2019 Indiana Pharmacists Association Convention & Expo Soared

Break Glass in Case of Emergency
ADAPTING & ADVANCING THE PROFESSION
1300+ bills filed, 293 passed
CONGRATULATIONS!

- TO OUR -

2019 SCHOLARSHIP WINNERS

Pharmacists Mutual is proud to support students who are interested in serving in an independent or small chain community pharmacy or an underserved geographic or cultural community. Each student listed received a $2,500 scholarship.

ABIGAIL SCOTT - University of Oklahoma
ALEXIS DAYTON - Ohio Northern University
ALLIE TAYLOR - Samford University
BRYAN QUINN - University at Buffalo
  The State University of New York
CARLY HUFFMAN - University of Montana
CYNTHIA SMITH - Auburn University
DAVID LU - Northeastern University
ELIZABETH CRONAN - Mercer University
HEATHER HEMBREE - University of South Carolina
JACOB LOMAX - Ohio Northern University
JONATHAN LITTLE - University of Oklahoma
JORDYN NORDE - St. Louis College of Pharmacy
LACY EPPERSON - University of Missouri–Kansas City
MATTHEW JOLLEY - University of Utah
MEGAN BAKER - Washington State University
SAMANTHA HOPPE - South Dakota State University
SEAN VINH - East Tennessee State University
SHELLEY MUELLER - Southwestern Oklahoma State University
TIFFANY CHAN - University of the Pacific
TIFFANY SMITH - South University

ACCEPTING APPLICATIONS FOR 2020 SCHOLARSHIP
October 1, 2019 - December 1, 2019
https://www.phmic.com/scholarship/
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"Should I Stay or Should I Go"

I have been intrigued by the varying responses by pharmacists on social media to the latest pharmacy work force reduction announcements this past month. The Clash’s “Should I Stay or Should I Go” song enters my mind as I see some contemplating a way out of pharmacy, while others seek advice on how to remain relevant in our ever-changing practice environments.

Pharmacy is not what it used to be. This is true, but neither is any other industry that has been transformed by technology, consumer demand and multiple other driving factors. Consider that email technologies disrupted the postal service and envelope industries. Technology is disrupting our market and what emerges from this may be the end of a particular way of doing things; however, this may also be the birthplace of new opportunities. If you consider the way that the public transportation industry (taxi services and taxi licensing revenues) was disrupted with Uber, you will also see the growth of a new industry of food delivery in addition to transportation (and a new concept of ride sharing to decrease consumer costs).

As a consumer, do you appreciate the convenience and new capabilities that these market disruptions have caused? I grew up with not only a rotary phone, but a shared phone line (yes, our house shared a phone line with another family down the road from us). I would say that I am very happy to have witnessed and benefited from the technology disruptions in the communication industry!

Our industry will evolve and change. This will bring new threats, but also new opportunities. The question for IPA is how can we help prepare and support our members in this time of disruption and change? We are working hard to advance the practice for pharmacists, pharmacy technicians and student pharmacists. Additionally, we are developing education to help prepare and build new skills to help you remain a marketable commodity.

Get involved, get engaged and be a part of the solution. Join, renew, volunteer.
Inside IPA

Indiana Pharmacists Association 2019

We live in a noisy world. Healthcare system, retail chain, pharma, PBM-insurance and tech disrupter mergers are weekly events. Independent pharmacists are fighting for their survival. National and state pharmacy organizations struggle to communicate value to members, including IPA. Despite these challenges, our recent IPA Boards have championed a rebirth of IPA that has grown membership 48% since 2015.

IPA recently re-adopted its “legal” association name and eliminated our “doing-business-as” Alliance name that has been used over the past 20 years. This simple rebranding of our name, launching our new IPA website, recent Indiana pharmacy legislative wins, protection of financial reserves and a balanced-budget are a part of our Strategic Plan.

It is fun to work with our highly-motivated IPA, Academy and PEF Boards and Councils as they focus on achieving annual objectives, growing membership, winning pro-pharmacy legislation and providing value to our Indiana pharmacy family. Our IPA leadership team has:

- Shaped a culture of innovation, collaboration and diversity
- Developed and won 8 pro-pharmacy laws over the past 3 years via our Legislative and Regulatory Council, Senator Ron Grooms, House Representative Steve Davisson, and Capitol Group
- Grown our membership 48% to 1200 members
- Preserved our Pharmacy Education Foundation reserves and cut our IPA budget 23%, to hopefully achieve our first balanced budget in 7 years during 2019
- Launched our modern and rebranded IPA website and association management system in 2018
- Created a Student Academy in 2019 that has grown to 460 members
- Launched student committees supporting each Academy and Council and a Pharmacist-Student mentor program
- Created a new Independent Academy and renamed our Non-Traditional Academy in 2018

