

ASCP FOUNDATION

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

fostering progress for healthy aging



ADULT MEDUCATION™
Improving Medication Adherence in Older Adults

2008 ANNUAL REPORT

**The mission
of the ASCP Foundation
is to foster
appropriate, effective,
and safe
medication use
in older persons.**

ASCP FOUNDATION
AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

Changes and Challenges



Since completing my term as chair of the ASCP Foundation Board of Trustees in November of 2008, I have had the opportunity to reflect on the changes and challenges the Foundation faced during my tenure. Change usually leads to new challenges, and although the challenges may seem daunting at times, I believe the Foundation is resilient and remains focused on its mission and strategic goals.

In its 25-plus years, the ASCP Foundation has built and maintained strong relationships with its industry partners to develop the quality programs and initiatives that have solidified its reputation as a leader and innovator in issues concerning medicines and aging. For those relationships, we are extremely grateful; the Foundation could not have accomplished what it has without them. The ASCP Foundation is not immune to the challenges that changing business practices and regulations within the pharmaceutical industry and other medical and aging related industries beget. However, I feel assured that our shared commitment to improving the health and well-being of older adults will continue to cultivate the alliances that are vital to achieving our mutual goals.

Despite the gloomy economic circumstances we have all been struggling with recently, the ASCP Foundation continues to look forward with optimism. Several exciting new programs and initiatives were launched during 2008, including the Center for Medicines & Healthy Aging® and Monitor-Rx®, which are described in this annual report. Both of these projects will help raise awareness about medication-related problems in older adults and enhance the visibility of consultant and senior care pharmacists — the health care professionals uniquely qualified to resolve those problems.

New approaches and ideas are a necessity to meet the challenges the ASCP Foundation faces today and will face in the future. Those challenges will be met head-on by an excellent Board of Trustees, who collectively possess extensive experience in a wide range of health-related disciplines. ASCP members can be of great help to them by making a charitable gift to the Foundation in whatever amount you can comfortably afford. This is your Foundation, and it needs your continued support.

Finally, I have said it before, but I want to reiterate how proud I am to have been a part of this great organization. And I would be remiss if I did not thank Lisa Gables and her excellent staff for the outstanding work that they do for ASCP members and the Foundation's other constituents.

The chairmanship is now in the capable hands of Nancy Losben. Please give her and the Foundation all of the support that you can.

Frank Cirillo

Frank Cirillo, RPh, FASCP
Chair, Board of Trustees

Fostering Progress for Healthy Aging



What an exciting and challenging year ~ 2008 will certainly be looked upon as a year of dramatic changes in the United States. With the election of a new administration, the economic difficulties, and the promise of sweeping health care reform, we have all felt a paradigm shift. But we must keep moving forward.

For the ASCP Foundation, 2008 was the year our dreams became reality with the launching of the Center for Medicines & Healthy Aging® (CMHA) and Monitor-Rx®.

• • • • • Approximately 44 million American families and friends provide unpaid care to another adult, sometimes around the clock. Caregivers face a daunting challenge to find quality resources that provide the valuable information they need.

Fostering Progress through Information

Center for Medicines & Healthy Aging® (CMHA). The ASCP Foundation expanded its reach to the general public through this new consumer-focused initiative. The CMHA Web site, launched at ASCP's 2008 Annual Meeting in November, provides practical, unbiased information to help older adults and their caregivers make the best use of medicines to live a healthier and more productive life. The user-friendly site also highlights issues such as medication nonadherence, adverse drug events, and geriatric syndromes and the essential role senior care pharmacists play in ensuring the appropriate, effective, and safe use of medications in older adults.

“An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.” — Martin Luther King, Jr.

• • • • • Prescription medications are the single most important technology in preventing illness, disability, and death in older people. However, when not properly prescribed or monitored, medications can cause serious harm.

Fostering Progress through Technology

Monitor-Rx®, New Risk Assessment Software. In 2008, the ASCP Foundation introduced its new Web-based clinical software program Monitor-Rx®, designed to help health professionals assess risks for medication-related problems. The software helps pharmacists and other health professionals evaluate medication regimens of individuals, whether in the community or in long-term care settings, to identify and prioritize those who are at greatest risk for medication-related problems.

