



Oklahoma Society of Health-System Pharmacists

January - March 2006

Visit our website at www.oshp.net

Board of Directors
2005-2006:

Tracy Hagemann
President
(405) 271-5411
tracy-hagemann@ouhsc.edu

Edna Patatianian
Past President
(405) 936-5674
edna.patatianian@swosu.edu

Jenean Young
President Elect
(918) 728-8899
jyoung81@cox.net

Wiley Williams
Treasurer
(405) 297-2685
wiley.williams@okc.gov

Susan Fugate
Secretary
(405) 951-8369
susan-fugate@ouhsc.edu

Kimi Vesta
Western District Chair
(405) 271-6878 Ext. 47252
kimivesta@cox.net

Greg Clack
Eastern District Chair
(918) 294-4080
gtclack@yahoo.com



Mark your Calendar

OSHP Spring Meeting
Schusterman Center
Tulsa, OK
April 7th, 2006

ACCP Spring Meeting 2006
Monterey, CA
April 9th-12th, 2006
For information, go to www.accp.com

National Hospital and Healthcare Week
May 7th-13th, 2006

OPhA Annual Convention
Branson, MO
June 22nd-25th, 2006
For information, go to www.opha.com

ASHP Summer Meeting
Orlando, FL
June 24th-28th, 2006
For information, go to www.ashp.org

AACP Annual Meeting 2006
San Diego, CA
July 8th-12th, 2006
For information, go to www.aacp.org

FROM THE PRESIDENT...

Tracy Hagemann, Pharm.D.



Well, here we are again, ready to transition to Spring with all the allergies, wildfires, and tornados that come along with it. I hope everyone is safe and healthy and ready for exciting updates from OSHP.

Since my last column, your OSHP Board has been very busy. We are gearing up for the Annual Spring Meeting, which will be held in Tulsa this year. The program committee has worked diligently to provide quality, interesting programs, and I hope everyone takes advantage of this opportunity. New this year at the Annual Meeting will be "Breakout Sessions" that are fine-tuned to specific areas of interest. Look for the program announcement on the OSHP website.

I attended a number of state-related meetings at the ASHP Midyear in December. It was great to be able to network with other state affiliates and get their spin on issues that are affecting all of us. One issue that has come up repeatedly and which MUST be acted upon is Collaborative Drug Therapy Management (CDTM). Oklahoma is one of only a handful of states that does not have specific rules on this issue. You may be thinking "Yeah, but that is a RETAIL issue, and I practice in a HEALTH-SYSTEM". Actually, this is an issue that affects ALL of pharmacy and could have a definitive impact on the future of pharmacy practice in our state. Our legislative committee has been working on this along with OPhA and ASHP, and I am dedicated to seeing CDTM come to fruition. I urge anyone who is even remotely interested to get involved and be proactive in this and other legislative issues that will affect ALL of pharmacy. If you or your loved ones get their prescriptions filled by a retail pharmacy, these issues affect you, regardless of your practice setting. CDTM is an excellent way for pharmacists to really use our education and knowledge in all practice settings. It will help elevate the profession. It will increase our ability to both assist patients and to gain "cognitive reimbursement". We have some dedicated members who feel as strongly as I do about these issues, but many voices are louder than a few. Please, if you have interest in this area or just want to get involved in some way, contact myself or another board member. Even if you are not sure what you can do, we can teach you. Letters, phone calls, and visits to our legislators CAN make a difference.

Again, I would like to challenge each of you to become involved. For example, members can participate/organize health fairs, vaccination drives, or talks for patients in your community, or you could encourage future pharmacy students. Just because we do not work in a retail setting doesn't mean that we cannot and should not be actively involved. I encourage each of you to get together with some of the pharmacists and technicians at your workplace and find unique ways to promote pharmacy in your health-care system.

I look forward to seeing everyone at the Annual Meeting. I will be transitioning to Past-President in a few weeks and am excited about Jenean Young coming in as President. Let's support Jenean, the Board and OSHP as we continue to build our society and our profession. And again, please feel free to contact me with issues, concerns, ideas or questions: tracy-hagemann@ouhsc.edu.