RANDY HITCHENS, RPH, MBA
IPA Executive Vice President

your family-first pharmacy

- Free select prescriptions
- Friendly, certified staff
- Immunizations and testing
- mPerks Pharmacy Rewards
- The Meijer Pharmacy app

Ask your Meijer Pharmacist for details.
Over 225 pharmacists, student pharmacists and technicians attended our 2019 IPA Convention and Exposition on April 12-13 at the Embassy Suites NE in Noblesville. Our convention was full of opportunities to learn and grow as 11.5 hours of ACPE credit were provided in topics ranging from leadership to clinical practice. Attendees participated in the Awards Luncheon, Exposition Hall Celebration, Dean’s Reception, and Dinner in the City events. Bidding on 105 PEF Silent Auction items occurred on Friday and Saturday as we raised over $3,400 for Pharmacy Education Foundation scholarships.

IPA “went green” for this convention as we used electronic programs in lieu of print.

IPA President, Denise Fields, and IPA Executive Vice President, Randy Hitchens, kicked off the convention by recognizing accomplishments of IPA members, setting an uplifting tone for the weekend. Building on the excitement, representatives from each IPA Academy gave a brief overview of their individual goals for the year. Continuing education then commenced with keynote speaker and CEO of the American Association of Colleges of Pharmacy (AACP), Lucinda Maine. She discussed some of the many reasons pharmacists are #Indispensable, the core message of the Pharmacists for Healthier Lives campaign. To learn more about the campaign, visit the Facebook page or website. Following the keynote, Patrick George, Bonnie Brown, and Gregory Hetrick presented on student data from Purdue, Butler, and Manchester Colleges of Pharmacy, respectively. They discussed the challenges and strategies to help pharmacy schools enroll and graduate successful students.

2019 AWARD WINNERS

Afternoon presentations reconvened with Ahmed Abdelmageed and Ashley Townsend de Lara presenting on best practices in caring for diverse patient populations. Concluding the presentations for Friday, Carrie Morton and Jennifer Copple led a discussion about pharmacists as leaders. Then, IPA members got the party started in the exposition hall with booths offering games, treats, and valuable information. The Dean’s Reception followed, with lively conversation and brief updates from the deans of Butler, Manchester, and Purdue Colleges of Pharmacy. The evening wrapped up with Dinner in the City. Attendees enjoyed fine dining at Stone Creek or Tucanos Brazilian Steakhouse.
Jeremy Thain Pharmacist Mentor of the Year – Jeremy Thain.
Presented in loving memory to his wife, Katie and mother, Jacqueline.

Excellence in Innovation – Megan Dorrell
Distinguished Young Pharmacist – Veronica Vernon
Purdue University Glen Sperandio Award – Pamela Ringor
Beyond Dispensing Award – Rola Kaakeh

Bowl of Hygeia – Herb Halley

Donald L. Moore Independent Pharmacist of the Year – Hamid Abbaspour
Joseph E. McSoley Pharmacist of the Year – Patricia Bianco

Sustainable Corporate Partner – Dawn Moore, IU Health
Pharmacy Technician of the Year – Jenna Smith
McSoley Scholarship, Purdue – Anthony Giazzon
McSoley Scholarship, Manchester – Erum Rizvi
McSoley Scholarship, Butler – Laura Sosinski


Fun and games at the expo!
Meeting attendees engage in a team building activity

CONFERENCE FUN AND GAMES

Saturday morning started bright and early with a breakfast for previous IPA presidents. The Future Pharmacists Conference then began, featuring various events for student pharmacists including career development, financial planning, and CV review. Simultaneously, continuing education events proceeded, starting with Veronica Vernon and Russ Stults presenting a legislative update. IPA prioritizes educating policymakers on the value of pharmacists and advocates for maximizing the role of the pharmacist to improve patient outcomes. Ian Brown and Josh Tatum then discussed the hot topic of CBD in Indiana. Following, Meghan Bodenberg, Sara Trovinger, Patti Darbishire, and April Hegg presented on pharmacy extenders—particularly how students can help expand pharmacy services. The IPAC Luncheon then ensued with featured guests Indiana State Senator Ron Grooms and House Representative Steve Davisson. Continuing education events resumed following lunch with Deanna Kania-Totton and Jane Gervasio discussing resilience in both work and home settings with attendees actively participating in a team-building activity. Linda McElhinney then presented about best practices in providing pharmacy services to bariatric patients. Subsequently, Rola Kaakeh led a discussion on the drug shortage crisis, the impact it has, and how to best address it. The meeting closed with student teams from Butler, Manchester and Purdue competing in an over-the-counter challenge. Cyndi Koh-Knox led the event with Purdue taking home the victory. Special thanks to the IPA staff, sponsors, and volunteers that helped make this year’s convention a success. The Fall Conference is scheduled for September 26, 2019. Join us for networking, learning, and fun!
2018 Recipients of the “Bowl of Hygeia” Award

The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program. All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA History Hall located in Washington, DC.

