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The Official Publication
Of The Florida
Pharmacy Association

PHARMACY TODAY

OCT. 2008



**So You Want Your Own
MTM Practice?**

THE PLAN

PHARMACY in BONDAGE

(A New Book)



DR. PATRICK OJO

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1 " "	11 " "	Optometrist	" " "
1 " "	17 " "	Dentist	" " "
1 " "	33 " "	Other branches(Med)	(With residency)
1 " "	17 " "	Clinical Pharmacist	" " "
4 7 " "	10 " "	do not qualify	

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PABULUM

- * Is dispensing so great that pharmacists forgot they went to school like every other professional? Which school of pharmacy teaches count and pour?
- * If a dentist who does not know how penicillin kills bacteria can prescribe any drug from Pen VK to Percocet/Oxycontin, a pharmacist who knows and learns everything about the drug should be allowed to control his destiny.
- * If a veterinarian who does not know how Xanax works to control animal anxiety can prescribe any drug from Ansool to Percocet/Oxycontin, a pharmacist who studied the drug should be allowed to be the master of his fate.
- * If an optometrist who does not know how Cosopt works to control eye pressure/glaucoma can prescribe any drug from Ciloxan to Diamox, a pharmacist who is versed about the drug should be allowed to champion his course/purisdiction.
- * If in the whole of their school life, maximum drug/pharmacy courses of 11 for nurse practitioner and 2 for physician assistant make them prescribe most drugs then 42 should make pharmacist drug specialist according to specialization protocol.

The President, Vice President, all Senators, Congressmen and women have a copy of the book. Pharmacy is tired of being a medical and political football, played and won by those who know how to dribble and win the game in medicine.

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FPA Calendar

2008-2009

OCTOBER

18-19 FPA MIDYEAR CLINICAL CONFERENCE
Sheraton Orlando North

NOVEMBER

7 COPD HEALTH CARE SUMMIT
Orlando

8-9 FPA COMMITTEE AND COUNCIL MEETINGS HILTON ORLANDO NORTH
Altamonte Springs

11 VETERAN'S DAY -
FPA OFFICE CLOSED

19-22 ASCP ANNUAL MEETING
New Orleans, Louisiana

27-28 THANKSGIVING HOLIDAY -
FPA OFFICE CLOSED

DECEMBER

6 WHOLESALER EDUCATION CONFERENCE - AT THE HYATT AT SARASOTA BAY
Sarasota, Florida

6-7 LAW AND REGULATORY CONFERENCE, HYATT AT SARASOTA BAY
Sarasota, Florida

9-10 FLORIDA BOARD OF PHARMACY MEETING
Fort Lauderdale

24-3 CHRISTMAS HOLIDAY -
FPA OFFICE CLOSED

JANUARY

1 NEW YEAR'S DAY -
FPA OFFICE CLOSED

19 MARTIN LUTHER KING'S BIRTHDAY -
FPA OFFICE CLOSED

31 LAST DAY TO SUBMIT ELECTION BALLOTS

31-2/1 FPA LAW CONFERENCE
Sandestin, Florida

FEBRUARY

9-10 BOARD OF PHARMACY MEETING
Jacksonville

MARCH

3 LEGISLATIVE SESSION BEGINS

15 DEADLINE TO SUBMIT RESOLUTIONS

18 FLORIDA PHARMACY HEALTH FAIR
Florida Capitol - Tallahassee

For a complete calendar of events go to www.pharmview.com

CE CREDITS (CE cycle)

The Florida Board of Pharmacy requires 10 hours LIVE Continuing Education as part of the required 30 hours general education needed every license renewal period.

Pharmacists should have satisfied all continuing education requirements for this biennial period by September 30, 2009 or prior to licensure renewal.

*For Pharmacy Technician Certification Board Application, Exam Information and Study materials, please contact Ranada Simmons in the FPA office.

For More Information on CE Programs or Events:

Contact the Florida Pharmacy Association at (850) 222-2400 or visit our Web site at www.pharmview.com

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If expert assistance or legal advice is required, the services of a competent professional should be sought. The use of all medications or other pharmaceutical products should be used according to the recommendations of the manufacturers. Information provided by the maker of the product should always be consulted before use.

Mission Statements:

of the Florida
Pharmacy Today
Journal

The *Florida Pharmacy Today Journal* is a peer reviewed journal which serves as a medium through which the Florida Pharmacy Association can communicate with the profession on advances in the sciences of pharmacy, socio-economic issues bearing on pharmacy and newsworthy items of interest to the profession. As a self-supported journal, it solicits and accepts advertising congruent with its expressed mission.

of the Florida
Pharmacy Today Board
of Directors

The mission of the *Florida Pharmacy Today* Board of Directors is to serve in an advisory capacity to the managing editor and executive editor of the *Florida Pharmacy Today Journal* in the establishment and interpretation of the *Journal's* policies and the management of the *Journal's* fiscal responsibilities. The Board of Directors also serves to motivate the Florida Pharmacy Association members to secure appropriate advertising to assist the *Journal* in its goal of self-support.

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The President's Viewpoint

BY JOY J. MARCUS
GUEST COLUMNIST

Supporting PACCE is Supporting Profession of Pharmacy

Your PACCE funds, members, and officers have been hard at work for you and our profession by supporting legislative candidates and pharmacy's legislative efforts. Now your PACCE needs your help and support.

Your membership dollars have a direct impact on candidates and elected officials who represent you and make decisions affecting the future of our profession. Your dollars help to build bridges to those who have demonstrated a strong support and commitment to pharmacy issues. Contributions to the PACCE is a means for us to "pool" our resources and have a stronger impact on those candidates who have or will have an understanding of what's best for the practice of pharmacy and our parts in the chain of patient care.

There are a number of ways to contribute to the PACCE. Contributions can be included and earmarked as such upon membership renewal to the Florida Pharmacy Association, by mail, and the newest of ways is by a newly developed Web site.

An ad-hoc committee was formed at the PACCE meeting during the last annual FPA Convention for the purpose of developing a program to allow individuals in an ongoing and consistent manner. The chair, Theresa Tolle, and her committee "ran" with the idea of "A latte a day" for your profession. A system has been developed to do so. A latte a day runs close to \$3, a cup a day for a month is about \$90, daily for one year is about \$1080 (Capital Membership).

You will soon begin to see and receive a flier explaining the program and the where and how to contribute

through the new Web site. The program will allow members to have an auto-contribution placed on their credit card each month.

