



NoDak Pharmacy *Journal*

Volume 38, No. 4, October 2023



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2023 Calendar

OCTOBER:

Oct 27 NDSHP Summit and Expo –
Holiday Inn, Fargo, ND

Oct 31 Happy Halloween!

NOVEMBER:

Nov 3-5 APHA-ASP Midyear Regional
Meetings – Washington, DC

Nov 11 2023 ACCP Annual Meeting –
Dallas, TX

Nov 14 NDSHP Journal Club Meeting –
Virtual

Nov 23 Happy Thanksgiving!

Nov 28 Pediatric Pharmacy – Networking
Meeting – Virtual

DECEMBER:

Dec 3-7 ASHP Midyear Clinical Meeting
and Exhibition – Anaheim, CA

Dec 12 NDSHP Education Meeting –
Virtual

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NDPhA JOURNAL SUBMISSION POLICY

The ND Pharmacists Association is pleased to accept submissions for the Journal. Submissions should be reasonable in length due to space considerations. In order to ensure the quality of our publication, editing for grammar, spelling, punctuation and content may occur. Articles, photos, and advertising should be submitted in electronic form.

To submit, please email NDPhA at: mschwab@nodakpharmacy.net

**The deadline for the Next Issue is:
NOVEMBER 23RD, 2023**

NORTH DAKOTA PHARMACY JOURNAL

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NDPhA President's Message

It's Spooky Season!

And I'm not just referring to Halloween. Flu shots and other immunizations, Medicare Part D plan comparisons, medication backorders, PBM contracts and fees, busy hospitals and clinics, and end of the year holidays and activities with friends and family are pulling us all in different directions.

But it is also a time to celebrate the profession of pharmacy! October is American Pharmacists Month and I would like to thank all of you for the dedication and care you bring to your profession and patients. Pharmacists and technicians across our state have contributed to improved patient care that has led to more opportunities and recognition at both state and national levels. Pharmacy teams should feel proud of the impact we make on our patients' health every day.

American Pharmacists Month started in October 1925 with radio stations across the country broadcasting programming about the profession for a week. In 2004, American Pharmacists Association recognized October

as American Pharmacists Month which recognizes the 700,000 pharmacists, students, and the technicians who are vital to their communities. Hopefully you were able to take the time to celebrate with your pharmacy friends and colleagues!

October 5 – National Student Pharmacist Day

October 12 – Women Pharmacist Day

October 17 – National Pharmacy Technician Day

Thank you for all that you do,

Jamie Nelson, PharmD



SAFETY TIP

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What is the patient-pharmacist relationship like in your pharmacy?

Make it policy for your pharmacists to engage patients in their prescriptions. Requiring mandatory patient counseling on high-alert medications (new and refill) and implementing procedures such as "open the bag" to review the contents at the point of sale can help reduce risks.



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NAPT President's Message

Hello fellow Pharmacy Technicians!

I am hopeful everyone had a wonderful summer, full of time with family & friends, enjoying the summer days and making memories. If you are like me, you are wondering where the time went as it feels like it has all come and gone in the blink of an eye.

I am asking every ND Registered Pharmacy Technician to consider serving on the NAPT Executive Board. There are several positions that will be open in the 2023-24 term that are either elected or appointed (Vice-President/Pres-Elect, Secretary, Parliamentarian, and Member-At-Large x2). Please reach out to any current Executive Board member if you are interested in serving or learning more information on positions.

Lastly, it is never too early to nominate a superstar pharmacy technician for a NAPT award. Please recognize their dedication to the pharmacy profession and get your award nominations in today! Deadline is February 26th, 2024.

Sincerely,

Josie Quick, RPhTech, CPHT-Adv, CSPT

NAPT President

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Pharmacy professionals,

The Northland Association of Pharmacy Technicians has been working to increase interest and accessibility to the executive board and our meetings. Our goal is to get more of our members, in all fields of pharmacy, across the state, involved in developing our future.

As we continue to grow in our communities and practices, it is important to provide clear and precise communication. The discussion of advanced practice continues to be a main focus and I'm happy to see many have taken advantage of the immunization training offered at the NAPT Fall Conference!

We are not naive to the fact we have many extraordinary technicians in our state. I like to call them 'Unicorns'. Many of which are focused on pharmacy advancement and education. Take a few moments, pause if you will, and think about those who have impacted your life and practice in a positive way. Now is the time to begin to develop your award nomination lists. Watch Facebook and your email for more information on how to submit your nominations.

Working for you,

Adelle Casavant, RPhT, CPHT

Pharmacy Technician Survey Results Shared During Poster Sessions

The Northland Association of Pharmacy Technicians (NAPT) Executive Board is dedicated to pharmacy technicians, focusing on promoting the profession and the role pharmacy technicians are involved in on state and national levels.

A survey was conducted in May of 2022, and the results are being used to assist with the mission of the NAPT Executive Board. A decision was made to form a committee within the Executive Board and develop a poster emphasizing pharmacy technicians and the survey results. The poster would be presented at the 2023 Annual NoDak Pharmacy Convention in April and the National Association of Boards of Pharmacy (NABP) Annual Convention in May 2023.