Boehringer Ingelheim is proud to be the Premier Supporter of the Bowl of Hygeia program.
Break Glass in Case of Emergency

**Break Glass in Case of Emergency** is ominous signage we have seen on boxes containing fire alarms and fire extinguishers. *Breaking the glass* implies it’s the ‘real deal’ fire emergency and requires immediate action be taken. The visual image of glass breaking, the physical effort to break the glass, and the sound of breaking glass awaken the senses. *Breaking the glass* is a much more physically active and deliberate action than the more passive physical actions of pulling a fire alarm lever or calling the 911 emergency telephone number.

Is it time for the pharmacy profession to break the glass?

**A combustible environment**

An environment littered with flammable objects, excessive clutter, obstructed entrances and exits, poor environmental monitoring and unattended ignition sources is ripe for a catastrophic fire.

The pharmacy profession has been building a combustible, littered environment for some time. Drug distribution programs consisting of unit dose and intravenous admixture programs have been in existence for decades yet operational inefficiencies continue. The missing drug, the late IV, the incorrect dose / drug dispensed, the inappropriately prepared IV, and the lack of comprehensive bar code verification / IV workflow technology implementation are examples of pharmacy operational clutter, litter, and inefficiencies.

‘One Voice for Pharmacy’ is a frequent call of the pharmacy profession, yet the pharmacy professional environment is strewn with various voices speaking independently and often with different or conflicting messages. The profession of pharmacy lacks a common vision, in part, due to these fragmented voices/interactions between numerous pharmacy professional groups.

Pharmacists are frequently seen as revenue sources for various entities affiliated with the pharmacy profession. Pharmacy students are a source of revenue via tuition dollars for academic institutions. The more students, the more revenue generated. Pharmacists continue to be revenue sources for fees associated with professional program registrations, continuing education offerings, specializations, and certifications. What are the societal value and patient outcomes of these programs, continuing educational offerings, specializations, and certifications?

Pharmacy operations knowledge and competencies have historically been obtained primarily via on-the-job training. Pharmacy operations (purchasing, inventory control, sterile and nonsterile compounding, drug distribution, automation, and informatics) has increased in complexity such that it is no longer feasible to obtain a body of knowledge and competencies in these functions via on-the-job training. Limited formal education in pharmacy operations occurs in pharmacist post graduate residency programs and pharmacy technician programs. The depth and extent of such training is variable amongst the programs. Inconsistencies in the knowledge and competencies of individuals who perform and manage pharmacy operations are scattered across the pharmacy environment.

Pharmacy technicians, pharmacy technologists, automation, robotics, and software applications are resources to streamline and decrease pharmacist involvement with pharmacy operations. The use of these resources is not fully optimized.
across the pharmacy practice sites. Some pharmacists view these resources as threats to their employment while others view these resources as vehicles to attain their role as the clinical pharmacist specialist.

Drug information, medication reconciliation, medication administration, medication prescribing, and medication distribution are medication related functions performed by various individuals. In an environment of multiple personnel types performing similar functions with similar ‘acceptable’ quality outcomes, it is logical to expect that the lower cost individual will ultimately be selected to perform the function. Who determines what an ‘acceptable’ quality outcome is? How will data repositories, artificial intelligence, machine learning, ‘apps’ and other technological innovations impact drug information access, medication reconciliation, medication prescribing, and medication outcomes monitoring?

What are the truly unique medication functions that will be performed solely by pharmacists to meet the current and unmet medication needs of patients and other caregivers?

Workload and productivity monitoring and benchmarking systems are often implemented with the unstated goal to limit or reduce staffing. The pharmacy profession has been remiss to establish evidence based, professionally endorsed workload metrics for operational and clinical functions that can be applied across professional practice sites.

Pharmacist provided functions at individual practice sites often do not include return on investment (ROI) and/or calculated value analysis.

Constrained healthcare financial resources will soon ignite these combustible fragments of the pharmacy profession. Once ignited, how far will the fire spread and what will the devastation be to the pharmacy profession?

Where there’s smoke there’s…….. Is there a fire smoldering that needs to be extinguished? The corporatization of pharmacy and increasing influence of non-pharmacists determining the practice of pharmacy can make one ponder if pharmacists are the primary influencers of the pharmacy profession. Has financial opportunism supplanted the professional focus on meeting the current and unmet medication needs of patients? At what point does the early perceived unpleasant odor of a smoldering environment initiate the realization that the early stages of a catastrophic fire are upon the pharmacy profession?

Some within the pharmacy profession may question if the periodic unpleasant odors (influences) of non-pharmacists impacting pharmacy professional practice models are merely innocuous encounters on the path of the pharmacy profession’s evolution. Is it better to maintain calm within the professional environment and continue reaping financial gains as long as it is feasible to do so or is it better to announce that a profession emergency is imminent, break the glass, sound (cont'd)
the alarm, and take measures to ensure long term viability of the pharmacy profession realizing that financial gains may be tempered during this transition of pharmacy to a truly clinical profession that provides unique medication functions?