Contribution levels are as follows:
Active Membership \$50
Contributing Membership \$100
Sustaining Membership \$250
Chamber Membership \$500
Capital Membership \$1000

Contributions to the PACCE is a means for us to "pool" our resources and have a stronger impact on those candidates who have or will have an understanding of what's best for the practice of pharmacy and our parts in the chain of patient care.

If you chose to contribute via mail, please make out your check to the FP-PACCE and send your contribution to P.O. Box 1575, Tallahassee, Fl. 32302.

The PACCE strives to promote an understanding of government and its actions while encouraging membership to be active, to take action and to participate in the process of government. The PACCE is a voluntary nonprofit committee of pharmacists and friends whose purpose is to promote the betterment of governmental policy deci-



Joy J. Marcus, PACCE Chairperson

sion making that affects the practice and business of pharmacy.

Thanks for the time and efforts of committee officers Joy J. Marcus – chairperson, Nick Generalovich – vice chair, Josh Fields – secretary/treasurer, and board members Tom Cuomo, Mark Hobbs, Valerie Ingoldsby, Theresa Tolle, and Alex Pytlarz.

The future is yours to make, especially in this year of elections. Your support and contributions are an investment into that future, not an expense. Thank you for your time and support. ■

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Alaska



Mary Brumand
Arizona



Doshia F. Cummins
Arkansas



Peter C. Caldwell
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Angelo De Fazio
Connecticut



Yvonne Brown
Delaware



Sahr L. Bockkai
District of Columbia



J. Myrle Henry
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Richard B. Smith
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Wyeth Pharmaceuticals, Philadelphia, Pennsylvania

*2007 recipient awarded in 2008

Executive Insight

BY MICHAEL JACKSON, FPA EXECUTIVE VICE PRESIDENT AND CEO

FPA is On the Move Again

This fall, the Florida Pharmacy Association has been more active in projects and programs than at any other time we can recall. We all thought that after a great convention this summer and the exciting educational programs offered at the Southeastern Gatherin' as well as the consultant conference in Weston, Florida, that we could settle back into the providing of member services. Well, over the past few months we had an opportunity to attend the National Association of Boards of Pharmacy District 3 meeting in Sandestin, as well as our leadership council meetings in Orlando. We also facilitated an educational program for the newly formed Gulf Coast Pharmacists Association as well as installed their new officers.

Florida, unlike many states, has a very diverse population. This is no exception for the provider community. On several occasions, we presented programs to the Cuban American Pharmacists Association in Exile. This year, the Florida Pharmacy Association worked in cooperation with the Nigerian Pharmacists Association on a conference as well as a planned program with the Vietnamese Association of Physicians, Dentists and Pharmacists of Florida. We also meet frequently with the leadership of the Florida Society of Health-System Pharmacists on various practice issues, and as you may be aware, worked jointly on the final passage of the technician registration legislation.

There has been extensive dialog with the Florida Medical Association, Florida Osteopathic Medical Association and the Florida Dental Association. We were asked to submit two articles to the Florida Dental Association for publication. One was entitled "Why Do Phar-

macists Call Dentists?" This article detailed the various issues surrounding the need to contact a prescribing dentist on issues related to PBM formularies. You would be surprised to know how little prescribing practitioners know why these telephone calls are necessary when a prescribed drug is not covered under a benefit plan. The second article was related to the growing

By engaging in dialog with the members of the medical associations, our mission has been to clarify our role within the health care community.

trends toward electronic prescribing and the benefits and challenges facing the health care provider community.

All of the above efforts are designed to bridge the huge gap of understanding from among the provider community within our state. Over the years, the pharmacy and physician communities have been at odds over scope-of-practice issues. The practice of pharmacy, through the advanced training available through our pharmacy schools and the growth of pharmacist-based medication therapy management ser-



Michael Jackson

vices, immunization services and disease management, has made our physician colleagues anxious.

By engaging in dialog with the members of the medical associations, our mission has been to clarify our role within the health care community. We actually have much more in common than is realized. The medical community is challenged with reimbursement issues much like pharmacy. It is clear to us that collaborative efforts to educate policymakers on liability, reimbursement, funding of health provider education and patient adherence programs is much more beneficial than warring over scope-of-practice matters.

Did I mention that we were on the move? The FPA now has a seat on the Florida Health Information Security and Privacy Project. Our participation in this project is designed to assist in the preparation of a comprehensive implementation plan for protecting the confidentiality of electronic health records through the development of the Florida Health Information Network (FHIN). The implementation plan en-

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visions the creation of a more efficient, and effective, health care delivery system that provides patients and clinicians with immediate access to electronic health records through a privacy-protected and secure system of health information networks. More information on this project can be found at <http://www.fdhc.state.fl.us/dhit/PandSproject/PSprojectIndex.shtml>.

Did I mention that we are on the move? The Florida Pharmacy Association also has been placed on the Florida Biomedical Pharmacy Technical Advisory Committee to help advise the state of Florida on the proper disposal of pharmacy waste. In a recent meeting, discussions included the presence of pharmacy waste appearing in ground water due to flushing and improper disposal. The Department of Health has a publication that is available for download to assist members with this issue. It can be obtained at http://www.dep.state.fl.us/waste/quick_topics/publications/shw/hazardous/Hazardous-WasteManagementforPharmacies.pdf.

Did I mention that we are on the move? We have been working with the American Pharmacists Association as a member of their Governmental Affairs Council. The Council is designed to assist APhA in implementing their advocacy program. We are at the table when APhA discusses issues of national interest to pharmacy such as pharmacy compounding.

We also have been working with the Florida Board of Pharmacy Tripartite Continuing Education Committee, the National Community Pharmacists Association on congressional district pharmacy visits as well as the National Alliance of State Pharmacy Association's (NASPA) efforts to become a Patient Safety Organization (PSO). The Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services (HHS) has been soliciting proposals from qualified organizations to award a multi-year contract to establish a resource to receive non-identifiable patient safety event information, analyze and report this information, and develop an interactive resource that can be used to improve patient safety. It is critical that

our profession have in place a pharmacy-based program to study patient safety.

Specific objectives of this contract are to:

1. Establish the Network of Patient Safety Databases;
2. Receive non-identifiable information on patient safety events;
3. Analyze and report on patient safety events;
4. Develop interactive evidence-based patient safety resource; and
5. Provide technical assistance to PSOs (Optional).

The Florida Pharmacy Association is an active member of NASPA and has relied on its resources to provide member services.