STAY INFORMED...OSHP BOARD MINUTES ARE NOW AVAILABLE ON THE WEBSITE (WWW.OSHP.NET)

From the OSHP Legislative Committee

Submitted by: Wiley L. Williams, Clinical Pharmacist, Attorney at Law

The Oklahoma Legislature has been very busy lately. The following legislative issues affecting pharmacists are summarized below.

Issue #1: Collaborative Drug Therapy Management

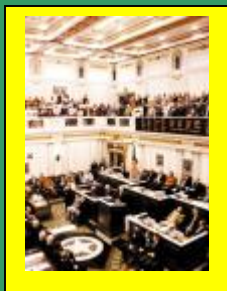
The OSHP Board of Directors and the Legislative Committee have been reviewing the issue of collaborative drug therapy management (CDTM). Oklahoma State Board of Pharmacy (OSBP) Executive Director Bryan Potter has gone on record several times indicating that he thinks pharmacists already have the legislative authority to enter into agreements with physicians to accomplish the goals behind CDTM. However, in recent conversations, he has suggested that the Oklahoma Pharmacy Act will need to be amended to give pharmacists the authority to engage in drug therapy management. It is true that recent amendments to the Oklahoma Pharmacy Act do allow pharmacists to make agreements with physicians; however, the statute also states that any such agreement must be in conformance with approved rules and regulations. Your OSHP Board of Directors and Legislative Committee are of the opinion we need artfully drafted rules and regulations that better define the professional parameters that pharmacists may engage in while performing CDTM. We are working behind the scenes to get the issue before the State Board of Pharmacy. At this point, we seem to have the support of some retail pharmacists who see the professional and economic possibilities that can arise from engaging in drug therapy management. We will continue to work toward the creation of effective rules and regulations and/or the enactment of legislation similar to that adopted in more than 40 states.

Issue #2: Rising Prescription Drug Costs

According to the Kaiser Family Foundation, retail prescription drug prices increased an average of 8 percent per year from 1994 through 2004. That equates to about an 80% increase in drug prices over a 10-year period. Likewise, direct-to-consumer advertising by drug manufactures totaled almost \$3 billion in 2004. Increased drug costs and increased marketing of expensive pharmaceuticals have impacted all pharmacists. Many pharmacists and legislators are laying this problem at the feet of the pharmaceutical manufacturing industry and pharmacy benefits managers (PBMs). Whether those industries are the sole source of the problem is certainly up for debate, but the situation has grabbed the attention of some legislators and the Oklahoma Pharmacists Association (OPhA). The issue has prompted legislators in Oklahoma and 40 other states to introduce bills attempting to regulate marketing, advertising, and/or PBMs. There were at least three bills introduced this year in the Oklahoma Legislature aimed at regulating PBMs and the advertisement of prescription drugs. As expected, the legislation was strongly opposed by pharmacy manufacturers and the pharmacy benefit manager industry. The State Chamber of Commerce also opposed the proposed legislation. Because of this strong opposition, this proposed legislation is pretty much dead in the water. But OPhA and its endorsing legislators vow not to give up. The OSHP Legislative Committee will keep its eye on these issues.

Issue #3: Pharmacist Conscience Clauses

Several states have adopted legislation concerning pharmacist conscience clauses, and this is currently pending before the Oklahoma Legislature. Some states have considered laws prohibiting pharmacists from refusing to fill any lawful prescription because of a moral



From the OSHP Legislative Committee

(continued)

objection. On the contrary, several other states have considered and passed legislation protecting pharmacists from discipline or termination for refusing to fill prescriptions based on a moral or ethical belief. The Oklahoma House of Representatives recently passed a bill protecting pharmacists in their employment if they choose to express their moral opposition toward selling emergency contraceptives. We will watch to see if this bill gains steam through the legislature. The American Society of Health-System Pharmacists (ASHP) and the American Pharmaceutical Association (APhA) have expressed the view that they will support legislation protecting pharmacists who are morally opposed to dispensing certain prescriptions as long as the consumer or patient is left with a viable and timely opportunity to obtain any lawful prescription drug from other sources.

