**Announcements**

**From Outgoing MSHP President Gary Kerr**

It feels like yesterday that John Fanikos talked about my assuming a leadership role with the Massachusetts Society of Health-System Pharmacists. I attended the Honors and Awards Banquet that year and heard Roland Bercume’s incoming remarks. That was two years ago.

In closing out my term as the President of the Society for the 2012-2013 year, I wanted to share some brief thoughts and a summary of the year’s accomplishments.

Our Society recently surpassed 2000 members and is now at an estimated 2200, prior to our spring membership "campaign" and head count.

The Newton-Marriott Annual Meeting in April set records for attendance and vendor participation, thanks to the hard work of Nicole Clark and her committee. Numerous accolades were shared regarding the agenda planning and content, especially the Leadership and Student tracks. Karen Regan and McKenna Management also played a major role in the organizing and execution of this event and deserve special recognition.

The Honors and Awards Banquet at the Fairmont Battery Wharf was also a success, drawing over 90 attendees, thanks to Trisha LaPointe and her committee. Despite the change in venue, we had broad participation from industry, academia and organizations from the Western part of the state and the Boston suburbs, as well as the traditional anchors from metro Boston. McKesson again graciously provided support as the corporate sponsor of the event. We do apologize for the valet parking hiccup.

We held a large number of CE events, across the state, integrated ourselves effectively in the compounding legislative activity, secured a new agreement with an improved website vendor, renegotiated our arrangement with the management association (McKenna), worked collaboratively with the Massachusetts Hospital Association on several fronts, and, most importantly, strengthened our standing with the American Society of Health-System Pharmacists.

The Society has benefited from so many other talented and dedicated volunteers such as Charles Turck (Finance), John Clark (Secretary), Dave Seaver (Legislative), Barbara Irby (News Briefs/Photography), Andy Seger and Dhara Shah (Continuing Education), Erin Taylor and Pat McMahon (Students/Networking), and the list goes on. Our ASHP Delegates include Ernie Anderson, Margarita DiVall, Ross Thompson and Bob Moura; they do a great job representing the Commonwealth and the Society as well.

I have genuinely and thoroughly enjoyed meeting so many new folks, cultivating new relationships, engaging in varied professional activities and serving the Society. I have no reservations at all about the year and the time and energy commitment; the experience was tremendously satisfying and professionally rewarding. Thank you to everyone for their general support and the many hours of volunteered time. I wish Paul [Paladino, 2013-2014 President] and the new team all of the best in our new endeavors. Enjoy the summer and I hope to see you all soon.

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**June 2013**

**About MSHP**

MSHP represents over 1900 pharmacists and pharmacy technicians working in organized health-systems throughout the Commonwealth.

For over fifty years, the members of MSHP have worked together in the achievement of common professional goals, including:

- Advancement of rational drug therapy in organized healthcare settings through the provision of pharmaceutical care.
- Advancement and encouragement of professional excellence by providing leadership, direction, education and communication among its members practicing in healthcare systems.
- Fostering of closer relationships between health-system pharmacy, other pharmaceutical disciplines and healthcare providers.

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**About ASHP**

ASHP is a 35,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving...
Compounding Legislation Clears First Senate Hurdle

Kate Traynor

BETHESDA, MD 14 June 2013—The Senate Health, Education, Labor and Pensions (HELP) Committee on May 22 passed legislation to improve the safety of sterile compounding and give FDA explicit authority over a new class of drug makers called compounding manufacturers.

Senate bill 959, External Link the Pharmaceutical Compounding Quality and Accountability Act, defines compounding manufacturers as entities that compound sterile drug products without a prescription and sell them across state lines or offer to do so. Under the terms of the act, compounding manufacturers would be regulated by FDA and have to follow many of the procedures expected of traditional drug manufacturers, which would remain under FDA’s purview.

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August Compliance Date Approaching for Some 340B Hospitals

[July 1, 2013, AJHP News]
Kate Traynor

BETHESDA, MD 14 June 2013—Some hospitals that participate in the federal 340B Drug Pricing Program are rapidly approaching the deadline for compliance with newly clarified rules on the use of group purchasing organizations (GPOs).

By August 7, no 340B-covered entity to which the prohibition applies may use a GPO or other group purchasing arrangement at any time to buy 340B-covered drugs for outpatient use. Hospitals that are unable to comply with the GPO prohibition must withdraw from the 340B program.