The Association also has released version 3 of its Web site -- Pharmview.com. This site is filled with the latest Web publishing technology designed to give our members a more stimulating experience. Each day we are discovering new tools available to share information with our members. Of course, with all new technology there are speed bumps along the way. In time, we will learn to master the publishing system and use the new site's tools to meet the information needs of our members.

The above is only a brief outline of the many projects underway. FPA staff and leadership also have been working to plan for our upcoming educational conferences and programs for 2009. As we post this issue online, we would have completed our Midyear Clinical conference in Orlando and are preparing for our first law conference since the close of the 2008 legislative session. You may not want to miss this program, as there have been a rather large number of statutory and rule changes affecting pharmacy since we last met. ■

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— Bill Mincy, RPh
DIRECTOR OF BUSINESS DEVELOPMENT
PHARMACY PROVIDER SERVICES CORPORATION

So You Want Your Own MTM Practice?

The Plan

Note from the Executive Editor: Medication therapy management services (MTMS) by licensed pharmacists are the most efficient way of intervening on clinical issues that could create medical problems in patients. Pharmacists are uniquely qualified to provide these services. The practice of the profession of pharmacy in Florida is defined in the following way:

465.003 (13) "Practice of the profession of pharmacy" includes compounding, dispensing, and consulting concerning contents, therapeutic values, and uses of any medicinal drug; consulting concerning therapeutic values and interactions of patent or proprietary preparations, whether pursuant to prescriptions or in the absence and entirely independent of such prescriptions or orders; and other pharmaceutical services.

*Of interest to the members is that the practice act and rules have extensive language defining pharmacy permits where the practice of the profession of pharmacy can be found. The FPA is unable to determine if our profession enjoys the same "medical bag" privileges of the other licensed health care providers such as medical doctors and osteopathic physicians. It is clear to us that MTMS is essential and that pharmacists can make a difference in underserved communities in rural and intercity areas. We believe that pharmacists should be allowed to do things such as home care site visits and off-site medication reviews. We cannot determine if such services can be totally unhooked from a pharmacy permit in Florida as the Department of Health may ask, whether such practices by an MTM pharmacist can be inspected and whether or not proper notices can be issued to a pharmacist provider working outside of a pharmacy permit.**

Practice Types

The definition of MTMS is "a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management Services are *independent* of, but can occur in conjunction with, the provision of a medication product." Therefore, true MTMS is provided as separate and distinct consultative service. Doing so supports the prime objective of panoramic med reviews inclusive of all prescriptions regardless of source, OTCs, vitamins and herbals, and even recreational substances.

You will likely find yourself in one of these three types of MTM practice settings:

- Sideline MTM practice
- Practice within existing pharmacy (out-patient/retail or in-patient/continuity of care)
- Fully independent practice

Business Plan Essentials

1. Mission Statement

The best mission statements are brief and mantra-like. One of these may inspire you in creating yours: "Too many medicines, too many places – pharmacist information helps;" "manage meds to improve life;" "managing medication risks by dedicating formal services to patients;" and my favorite "Pill Help."

This could be expanded to read something like this. "My medication therapy management service company wants consumers to become more successful patients and/or caregivers. Success means to use fewer medications including over-the-counter products and herbals, to experience fewer adverse events, and to improve quality of life and sense of well-being."

If venture capital or other financing is desired, expanding the description of medication therapy management with examples, documentation of value, and your expected impact on that market will be necessary. The mission statement may be expanded to address the following issues.

- o Fee structure strategy
 - o Market analysis
 - o Industry analysis, including competitive forces
 - o Keys to success
- 'Keys to Success' can be unique to your ideas and goals. They could include a list similar to this:
- Financial plan
 - Timeline (develop the flow chart in pencil – or don't be afraid of the delete/insert key). Timelines help to keep us focused. Having one is important. Adjusting it to reflect new information is necessary.



- Service rather than product
- Patient is the focus
- Physician support (Provide sample pharmacological opinions, or provide care for a couple of referrals at no charge. Then brainstorm the case with the physician.)
- Build relationships with patients and physicians
- Proper use of technology and software
- Documentation is an absolute must
- Timely follow-up and follow-through
- Anticipate challenges
- Diligent attention to your office practice

2. Financials

Financial spreadsheets are your business plan expressed in dollars. They include start-up expenses, ongoing fixed expenses; revenue anticipated (projection) then the actual revenue after launch. I have provided links to MS Excel Spreadsheets in ready-to-use form below. All you need to do is plug in your numbers and "save as" Scenario #1, then Scenario #2, etc.

Ready-to-use templates:

<https://www.pillhelpworks.com/share/MTMStartCosts.xls>

<https://www.pillhelpworks.com/share/MTMCaseProj.xls>

<https://www.pillhelpworks.com/share/MTMProjShort.xls>

	Total to be allocated	Yr 1	Yr 2	Yr 3	Yr 4
Total Start-Up Costs	100,000	1,471,729	22,272	22,272	22,272
Annual Projections					
Revenue		10,000	10,000	10,000	10,000
Expenses		10,000	8,000	8,000	8,000

3. Tax plan

If you are in business already and are exploring the possibility of adding a new revenue center to your business, this section will be second nature to you. If you are a pharmacist who is considering the creation of an income-enhancing business, an MTM consulting service, seek the advice of an accountant.

Here are some general numbers for your reference. An employed pharmacist will recover about 8% of their gross income in national income taxes by itemizing their tax return in the first year. There is a good likelihood that you will be able to quickly recover the costs of MTMS software, computer, phone, supplies, some marketing, and the fees charged by your accountant. Your tax savings the year following the inception of your MTMS practice will closely match your start-up costs. Therefore, Uncle Sam has provided your financing. You have created a rewarding and professionally satisfying new business at no cost.

4. Basic Office

Basic office expenses will cover physical space, MTMS software, computer, printer, fax machine, broadband, library, furniture, patient consultation folders, telephone, and miscellaneous items. As soon as your practice begins to take off, a

back-up computer and printer is recommended. My practice includes desktop computers and a laptop as backup. The laptop doubles as my teaching tool in patients' homes and for group settings.

An office outside the home may be advised. While my patients appreciate house calls, your market may present safety concerns. Therefore, you may wish to partner with family, friends or associates who might have space available to sublet. Some independent pharmacies have expressed a willingness to provide office space to independent MTM pharmacists.

5. Software

While many pharmacists are using paper systems to provide excellent MTMS, I am suggesting that their time could be more productively spent if they incorporated MTMS software and bookkeeping into their practices. The proper software also will facilitate documentation and retrieval whenever needed.