Miscellaneous Issues

Other interesting legislative issues include emergency contraceptive training requirements, error reporting (several bills were introduced in the Oklahoma Legislature on this topic), better regulation of Internet pharmacies, and Medicaid reform. Surprisingly, Oklahoma may join several other states and pass legislation allowing the re-importation of Canadian-based drugs into our state by allowing local pharmacists to purchase drugs from either Canadian pharmacies or wholesalers, provided that all cost savings are passed on to the consumer.

Overall, this has been an interesting legislative year, and the Committee will continue to keep you informed.

OSHP District Update

Western District

Recent Meeting: March 9th, 2006
Topic: Stalking a Silent Killer: Eliminating VTE
Speaker: Les Hall, M.D.
Location: OKC Golf & Country Club, OKC, OK
Upcoming Meeting: May 2006 (date TBA)
Topic: Antidotes
Location: TBA
Upcoming Meeting: June 15th, 2006
Topic: Anemia (ACPE Program)
Location: Boulevard Steakhouse, OKC, OK

Eastern District

Recent Meeting: March 30th, 2006
Topic: Reversible Obstructive Airway Disease
Speaker: Dr. Garfinkel
Location: Flavors Restaurant, Tulsa, OK
Upcoming Meeting: May 18th, 2006
Topic: TBA
Location: TiAmo's Italian Restaurant, Tulsa, OK

Welcome New Members:

Michelle D. Barnett
Greg Clyde
Linda Collado
Cortney Cortese

Cynthia Ellis
Kent Hooper
Karissa Landers

Dennis Newham
Kristie Sharp
Annette Thompson



Attention Potential Authors:

If you or a colleague is interested in submitting an article for publication in the OSHP Newsletter, please contact the OSHP Newsletter Committee or a Board Member.

Newsletter Committee Co-Chairs are Darin Smith and Nancy Williams:

dsmith@nrh-ok.com
nancy.williams@swosu.edu



The intention of clinical pearls is to highlight information regarding various therapeutic topics pertinent to health-system pharmacy practice. If you or your institution has information, protocols, etc... and are willing to share, please contact the OSHP Newsletter Committee.

For further information on the treatment options for hydrofluoric acid exposure or for other poison information... call the Oklahoma Poison Control Center at 271-5454 (Metro OKC) or 800-222-1222 statewide.

Hydrofluoric Acid Exposure

Submitted by: G.K. Stanton, Oklahoma Poison Control Center

Hydrofluoric acid is an extremely corrosive inorganic acid with wide commercial applications largely due to its ability to dissolve silica. This property makes it invaluable to the semi-conductor and glassware industry, but it can also be found in the processing of fabric and leather, in the production of propellants and fuels, and in the cleaning of marble and brick. Present household uses include aluminum brighteners (automobile wheel covers), rust and scale removers (air conditioning units) and heavy-duty cleansers.

The majority of exposures involve the fingers or palmar surfaces of the hand, although industry exposures often are much more intensive and dangerous with stronger acid concentrations and larger surface areas involved.

Compared with other acids, hydrofluoric acid is relatively non-ionized...more readily crossing lipid membranes and penetrating to deep subcutaneous tissues. Once absorbed, the hydrogen fluoride can dissociate and produce toxic symptoms associated with free hydrogen and fluoride ions. Commonly, over 90% of hydrofluoric acid exposures result in the development of toxicity, and a great majority of those will require evaluation and treatment.

The concentration of the hydrofluoric acid and the extent and duration of exposure have a direct relation to the development of toxicity. Solutions of less than 10-20% rarely result in external corrosive effects, but pain and erythema commonly occur and may be delayed as long as 24 hours after exposure. Concentrations of 20-50% produce a more rapid (but possibly delayed by hours) onset of symptoms. Hydrofluoric acid in excess of 50% causes immediate pain and tissue destruction. Symptoms described are usually out of proportion to the observed injury.