**Having the courage to break the glass and sound the alarm**

Is there courage within the pharmacy profession to break the glass and sound the alarm that a pharmacy profession emergency is imminent? Who will break the glass? Will the glass breaker be a lone staff pharmacist primarily involved with distribution functions, a pharmacy manager, a pharmacy academician, a pharmacist whose practice is largely dictated by non-pharmacists, or a pharmacist who desires to see pharmacists practicing as clinical pharmacist specialists providing unique functions to meet the medication needs of patients?

What is the potential negative fallout to the person(s) who break the glass and proclaim a profession emergency exists? Will they be viewed as an inappropriate disrupter(s) for not promoting the status quo? Will they be perceived as fearmongers or malcontents by those who do not recognize the smoldering environment and prefer the current comfortable environment? Will the glass breakers be recognized as individual pragmatists but without a significant cohort of followers who will act in an impactful way once the glass is broken and the alarm sounded with the result being nothing of impact will occur and the fire will likely ravage the pharmacy profession?

**Responses to the emergency alarm**

The combustible fragments of the profession’s environment will be addressed once the glass is broken and the alarm is sounded. A common vision statement for the profession centered on the medication needs of patients will be established to set the foundation for pharmacists to speak in one voice.

A consensus statement, with a corresponding action plan, stating that pharmacists will function as clinical pharmacist specialists who will provide unique functions to meet the unmet and currently met medication needs patients will be developed. Pharmacist provided functions will routinely include return on investment and calculated value analysis upon initiation and periodically thereafter.

Pharmacists will divest themselves of pharmacy operations functions in order to assume the role of clinical pharmacist specialists. Pharmacy operations functions will be performed and managed by academically educated and degreed pharmacy technicians / pharmacy technologists who will work collaboratively with pharmacists to meet the medication needs of patients and caregivers.

The pharmacy profession will view and use artificial intelligence, machine learning, robotics, automation, and technology applications as tools to optimize therapeutically appropriate, safe, and regulatory / accreditation compliant medication use by patients rather than perceive these tools as potential threats to the employment of pharmacists.

**A crucial decision is upon us**

One of two scenarios will determine the destiny of the pharmacy profession.

Scenario one is no one breaks the glass and sounds pharmacy profession alarm. The course of the profession will be determined primarily by non-pharmacists. The profession will erode to a financial support service of corporations for revenue generation / cost containment via product acquisition and distribution methodologies. Pharmacy clinical functions will be minimal and ultimately will be supplanted by technology applications and/or lower cost caregivers.

Scenario two is a courageous individual(s) will break the glass and sound the profession alarm. The pharmacy profession will refocus to a patient centered profession with a common vision to meet patient medication needs. The pharmacist (aka clinical pharmacist specialist) will provide unique functions to meet patient currently met and unmet medication needs. Pharmacy operations will be performed and managed by individuals (pharmacy technicians / pharmacy technologists) who are academically educated and degreed and will be working collaboratively with pharmacists to meet the medication needs of patients and caregivers.

A professional fire is smoldering. The glass must be broken, the alarm sounded, and the fire extinguished. Otherwise, the fire will rage and the profession of pharmacy will become a mound of historical ashes instead of a flourishing profession consisting of clinical pharmacist specialists who provide unique functions to meet the medication needs of patients. IN
Indiana Academy of Community Pharmacists

THE VALUE OF IPA MEMBERSHIP

“The Indiana Academy of Community Pharmacists has had a busy first half of 2019. The academy has begun holding monthly conference calls to discuss methods to enrich the pharmacist pool and the value of membership in IPA. We developed a flyer expanding on the benefits of IPA membership which was disseminated to pharmacists across the state. We have been planning regional events to engage current and prospective members across the state in valuable discussion. The passing of SB 176, HB 1246 and HB 1248 provide great, positive advancements for community pharmacy practice and were supported by a number of IACP members.

The second half of 2019 has more in store, as we pilot a new Community Pharmacy Workshop at Purdue University in an attempt to connect current and future pharmacists with important members of the community pharmacy landscape in Indiana. We will conduct résumé and CV reviews, information panels, and various other networking opportunities to provide students and pharmacists with the best chance to succeed. We will also be looking forward to the 2020 legislative session, with a focus on payment for cognitive services, expanding state protocols to allow pharmacists to better serve our patients, and increased PBM regulation. “Help us drive the profession of pharmacy forward!”

RYAN ADES, PharmD
IACP President

Indiana Academy of Non-Traditional Pharmacists

MEETING THE NEEDS OF EVERY PHARMACIST

The Indiana Academy of Non-Traditional Pharmacists (IANTP) is the professional hub for pharmacists, student pharmacists, and pharmacy technicians practicing - or intending to practice - outside of traditional community and health-system settings.

