

# Pharmacy Quarterly

Newsletter of the IHS National Pharmacy Council

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## Upcoming events of interest:

- IHS Southwest QUAD meeting in Scottsdale, AZ [June 2-4, 2006.](#)
- ASHP Summer Meeting – Orlando, FL [June 25-27, 2006](#)
- Pharmacy Practice Training Program—Scottsdale AZ [July 17-20, 2006](#) and [August 14-17, 2006](#)

## PHS Transformation - More Than Words

*Trans · fôrm: to change the condition, character, or function of*

Senior officers in I.H.S. will remember when PHS “transformation” meant starting to wear the uniform on Wednesdays. The new version of transformation is likely to involve many more changes from overall central management down to individual officers. Michael O. Leavitt, the Secretary of Health and Human Services recently provided his vision of the Corps as a well trained, highly qualified, dedicated, uniformed service of health professionals who are:

- Universally viewed as an essential national resource within the DHHS and its agencies to meet critical mission requirements.
- Ready to respond rapidly to urgent public health challenges and emergencies.
- Available for assignment to address clinical and public health needs in isolated/hardship, hazardous duty, and other difficult-to-fill positions, including when needed, to address humanitarian, security and defense needs of the Nation, and
- Sought by departments and agencies at the Federal and State levels for assisting in meeting essential public health leadership and service roles.

One objective will be “up-sizing” to achieve a force of 6,600 active duty officers (approximately a 10% increase). In addition, the Secretary presented his decisions about the force management reforms that the Corps should undertake. They are as follows:

- Grouping of Officers—based on both category and function
- Position Identification—categorize as civilian, corps, or either
- Billet Content—modify to facilitate force management
- Billet Approval Process—managed centrally
- Isolated/Hardship, Hazardous Duty and Difficult-to-Fill Positions—incentives and/or directed early-career assignments may be utilized
- Officer Assignment System—central corps management to assist agencies
- Allocation of Corps Positions—negotiated with agencies
- Training—2 week BOTC at entry, career-long “officership” training
- Recruitment—enhanced central role, consistent approach
- Readiness—four-tiered response

[Click here to access the entire transcript on the Commissioned Corps Transformation](#)

# Deployment Changes — Response Tiers

The Office of Force Readiness and Deployment has developed an initiative to improve the ability of DHHS to rapidly mobilize personnel in “pre-configured and deployable teams”. This information was detailed in a cover letter attached to a recent e-mail to all Commissioned Officers from RADM Babb. All officers were directed to visit the OFRD website and should have completed the [Deployment Role and Team Selection](#) form by May 12, 2006.

There will be four tiers of response, with different expectations for officers in each tier. It appears that most pharmacists will select and/or be placed in Tier 1 or Tier 3.

## **Tier 1 (depart within 12 hours of notification)**

### Rapid Deployment Force (RDF) Teams

- 5 teams, centered in Washington DC (2), Atlanta, Dallas, and Phoenix
- 105 officers per team, with at least 8 pharmacists per team
- Clinical focus/mass care activities

### Secretary’s Emergency Response Teams (SERTS)

- 10 teams of 30 officers, centered in each of the PHS regional offices
- Oversight & management of field operations

## **Tier 2 (depart within 36 hours of notification)**

### Applied Public Health Teams (APHT’s)

- 5 teams of 47 officers with specific public health skills

### Mental Health Teams (MHT’s)

- 5 teams of 26 officers with Behavioral Health service skills

## **Tier 3 (depart within 72 hours of notification)**

- All active duty officers not selecting Tier 1 or Tier 2
- Deploy to augment Tier 1 or Tier 2 teams, or
- Deploy to provide specific requested skills when required.

## **Tier 4**

- Inactive Reserve Officers

All officers will be on call on a rotating schedule, every 5 months and as of July 1, 2006 the current rosters will be invalid. Again, note that the [OFRD Officer Questionnaire and Team Selection Form](#) should’ve been completed by May 12, 2006. Before officers are placed on Tier 1 and Tier 2, SUPERVISORY CONCURRENCE WILL BE OBTAINED BY OFRD.