Read more
Academy of Managed Care Pharmacy, the American Pharmacists Association, the National Association of Chain Drug Stores, the National Community Pharmacists Association, and some of the large pharmacy chains. While there a number of issues between coalition members that need to be solved, Dr. Abramowitz said that he has "never seen such cohesion in pharmacy as I see around provider status." The executives from the organizations in the coalition have been meeting to determine who should be considered a provider and what services they should be reimbursed for, adding that one approach that has been discussed is a "privileging process" like the one used by the Department of Veterans Affairs. Once a strategy has been agreed to, Dr. Abramowitz said, the coalition will begin reaching out to organizations representing other health care providers to try to gain their support, then may approach consumer and patient organizations such as AARP. Once it has gathered more support, the coalition will begin to look into employing consultants and lobbyists, and work to develop a grassroots organizing effort involving state pharmacy organizations and colleges of pharmacy.

Building Versus Buying Telepharmacy a Personal Preference
*Pharmacy Practice News (05/13) Vol. 40, Wild, David*

Though it can be time consuming to implement a telepharmacy service, and hospital pharmacists must consider whether to outsource or develop an in-house solution, the experiences of two rural hospital pharmacy directors suggest that the available services are relatively comparable, and the decision whether to buy or build is more dependent on individual considerations. According to Dave Johnson, RPh, the director of pharmacy at Cuyuna Regional Medical Center, in Crosby, Minn., the quotes he received from a commercial vendor and a hospital-partnering arrangement when he began considering the "build it or buy it" dilemma of having a telepharmacy service were comparable and substantially below the cost of hiring a full-time pharmacist. He and the staff chose to pursing a partnership with a hospital, feeling that it would be a better option. Johnson said "We ended up partnering with another hospital within a health system that is in the same purchasing group as us, although they're outside of our consortium." Other hospitals, like the HealthSouth Rehabilitation Hospital of Northern Virginia, have also turned to telepharmacy, but have outsourced the service. Erin Sherwood, BPharm, the director of pharmacy at HealthSouth has had more than 14,000 remote orders processed by Cardinal Health's Remote Order Entry Service (ROES) telepharmacists, and notes that their response time is good, and the annual price tag for the service has been more than sufficiently offset by the estimated savings on in-house pharmacy staff costs.

Drug Shortages Endanger Cancer Patients, Study Finds
*USA Today (06/03/13)*

A recent survey of 245 doctors has found that cancer specialists often encounter shortages of drugs used to treat their patients, and that these shortages are having an effect on the treatment these patients receive. The survey found that roughly 83 percent of cancer specialists had reported a drug shortage in the previous six months, and that 92 percent of these specialists said that these shortages have had an impact on patient care. Cancer specialists who were unable to provide their patients with the drugs they needed reported taking several different actions to compensate, the most common being switching to a potentially less effective chemotherapy regimen. Meanwhile, experts say that the steps the Food and Drug Administration has taken to deal with drug shortages have been somewhat helpful but that more needs to be done.

California Senate Requires Larger Print for Drug Labels
*Los Angeles Times (05/17/13) McGreevy, Patrick*

California's Senate has passed legislation mandating that pharmacists print specific, important information on prescription labels in at least 12-point type. Adding weight to the bill was a survey cited by its author that found that 60 percent of people want larger or bolder print on prescription labels. "SB 205
assists patients to better read the labels on their prescription bottles, since they contain critical information that can keep them safe and potentially save their lives,” said Senate Majority Leader Ellen M. Corbett (D). She said the legislation “seeks to prevent medication use errors by simply ensuring that the patient’s name, drug’s name and strength, directions for use and the condition for which the drug was prescribed appear in at least 12 point font.”

Guidelines to Increase Safe Use of Blood Thinners
UPI (05/27/13)
A panel of scientists led by Edith Nutescu, a clinical pharmacy professor at the University of Illinois at Chicago, have developed new guidelines to increase the safe use of anticoagulants used to prevent blood clots, heart attacks, and stroke. Blood thinners are high-risk drugs linked to nearly 7 percent of medication errors in hospitalized patients, Nutescu said, but also are the preferred treatment in preventing blood clots, heart attacks, and stroke. Endorsed by the board of directors of the Anti-coagulation Forum and published in the Annals of Pharmacotherapy, the guidelines include continuous quality improvement; evidence-based standards of practice; the use of a multidisciplinary care team for each patient; patient education; procedures designed to promote the safe transition of the patient to another setting; reliable means of identifying and tracking patients; and staff training.