The poster was titled "2022 North Dakota Pharmacy Technician Survey Results Provide Framework for Developing a New Mindset." The poster exhibited the results from the survey by highlighting the key areas of wages, satisfaction, and commitment in the profession. Poster committee members included: Amanda (Mandy) Chase, Brenda Nitschke, and Diane Halvorson. Mandy and Brenda were the presenters of the poster.

Presenting at the 2023 Annual NoDak Pharmacy Convention provided an opportunity to share the information with the pharmacy community on a state level. The poster was presented during the 2023 NABP Annual Convention Poster Session and received a great response as professionals from around the United States and Canada were able to view the provided statistics and achievements of North Dakota Registered Pharmacy Technicians, as well as recognize the support and growth of expanded roles in the profession.

The NAPT Executive Board will continue to represent its members and the different roles they perform in pharmacy.

Sincerely,

Amanda (Mandy) Chase





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The Importance of Continuous Quality Improvement Programs In Pharmacy Practice

By: Mark J Hardy, PharmD, Executive Director

The Board of Pharmacy has recently started the current Pharmacy Inspection cycle for the 2023 year. During the course of previous visits, the Compliance Officers noted some of the pharmacies had made stark improvements in various areas of practice and we continue to see a dynamic profession across the state of North Dakota providing excellent care to our patients and citizens. We thank you for all your efforts!

I would like to highlight an important requirement that the Board continues to monitor through our the Compliance Officers. This is North Dakota Administrative Code [NDAC] 61-02-09, which is the requirement for pharmacies to maintain an active Continuous Quality Improvement [CQI] Program.

While Continuous Quality Improvement Programs [CQI] are not new in healthcare, it is true that North Dakota is once again leading the country in ensuring that these programs are initiated, implemented and working in all our pharmacies across the state. The reason the Board is requiring this in our pharmacies is fairly simple. If your pharmacy makes an error, the very least, that the public should expect from the pharmacy is for you to learn from that error. This means taking the steps to document the incident, review how this happened and discussing what can be done to prevent a repeat error in the future.

The Compliance Officers continue to witness variability in pharmacies complying with this rule of practice. They found pharmacies with vigorous CQI programs and heard great feed- back on the improvements that it has made in their practice. They also found pharmacies that may not have vigorous CQI programs where the staff did not understand its function. This indicates leadership in the pharmacy not driving regular reporting of events or meetings to determine improvement of their practice. This finding is deeply concerning.

I want to highlight a few important points that are set forth in the rule:

- There are three types of occurrences a CQI program tracks:
 - 1) Incident – means a patient safety event that reached the patient, whether or not the patient is harmed.
 - 2) Near miss – means a patient safety event that did not or could not have reached the patient.
 - 3) Unsafe condition – means any circumstance that increases the probability of a patient safety event.
- Pharmacies get to set the Policy and Procedures around the incidents, near misses and unsafe conditions that they may track in a CQI program. Some pharmacies may utilize a contract with a patient safety organization, like Pharmacy Quality Commitment. Other pharmacies may use an internal program to document and evaluate events. Either solution can certainly work. However, the second option involves a bit more commitment to ensure tracking and evaluations are completed. The Board expects you to set Policy and Procedures around your CQI and then you comply with those.
- The CQI program requires the pharmacy to do a review at least quarterly of the documented events and determine if any changes in the pharmacy's practice should occur to account for these events to prevent similar errors. Those changes are communicated to relevant staff to ensure they are implemented.
- There are built in protections for a pharmacy's CQI events from discovery which are being tracked. These records are completely confidential and privileged information to the pharmacy, so third-parties [including PBMs], legal proceedings and others cannot access these records without the pharmacy's authorization. So, simply stated this is used strictly to improve your practice not as a punitive rule.

ND Board of Pharmacy Article Cont.

- The Board expects each Pharmacist-in-Charge designate someone to be responsible to ensure the reporting occurs, meetings happen and discussions ensue in accordance with this rule of professional practice. This often is a delegated task to a Registered Pharmacy Technician.

I cannot stress this enough, Continuous Quality Improvement Programs [CQI] are not meant to be punitive but to be used as a way to track and prevent errors. This allows your pharmacy to learn from events and take the steps to prevent a future occurrence.

No professional likes to make a mistake, but the reality is we are human and no one is perfect. However, taking steps to ensure mistakes are minimized and not repeated is the professional way to practice and should be a public expectation of the profession.

While a working CQI may seem like just another duty and task in the long list that you need to complete. The reality of a working CQI program can ensure error rates are low to ensure quality service to your patients and the citizens of North Dakota. It represents a true commitment to the profession and your patients.

From the large retail pharmacies and medical centers, to a critical access hospital and a small Telepharmacy, CQI programs truly are impactful!



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NDPhA Sponsored Opportunities Night

NDPhA once again sponsored Opportunities Night at the NDSU Alumni Center. We have held this annual event for over 25 years and once again we had a great turnout. During this event, we invite NDSU pharmacy students to attend and hear why pharmacists from across North Dakota enjoy practicing in this great State. Students heard from pharmacists representing hospitals, community pharmacies, Indian Health Services and the State Board of Pharmacy. Pharmacists talked to the students about the innovative services being provided, job opportunities that exist, along with personal experiences and stories as to why they enjoy practicing in North Dakota.