Our Mission is:
- To provide support for pharmacists, student pharmacists, and pharmacy technicians practicing in non-traditional settings
- To provide education and career development resources to the next generation of non-traditional practitioners
- To support the mission and goals of the Indiana Pharmacists Association

Our Vision:
- To increase awareness of the opportunities in non-traditional pharmacy settings and to continue to grow the academy for future sustainability

If you are currently a member of IPA and feel that you identify with a non-traditional pharmacist career, I encourage you to choose IANTP as your primary academy. Whether you are new to this academy, or have been here since IANTP’s inception in 2017, please know that we are looking to shine the spotlight on your career, hear your perspective, and provide you with opportunities to gain and share new professional development opportunities.

As an academy of “non-traditional” pharmacists, we have members in a variety of careers across the pharmacy spectrum, with unique professional needs. This was further affirmed by the responses to a recent survey we disseminated to help us better understand where our academy members work, their passions, and what they would like to gain from being an IANTP member. In response, IANTP plans to work with IPA’s education council to ensure the inclusion of continuing education on suggested topics such as entrepreneurship, new drug approvals, and public health initiatives at IPA educational events.

If you have ideas on how to help us achieve our mission and vision, please feel free to contact me at angela.skaff@lilly.com.

ANGELA SKAFF, PharmD
IANTP President
Academies Message

Indiana Society of Health-Systems Pharmacy

ADVANCING PHARMACY IN INDIANA... TOGETHER

It’s hard to open a hospital pharmacy journal these days in which the journal isn’t filled with ambulatory opportunities such as infusion centers, specialty pharmacy, or pharmacists working in physician’s offices. Many of our Indiana hospitals have jumped right in, touting the wave of the future for pharmacy with positive profit margins, practice advancement, and great quality metrics. For others that have just dipped a toe into the ambulatory waters, the fully submerged organizations are role models for benchmarks and justifications.

Ambulatory practices are one of many great pharmacy opportunities showing growth across the state and is one area where ISHP strives to help connect pharmacists and technicians. Additionally, ISHP put a strategic plan together to develop six focused subcommittees: website, communication, awards/recognition, membership, technicians, and networking. Our networking subcommittee is working on developing quarterly networking calls amongst our members, focusing on areas such as Ambulatory Practice and Director of Pharmacy opportunities.

ISHP sent out a survey to our members last month to ask for participation on these subcommittees and got several responses, but we need more! We ask each of you to help us be an innovative, leading state affiliate and a driving force behind pharmacy practice model advancement and effective medication use across all Indiana health-systems. If you forgot to fill out the survey or filled it out and have some pharmacist or technician friends that would be interested in joining our cause, please reach out! We would love to connect you with an opportunity to be involved on a subcommittee and help advance pharmacy practice in Indiana. []

Indiana Academy of Independent Pharmacists

UNITED TO VOICE OUR INDEPENDENT CHOICE

It is exciting and impressive for independent pharmacies to have an academy inside IPA. The Indiana Academy of Independent Pharmacists (IAIP) was created in 2018 for Indiana’s independents to have more involvement and engagement within IPA. The IAIP board consists of the following pharmacists:

- President Ben Laney - Cloverdale Drugs
- President-Elect Leslie Davis - Davis Drugs
- Past President JD Faulkner - Williams Brothers
- Emily Ellis - Rushville Pharmacy
- Rachel Busch - DeVille Pharmacies
- John Cowan - Cowan Drugs
- Eric Garst - Garst RX
- Trevor Thain - Topeka Pharmacy
- Emily Wichman - Williams Brothers

This year our academy is working on increasing the awareness of IAIP and growing its membership. Additionally, we have begun engaging our current members to identify common areas of interest to collaborate on for the advancement of our practices. For a new academy, we already have strong representation in membership giving more than 100 pharmacists, techs, and students an academy inside IPA with which to identify. We look forward to growing this number and strengthening our relationship with IPA.

We choose to be independent so we can practice and engage our patients in the best manners we see fit and to expand upon our entrepreneurial spirit. The independent pharmacy arena certainly poses its own unique set of challenges, but at the end of the day, I wouldn’t want to practice any other way. The rewards of patient satisfaction, local community involvement, and ownership still outweigh the adversities.

I thank our current members for their involvement and encourage other independents to join. I also thank IPA for this opportunity of collaboration. I look for good things to come. [x]
Indiana Academy of Student Pharmacists

NEW BEGINNINGS:
Creating the Indiana Academy of Student Pharmacists

The past year has been a very exciting time for student pharmacists in Indiana. Until now, student membership has been largely ambiguous, and the value proposition of being an IPA student member was lacking. When presented with the idea of forming a student academy, the IPA Board of Directors was enthusiastic about expanding opportunities for our student pharmacists in hopes that engaged student members will become engaged pharmacist members in the future. With this support, the IPA Student Executive Committee got to work. This committee, comprised of two students from each College of Pharmacy in Indiana, serves as the voice of student pharmacists through IPA. As a committee, we brainstormed ideas to increase engagement, develop our brand, and make a lasting impact on both the state association and the profession as a whole.