Better T2DM Glycemic Control Achieved When Pharmacists and Physicians Collaborated
Drug Topics (05/15/13)
A study published in The Annals of Pharmacotherapy has found that type 2 diabetics are able to achieve glycemic control without taking additional medications when physicians in various practice settings and pharmacists work together. The study looked at the effects of several different methods of collaboration between pharmacists and physicians, including practice agreements that allowed pharmacists to independently prescribe medications to diabetics and joint pharmacist-physician appointments in which patients were evaluated and treatment plans were developed. Researchers also examined the impact of pharmacist-provided services such as patient education and reviews of self-monitored blood glucose logs. The study found that more than a third of the 200 patients whose pharmacists and physicians had a collaborative relationship were able to achieve glycemic control by the end of the study, compared to 13 percent at baseline.

Magnesium Sulfate: Drug Safety Communication - Recommendation Against Prolonged Use in Pre-term Labor
Medwatch (05/30/2013)
The FDA is advising health care professionals against using magnesium sulfate injection for more than five to seven days to stop pre-term labor in pregnant women. This recommendation is based on findings that show longer periods of treatment can lead to low calcium levels and bone problems in the developing baby or fetus, including osteopenia and fractures. The shortest duration of treatment that can result in harm to the baby is not known, and the agency notes that this drug is not FDA approved for this purpose. New data will be added to the labeling for magnesium sulfate stating that continuous administration for more than five to seven days can cause low calcium levels and bone changes in the baby.

Hungry for a Solution
Modern Healthcare (06/08/13) Lee, Jaimy
Hospitals and other healthcare providers are experiencing shortages of electrolyte and mineral injections used for total parenteral nutrition, as well cancer therapies and anesthesia drugs. These shortages have been blamed on a number of factors, including the small number of companies that manufacture these products as well as the role that group purchasing
organizations play in driving down prices. Some hospitals have responded to the shortage of IV nutrition products by obtaining them from compounding pharmacies, though the safety of drugs produced by these compounding pharmacies has been called into question by the fungal meningitis last year that is believed to have been caused by contaminated steroid injections produced and distributed by a compounding in Massachusetts. Federal lawmakers say that shortages of IV nutrition products is harming critically-ill infants and that the Food and Drug Administration needs to do more to address the scarcity of these products, though the agency has already taken some steps to do so.

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**CDC Grand Rounds: Preventing Unsafe Injection Practices in the U.S. Health-Care System**
*Morbidity and Mortality Weekly Report (05/31/13) Vol. 62, No. 21, P. 423*

Outbreaks attributed to unsafe injection practices have risen substantially in the United States in recent years. The Centers for Disease Control and Prevention (CDC) and state and local health departments have investigated the outbreaks and the results reveal that the healthcare system is susceptible to the dangers of unsafe injections. State and federal governments have pursued policy and educational initiatives to address the problem, but injection safety interventions will need to be implemented in all settings where injections are delivered. Many outpatient facilities typically do not fall within the purview of federal and state regulatory oversight of healthcare facilities, making it difficult to monitor injection safety and other infection control practices. The risks of unsafe injections practices are unacceptable, and the harm is "entirely preventable," the CDC said.

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**House Democrats Want Tougher Drug-Tracking Legislation**
*Modern Healthcare (06/04/13) Block, Jonathan*

The Senate is set to take up a bill already passed by the House that would create a national system for tracking prescription drugs through the supply chain. The legislation calls for drug manufacturers to apply identifiers to each package of a drug as well as homogenous cases of prescription drugs that are "intended to be introduced in a transaction." Drug companies will also be required to provide documentation when moving pharmaceuticals through the supply chain, while wholesale drug distributors would be prohibited from moving products that lack identifiers beginning seven years after the bill takes effect. The bill faces opposition from some Democrats who say that some of the requirements do not take effect soon enough. The provision for providing traceability for individual lots of a drug, for example, would not take effect until 2027. In addition to taking up the House bill, the Senate is considering legislation of its own that would require tracing individual lots of prescription drugs within 10 years. Drug wholesalers, distributors, and pharmacist groups have generally said they support the House bill. A full Senate vote on a final version of combined legislation could take place by July.