NDPhA would like to thank all the presenters, students, and NDSU faculty that attended. We also need to thank everyone who provided door prizes for all the students who attended. It was a great evening and we look forward to sponsoring this event again next year.



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“The More They Can Do, the Better”: Implementing a Technician VaxChamp in the Community Pharmacy Setting

By: Hailey Wanner, PharmD/MPH Candidate Class of 2026, Student Research Assistant

In response to COVID-19, pharmacy technicians were authorized to vaccinate. Many states, including North Dakota, have adopted laws allowing technicians to continue administering vaccines beyond the pandemic. The concept of a vaccine champion or “VaxChamp” has been successful at increasing vaccination rates in medical clinic settings. This model identifies and trains a nurse to serve as the vaccine expert at the clinic. Mirroring the design of the nurse VaxChamp program, a small research team at NDSU – including a pharmacist, medical anthropologist, and dual degree pharmacy and public health student – conducted a pilot project to train pharmacy technicians to serve as VaxChamps within the community pharmacy setting. The goal was to evaluate the impact on vaccination rates, pharmacy technician job satisfaction, and workflow at each individual pharmacy.

Six pilot sites in North Dakota enrolled in the VaxChamp program. Each site identified one technician to serve as their VaxChamp. After completing online training modules, the VaxChamps dedicated five hours per week to immunization-related work, serving as the vaccine expert for the pharmacy. Work included proactively screening and identifying vaccine eligible patients, ensuring proper vaccine storage and handling, administering immunizations, and billing and reporting vaccine administrations. Coaching calls held every 1-3 months provided ongoing support and a chance for VaxChamps to share ideas. VaxChamps and Pharmacists-in-Charge (PICs) completed pre-post surveys to assess pharmacy site characteristics, the number of

immunizations administered, and technician job satisfaction. VaxChamps participated in individual semi-structured interviews when the project began and reported their activities and quantity of vaccinations administered monthly. Both VaxChamps and PICs participated in exit interviews to supplement the pre-post surveys and to reflect on their experiences.

To assess barriers and facilitators to VaxChamp implementation, as well as to identify significant variables among pharmacies, the team compared quantitative and qualitative data. The pre-post survey results show that vaccination rates vary greatly among pharmacies. COVID-19 vaccine administration decreased, in alignment with the national trend. However, there was a 42.5% increase in the number of pneumococcal

vaccinations administered (from 54 to 77). Pilot sites also reported offering new vaccinations including Hepatitis B, meningitis, and tetanus. Pre-post technician survey results showed an increase in job satisfaction based on a 5-point Likert scale, with the median value increasing from 3.5 to 4 (n=6).

During interviews, VaxChamps and PICs identified lack of time as the main challenge to pharmacies playing a significant role in increasing vaccination rates in their respective communities. Still, all interviewees agreed pharmacy accessibility and strong patient relations made pharmacies essential community vaccinators. Interviews also revealed that even when technicians, including VaxChamps, are certified to immunize, they are not the pharmacy’s primary vaccine administrator. Regardless, all interviewees agreed technicians can and should play a crucial role in supporting pharmacies’ vaccination services, even if not necessarily through vaccine administration. During an exit interview, one PIC expressed her support for technician involvement in vaccine administration by saying, “The more they [technicians] can do, the better!”

While the small number of participating pharmacies in this pilot project prevents us from drawing any generalizations, our mixed methods approach yields some insight into new service implementation in community pharmacies. Further, working with community pharmacies and learning to adjust our expectations given their very real time and resource constraints contributes to a better understanding of how researchers and other stakeholders can support community pharmacies in expanding their healthcare services. Overall, the VaxChamp model holds promise for enhancing vaccination efforts through prospective patient screening and expanding technician roles in community pharmacies.

Acknowledgements: The author would like to acknowledge the support of Dr. Allison Hursman, PharmD, and Dr. Ellen Rubinstein, PhD. The research team would like to acknowledge the Center for Collaboration and Advancement in Pharmacy (CAP Center) at NDSU for their contributions to the project. Contact: Lisa.Nagel@ndsu.edu CAP Center web page: <https://www.ndsu.edu/centers/cap/> Follow the NDSU CAP Center on Facebook and LinkedIn.

Auditors Crack Down on Pharmacies That Bypass Plan Limits

PAAS National® analysts want to warn pharmacies about an uptick in PBMs flagging prescriptions for bypassing plan limit rejects. These prescriptions are being marked as discrepant and face full recoupment. Share this information with your staff and ensure that claims are not unintentionally being put at risk for audit/recoupment.

When pharmacies receive a reject of plan limit or exceeds maximum daily dose, pharmacy staff must follow the plan guidelines to submit the claim appropriately. The plan sending this rejection is telling the pharmacy that the dosage is not covered without additional requirements. This could mean prior authorization, switching to a different dose, or changing to another medication.

Pharmacies that manipulate the days' supply to bypass the rejection are putting those claims at risk of recoupment. PBMs can easily track when pharmacies run a claim, receive a reject, and immediately rebill for the same quantity but different days' supply. This raises a red flag that the plan reject was likely not adhered to appropriately – low hanging fruit for PBM auditors.

Reducing the quantity and/or split billing prescriptions can also be an audit risk. If a reduced quantity is submitted to bypass the plan limit (e.g., to get under a dollar threshold), the claim is still in jeopardy of being recouped. Beyond circumventing a plan limit, the payor may argue it increased costs through additional refills, dispensing fees, and patient copays. One patient complaint to their plan could lead to big trouble for network pharmacies.