We realized that students in IPA did not have a “home” in a practice Academy as our Community, Health-System, Independent, and Non-Traditional pharmacists do. This new Academy would serve as a hub for effective communication and idea sharing between individuals with similar interests, making the creation of the Indiana Academy of Student Pharmacists (IASP) a logical first step in connecting our student members and growing our reach. Following the creation of IASP, we implemented a variety of programs to benefit our members, including a mentorship program with practitioners, a biannual webinar series, and opportunities to volunteer within other existing IPA Academies and Councils. It is our hope that the IASP will continue to expand and develop its programming to allow for successful student engagement for many years to come! IN

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- Largest provider of outpatient telepsychiatry
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ANTHONY GIAZZON
IASP President
Butler Pharmacy Students Advancing Pharmacy Practice

In order to understand legislation affecting public health and pharmacy, Butler’s College of Pharmacy and Health Sciences faculty work with students to advocate on behalf of the profession through legislative, regulatory and public health policy efforts. Several students had the opportunity to speak to state and national legislators this spring about important issues facing their future careers.

HB1248 allows pharmacists to dispense up to a 30-day emergency refill for maintenance medications, prescribe certain medical devices and supplies, and adapt a prescription to meet a patient’s needs (such as changing from an oral to liquid formulation). It also modernizes physician assistant practice by removing burdensome restrictions on prescribing and supervisory practices.

“It is vital that students are involved in legislative activities, as this will dictate their future. Legislators are interested in the viewpoints of students. Students play an active role at the Statehouse by meeting with legislators and speaking as both a constituent and future healthcare professional. Regardless of where their interests in the pharmacy profession lie, students should engage their legislators in discussions about issues important to them. Students are the expert on the practice of pharmacy when meetings with legislators and can offer wonderful insights that can positively impact the healthcare of Hoosiers,” said Dr. Vernon.

Another Butler Pharmacy student, Laura Sosinski, traveled to Washington, D.C. to advocate for provider status with the National Association of Chain Drug Stores. Laura believes that provider status is important because some patients do not receive adequate healthcare in rural areas. She says that pharmacists are the most accessible healthcare providers, especially those in the community/retail settings.

Purdue College of Pharmacy Peer Mentoring Program

Nathan Doctor serves as a Mentor Supervisor for the newly founded Peer Mentoring Program under the direction of Mrs. Marie Martin-Murphy, Director of Diversity Initiatives for the College of Pharmacy. The program is a student-driven initiative designed to support incoming pre-pharmacy and pharmaceutical science undergraduates as they transition to life at Purdue. The program pairs first-year students with an upper-class mentor; these mentors meet weekly with the mentees to address a variety of concerns and to help develop an initial support system. Currently, 50 mentors and over 60 mentees participate.

Having a mentor at an important transitional stage in one’s life is often undervalued. A good mentor can be a trusted confidant, a first friend, and someone who can keep a first-year student accountable as they experience a newfound amount of freedom on campus. The program provides monthly training for both mentors and mentees, to address issues not often mentioned in class: time management, effective study habits, managing stress and mental wellbeing, developing cultural intelligence, and much more. In addition, social events are organized to form a larger sense of community, which is key for first-year students in a competitive learning environment.
In 2016, Manchester University recognized the acute need of education in the emerging field of pharmacogenomics (PGx) and responded by launching the nation’s first Master of Science in PGx Program at our Fort Wayne campus. In 2018, we launched the PGx Program online, focusing on enrolling working professionals. Later that year, in another first, we started a PharmD/MS in PGx dual degree program, which allows students to earn both degrees in the same four-year timeframe as if undertaking the PharmD program alone. This takes PGx education to a completely new level. Sixteen students are currently dually enrolled, and to date 17 rising P1 students have committed to entering the dual degree program in 2020. The experien-...
Documentation in the Modern World

The world continues to change and the way that we communicate with each other continues to evolve. This includes communication between you and your patients, and you and the prescribers. Pharmacists need to be able to sufficiently document their communications to support the actions taken in the care of their patients.

Early in my career, prescriptions were written on paper or called into the pharmacy. If clarification was needed after hours, it meant a call to the prescriber’s answering service. The response time was seldom fast. The next great improvement in communication was the introduction of pagers. The prescriber got a message to call the pharmacy directly, but didn’t know who the patient was or what the issue was. About this same time, faxing of prescriptions began to become more common. This included faxing refill requests to the prescriber’s office and the return fax of the authorization. This format created its own documentation. The next step forward was electronic transmission of prescriptions from the prescriber to the pharmacy. No paper copy is generated with this method, but significant electronic documentation is available.