# IHS Pharmacists Called to Active Duty



RANK	NAME	DATE	POSITION	CITY/STATE
LT	Holly V. Rice	2/06/2006	CP	Sisseton, SD
LT	James D. Hicks	2/01/2006	SP	Winslow, AZ
LT	Michelle R. Seybert	1/12/2006	SP	Anchorage, AK
LT	Kofi Boadu Ansah	12/05/2005	SP	Sells, AZ
LT	Dharna Begich	12/05/2005	P	Anchorage, AK
LT	Mizraim L. Mendoza	11/27/2005	P	Phoenix, AZ
LCDR	Cindy W. Gillis	11/01/2005	SP	Claremore, OK
LT	Zachary R. Pool	10/24/2005	P	Winnebago, NE
LT	Julianna M. Anderson	10/17/2005	SP	Anchorage, AK
LT	Charity D. Earnhardt	10/17/2005	SP	Claremore, OK
LT	Sameul M. Habel	10/17/2005	P	Nespelem, WA
LT	Marisol Martinez	10/17/2005	P	Santa Fe, NM
LT	Aimee L. Martinson	10/17/2005	P	Phoenix, AZ
ENS	Mark D. Black	10/03/2005	SR	Pocatello, ID

CP=Chief Pharmacist; SP=Senior Pharmacist; P=Staff Pharmacist/Pharmacist;  
R=Pharmacy Resident; PC= Pharmacy Consultant; SR=Senior COSTEP

## Pharmacy's Best Kept Secret - Great Recruiting Tool!

You are in a conversation with a new acquaintance. When they find out you are a pharmacist, they say "Hey, my \_\_\_\_\_(nephew, son, sister, friend, etc) is in pharmacy school". Who hasn't had this happen to them?

Opportunities for recruitment can occur anytime – an easy way to reinforce your "pitch" regarding the advantages of PHS is the pamphlet titled "Pharmacy's Best Kept Secret". This document includes contact information for the different agencies, application procedures, and a discussion of quality of life/practice issues. Tables that compare commissioned officer vs. private sector pay & benefits have been revised to reflect the [2006 salary tables](#), and provide a compelling argument for a career as a Commissioned Officer. **The updated "Pharmacy's Best Kept Secret" can be found at <http://www.hhs.gov/pharmacy/pdf/secret1.pdf>**

So the next time an unexpected opportunity to recruit a PHS pharmacist presents itself, remember this document, which can also be found by searching the [IHS pharmacy internet](#) and selecting "benefits".

# RPMS - Pyxis/Omniceil Interface

Significant progress has been made recently on an interface that will allow outpatient drug removals from Pyxis or Omnicell to be sent to the RPMS pharmacy package as non-verified prescriptions for a pharmacist to review and verify. The interface will also allow the use of profiling for inpatients with orders from RPMS being sent to the Pyxis or Omnicell units. Items removed for a patient will show up in the 3<sup>rd</sup> Party Billing package when billing clerks edit claims and the billing clerk can select items to include on the claim as appropriate.



The patch that will upgrade the interface for Pyxis is currently in beta testing at PIMC and Santa Fe. It will need to be thoroughly tested by those 2 sites and run for a minimum of 30 days with no program errors as part of the QA process before it can be released and made available to everyone.

The patch that will upgrade the interface for Omnicell is currently in alpha testing at Choctaw (OK). After alpha testing is complete, the patch will need to be submitted to Software QA for verification, and then undergo the beta testing process before it can be released.

Some helpful hints:

- Review and clean up your drug file (consistent taxonomy)
- Compare Pyxis/Omniceil formulary to RPMS drug file to make the appearance “match” as much as possible
- Print out your drug file (File 50), and include the **Internal Entry Number** (Field .001) in your printout.
- In Pyxis/Omniceil formulary, make sure that the Medication ID for each drug is the same as the RPMS Internal Entry Number (not the NDC, which changes each time you buy a different generic)
- When you are ready to test, if possible admit a Demo Patient to an inpatient unit and have the nurses review the appearance of orders at the Pyxis/Omniceil station.

# IHS Residencies

A pharmacy residency is an organized, directed postgraduate training in a defined area of pharmacy practice. It develops competence, skills, and application of drug therapy knowledge in providing the broad range of pharmaceutical services needed in a practice setting. The American Society of Health-System Pharmacists (ASHP) has supported such training since 1962. ASHP establishes an accreditation process and standards for residencies.