PAAS TIPS:

- Always bill the accurate days' supply based on the instructions for use indicated on the prescription
- Make sure all staff are instructed to follow plan rejects appropriately and not change the days' supply to get a paid claim
- Check with the PBM help desk for guidance on rejects that are vague or unclear
- Do not split bill rejected claims
 - Charging the patient cash often leads to complaints [from the patient to an employer or PBM] and can be considered non-compliance with the provider manual and lead to remediation, including potential network termination
 - If you have exhausted all plan options and the patient insists on paying cash for the full prescription, be sure that you document authorization from the patient that they desired to pay the full cost and did not want to wait for the proper channels
- If having difficulties with prescribers following through on prior authorization, enlist the patient to help. The patient could contact the prescriber and/or file a complaint with their insurance which may speed up the process.

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Implementation of an Infectious Disease Pharmacist Program at Essentia Health, Fargo

Habiba Afifi, PharmD Candidate 2024; Amanda Meyer, PharmD; Maari L Loy PharmD, MBA, BCPS, FASHP; Bert Iaderosa PharmD, BCPS, BCCCP

Antimicrobial stewardship is a crucial part of the healthcare system and integrating this in the pharmacy daily workflow can result in massive improvements in the care of patients. According to published data, antimicrobial stewardship programs are important for reducing antimicrobial resistance because they can readjust antibiotic prescriptions to local guidelines, switch intravenous to oral administration, and reduce hospitalization times.¹ As pharmacists, we are responsible for ensuring optimized use of antimicrobial agents while minimizing the risk of developing multi-drug resistance.

An infectious disease pharmacist program was implemented at Essentia Health Fargo in October 2022. The infectious disease program is a pharmacist-driven service which is composed of a team of four pharmacists that rotate on a weekly basis and review patients on Mondays, Wednesdays, and Fridays. They perform in-depth chart review with a focus on most acute patients first and prioritize work based on scoring dashboards. Recommendations are made to the attending physician according to national and local guidelines and with the assistance of an infectious disease physician collaborator. The pharmacists make interventions such as de-escalation, dose optimization, and addition of appropriate therapy duration. Interventions are tracked within the electronic medical record.

The primary goal of the infectious disease program is to reduce the use of broad-spectrum antimicrobials with a focus on carbapenems and fluoroquinolones. These classes of medications have increased risk for adverse events in patients such as tendon rupture, arrhythmias, and aortic aneurysm which can be avoided by reducing their use.² This metric was identified by the infectious diseases pharmacists as one that could be easily measured and quickly improved. It was chosen because of the risks these classes of medications have relative to safer alternatives as well as their comparatively higher costs.

For this retrospective review, data were collected for four different medications: meropenem, ertapenem, levofloxacin and ciprofloxacin. Data were extracted using Epic's Slicer dicer tool and by running census reports. The Slicer dicer tool was used to collect the number of administrations per week for each medication before the implementation of the program (October 2021 to June 2022) and after implementation of the program during the same time of year (October 2022 to June 2023). Census information was also collected using reports in Epic. The number of administrations per week for all four medications was standardized to patient days, and this data was compared for each medication before and after the program implementation. The test statistic was calculated using a two-sided t-test to compare the difference of mean standardized administrations between the two groups.

The results showed a successful decrease in use of meropenem and levofloxacin with initiation of the infectious diseases pharmacist service. Meropenem use was reduced by 58% after implementation with the mean number of standardized administrations per week reduced from 36.33 to 15.17. The difference of the mean between the two groups was 21.17 administrations per week and the results were statistically significant with a p-value of 2.28×10^{-5} (Figure 1). Levofloxacin similarly had a 33% reduction in use with the mean number of weekly standardized administrations decreased from 7.56 to 5.09. The difference of the mean between the two groups was 2.46 administrations per week and was statistically significant with a p-value of 0.017 (Figure 2).

Ertapenem and ciprofloxacin did not show statistically significant reductions in use. Ertapenem standardized administrations were 17.14 and 14.14 per week before and after program implementation, respectively. The difference in the mean was 3 administrations per week with a p-value of 0.21 (Figure 3). Of note, many of the ertapenem administrations in this analysis were in the hospital infusion center and were for outpatients. It's possible the convenience of once daily ertapenem may have necessitated these prescriptions, explaining why the infectious diseases pharmacists were less successful reducing use compared to meropenem.

Ciprofloxacin standardized administration were statistically not different between groups with 21.83 before implementation and 19.85 after. The p-value for this result was 0.45 (Figure 4).