In today’s world, the speed of communication in the 1980s seems like the Stone Age. And as the speed of communication has increased, keeping a record or documenting these communications is not at the forefront of most people’s minds. Communications happen in the now. Keeping them for the future doesn’t seem important. But it is important in professional communications. Texting patients and prescribers has become more prevalent as a fast and efficient means of communication. While nothing is ever truly deleted from cyberspace, trying to recover texts from two years ago should not be your documentation plan. Approach the documentation of texting as you would a phone call.

Documentation should be readily retrievable. In the past, documentation on the prescription itself was the favored location. That is still a good place for it, but we do not always have a paper prescription today. Computer systems have expanded documentation functionality today. You can also use a log book (paper or electronic) to document all communications. Documentation for texts is analogous to that for phone calls. The typical entry for a phone call includes date, time, person talked to, the question at hand, and the resolution. Documentation created out of a pattern of consistent behavior is every bit as admissible as a document itself. Documentation of texts should include date, time, the number texted, the question, and the resolution.

Pharmacists should also take HIPAA into consideration when using texts to communicate about prescriptions. What protected health information (PHI), if any, is being transmitted? If PHI is being transmitted, is the PHI protected from disclosure? The pharmacist should be careful that the correct phone number is used for this type of communication. If the pharmacist is using their personal phone for such communications, is the information protected so that family members don’t accidentally have access to the PHI? This is another good reason to not let your children play with your phone.

In the fast pace of today’s world, documenting texts can be forgotten, but it is as important as documenting phone calls. Most pharmacists have developed a habit for documenting phone calls. This habit needs to be expanded to include the information that is being communicated by text. While those with Luddite tendencies might say that it would be better to eliminate the use of texting in this situation, I doubt that we will be able to stem the tide. Texting is becoming the preferred method of communication with many people. Proper documentation of those transactions is essential to complete your patient care records.
TRADITIONAL VS. ROTH IRAS

Perhaps both traditional and Roth IRAs can play a part in your retirement plans.

IRAs can be an important tool in your retirement savings belt, and whichever you choose to open could have a significant impact on how those accounts might grow.

IRAs, or Individual Retirement Accounts, are investment vehicles used to help save money for retirement. There are two different types of IRAs: traditional and Roth. Traditional IRAs, created in 1974, are owned by roughly 35.1 million U.S. households. And Roth IRAs, created as part of the Taxpayer Relief Act in 1997, are owned by nearly 24.9 million households.¹

Both kinds of IRAs share many similarities, and yet, each is quite different. Let’s take a closer look.

Up to certain limits, traditional IRAs allow individuals to make tax-deductible contributions into the retirement account. Distributions from traditional IRAs are taxed as ordinary income, and if taken before age 59½, may be subject to a 10% federal income tax penalty. For individuals covered by a retirement plan at work, the deduction for a traditional IRA in 2019 has been phased out for incomes between $103,000 and $123,000 for married couples filing jointly and between $64,000 and $74,000 for single filers.²³

Also, within certain limits, individuals can make contributions to a Roth IRA with after-tax dollars. To qualify for a tax-free and penalty-free withdrawal of earnings, Roth IRA distributions must meet a five-year holding requirement and occur after age 59½. Like a traditional IRA, contributions to a Roth IRA are limited based on income. For 2019, contributions to a Roth IRA are phased out between $193,000 and $203,000 for married couples filing jointly and between $122,000 and $137,000 for single filers.²³

In addition to contribution and distribution rules, there are limits on how much can be contributed to either IRA. In fact, these limits apply to any combination of IRAs; that is, workers cannot put more than $6,000 per year into their Roth and traditional IRAs combined. So, if a worker contributed $3,500 in a given year into a traditional IRA, contributions to a Roth IRA would be limited to $2,500 in that same year.⁴

Individuals who reach age 50 or older by the end of the tax year can qualify for annual “catch-up” contributions of up to $1,000. So, for these IRA owners, the 2019 IRA contribution limit is $7,000.⁴

If you meet the income requirements, both traditional and Roth IRAs can play a part in your retirement plans. And once you’ve figured out which will work better for you, only one task remains: opening an account.

CITATIONS.

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com. Registered Representative of and securities and investment advisory services offered through Berthel Fisher & Company Financial Services, Inc. Member FINRA/SIPC. PRISM Wealth Advisors LLC is independent of Berthel Fisher & Company Financial Services Inc.
The 2019 Indiana General Assembly was an exciting and challenging session; over 1,300 bills were initially filed, but only 293 were successfully passed. The Indiana Pharmacists Association, through the work of the Indiana Legislative and Regulatory Council and our incredibly engaged members, championed several bills during this session. Three bills were triumphant: SB176, HB1246, and HB1248.

