Registration

To register for this program and to find more information, please visit www.nyschp.org. The fee for this program will be $525 for NYSCHP members, $425 NYSCP resident members, $395 for students enrolled in a college of pharmacy and $675 for nonmembers. A $50 late fee will be additionally charged as of April 24, 2013. Cancellations received 30 days prior to each program may request a 90% refund. Any cancellation within 30 days will be charged an additional $50 for the home-study material. Paid registrants who fail to attend the on-site conference will receive the 10 hour home-study statement of credit provided the registrant successfully scores 70% or higher on the home-study test. The right to cancel or change locations of the seminar due to insufficient registration is reserved by NYSCHP; registrants will be notified and receive a full refund for cancellation. Home Study material will be sent to registrants by April 1, 2013 including a pre-program survey. Home study exam answer sheets may be emailed to dfeinberg@nyschp.org or faxed to NYSCHP at 518-456-9319 no later than May 24, 2013. Hotel Accommodations under the New York State Council of Health-system Pharmacists room block: Hilton/Garden Inn, Rochester, NY Special Needs: If any participant of the “Cardiology Practice Based Program” given by NYSCHP is in need of accommodations, please do not hesitate to submit written requests to Debra Feinberg at dfeinberg@nyschp.org, at least two weeks prior to the activity.

Statement of Need

Providing services in the ambulatory care setting has been an important area of growth for the practice of pharmacy, especially in the field of Cardiology. The impact of pharmacists in various clinical settings is well documented and may include benefits such as improved therapeutic outcomes, increased patient satisfaction, and cost savings to the health care system. Specifically, the incorporation of a clinical pharmacist into a multidisciplinary cardiology team of physicians and nurses can provide benefits such as improved management of supportive care, enhanced education of patients receiving complicated treatment.

Conflict of Interest Statement

The “Conflict of Interest Disclosure Policy” of New York State Council of Health-system Pharmacists requires that faculty participating in any CE activity disclose to the audience any relationships with a pharmaceutical or equipment company. Any presenter who has disclosed relationships may create a conflict of interest with regard to their contribution to the activity and will not be permitted to present. NYSCHP also requires that faculty participating in any CE activity disclose to the audience when discussing any unlabeled or investigational use of any commercial product, device, not yet approved for use in the United States.

PROGRAM SUBJECT TO CHANGE
**Course Outline**

**Intended Audience:** Pharmacists

**Part 1 – Home Study Training – Knowledge Based**

10 credits or 1.0 CEUs  UAN#: 0134-0000-12-0041-H01-P

**Section I: Acute Coronary Syndromes**

- Describe the pathophysiology, epidemiology, and etiology of acute coronary syndromes

**Section II: Chronic Heart Failure**

- Describe the pathophysiology, epidemiology and etiology of chronic heart failure.

**Section III: Acute Decompensated Heart Failure**

- Describe the pathophysiology, epidemiology and etiology of acute decompensated heart failure (ADHF) and identify the prognostic factors that can be used to stratify patient with ADHF by risk for unfavorable outcomes.

**Section IV: Atrial Fibrillation**

- Describe the pathophysiology, epidemiology, and etiology of atrial fibrillation (AF) and to discuss the various methods for stratifying a patient’s risk for developing stroke in the presence of AF.

**Section V: Dyslipidemia**

- Differentiate the pharmacologic and pharmacokinetic properties of the various lipid lowering agents (i.e. HMG CoA reductase inhibitors "statins", fibric acid derivatives, nicotinic acid, ezetimibe, bile acid sequestrants, and fish oil).

**Section VI: Hypertension**

- Given patient and agent related variable, determine appropriateness and place in therapy regarding antihypertensive medications.

**Part 2 – Live Training – Live Seminar Application Based**

12.5 credits or 1.25CEUs  UAN#: 0134-0000-12-0042-L01-P

At the conclusion of the live seminar, participants should be able to:

**Acute Coronary Syndromes**

- Design an evidence-based pharmacotherapy management plan for a patient with non-ST segment elevation (NSTE) acute coronary syndrome (ACS).

- Design an evidence-based pharmacotherapy management plan for a patient with ST-segment elevation identify and differentiate the pharmacological approach to the different types of acute coronary syndromes (i.e., ST-elevation myocardial infarction, non-ST elevation myocardial infarction, and unstable angina)

- Distinguish the safety and efficacy of different antithrombotic therapeutic approaches to acute coronary syndromes

- Design an evidenced-based pharmacotherapeutic plan for an example patient with acute coronary syndromes, including the primary management as well as secondary prevention strategies myocardial infarction (NSTEMI).

- Distinguish the efficacy and safety of different antithrombotics in ACS treatment (clopidogrel versus prasugrel versus ticagrelor, heparin, versus low molecular weight heparin versus anti-Xa inhibitor versus direct thrombin inhibitors).

**Chronic Heart Failure**

- Justify therapy for example case scenarios of chronic heart failure based upon primary literature and guidelines for chronic heart failure management.

- Recommend standard or adjunct therapies for example case scenarios of chronic heart failure.

- Modify standard or adjunct therapies for example case scenarios of chronic heart failure as changes in the clinical scenario occur (e.g., disease progression, lack of tolerability, initiation of interacting medications).

**Acute Decompensated Heart Failure**

- To justify therapy for example case scenarios of acute decompensated heart failure (ADHF) based upon primary literature and guidelines for ADHF management.

- To recommend standard or adjunct therapies for example case scenarios of ADHF heart failure.

- To modify standard or adjunct therapies for example case scenarios of ADHF heart failure as changes in the clinical scenario occur (e.g. lack of tolerability).

**Atrial Fibrillation**

- Using patient-specific information, design an appropriate treatment plan for the management of patients with AF based on the evidence and the most recent treatment guidelines.

- Given a patient’s risk factor profile, justify selection of appropriate antithrombotic therapy in patients with AF.

- Provide recommendations for managing adverse events or drug interactions that may develop in patients with AF who are receiving various antarrhythmic and/or antithrombotic therapies

**Dyslipidemia**

- Discuss recent primary literature regarding dyslipidemia therapies.

- Discuss nonpharmacologic and pharmacologic treatment options for primary and secondary prevention of cardiovascular disease from a dyslipidemia standpoint.

- Given a patient case, design an individualized pharmacotherapy plan to treat a patient’s dyslipidemia including non-pharmacological and pharmacologic therapies, drug, dosing, and monitoring for efficacy and toxicity.

**Hypertension**

- Assess the presence or absence of target organ damage

- Recommend and justify an initial therapeutic regimen for a patient with hypertension (in patients with and without compelling indications)

- Identify appropriate monitoring parameters (for both efficacy and toxicity) for antihypertensive therapy, including follow-up.

- NYSCHP would like to thank GNTHA Services Inc. for their support...