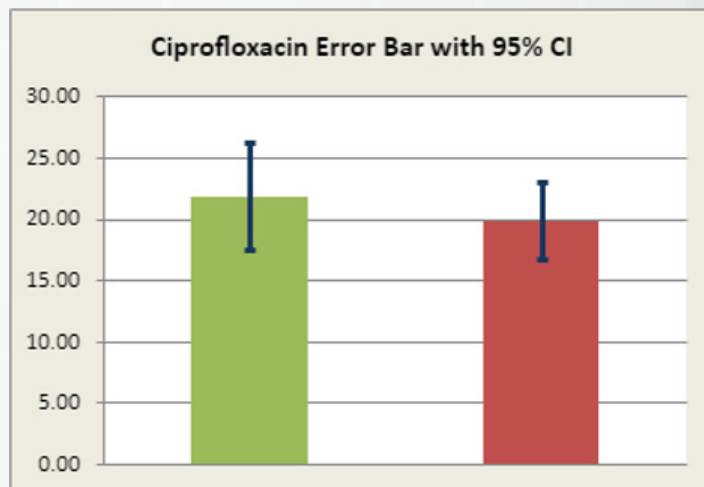
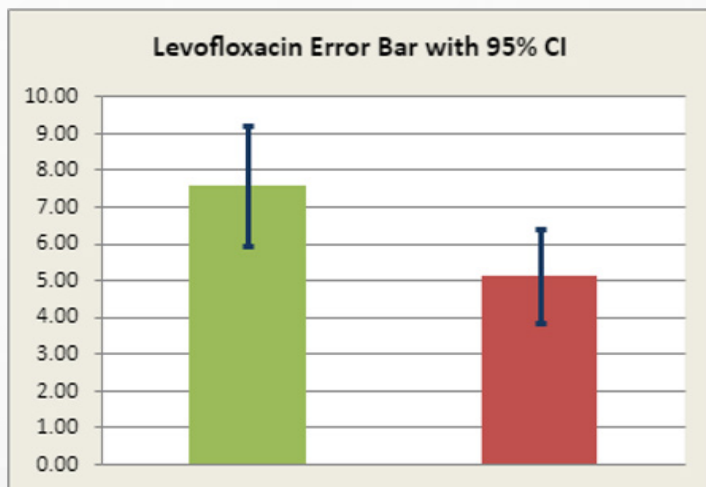
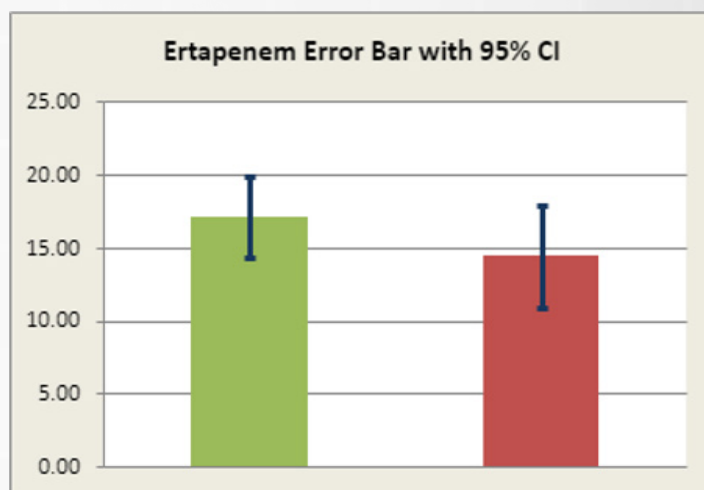
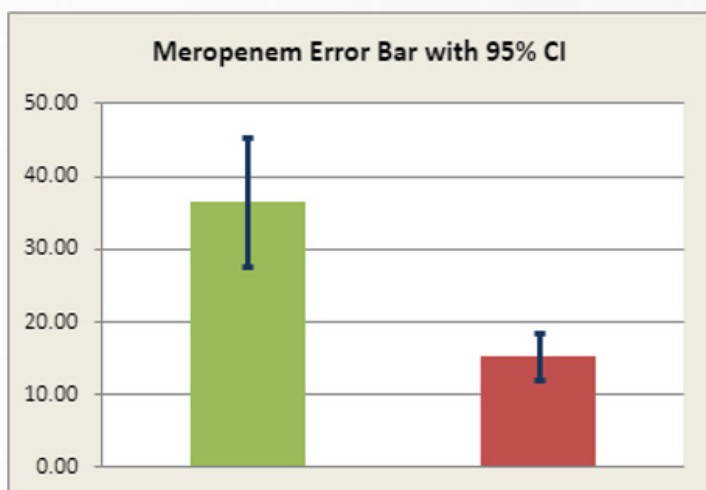
NDSU Pharmacy Student Article Cont.

The implementation of an infectious disease pharmacist program was able to significantly reduce the number of administrations of meropenem and levofloxacin but not of ertapenem or ciprofloxacin. The absolute number of meropenem administrations was considerably reduced from 1308 to 546 during the studied nine month period. Levofloxacin administrations were also reduced from 272 to 183 during the same study period. The program successfully achieved its primary goal using a three day per week service model.

A future goal of the program is to expand the service to critical access hospitals within the same health system, affording those sites the same level of stewardship with broad spectrum antibiotics. This will require additional resources and likely a change to a five day per week staffing model. In addition, future metrics are being measured regarding the number of interventions made by the pharmacists and their acceptance rates by provider.

■ October 2021 to June 2022 (10/1/2021 to 6/5/2022)

■ October 2022 to June 2023 (10/1/2022 to 6/5/2023)



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Are You Ready for Flu Shot Season? Auditors Are!

It is that time of year again; flu shot season is upon us. As busy as this season can be, we know you do not want to worry if you have all the documentation you need in case of an audit. Make it easy on yourself by ensuring you are ready now by following PAAS National®'s best practices to reduce your risk of audit recoupment.