Monitor-Rx® is the first and only service to assess an older adult's medication profile to identify those medications that may cause, aggravate, or contribute to a medication-related problem and their effect on physical functionality.

Monitor-Rx® is a social-enterprise, joint venture of the ASCP Foundation and the Interactive Aging Network designed to enable these two non-profit organizations to expand their missions.

“You must be the change you wish to see in the world.” — Mahatma Gandhi

Fostering Progress through Education & Innovation

During 2008, the Foundation continued its long tradition of conducting high-quality pharmacotherapy traineeships ~ over 120 sessions training approximately 700 pharmacists and other health care professionals since their inception.

“It’s traineeships like this that provide health care professionals who have the desire and passion to improve patient outcomes with the knowledge and confidence to do so.” — 2008 ASCP Foundation Traineeship Participant

2008 also marked the second year the ASCP Foundation presented its Practice Innovation Award. This award was created to recognize and promote the accomplishments of individuals and organizations that demonstrate innovation in senior care pharmacy. The Foundation honored two ASCP members with this award in 2008.

Fostering Progress through Practical Solutions

After a year in the making, the ASCP Foundation released the final version of “Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss.” This project was completed in collaboration with the American Foundation for the Blind.

In addition, the draft findings from the Vermont Medication Assistance Services pilot program for seniors living in unlicensed congregate housing were released. For this project, the Foundation teamed with the JSI Research and Training Institute and the Vermont Department of Disabilities, Aging and Independent Living to address medication safety, adherence, and assistance for seniors living in the community.

“The aging aren’t only the old; they are all of us.” — Alexandra Robbin

● ● ● ● ● ● At the beginning of 2008, the ASCP Foundation welcomed Tom Clark, RPh, MHS, CGP, DPNAP, as the Director of Clinical Affairs. Tom brings a wealth of experience to the Foundation from his years with ASCP as the Director of Policy & Advocacy and Director of Professional Affairs. In 2008, Tom became a certified geriatric pharmacist and was named a Distinguished Practitioner in the National Academies of Practice in Pharmacy. Tom is a welcome addition to our incredibly talented staff — Janice Feinberg, Peter Murphy, and Carina Pascual. Their hard work is what makes the Foundation’s dreams become reality.

Just remember...the ASCP Foundation is your champion. We’re here to help place you in the aging services spotlight as a respected and invaluable resource. I can think of no better way for the Foundation to foster progress for healthy aging.



Lisa M. Gables, CPA
Executive Director

Board of Trustees

Elected Trustees

The ASCP Foundation's nine elected trustees bring to the Board expertise and perspective from a variety of disciplines, including geriatric medicine, health policy, education, research, communications, community-based services, fund raising, and long-term care.



Frank Cirillo, RPh, *Chair*
Pharmacy Affairs, Inc.
Whitehouse Station, New Jersey



John F. Derr, RPh
Senior Vice President and Chief Technology Strategic Officer
Golden Living
Fort Smith, Arkansas



Joan Hyde, PhD
Chief Executive Officer
Ivy Hall Senior Living
Boston, Massachusetts



Sandra Rawlins Johnson, LCSW
Senior Director
North Shore Senior Center
Northfield, Illinois



Nancy L. Losben, RPh, CCP, CG, *Vice Chair*
Chief Quality Officer
Omnicare, Inc.
Cherry Hill, New Jersey



Edward McMahon, PhD
National Director of Alzheimer's Care and Quality of Life
Golden Living
Cedar Crest, New Mexico



Sandra L. Panther, CFRE
Former Executive Director
American Academy of Family Physicians Foundation
Naples, Florida



Albert Riddle, MD, CMD
President & CEO
Riddle Medical Group, PLLC
Haworth, New Jersey



Goldie W. Rivkin
President
Rivkin Associates
Bethesda, Maryland

Designated Trustees

Seven designated trustees from the ASCP leadership also serve on the Board of Trustees — the ASCP President, President-elect, Immediate Past President/Chairman of the Board, Treasurer, and Executive Director; and a representative from the Board of Directors and the Council of Presidents.