MTMS software standards should:

- o Support patient demographics
- o SOAP
- o Medication lists with custom notes options
- o Lab data
- o Templates
- o Consult guidance
- o Multi-level documentation (Care Plans, Open Letters, Faxes, E-mails, Progress Notes)
- o Automatic Archiving
- o Be fully HIPAA secure

Elegant software would:

- o Guide the pharmacist through the process of delivering care.
- o Include integral bookkeeping including credit card processing
- o Be easy to navigate
- o Easily assist pharmacist through the MTMS Core Standards of care
- o Accept custom templates
- o Be flexible, allowing pharmacist to practice a very narrow type of case management like HIV cases only, but also allow pharmacist to provide general practice consults
- o Be expandable – able to respond to evolution of MTM services and the pharmacists delivering the care
- o Include scheduler built in
- o Monitor time
- o Automate functionality whenever possible
- o Provide HCFA documentation and support, important when NOT accepting assignment. My patients have been 90% receptive to submitting the HCFA themselves and accepting whatever their insurance provider reimburses, including denial. Important note: Physicians have told me that once they see a pharmacist MTM consult they understand the value and are more likely to refer. I believe that once third-party providers

actually see what independent MTM pharmacists can do they will recognize the value and reimburse more willingly. We must present ourselves first. No one buys products or services blind. We must show what we can do first. Then the system may change.

- o Allow pharmacists to cover each other when needed without compromising security or the identification of the pharmacist provider (group practice)
- o Be easy to access from anywhere
- o Include professional pharmacists to brainstorm case-work
- o Provide marketing support and Web presence
- o Convenient tech support
- o Print out documents that make the pharmacist look good.

These attributes maximize productivity and stimulate referrals.

6. Marketing

The strength of MTMS marketing is linked to its strength as a clinical service: relationships. That is the key difference between MTMS and distribution activities that we have been providing since our inception. Traditionally, pharmacists have sold products and enhanced the transaction with service. MTMS sells service and refers the sale of product elsewhere – perhaps to the traditional pharmacy with which they are associated. In that way, MTMS clients can expect objective and panoramic reviews of all their medications regardless of type or source.

Marketing tools should include:

- o Business cards
- o Web site – having a Web presence greatly enhances the ability to quickly promote MTMS and generate referrals. This is particularly important when promoting to prescribers.

Marketing Examples:

From left to right: Examples of marketing materials and prescription pad



Examples:

Frontier Pharmacy Services, Inc.

<http://www.frontierpharmacyservices.com/> www.frontierpharmacyservices.com/ www.frontierpharmacyservices.com/

Explain My Meds.com: http://www.explainmymeds.com/Home_Page.html

Medication Management Center: <http://www.takefewerpills.com/home.dna>

Mirixa: <http://www.communitymtm.com/>

Medication Management Systems, Inc.: <http://www.medsmanagement.com/>

Clinical Pharmacology Services, Inc.: <http://www.cp-health.com/default.aspx>

- o Brochures (A sample is available at www.Pharmview.com)
- o Press release and networking with local media (see www.Pharmview.com for a sample press release). Press releases should be one page. The sample contains the vital elements. The reporter will follow up for details as they see fit.
- o Easy methods to refer by phone, fax, e-mail (HIPAA compliant), and prescription pads
- o Good looking packaging of your consult

7. Long-term plans

Long-term plans should include a spreadsheet of revenue projections. The advantage of using the Excel template linked with this article is that you can easily adjust the data as your projections are altered by reality. www.pharmview.com

MTMS pharmacists should model their actions to those of their lawyers, accountants and architects. They should engage in networking. Consumers need pharmacists. Pharmacists are the professionals charged with medication management and safety. It is time for us to evolve both in scope of



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Medication Review

- Assessment
- Assessment & Recommendations
- Assessment, Recommendations & Implementation
- Instruction / Education

Physician: _____

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care, and intra-professionally. Doing so will support our survival and enhance our effectiveness in our common goal - to serve and protect our friends and neighbors.

Key Variables Between Practice Types (see chart on next page)

The prime types of MTM practice settings are:

- o Sideline MTM practice
- o Practice within existing pharmacy (out-patient/retail or in-patient/continuity of care)
- o Fully independent practice

How to segue from Free to Fee in existing pharmacy

If you include ALL of these steps in your public relations to grow your new MTM practice within an existing pharmacy you will be surprised at your success. Here's the breakout marketing to-do list:

1. Complete your business plan.
2. Prepare your in-store brochures, signs, PR support outreach documents, physician intro faxes and detail packages, counter/sitting area information, and media advertising.
3. Test your practice and documentation tools.
4. Treat your staff to a special celebratory meeting; a pizza party, dinner out in local restaurant with meeting room, or any activity that will allow you to moderate a meeting with a reward for their time. The more this meeting is special, the more emphasis it places on your dedication to MTMS that you are introducing to them. They must understand the mission, buy into it, and get excited about it. This is a good time to remind you that the MTMS keystone is relationships. They begin here. Be sure to review all PR and marketing aids. It is essential that everyone understand how to use The Triage Tool (available at www.Pharmview.com) as a conversation starter. Field all of their questions.
5. Plan a free assessment program and link it to the Tri-

age process.

6. Decide on kick-off date and execute ad campaign.
7. Prep the store
8. Invite the media to view your new office as part of the opening day celebration. A reporter might act as the Test Patient using the script that you have prepared to test your systems earlier.
9. Repeat. Yes, repeat all of the steps with regularity. They all benefit your business with refinement. This ninth step will be easier than it sounds.

In summary, transitioning customers from simply expecting OBRA consulting for free to full MTMS for a fee requires use all five steps:

- Business Plan
- Documentation Implementation
- Staff Enlistment
- Marketing (in store, to prescribers, and with media)
- Provide Care

I have gotten into the habit of sending a thank-you note for every payment made to my MTM practice. Recently, I decided to bundle it with their first outcomes survey. (A sample is available at www.Pharmview.com)

Fees

You are referred to:

Joan DaVanzo, Ph.D., M.S.W., Allen Dobson, Ph.D., Lane Koenig, Ph.D., Robert Book, Ph.D., Lewin Report, Prepared for: American Pharmacists Association, May 17, 2005 http://www.pharmacist.com/AM/Template.cfm?Section=MTM_New_to_You_&Template=/CM/ContentDisplay.cfm&ContentID=13633



Sample photos for marketing materials.