Systemic effects of hydrofluoric acid exposure are related to a variety of electrolyte abnormalities. These may include hypocalcemia and hypomagnesemia due to a complexing of these cations by fluoride and hyperkalemia due to extracellular efflux of potassium. Cardiac rhythm as well as hepatic and renal functions may be disturbed by these ionic imbalances. It has been estimated that severe hydrofluoric acid burns to less than 10% of the body surface can cause systemic effects, if left untreated.

Specific treatment is unsettled, and there have been no controlled studies to establish the best protocol. Complete decontamination (including efforts to prevent secondary exposure to those providing care) is essential, followed by copious irrigation for 15-30 minutes. The asymptomatic patient should receive the same treatment regardless of the concentration of the hydrofluoric acid. Following irrigation, some type of complexation therapy may be used to render the fluoride ion non-toxic. For dermal exposure, many clinicians favor liberal and frequent application of a 2.5% calcium gluconate gel (calcium gluconate powder in K-Y Jelly) or intradermal injection of 10% calcium gluconate (NOT calcium chloride) into the exposed area. Treatment of ocular, oral, and respiratory exposure is still very controversial, but profuse irrigation and aggressive supportive care are essential.

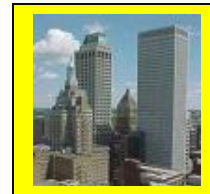
Hydrofluoric acid exposure should be suspected when a patient presents with delayed and extremely painful dermal symptoms.



Chapter News

OSHP ANNUAL MEETING

This OSHP Annual Meeting 2006 will be held at the Schusterman Academic Center in Tulsa, Oklahoma, on April 7th, 2006. The program will offer six ACPE-accredited continuing education hours divided into two 3-hour sessions (Sessions A & B). New to the Annual Meeting is the opportunity for more diverse educational experiences provided by an afternoon breakout session. This session will provide meeting participants the opportunity to select one of multiple topics in two separate tracks to attend based on individual interest.



The meeting will be kicked off by a Pre-Meeting Symposium Dinner held on Thursday, April 6th at Flavors Restaurant in Tulsa, Oklahoma. The Pre-Meeting Symposium, entitled "New Pharmacologic Strategy for Management of Hyponatremia" will offer an additional 1 hour of ACPE credit.

The meeting is sponsored in part by unrestricted educational grants from Sanofi-Aventis, Amgen, Abbott, and Astellas.

For complete meeting and registration information, visit www.oshp.net.

USE OF PAYPAL® FOR OSHP DUES

PayPal® is now an option for joining or renewing your membership to OSHP. PayPal® offers a secure way of making online payments. In addition, you now have the opportunity to "subscribe" to OSHP and have your yearly dues automatically billed to your credit card or deducted from your checking account through PayPal®. For more information visit www.OSHP.net and select "On-line pay for membership" or "Yearly renewable membership subscriptions available".

Pharmacy Technician Topics

Submitted by: Kristen Passoni, Pharmacy Technician Instructor at Tulsa Technology Center

Due to the aging population, there is an increase in the need for qualified pharmacy technicians. Here are some ideas on how to create a resume to help you land the job or become more valuable to your current employer.

Idea #1: Expand Your Objective

Let employers know you are serious about your future both as a pharmacy technician and with their company. Your objective should state your willingness to learn and eagerness to advance.

Idea #2: Increase Your Skills and Education

If you are not currently nationally certified by the Pharmacy Technician Certification Board (PTCB), then plan to take the exam. Also, the National Pharmacy Technician Association (NPTA) offers a great Sterile Products Certification Course that is accredited by the Accreditation Council for Pharmacy Education (ACPE).

Idea #3: Elaborate Your Work History

Instead of saying that your job duties included assisting the pharmacist daily, you could say you accurately counted prescribed number of tablets, correctly labeled medications, and efficiently filed insurance claims.

Idea #4: Exhibit Your Association

Being involved as an active member of a professional organization demonstrates that you are committed to your career. Since you are already a member of OSHP, consider joining organizations specifically designed for pharmacy technicians, such as NPTA or American Association of Pharmacy Technicians.