HB1246 covered a myriad of topics: epinephrine and glucagon dispensing, remote dispensing facility (telepharmacy) requirements, charitable organization drug transfers, prior authorizations, and gabapentin. Beginning January 1st, 2020, pharmacies must dispense epinephrine and glucagon products that have an expiration date that is at least 12 months beyond the date dispensed, unless the patient consents to receive a shorter dated product. The verbiage surrounding audio communication in a remote dispensing facility was changed from constant to “as needed”. The Board of Pharmacy is charged with developing continuing education requirements for technicians who work in remote dispensing facilities. Charitable organizations may transfer medications to a nonprofit affiliate or a nonaffiliated entity. Health plans must provide alternatives for medications that are not covered or preferred by the plan. Gabapentin will be considered a “controlled substance” for the sole purpose of tracking through INSPECT. Gabapentin has not become a controlled substance in the state; only in the eyes in INSPECT.

(continues)
HB1248 expands the duties and roles of a pharmacist and went into effect July 1st. Patients may be given up to a 30-day supply of a maintenance medication in a six-month period. If the last prescription was written for less than 30 days, the pharmacist can only provide the prescribed quantity. Pharmacists may also adapt prescriptions, except for compounded items, biologics, or controlled substances. Documentation must occur that the prescription was adapted. Permitted adaptations include:

- Changing quantity: permitted if the prescribed quantity is not available, the quantity needs to be updated due to dosage form change, or the change in quantity reflects the intended days’ supply
- Changing dosage form: permitted if it is in the best interest of the patient and the directions are adjusted to ensure the prescribed dosage of medication is dispensed
- Completing missing information: permitted if enough information exists to support the change
- Extending the quantity of a maintenance medication for a limited quantity in order to coordinate refill synchronization

Additionally, HB1248 permits pharmacists to prescribe spacers, nebulizers, diabetes supplies, syringes, and supplies for medical devices (e.g. CPAP components, insulin pump supplies). To prescribe supplies and devices, a pharmacist should obtain their own NPI number. The patient must be provided a notice that states the patient may be ineligible for reimbursement for the device or supply. It must be signed by the patient and kept on file for seven years.

SB176 requires all controlled substances to be prescribed electronically after December 31, 2020. Additionally, this bill requires pharmacists to transfer unfilled prescriptions at the request of the patient, unless prohibited by the prescriber in writing or by federal law.

Representative Steve Davisson and Senator Ron Grooms were outstanding champions of these bills. Lobbyists Russ Stults, Jessaca Stults, and Bill Keown, provided expertise that was instrumental in advancing our legislative agenda.

The IPA Legislative and Regulatory Council’s quest to ensure patients receive access to pharmacist services continues. The Council strives for payment for pharmacist services, immunization and tobacco cessation statewide protocols, and pharmacy benefit manager reform. We welcome ideas and input from IPA members. Please contact Veronica Vernon at vvernon@butler.edu if you are interested in being involved in future efforts or have ideas for future legislation.

As advocacy never ends, we look forward to continue preparations for the 2020 Indiana General Assembly!
Carol Dunham Retires from IPA After 29 Years of Service

The Indiana Pharmacists Association is proud to recognize Carol Dunham for her loyal service to Indiana Pharmacy. Carol started her IPA career in 1990 and served in various roles. In recent years, Carol has been our Meetings and PRN Manager. Carol is most proud of the pharmacists and student pharmacists that she helped in their fight with drugs or alcohol in the PRN Program, and the network of pharmacy friends she developed over the years.

IPA has been a big part of Carol and Frank Dunham’s lives as their children worked in the IPA office in their teen years and Frank has been a continuous supporter at IPA Conventions and events. Carol is looking forward to the next chapter of her life with Frank and their family as they travel and continue to raise their growing family. Carol won the IPA President’s Award for her continuous service to the Indiana Pharmacists Association at our 2018 Convention. Cheers to our friend Carol Dunham, but we will miss working with her every day.

Friends may contact Carol at CSDunham@sbcglobal.net

INDIANA PHARMACISTS MORTAR AND PESTLE CLUB
Quarter 1-2, 2019 Contributions = $13,030

The Indiana Pharmacists Association Mortar and Pestle Club recognizes those individuals and organizations that have contributed to our Pharmacists Education Foundation and the Indiana Pharmacists Association. The Foundation supports the advancement of the profession of pharmacy and provides McSoley scholarships to future Butler, Purdue and Manchester pharmacy students, while IPA contributions support our modern website and technology upgrades.

Those who achieve a contributor level of bronze or above will be recognized in our IPA website, INTouch e-News, Indiana Pharmacists Journal and at our Awards Luncheon at our IPA Convention and Expo-sition. Gifts and donations to the Foundation are tax-deductable.

Donations are made at IndianaPharmacists.org

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