Key Variables Between Practice Types

Type	Sideline MTM practice	Annexed to existing pharmacy	Independent: Part-Time or Full-Time
Similarities	<ol style="list-style-type: none"> 1. MTMS Core standards: separate from dispensing, includes review of all meds regardless of kind or source, documentation, retrieval and follow-up 2. High level of patient satisfaction 3. Strong prescriber acceptance and support, when done formally and with attention to relationships 4. Interaction with patients, practitioners and colleagues enriches professional acumen 5. Excellent source of new revenue 6. While participation in PBM-driven initiatives is one way to provide MTMS, independent practice with professional hourly fee driven by consumers achieves more powerful outcomes 7. Can accept cases from any state with which you are licensed. Those other licenses no longer have to be dormant 8. Tax advantages 		
Differences	<ul style="list-style-type: none"> o Current traditional employer should be informed and supportive. o Be sure to understand their ground rules. 	<ul style="list-style-type: none"> o Challenges arise to invite patients to share information about all meds from all sources. o Difficult to assign pharmacist to practice away from the bench (Remember revenue differential & use Triage Tool as inspiration and marketing aid to drive patients to your new MTM service.) o May want to partner with a pharmacist staffing company to dispense while you build the MTM business. Since the revenue generated by MTM is two to three times the bench pharmacist wage, the income potential justifies this option. o Inform and involve your current staff about MTM goals, implementation and making in-store referrals 	<ul style="list-style-type: none"> o Independent practice that you can call your own in every way o Flexible Scheduling
Advantages	Professional expression	Powerful cross referrals	<ul style="list-style-type: none"> o Enables professional activity from home o Revenue source for pharmacists whose lives do not fit traditional careers
Disadvantages	<ul style="list-style-type: none"> o Must follow employer guidelines o Negotiate and collaborate with employer to define those guidelines o I've experienced a wide variety of permissions 	Becoming convinced that the time and effort required to initiate MTM will be worth it, given how stressed you are currently. Current dispensing environment are PBM dependant and volume driven. Stress is at a peak. We feel like we are treading water with no land in sight. MTM is a lifeboat, but we have to decide to muster up the energy to hoist ourselves on board.	May need to find office space Consider sharing space with a professional friend who may have 10x10 space to sublet.

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Are you "In the Loop?"



Don't miss the next issue of the all-new StatNews, the FPA's official e-mail newsletter.

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StatNews is a member service of the Florida Pharmacy Association. For membership information, contact ggolden@pharmview.com or call 850-222-2400 and ask for Gillian.

FPA NEWS



Mitchel C. Rothholz (left) was awarded the 2008 Outstanding Pharmacy Alumnus Award from the University of Florida College of Pharmacy.

Rothholz Receives Prestigious Award from University of Florida College of Pharmacy

Mitchel C. Rothholz has received the 2008 Outstanding Pharmacy Alumnus Award from the University of Florida College of Pharmacy.

The college's most prestigious award, it is reserved for graduates whose lifetime accomplishments have truly been extraordinary, earning both state and national recogni-

tion for their achievements.

Rothholz is a pharmacist currently serving as Chief of Staff for the American Pharmacists Association (APhA). In his current position he is responsible for the strategic oversight of Association initiatives including implementation of APhA's strategic plan, evaluation and management of strategic alliances, establishment of Association policy and communications, and fostering collaborative partner-

ships within the Association as well as the external community.

He is a 1984 graduate of the University of Florida, College of Pharmacy, and has worked as an association executive for over 23 years. In 2005, he earned a master's in business administration, healthcare management, from Regis University. Before taking a position with APhA, he served as executive director of the Alabama Pharmacy Association (APA) from 1989 – 1994, and was the first pharmacist executive for that organization. Prior to his tenure in Alabama, he served on the staff of the Florida Pharmacy Association from 1984 – 1989.

Immunization Training

Ayala Fishel (FPA Board of Directors Region 9) and pharmacist Eduardo Jimenez in a training program to provide immunization services in South Florida.



The Florida Pharmacy Association 2008 Resolutions

Presented to the House of Delegates

It is an honor to serve as your Speaker of the House for the Florida Pharmacy Association. As Speaker, I want to provide you with a report on how your House of Delegates voted on the resolutions presented to it at the Convention in Orlando this past July. The delegates from each of the local unit associations did an outstanding job in representing you.

During the 2008 House of Delegates, we addressed eleven resolutions. Six of these resolutions were approved by the House of Delegates. Resolution #2 died on the agenda; Resolution #4 was withdrawn; and, Resolution #9 was not considered as the rules were not suspended. Resolution #8 was referred to the Public Affairs Council and Resolution #6 was referred to the Professional Affairs Council.

Be assured that your FPA and its councils will be working very hard to see that these resolutions are properly addressed. I will be updating you over the coming months. Please review these resolutions with your local units. Feel free to contact me with your concerns or recommendations that you may have. Remember that NOW is the time to start thinking of resolutions for the 2009 House of Delegates!

Thank you for allowing me this opportunity to serve you and the Florida Pharmacy Association. I urge all of you to become involved in your local unit associations and the Florida Pharmacy Associations, because we can make a difference! Now is the time to be an active member.

Professionally yours,
Suzanne Kelley
2009 Speaker of the House of Delegates

RESOLUTION #1

Consultant Pharmacist Recertification Continuing Education—Home Study

Alachua County Association of Pharmacists

Resolved, the FPA consider ways to increase the availability and variety of consultant pharmacist recertification home study programs by assigning these issues to the appropriate FPA committee for review.

Problem: The lack of availability and variety of home study opportunities for consultant pharmacist CE recertification.

Intent: The development of ways that are consistent with Florida Board of Pharmacy rules to provide more home study CE opportunities for consultant pharmacist recertification.

Contact:

William Garst

Wgarst1025@cox.net

386-462-0510 home

386-733-0430 work

Resolution Adopted

RESOLUTION #2

Permit Holder Accountability of Errors made in Unsafe Workload Environments

Alachua County Association of Pharmacists

Resolved, the FPA communicate to the Florida Board of Pharmacy that permit holders be disciplined to the same degree as the pharmacist who made an error, if made in a known unsafe workload environment.

Problem: Employee pharmacists do not determine their staffing levels.

They are sometimes placed in consistently unsafe working conditions because of high volume workload.

Intent: The intent of this resolution is to have management subject to discipline to the same extent as a pharmacist, in the event that the pharmacist made the error in a known consistent

environment of high volume workload that is considered unsafe.

Contact:

William Garst

Wgarst1025@cox.net

386-462-0510 home

386-733-0430 work

Motion to table to a time certain

Motion to table adopted

Resolution not removed from the table prior to the end of the meeting and dies on the agenda.

