Bate, University of Washington

**Region 8:** Jay Sheth, Northwestern University - Glendale

#### Regional Members-at-Large

**Region 1:** Nancy Moua, University of New England

**Region 2:** Elissa Lechtenstein, University of Maryland

**Region 3:** Robert Monroe Crawley, University of Tennessee Health Science Center

**Region 4:** Ian Dilley, Purdue University

**Region 5:** Morgan Pusek, Creighton University

**Region 6:** Natalie Weltman, University of North Texas System

**Region 7:** Jenner Minto, University of Montana

**Region 8:** Vahe Lepedjian, Northwestern University - Glendale

#### New Practitioner Network

##### New Practitioner Advisory Committee

**Chair:** Veronica Vernon, Indianapolis, IN  
**Vice-Chair:** David Steeb, Chapel Hill, NC  
**Victoria Erxleben**, Arlington, VA  
**Brigid Long**, Columbus, OH  
**Deanna Tran**, Baltimore, MD

##### Awards Standing Committee

**Chair:** Lauren Anderson, Fairborn, OH  
**Michelle Carey**, Lambertville, MI  
**Cortney Mospan**, Johnson City, TN  
**Ashley Pugh**, Enville, TN

##### Communications and Networking Standing Committee

**Chair:** Christine Chim, Queens, NY  
**Ken Hohmeier**, Nashville, TN  
**Adam Loyson**, Decatur, GA  
**Angela Olenik**, Springfield, VA

##### Education and Professional Development Standing Committee

**Chair:** Adriane Irwin, Corvallis, OR  
**Yardlee Kauffman**, Philadelphia, PA  
**David Koren**, Philadelphia, PA  
**Sara Wettergreen**, Houston, TX

##### Membership and Involvement Standing Committee

**Chair:** Sarah Cox, Sugar Land, TX  
**Nicholas Dorich**, Durham, NC  
**Lauren Lakdawala**, Baltimore, MD  
**Meagan Williams**, Noblesville, IN



# American Pharmacists Association Financial Statements<sup>a</sup>

Unaudited

## APhA Statement of Financial Position<sup>a</sup> December 31, 2015<sup>aa</sup> and 2014

	2015 <sup>aa</sup>	2014
<b>Assets:</b>		
Cash and cash equivalents	\$ 9,709,806	\$ 5,927,288
Accounts and other receivables, net	3,521,332	4,885,114
Due from affiliates	1,631,791	1,589,812
Prepaid expenses	537,472	506,785
Inventories	411,263	591,749
Investments	15,588,052	15,986,232
Investment in 2200 C Street LLC	(11,881,517)	(10,040,610)
Land, building, and equipment, net	10,338,858	10,817,418
<b>Total assets</b>	<b><u>\$ 29,857,057</u></b>	<b><u>\$ 30,263,788</u></b>
<b>Liabilities:</b>		
Accounts payable and accrued expenses \$	2,038,793	\$ 2,955,877
Accrued payroll and related liabilities	1,486,512	1,442,854
Deferred revenue	12,931,145	9,052,871
Deferred compensation	1,049,324	931,417
<b>Total liabilities</b>	<b><u>17,505,774</u></b>	<b><u>14,383,019</u></b>
<b>Net assets:</b>		
Unrestricted	12,203,675	15,730,354
Temporarily restricted	132,608	135,415
Permanently restricted	15,000	15,000
<b>Total net asset</b>	<b><u>12,351,283</u></b>	<b><u>15,880,769</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$ 29,857,057</u></b>	<b><u>\$ 30,263,788</u></b>

## APhA Statement of Activities<sup>a</sup> Years Ended December 31, 2015<sup>aa</sup> and 2014

	2015 <sup>aa</sup>	2014
<b>Revenues:</b>		
Meetings, education, and certification	\$ 12,834,609	\$ 12,507,802
Grants and support	7,300,022	7,011,275
Publications and subscriptions	4,478,341	4,295,166
Membership dues	4,310,630	4,217,506
Advertising	3,371,788	2,904,903
Investment income, net of nonoperating investment income	671,688	622,812
Royalties	567,279	559,227
Rental income	285,629	295,150
Other	2,986,671	2,739,024
<b>Total revenues</b>	<b><u>36,806,657</u></b>	<b><u>35,152,865</u></b>
<b>Expenses:</b>		
Salaries and related costs	14,354,345	13,398,290
Professional fees and honoraria	7,615,621	7,268,384
Occupancy costs	3,579,008	3,548,451
Travel and meetings	2,733,969	2,679,798
Publications and editorial costs	1,768,446	1,945,082
Postage, shipping and handling	1,222,563	1,180,804
Depreciation and amortization	1,021,376	975,903
Equipment rental, repair and maintenance	1,002,970	828,869
Printing	869,845	795,394
Paper costs and supplies	647,070	700,484
Contributions and dues	335,258	405,514
Telephone	229,006	201,263
Other	1,028,690	936,845
<b>Total expenses</b>	<b><u>36,408,167</u></b>	<b><u>34,865,081</u></b>
<b>Net operating surplus before other items</b>	<b>398,490</b>	<b>287,784</b>
<b>Other items:</b>		
Nonoperating investment loss after allocation to operations	(1,087,069)	(107,584)
Loss from building operations	(1,111,307)	(275,966)
Provider status initiative	(1,449,951)	(647,122)
Other strategic initiatives	(279,649)	(79,640)
<b>Change in net assets</b>	<b>(3,529,486)</b>	<b>(822,528)</b>
<b>Net assets, beginning of year</b>	<b>15,880,769</b>	<b>16,703,297</b>
<b>Net assets, end of year</b>	<b><u>\$12,351,283</u></b>	<b><u>\$15,880,769</u></b>

<sup>a</sup>Reflects core operations only. Excludes operations of the Political Action Committee and land holdings within 100% owned LLC.

<sup>aa</sup>Unaudited.





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