IHS offers multiple residency positions at different sites. Pharmacy residents are given several opportunities to present their year-long research projects at various national meetings. In December 2005, ten IHS residents presented their posters at the ASHP Midyear Clinical Meeting in Las Vegas, NV. Presenting at national meetings allows our residents to enhance their skills, and provides visibility of IHS, which enhances recruitment. Congratulations to those residents that presented at Midyear, and to the preceptors that guide their research projects.

Below is an article submitted by LT Shinta Lalonde describing her residency project. On pages 6 and 7 are photos of the residents that presented their research at Midyear. See pages 6 and 7 for photos of IHS residents with the title of their research.

As IHS pharmacy residents, we are required to do a research project during our residency year. The purpose of the project is to not only demonstrate project management skills, but also contribute to pharmacy practice through a variety of means (i.e. the enhancement of an existing service, development of a new service, etc.)

We are given the opportunity to present our residency projects in poster form at the national level. This opportunity helps to both hone presentation skills and share our contributions with the pharmacy field. Last December, I presented at the "American Society of Health-System Pharmacists" midyear conference. In May 2006, I will do a platform presentation at the regional level at the "Western States Conference" in Pacific Grove, California.



*LT Shinta Lalonde (R) with Residency preceptor  
LCDR Maya Thompson*

My presentation this year is entitled "Compliance with United States Pharmacopeia Chapter 797 as it relates to home infusion at a rural health care facility".

The scope and magnitude of this project involves a multidisciplinary effort utilizing social workers, nurses, pharmacists and physicians. There are many aspects to be considered for incorporation into our planning. Among these considerations are the many aspects relating to health-care providers, logistics, costs, regulations, policy, procedures, and scope of effort.

There was an effort to initiate a similar program prior to my arrival in Chinle. A lack of funding and available clinical resources prevented that effort from succeeding. I am now the facilitator of a renewed effort in this arena. My goal is to revive this project and bring it to fruition by using a different approach. I am estimating that it will take me more than a year to facilitate the attainment of an operational status in this regard.

Shinta Lalonde, Pharm.D.  
Chinle Pharmacy Resident

# 2005 ASHP Midyear Photos



LT Tim Langford (Warm Springs)

“Optimization of Outpatient Heart Failure through Provider Education and Electronic Intervention”



LT Jodi Sparkman (Claremore)

“Effects on the Lipid After Conversion from Rosiglitazone in Native American, Type 2 Diabetic Patients”



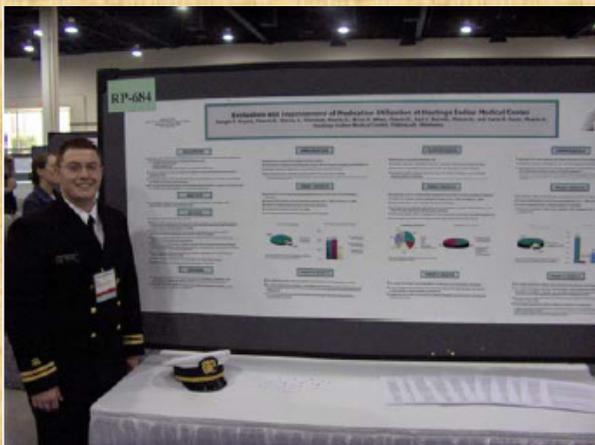
LT Kyle Gropp (Shiprock)

“The Relationship Between Self-Monitoring Blood Glucose and Glycemic Control in Patients with Diabetes Type 2 Using Oral Diabetic Medications”



LT Jennifer Chao (Gallup)

“Diabetes Awareness and Lifestyle Education in Native American Youth”



LT Joe Bryant (Tahlequah)

“Evaluation and Improvement of Medication Utilization at Hastings Indian Medical Center”



LT Kristi Johnson (Phoenix)

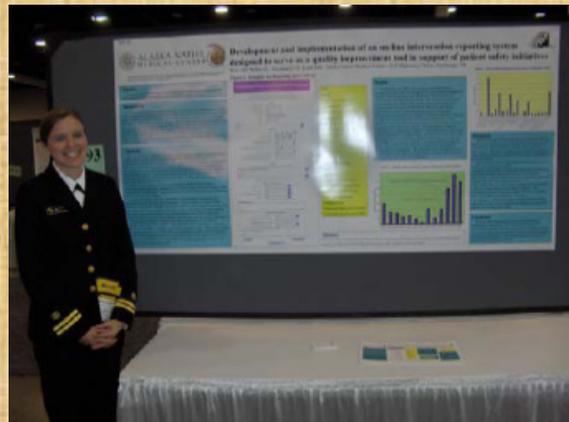
“Outpatient Antibiotic Treatment of Community-Acquired Methicillin-Resistant *Staphylococcus aureus* in a Native American Population”