RESOLUTION #3

Workload Resolution- 2008

Alachua County Association of Pharmacists

Resolved, the FPA, in the interest of public safety, assign the issue of developing a reasonable definition of pharmacist safe and unsafe workload, to the appropriate FPA committee, and report back to the House of Delegates their findings.

Problem: There is no workload thresh-

old identified in Florida Pharmacy Rules that is deemed to be considered unsafe for public safety.

Intent: The assignment of this issue to the appropriate FPA committee for review and formulation of specific guidance for the Florida Board of Pharmacy.

Contact:

William Garst

Wgarst1025@cox.net

386-462-0510 home

386-733-0430 work

Motion to amend

Amendment passed

Resolution adopted as amended

RESOLUTION #4

To prohibit certain types of copy proof prescriptions

Interamerican Pharmacists Association **Resolved**, that the FPA seek legislation to prohibit the use of copy proof prescriptions that obliterate the doctor's written medicines and directions, when faxed or scanned, such as those that print VOID or ILLEGAL when copied.

Problem: More and more physicians are faxing copy proof prescriptions that become illegible when faxed. Also, the use these types of copy proof prescriptions when scanned in new pharmacy computer systems also become illegible.

Intent: To prohibit the use of these types of copy proof prescriptions, so that these patients can receive their medicines in a timely manner and not have to wait for the pharmacist to call the physician and get the obliterated information.

Contact:

Bert Martinez

305-322-9040

Withdrawn

RESOLUTION #5

EXTENDING THE INTERVAL BETWEEN PARTIAL FILLINGS OF A SCHEDULE II PRESCRIPTION FROM 3 DAYS TO 10 DAYS

Lake Sumter Pharmacy Association **RESOLVED**, that FPA move to have APhA move to have DEA amend its applicable regulation, 21 CFR

1306.13(a), to permit 240 hours, rather than 72 hours, between the initial and final partial fillings of a prescription for a medication listed in schedule II. **PROBLEM:** DEA Regulation 21 CFR 1306.13(a), issued in 1971 and reflecting the state of neurotherapeutics and the drug law enforcement framework of that time-period, prohibits a final partial filling of a schedule II prescription if it is not conducted within 72 hours of the initial partial filling. The inability of a pharmacy, for whatever reason, to meet the 3-day deadline inhibits or delays patient-access to the full amount of continuously needed, prescribed medication; may significantly inconvenience patients or their aides; and saddles both pharmacy and medical staffs with an avoidable strain on valued resources, such as time and labor, adding to unproductive workload. In a word, patient care suffers.

INTENT: To alleviate this problem by appropriate organizational and institutional means, leading ultimately to the amending of DEA Regulation 21 CFR 1306.21(a); to extend the legally permitted interval between partial fillings of a schedule II prescription from 72 hours to the more currently feasible 240 hours – from 3 days to 10 days.

Contact:

Alan S. Oberlender, RCPH

bowlofhygieia@aol.com

Resolution adopted

*US Department of Justice, Drug Enforcement Administration, Final Rule: Issuance of Multiple Prescriptions for Schedule II Controlled Substances, *72 Federal Register* 222 (19 November 2007): 64922-3.

RESOLUTION #6

Pharmacy Manager in Charge: Mandate rule changes for the State require to be on-site 24 hr per/week

Broward County Pharmacist Association

Resolved, that the Good Members of the FPA utilize its good offices to propose that the Florida Pharmacy Board promulgate rules which safeguard the public by having a Responsible party on premises for an average of 24 hrs per given week.

Intent: To protect the public from

non-pharmacist owners to influence the practice of pharmacy by placing a pharmacist on record without reviewing the day to day operations of Pharmacy Practice and its Rules and Statutes

Contact:

Daniel P. Sweet, RPh

786-423-6616

Proposed amendment offered

Amendment passed

Division of the House called

Amendment passes on standing count

Motion to refer to the Professional

Affairs Council

Motion to refer passed

THE FOLLOWING NEW BUSINESS ITEMS WERE SUBMITTED AFTER THE DEADLINE.

- Articles of New Business requires a suspension of the Rules by a 2/3 vote of the House
- Any delegation that brings an article of New Business before the House that is not included in this packet must supply a written copy to each delegation (page 3 of the House of delegates Bylaws)

Each of the resolutions reported as New Business Items had suspension of the Rules status by 2/3 vote of the House and written copies were provided to each delegation.

RESOLUTION #7

Repeal 40 hr Rule for Community Permit

Broward County Pharmacist Association

RESOLVED that the Florida Pharmacy Association use its good offices to act in repealing the 40 hr rule for Community Pharmacy Permit, withstanding that there is a pharmacy within 5 miles with extended hours or a 24 hr pharmacy within 2 miles.

Intent: With Pharmacy Practice evolving with more Pharmacists are going to use there education to create office type practice. The Pharmacist will need to be off-site to review medications and council patients on the use of their medication.

Contact:

Daniel P. Sweet, RPh

786-423-6616

Request to suspend the rules
Motion to suspend the rules adopted
Motion to amend
Amendment failed
Speaker's unable to determine the position of the House on vote call
Division of the House called for Resolution failed on standing vote

RESOLUTION #8

FPA create a Education Program for the Public to show PHARMACY changing role

Broward County Pharmacist Association

Resolved, that The FPA create and disseminate an Education Programs for the Public showing "The Pharmacist Changing Role in the Health Arena"
Intent: With the practice shifting to Patient Monitoring Programs and Educating the Patient on the proper use of the medications. We as an association need to keep us continually positive in the Public eye.

Contact:

Daniel P. Sweet, RPh
786-423-6616

Motion to suspend the rules
Rules suspended
Motion to refer to the Public Affairs Council
Motion to refer adopted

RESOLUTION #9

Pharmacy Service Tax

Broward County Pharmacist Association

Resolved, that the FPA work with the proper legislative process for The State Create a TAX for Prescriptions to cover all communication costs inherent in Rx Processing for E-prescribing, Communications to PBM's, and data reporting costs for handling in State reporting of Controlled Substances, and be it further

Resolved, that the collected tax be used only for Pharmacy Claims, Administrative Costs in handling the claims with no burden on the Pharmacy

Intent: With greater dependency on data network and associated costs to all pharmacies we have been placed in a pinch. With the State controlling the

process we gain on many fronts. First no back-end costs on any Rx Claim, next the State can legally charge the PBM's under contract will be responsible to collecting the tax, and lastly the State can use collective bargaining to reduce the data cost.