What you will need for an audit:

1. Authority to administer
 - A signed order from an authorized prescriber
 - A signed protocol that is up to date and includes specific vaccination(s) to be administered or a Collaborative Practice Agreement (CPA)
 - When using a protocol or CPA, create a placeholder prescription with all prescription elements
 - In states where pharmacists have independent authority to vaccinate, create a placeholder prescription with all prescription elements
2. Vaccination Information Statement (VIS)
 - Required to be given to patient prior to each administration
 - Be sure you have the most current VIS forms
3. Screening Checklist
 - Not requested by PBMs, however should be retained for your records
4. Vaccination Administration Record (VAR)
 - Date of Administration
 - Name of vaccine administered and manufacturer
 - Lot and Expiration Date of vaccine given
 - Site of administration (i.e. right arm)
 - Signature or initials and title of person administering
 - What VIS form was given
 - Date printed on the VIS
 - Date the VIS was given to the patient or parent/guardian

VAR and VIS forms, and information regarding what the CDC requires for health care providers to record, can be found on the CDC website¹.

PAAS TIPS:

- Check dates and vaccine types on your protocols to ensure they are up-to-date
- Have current VIS forms printed for each vaccine you administer
- Have VAR forms printed and educate all staff on how to complete the forms
- All vaccines should be submitted using days' supply of "1" per NCPDP recommendations
- All vaccines administered via protocol should be submitted with origin code of "5" (pharmacy created) per NCPDP recommendations
- Be sure correct metric quantity is billed
- Keep vaccine documents stored in a system that makes access easy in case of an audit
- When billing for vaccine clinics, DO NOT bill prior to the vaccine being administered
 - You may submit claims after the date of service, but the date of administration must be correct on the claim
- PAAS has seen pharmacies flagged for billing claims outside regular pharmacy hours – consider billing for vaccine clinics during regular business hours

PAAS National® is committed to serving community pharmacies & helping keep hard-earned money where it belongs. Contact PAAS today at (608) 873-1342 or info@paasnational.com to see why PAAS Audit Assistance membership might be right for you.

By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit assistance and FWA/HIPAA compliance.

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References:

1. <https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html>

NDSU Pharmacy Students' Research Featured In National Webinar

By Carol Renner, Office of the Dean, Marketing/Communication Lead, NDSU School of Pharmacy

For NDSU School of Pharmacy students, what they learn inside the classroom is shared outside the classroom—part of NDSU's mission as a land grant university.

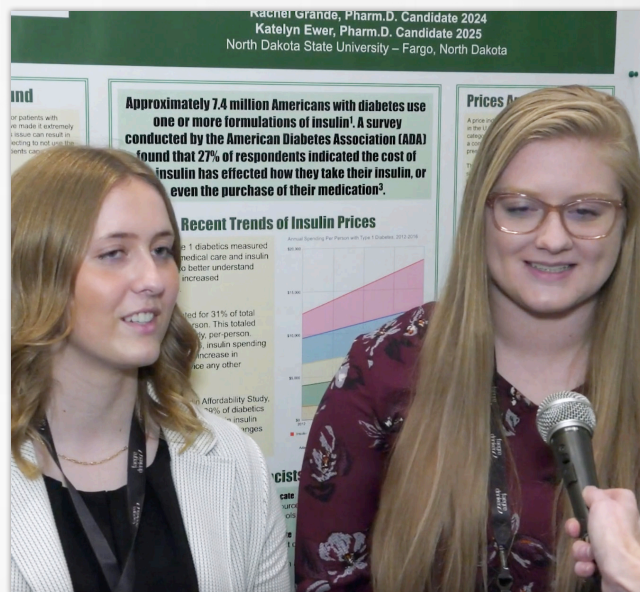
Third-year pharmacy student Katelyn Ewer and fourth-year pharmacy student Rachel Grande conducted research regarding a Pharmacist's Role in Addressing High Insulin Prices. Their poster presentation was highlighted during a National Association of Boards of Pharmacy webinar in August.

Ewer said she was inspired to research the topic, having been diagnosed with diabetes at age 12. "So I have first-hand experience with this issue," she said. "I think it's important for our patients to also be treated based off their experience as well," said Ewer in a youtube interview with the National Association of Boards of Pharmacy.

Grande hopes people realize how prevalent diabetes is in the U.S., affecting both physical and mental health of patients. During an interview with the National Association of Boards of Pharmacy, she said pharmacists can play a role in lessening any stigma associated with diabetes through engaging in conversation with patients.

A total of 37.3 million people, or 11.3 percent of the U.S. population, have diabetes, according to the U.S. Centers for Disease Control and Prevention. The disease increases risk of complications, including peripheral artery disease and other physical issues.

Amy Drummond, PharmD, lecturer in the Department of Pharmacy Practice at North Dakota State University School of Pharmacy, served as advisor for the student research.



NDSU Pharmacy students Katelyn Ewer and Rachel Grande were among students invited to share their research during a National Association of Boards of Pharmacy online event.