# 2005 ASHP Midyear Photos



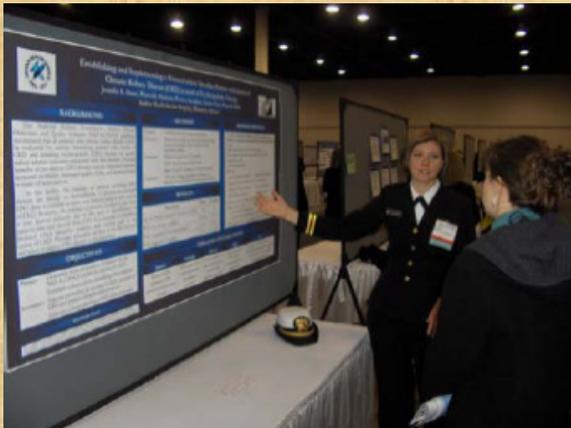
LT Ron Won (Gallup)

"Addition of a New Patient Population Into the Existing Pharmacy-run Asthma Clinic"



LT Ann Marie Bott (Anchorage)

"Development and Implementation of an On-line Intervention Reporting System Designed to Serve as a Quality Improvement Tool in Support of Patient Safety Initiatives"



LT Jennifer Dauer (Whiteriver)

"Establishing and Implementing a Protocol which Identifies Patients with Anemia of Chronic Kidney Disease in Need of Erythropoietin Therapy"



LT Jason Carter (Talihina)

"Coronary Risk Screening: A Relative Risk Study in Rural Oklahoma"

*ASHP Midyear Photos Courtesy of Ed Stein*

*Congratulations to the 2005-06 IHS Pharmacy Residents. They represent the future of IHS Pharmacy.*



## Editors Note:

How does your CV section titled “Publications” look? It couldn’t hurt to bulk it up... especially as your next promotion cycle rolls around. If you don’t, the “Pharmacy Quarterly” will become “Quarterly-ish” or “Semi-annual-maybe”!

We are looking for articles on subjects of interest to I.H.S. Pharmacists, whether clinical, administrative, practical, or just fun! IHS Pharmacy is going through some exciting changes. Some sites are now implementing EHR and automated refill systems. Third party billing is playing a large factor in dispensing decisions. The transformation of the Commissioned Corps will have a large impact on IHS as 80% of pharmacists are Commissioned Officers. Others could benefit from lessons you have learned and can share.

Forward electronic versions of articles or photos in JPG files to either of the e-mail links below. You might just benefit as much as the audience who reads the article with your by-line!

[Dan Diggins](#)

[Jefferson Fredy](#)

## Congratulations to the new CPO for the Pharmacy Category

**O**n February 6, 2006, RADM Robert E Pittman was selected as the Chief Professional Officer for the Pharmacist category. He is responsible for providing leadership and coordination of PHS pharmacist professional affairs for the Office of the Surgeon General.

RADM Pittman has been providing service for IHS since being commissioned in 1984. IHS will continue to look up to RADM Pittman for his excellent leadership and we wish him well on his new position.

[Click here for full report](#)

## NATIONAL PHARMACY COUNCIL

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Albert Bowie (Albuquerque)  
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Chris Watson (Phoenix)  
Travis Watts (Oklahoma)  
Brian Wren (Oklahoma)

### IHS MISSION

Provide health care services and consultation that raise the level of health among the Indian People to the highest level possible.

### NPC OBJECTIVE

Provide advice and consultation to the Chief Pharmacist of the Indian Health Service on issues related to the business of developing a pharmacy program that will help meet the mission of Indian Health Service.

### NEWSLETTER EDITOR -IN-CHIEF

Robert Pittman

### NEWSLETTER SENIOR EDITOR

Dan Diggins

### NEWSLETTER DESIGNER

Jefferson Fredy

### CONTRIBUTORS TO THIS EDITION

Dan Diggins.....PIMC  
Jefferson Fredy.....PIMC  
Shinta Lalonde .....Chinle  
Ed Stein.....CSC

**Separated at birth? The officer in BDUs on page 2 resembles what IHS pharmacist?**