Contact:

Daniel P. Sweet, RPh
786-423-6616

Motion to suspend the rules
Rules not suspended
Resolution not considered

RESOLUTION #10

Adequate Funding for State Colleges of Pharmacy

Brevard County Pharmacy Association

Resolved that the Florida Pharmacy Association advocate for adequate funding for all state Colleges of Pharmacy.

Problem: At the 2008 APhA meeting in San Diego a policy was passed urging Colleges of Pharmacy to dedicated adequate and equitable financial and human resources to experiential education. The State of Florida continues to cut budgets of our Colleges of Pharmacy which interferes with their ability to provide the highest quality training.

Intent: To advocate for adequate funding for our Colleges of pharmacy in the Legislature

Contact:

Kathy Petsos
618 Madison Avenue
Cape Canaveral, Florida 32920
kpetsos@earthlink.net

Motion to suspend the rules
Rules suspended
Question called
Resolution adopted

RESOLUTION #11

Consultant Pharmacists for medical facilities

Dade County Pharmacy Association
Resolved, that the Florida Pharmacy Association support processes that would require medical facilities and centers have consultant pharmacists of record to ensure that medications are stored and handled in a manner that enhances patient safety.

Contact:

Joe Koptowski

Motion to suspend the rules
Speaker unable to determine the position of the House on vote call
Division of the House called
Motion to suspend the rules adopted on standing vote count
Resolution adopted

CALL FOR RESOLUTIONS TO THE 2009 HOUSE OF DELEGATES

The House of Delegates Board of Directors will meet in March 2009 to review and approve resolutions for the Annual Meeting. The deadline for submitting resolutions is March 15, 2009! PLEASE NOTE THIS DEADLINE.

The following information will be needed when submitting resolutions:

1. Name of organization: The name of the organization submitting the resolutions(s);
2. Name and telephone number of individuals: A contact in the event clarification Or further information is needed;
3. Problem: A statement of the problem addressed by the resolution;
4. Intent: A statement of what passage of the resolution will accomplish;
5. Resolution Format: (please type and use double spacing)

TITLE OF RESOLUTION

NAME OF ORGANIZATION

WHEREAS

, AND

WHEREAS

:

THEREFORE BE IT

RESOLVED (THAT THE FPA OR SUBDIVISION OF FPA)

CONTACT NAME AND PHONE #:

PROBLEM:

INTENT:

MEMBERSHIP MATTERS!



Florida Pharmacy Association

In keeping with a tradition of offering our members real benefits, the Florida Pharmacy Association (FPA) is proud to announce the introduction of sponsored Discount Benefits Program. These vendors are dedicated to providing an excellent value to all FPA members and associates. To take advantage of benefits contact the vendors directly at the numbers listed below and identify yourself as a FPA member and have your membership ID number handy.

Email/Fax Network Hotline

Receive up-to-date and up-to-the-minute information on Legislative Developments, Board of Pharmacy changes and other topics affecting the profession of pharmacy. Call FPA Member Services at (850) 222-2400 ext. 110 – gnolden@pharmview.com.

Tax Resource

Provides defense and protection of your assets when you are audited. Tax Resource will defend their clients for any income tax audit, Federal or State, for any tax year. Tax Resource pioneered the tax audit service business, and is the largest audit defense firm in the United States. Call (800) 92-AUDIT (800-922-8348).

Atlantic Coupon Redemption Center

Receive payment in 25 working days of coupon's face value plus a rebate of 1/6 cents based on store volume. Call Meredith McCord (800) 223-0398.

Florida Commerce Federal Credit Union

The chief objective of a credit union is not generating profits for stockholders, but to provide service to its member. The members benefit by getting attractive returns on savings, loans made at fair rates of interest plus enhanced and expanded services. This is probably one of the best deals around. Call (850) 488-0035.

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For past due accounts call I. C. System, Inc. Call (800) 328-9595.

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Quality for FPA's Platinum MasterCard with no annual fee and low interest rates, offered through MBNA. Call FPA Member Services at (850) 222-2400.

Other Member Benefits

- Discounted Continuing Education Programs
- Monthly Issues of the Florida Pharmacy Today Journal

ITC Deltacom

Offering FPA members exclusive association discounts on telecommunication services including local services, long distance, data networks, telephone systems and dedicated internet access. Call 850-701-3200 or visit www.itcdeltacom.com

Pharmacy Resource Materials

FPA provides the most recent and relevant resources necessary to meet your pharmacy's law and regulation needs. This includes the Florida Pharmacy Law & Information Manual, Continuous Quality Improvement Manual, Controlled Substance Inventory Booklets and Pharmacy Signs. Please call FPA Member Services for more information: 850-222-2400 ext. 110.

FPA Website

Visit our FPA Website at ww.pharmview.com. The site, launched in December 2004 and revised in October 2008, includes a members only section. The website offers a secure server so that you can registers for CE programs, renew your membership or purchase resources materials with your credit card.

Wyeth Bowl of Hygeia

Awarded to a pharmacist for outstanding community service above and beyond professional duties. The use of the following selection criteria is required:

- The recipient must be a Florida licensed pharmacist and a member of FPA.
- The recipient must be living. Awards are not presented posthumously.
- The recipient has not previously received the award.
- The recipient is not currently serving nor has he/she served within the immediate past 2 years on its award committee or an officer of the association in other than an ex officio capacity.
- The recipient has compiled an outstanding record of community service, which, apart from his/her specific identification as a pharmacist, reflects well on the profession.

James H. Beal Award

Awarded to the "Pharmacist of the Year." The criteria established for this award is that the recipient be a Florida registered pharmacist and a member of FPA, who has rendered outstanding service to pharmacy within the past five years.

Criteria:

- The recipient must be a Florida registered pharmacist and a member of the FPA.
- The recipient has rendered outstanding service to pharmacy within the past five years.

Technician of the Year Award

Awarded annually to a Florida pharmacy technician who is recognized for his/her outstanding performance and achievement during his/her career.

Criteria:

- Candidate must be a member of the Florida Pharmacy Association for at least 2 years.
- Candidate must have demonstrated contributions and dedication to the advancement of pharmacy technician practice.
- Candidate must have demonstrated contributions to the Florida Pharmacy Association and/or other pharmacy organizations.
- Candidate must have demonstrated commitment to community service.
- Candidate is not a past recipient of this award.

R.Q. Richards Award

This award is based on outstanding achievement in the field of pharmaceutical public relations in Florida.