An advertisement for BEK+ Care Solutions. On the left, four healthcare professionals (three women and one man) are smiling and wearing blue and green scrubs. On the right, there is a red and white logo for 'BEK+ CARE SOLUTIONS'. Below the logo, the text reads: 'Ensure patient care and staff productivity with the latest in nurse call system technology from BEK Care Solutions.' At the bottom right, the phone number '888.475.2361' and website 'bek.coop' are displayed. In the bottom left corner, there are logos for 'West-Com Nurse Call Systems, Inc.' and 'SYSTEMS USA TECHNOLOGIES'.

Improving Antimicrobial Stewardship In North Dakota



By Emily Perry, PharmD, Center for Collaboration and Advancement in Pharmacy, NDSU School of Pharmacy

Did you know that November 18 to 24 is U.S. Antibiotic Awareness Week (USAAW)? This week is an annual observance to promote appropriate antibiotic use and highlight the threat of antimicrobial resistance. The World Health Organization has recently listed antimicrobial resistance as one of the top ten global health issues facing humanity.

To help combat this rising threat, North Dakota's Department of Health and Human Services (NDHHS) along with North Dakota State University's Center for Collaboration and Advancement in Pharmacy (CAP Center) and NDSU's College of Health and Human Sciences are working to improve antibiotic stewardship every day in North Dakota.

The groups partnered in 2018 to offer antimicrobial stewardship training to pharmacists in low resource rural settings. This partnership provides scholarships to pharmacists to complete the SIDP Antimicrobial Stewardship certification course, which consists of three phases. The first phase is web-based learning modules, followed by the second phase of live instructional webinars, and the final phase requires participants to design and implement a stewardship intervention within a healthcare setting.

Since 2018, eighty-six pharmacists in North Dakota have entered into this training; 32 have completed the program; two pharmacists withdrew from the program; and the remaining 52 are at various stages within the program. Grant funding from NDHHS will enable eighteen more pharmacists to begin the program in Fall 2023. North Dakota's patients and pharmacists have benefitted from this program through the interventions completed by participants.

Examples of interventions include:

- Creation of a *Clostridioides Difficile* guideline in a 25-bed critical access hospital to reflect the new national *Clostridioides Difficile* treatment guidelines.
- A long-term care facility pharmacist designing a procedure to complete monthly retrospective reviews on antibiotic use and providing education to prescribers when inappropriate antibiotics were prescribed.
- A critical access hospital pharmacist collaborating with their offsite laboratory to create a local antibiogram to serve both the clinic and hospital, then educating staff on how to use it.

There are many more great projects that have been completed. They will be highlighted during USAAW via the CAP Center's Facebook and LinkedIn pages and at various events throughout the year!



Dr. Emily Perry,
Antimicrobial
Stewardship Pharmacist,
Center for Collaboration
and Advancement in
Pharmacy, NDSU.



NDSU Pharmacy Student Receives Fellowship Award

By Carol Renner, Office of the Dean, Marketing/Communication Lead, NDSU School of Pharmacy



Elizabell Delgado, PharmD Candidate, North Dakota State University School of Pharmacy, Class of 2026, received a \$5,000 Possibility Fellowship along with mentoring, conference attendance, and professional development opportunities through the award.

Elizabell Delgado, second-year pharmacy student at North Dakota State University, is among 11 students receiving a Possibility Fellowship from the Center for Entrepreneurship and Family Business at NDSU.

This one-year premier entrepreneurial program includes a \$5,000 scholarship for Delgado. As a Possibility Fellow, she'll also receive individual mentoring, hands-on learning, and unique opportunities for networking and internships.

"I believe that this fellowship will provide me with the necessary tools and resources to not only develop my leadership abilities, but also equip me with the entrepreneurial mindset needed to create meaningful impact in today's dynamic world," said Delgado. "The opportunity to learn from like-minded individuals and collaborate on projects will undoubtedly broaden my perspective and enhance my professional capabilities."

Students were selected to join the Fellowship based on academic excellence, leadership abilities, and a knack for entrepreneurial creativity. In addition to the scholarship, Delgado will receive a travel stipend for conference attendance and professional development.

A native of Hendrum, Minnesota, Delgado transferred to North Dakota State University from Arizona. "I was eager to return home. I chose pharmacy school because it is a well-respected profession that requires lifelong learning and adaptability."

Delgado greatly appreciates the opportunities the Possibility Fellowship will provide her.

"As a healthcare professional, entrepreneurship is an opportunity to invest during a crucial point in healthcare, addressing workforce burnout and reinventing medical education and training so that we can continue to lead the charge in preventing chronic diseases and emerging healthcare crises," she said.

Fellowship recipients will be required to maintain a minimum GPA of 3.5 or higher, be involved in a leadership role in programs such as Pathway Venture, I-Gem, or Family Business, display inventiveness and a passion for entrepreneurship, and have a desire to create an impact on campus and in the community, which they will demonstrate by completing and showcasing a community project.

As Delgado pursues her PharmD degree from NDSU, she is also involved in many campus organizations and activities to enhance her education. She is a member of the American Pharmacists Association-Academy of Student Pharmacists, HOSA-Future Health Professionals, North Dakota Society of Health-System Pharmacists, and College Inclusivity committee. She also serves as a student research assistant and representative for the Be the ONE program through NDSU, which focuses on opioid and naloxone education, training others to use naloxone in community settings when emergencies arise.

Delgado's future plans include collaborating with patients and their healthcare experts to provide patient-centered treatment.