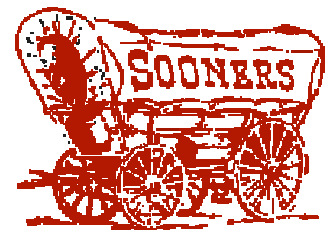
OUCOP Student Chapter Report

Advisor: Michele Splinter

Our chapter of sOSHP holds monthly meetings at the College of Pharmacy, and our invited guests have presented a number of interesting subjects. Our January 2006 speaker was the current OSHP President, Tracy Hagemann, and she informed us about several state issues and opportunities for involvement. Our February speaker was Scott Schaeffer from the Oklahoma Poison Control Center, who presented material concerning poison control and opportunities for pharmacists in the field of toxicology. Our April meeting will be held during our Pharmacy Week, and our presenter will be Erin Hendrick, a national ASHP representative. She will be speaking on issues from the ASHP New Practitioner's Forum.

Our spring bake sale, which was held March 8th on both the Oklahoma City and Tulsa campuses, was very successful. We plan to donate proceeds from this fundraiser to a charity organization. We also have Family Day approaching, and we have plans to set up a booth in both Oklahoma City and Tulsa. Family Day is an annual event held on a Saturday during the spring semester, and students are invited to bring their parents, children, or friends to the College of Pharmacy for a day of fellowship and educational activities. We also will be setting up a booth at the annual Destress Fest. This is a campus-wide event that is generally held before finals week. Student and community organizations are invited to have booths and provide information about stress and health. Annual student officer elections will be held for our chapter at our last March meeting. We are excited about welcoming our new student officers and look forward to their ideas and input.

OFFICERS	SPRING 2004-SPRING 2005	SPRING 2005- SPRING 2006
President	Kenny UTZ	Lauren Hromas
President-Elect	Lauren Hromas	Jennifer Gass
Vice President	Sarah Gross	Sarah Gross
Secretary	Shandi Marriott	Shandi Marriott
Treasurer	Deena Miles-Jones	Katherine O'Neill
Historian	Beniam Baissa	Michelle Bilger



SWOSU Student Chapter Report

Advisors: Erin Callen, Mark Gales, Virgil Van Dusen, Nancy Williams

The SWOSU College of Pharmacy ASHP student chapter continued to meet bimonthly, with guests speaking on several areas of health-system pharmacy practice. The chapter has tried to meet the demand for information on residencies, as well as having some topics that are of interest to the pharmacy students in general. Some of the guest speakers included pharmacists from the Indian Health Service, a nuclear pharmacy intern, clinical faculty, and current residents. Dr. Tracy Hagemann, OSHP President, spoke to the group in March about pediatric oncology and residencies, and Dr. Chris Gentry from the Oklahoma City VA Medical Center will speak in April about infectious diseases. Additionally in April, a panel of students currently on rotations will convene to speak to the organization about the ASHP Midyear Clinical Meeting and will help prepare students for the interview process.

Throughout this semester, we have continued to work with Trinity Hospice to make decorations and deliver them to patients to help brighten their day. Other activities planned for the organization include a volleyball tournament and an end-of-the semester social.

We are very excited about the growth of our student chapter. We continually have new members at each meeting, and during the 2005-2006 school year, we have had a significant increase in our membership. We look forward to continuing this growth in new membership, as well as a continued active participation in our community. Annual student officer elections for our chapter will be held at our final meeting of the year in April. While we look forward to our new officers and their ideas, we are also very grateful for our current officers and all of their hard work these past two semesters.

OFFICERS	FALL 2005	SPRING 2006
President	Thomas Massey	Jennifer Le
President-Elect	Jennifer Le	Rachel Adams
Secretary	Rachel Adams	Kayly Tran
Treasurer	Deepa Bhakta	Dat Pham
Fundraising Chair	Sarah Maudy	Ashley Rowe



WATCH FOR UPCOMING ISSUES OF THE OSHP NEWSLETTER

Apr-June 2006, July-Sept 2006