Criteria:

- The recipient must be a Florida registered pharmacist and a member of the FPA.
- The recipient has displayed outstanding achievement in the field of pharmaceutical public relations in Florida.

Frank Toback/AZO Consultant Pharmacist Award

Criteria:

- Candidate must be an FPA member, registered with the Florida Board of Pharmacy as a consultant pharmacist in good standing.
- Candidate should be selected based on their outstanding achievements in the field of consultant pharmacy.

DGPA Sidney Simkowitz Pharmacy Involvement Award

Presented annually to a Florida pharmacist who has been active at the local and state pharmacy association level in advancement of the profession of pharmacy in Florida.

Criteria:

- A minimum of five years of active involvement in and contributions to the local association and FPA.
- Candidate must have held office at local level pharmacy association.
- Member in good standing for a period of at least five years in the FPA and must have served as a member or chairman of a committee of the association.
- Candidate must have been actively involved in a project that has or could potentially be of benefit to members of the profession.

Pharmacists Mutual Companies Distinguished Young Pharmacist Award

Awarded to a young pharmacist for their involvement and dedication to the practice of pharmacy.

Criteria:

- Licensed to practice for nine (9) years or less.
- Licensed to practice in the state in which selected.
- Participation in national pharmacy association, professional programs, and/or community service.

IPA Roman Maximo Corrons Inspiration & Motivation Award

Interamerican Pharmacists Association created this award to honor the memory of Roman M. Corrons who inspired and motivated countless pharmacists to participate actively and aspire to take on leadership roles in their profession. Roman was always there with guidance and support that motivated pharmacists and encouraged visionary leadership, approachable active membership and succession planning. This award recognizes the motivators among us who inspire others to continue to advance the profession.

Criteria:

AWARDS 2008 - 2009

- The recipient must be a Florida Licensed Pharmacist and a member of the FPA.
- Candidate should motivate others to excel within the profession by encouraging them to be leaders.
- Candidate is not necessarily an association officer, but guides, supports and/or inspires others.

A brief description on the candidate's motivational/inspirational skills must accompany the nomination.

The Jean Lamberti Mentorship Award

The Jean Lamberti Mentorship Award was established in 1998 to honor those pharmacists who have taken time to share their knowledge and ex-

perience with pharmacist candidates. The award is named in honor of long time FPA member Jean Lamberti for her effort in working with pharmacy students.

Criteria

- The recipient must be an FPA member.
- The recipient must serve as a role model for the profession of pharmacy.

Innovative Pharmacy Practice Award

Awarded to honor practicing pharmacists who have demonstrated innovation in pharmacy practice that has resulted in improved patient care.

Criteria:

- The recipient has demonstrated inno-

vative pharmacy practice resulting in improved patient care.

- The recipient should be a practicing pharmacist within the geographic area represented by the presenting Association.

Qualified Nominee: A pharmacist practicing within the geographic area represented by the presenting Association.

DEADLINE FOR NOMINATIONS: FEBRUARY 28, 2009

FPA AWARDS NOMINATION FORM

I AM PLEASED TO SUBMIT THE FOLLOWING NOMINATION:

Name: _____

Address: _____

FOR THE FOLLOWING AWARD:

(Nomination Deadline February 28, 2009)

- Wyeth Bowl of Hygeia Award
- James H. Beal Award
- R.Q. Richards Award
- Frank Toback/AZO Consultant Pharmacist Award
- DCPA Sydney Simkowitz Award
- Pharmacists Mutual Co. Distinguished Young Pharmacist Award
- Academy of Pharmacy Practice Practitioner Merit Award
- The Jean Lamberti Mentorship Award
- IPA Roman Maximo Corrons Inspiration & Motivation Award
- Innovative Pharmacy Practice Award
- Technician of the Year Award

NOMINATED BY:

Name: _____

Date Submitted: _____

Signature: _____

Please describe briefly below the nominee's accomplishments, indicating why you feel he or she should receive this award. (Attach additional sheets if necessary.)

**MAIL NOMINATIONS TO: Annual Awards, Florida Pharmacy Association, 610 N. Adams St., Tallahassee, FL 32301
(850) 222-2400 FAX (850) 561-6758 DEADLINE FOR NOMINATIONS IS FEBRUARY 28, 2009**

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(800) 642-1652

Hayslip and Zost Pharmacy Brokers LLC

(713) 829-7570
(727) 415-3659

INSURANCE

Meadowbrook

WORKERS COMP INSURANCE ENDORSED BY FPA
(800) 825-9489

LEGAL ASSISTANCE

Kahan ♦ Shir, P.L.

BRIAN A. KAHAN, R.PH., AND
ATTORNEY AT LAW
(561) 999-5999

Kenneth J. Metzger

ATTORNEY AT LAW
(850) 681-0847

PHARMACEUTICAL WHOLESALER

McKesson Drug Company

JIM SPRINGER
(800) 804-4590
FAX: (863) 616-2953

TEMPORARY PHARMACISTS - STAFFING

HealthCare Consultants Pharmacy Staffing

BOB MILLER
(800) 642-1652

Medical Staffing Network

(800) 359-1234

Rx Relief

(800) RXRELIEF

PharmacyMax Inc.

PROFESSIONAL STAFFING SOLUTIONS
(800) 889-8737

FREQUENTLY CALLED NUMBERS

AHCA MEDICAID PHARMACY SERVICES

2727 Mahan Drive
Tallahassee, FL 32308
(850) 487-4441
www.fdhc.state.fl.us/medicaid/pharmacy

AMERICAN PHARMACISTS ASSOCIATION (APhA)

Washington, D.C.
(800) 237-2742
www.aphanet.org

AMERICAN SOCIETY OF HEALTH SYSTEM PHARMACISTS

Bethesda, MD
(301) 657-3000
www.ashp.com/main.htm

DRUG INFORMATION CENTER

Palm Beach Atlantic University
(561) 803-2728
druginfocenter@pba.edu

DRUG INFORMATION CENTER

Florida A&M University College of Pharmacy
(800) 451-3181
UF College of Pharmacy
Gainesville, FL
(352) 395-0408
www.cop.ufl.edu/vdis

FLORIDA BOARD OF PHARMACY

4052 Bald Cypress Way
Bin #C04
Tallahassee, FL 32399-3254
(850) 245-4292
www.doh.state.fl.us/mqa

FLORIDA POISON INFORMATION CENTER NETWORK

1-800-282-3171
<http://ora.umc.ufl.edu/pcc/fpicjax.htm>

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

100 Daingerfield Road
Alexandria, VA 22314
703.683.8200
703.683.3619 fax
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