Pharmaceutical Sciences Researchers Advance Disease Treatment

By Carol Renner, Office of the Dean, Marketing/Communication Lead, NDSU College of Health Professions

Two researchers in pharmaceutical sciences at NDSU have received separate grants to help further their studies in helping to treat disease.

Yagna Jarajapu, associate professor in NDSU Pharmaceutical Sciences, received a three-year \$300,000 Transformative Project Award from the American Heart Association for the research topic "Targeting the β -Splice Variant of TERT in CD34+ Cells for Diabetic Vascular Disease."

A total of 37.3 million people, or 11.3 percent of the U.S. population, have diabetes, according to the U.S. Centers for Disease Control and Prevention. The disease increases risk of complications, including peripheral artery disease due to a lack of blood flow to limbs.

Stem cells can repair damaged blood vessels to maintain blood flow. However, diabetes impairs these reparative functions. Jarajapu's lab research found that a gene variant called beta-TERT is highly expressed in the diabetic stem cells. This variant impairs stem cell functions by inducing mitochondrial damage.

"The research funded by the American Heart Association will test if blockade of this variant restores the reparative functions of diabetic stem cells," said Jarajapu. "If so, it would enhance the revascularization outcomes of cell-based therapies for diabetic vascular diseases."

In a separate grant award, Stefan Vetter, research assistant professor in Pharmaceutical Sciences at NDSU, received a one-year \$100,000 grant from a National Institutes of Health initiative titled "Illuminating the Druggable Genome."

Vetter received the grant from NIH as principal investigator on the topic "Biochemical Characterization of the CAMKV pseudokinase: Shining light on its regulation and targets."

"The research focuses on characterizing drug binding properties of CAMKV and develops methods to block its function," said Vetter. "CAMKV is suspected to play a role in mental disorders, including post-traumatic stress disorder."

The award is administered through the National Center for Advancing Translational Sciences in NIH. Program goals include streamlining the development and deployment of disease treatments.



Dr. Yagna Jarajapu, NDSU School of Pharmacy



Dr. Stefan Vetter, NDSU School of Pharmacy



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Use As Directed – What is Your Attack Plan?

The top audit discrepancy year after year is invalid days' supply or refill too soon – which are essentially the same issue. Submitting prescription claims with an accurate days' supply is often the responsibility of a pharmacy technician doing data entry, while pharmacists are focused on clinical accuracy and may not be paying attention to this "clerical" issue. It is important that all pharmacy staff members (technicians and pharmacists) understand the audit implications of submitting an incorrect days' supply and how each staff member can contribute to success. With that in mind, the pharmacy team can develop an attack plan to be both accurate and consistent.

First, understand that the submission of an accurate days' supply is important for appropriate claims adjudication and impacts patient copay, pharmacy reimbursement, and PBM refill edits. While PBMs require pharmacies to submit an accurate days' supply, it may be helpful to think of these implications – knowing why helps pharmacy staff understand the importance and may help justify spending the extra time (where appropriate).

Second, staff must be trained how to perform the mathematical calculations. How would your staff estimate the days' supply for an insulin or topical cream prescription with a sig of "use as directed"? If each staff member gives you a different answer, then you have an audit problem waiting to happen. In general, days' supply is simply the total quantity dispensed divided by the daily (or weekly, monthly) dose. Data entry staff should perform the calculations and document, while dispensing technicians and/or verifying pharmacists can double check those calculations for accuracy.

Third, you must have a plan for how to address certain dosage forms where the basic calculation does not come so easily. Common examples include topical creams, vaginal creams, insulin, diabetic test strips, bowel prep kits, migraine meds, starter kits and pancreatic enzymes.

- If a prescription sig reads "use as directed", then you don't have enough information and must contact the prescriber's office for more information and make a clinical note
- If a days' supply is not calculable, consider a maximum daily dose for insulin, test strips and pancreatic enzymes
- Migraine meds may require an estimated number of headaches per month
- Starter kits should be confirmed "as directed on package"
- Confirm dosing for bowel prep kits – remember products generally have a beyond use date of 48 hours upon reconstitution
- Use the manufacturer dosing calculator for Santyl (santyl.com/hcp/dosingv)

PBM auditors will expect that any clarifications regarding instructions for use end up on the dispensing label to communicate instructions to patients.

PAAS TIPS:

- Do not rely on the days' supply field on e-prescriptions alone as it is often incorrect and would not satisfy an auditor (you might even consider the pros versus cons of having e-prescription days' supply field auto-populate)
- Make sure that dispensing technicians and verifying pharmacists can "see" the days' supply during verification, whether performing on screen or reviewing printed "back tags"
- Consider performing small "self-audits" to spot check your team for accuracy and consistency
- If you cannot mathematically estimate the days' supply (with an equation), then an auditor will consider the prescription to be essentially "use as directed" and require more information

PAAS National® is committed to serving community pharmacies and helping keep hard-earned money where it belongs. Contact PAAS today at (608) 873-1342 or info@paasnational.com to see why PAAS Audit Assistance membership might be right for you.

By Trenton Thiede, PharmD, MBA, President at PAAS National®, expert third party audit assistance and FWA/HIPAA compliance.

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(These funds are used entirely to provide scholarships to NDSU School of Pharmacy Students. Personal or Corporate Checks are accepted)

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