Albert R. Barber, PharmD, CGP
Golden Living
Stow, Ohio



Judith L. Beizer, PharmD, CGP
St. John's University
Jamaica, New York



Ross W. Brickley, RPh, CGP, *Treasurer*
Continuing Care Rx
Raleigh, North Carolina



John Feather, PhD
American Society of Consultant Pharmacists
Alexandria, Virginia



Joseph J. Gruber, RPh, CGP
Omnicare, Inc.
Edwardsville, Illinois



David W. Kazarian, RPh
Infuserve America
St. Petersburg, Florida



Lee Meyer, PharmD, CGP
Golden Living
Irvine, California

Joseph Gruber resigned from the Board of Trustees upon his appointment as Chief Executive Officer of ASCP Ventures in May 2008.

Frank Cirillo and Joan Hyde completed their terms on the Board of Trustees in November 2008. At that time, Nancy Losben and John Derr assumed the positions of Chair and Vice Chair, respectively, and the following individuals joined the Board.

Bruce S. Margolis, DO, MBA, FCCP, FACOI, LTCP
Medical Director – Long Term Care
Genworth Financial
Richmond, Virginia

Kenneth W. Oliver, MPA
Chief Operating Officer
Sunrise Community, Inc.
Miami, Florida

Fostering Progress Through Information



The ASCP Foundation expanded its reach to the general public in 2008 with the launching of its new consumer-focused initiative — the Center for Medicines & Healthy Aging® (CMHA). The Web site for CMHA — www.medsandaging.org — is intended to be the premier source of credible medication management information for older adults and caregivers.

Unlike other Web sites offering general drug information, the CMHA site provides practical, unbiased information focused on medicine use in older adults, including the potential impact of combinations of multiple medicines, the importance of adherence to medication regimens, tips on medication administration, and other issues. The information, materials, and interactive tools provided will enable better self-care management and lead to healthier and more productive lives.

Issues addressed on the Web site include:

- Medication nonadherence, which accounts for more than 10% of older adult hospital admissions, nearly 25% of nursing home admissions, and 20% of preventable adverse drug events among older persons in the ambulatory setting. It is estimated that medication nonadherence results in 125,000 deaths annually and costs the U.S. health care system \$100 billion per year.
- Adverse drug effects, which are 10 times more likely to cause hospitalization for the average American than motor vehicle accidents, but the risk is not distributed evenly. Older adults are seven times more likely to be hospitalized from an adverse drug effect than persons younger than 65.
- Geriatric syndromes, such as falls and urinary incontinence, which can be caused or exacerbated in older adults by medications, especially the cumulative impact of multiple medications often taken by older adults.

In addition, visitors to the Web site can easily find answers to questions such as:

- Am I taking too many medicines?
- Am I taking enough medicine?
- Am I taking the “wrong” medicines?
- Am I taking my medicine the right way?



The Web site also is intended to enhance the visibility of consultant and senior care pharmacists and the essential role they play in ensuring the appropriate, effective, and safe use of medicines in older adults.

www.medsandaging.org



Tools You Can Use

- › [Find a Senior Care Pharmacist](#)
- › [Personal Medication List](#)
- › [Questions to Ask Your Doctor or Pharmacist](#)
- › [Pill Card](#)
- › [Medication Risk Questionnaire](#)
- › [Medicine Tips](#)



Featured Topics

- ▣ [Health Conditions](#)
- ▣ [Hospital to Home](#)
- ▣ [Medication Safety](#)
- ▣ [Prescription Labels and Impaired Vision](#)

Welcome

Today's medicines can treat disease and reduce symptoms of the many conditions and ailments that are experienced by adults as they age. In order to make the best use of your medicines, it is important to:

- Take an active role in decisions about your treatment.
- Follow your treatment plan as prescribed by your doctor.
- Watch out for problems and get help in solving them.

The Center for Medicines & Healthy Aging is your resource for practical information to help you make the best use of your medicines to live a healthier and more productive life.

News You Can Use

- ▣ **Statins don't cut cancer risk.** Studies in animals showed no benefit in lowering cancer risk with statins. February 5, 2009. [Read more...](#)
- ▣ **Vitamin D deficiency may increase risk of dementia.** In adults age 65 or older, low levels of vitamin D may double the risk of dementia. February 5, 2009. [Read more...](#)
- ▣ **Drop in breast cancer rates due to drop in estrogen hormone use.** Researchers say that a recent drop in breast cancer cases is due to decreased use of hormone replacement therapy. February 4, 2009. [Read more...](#)
- ▣ **Pain pills in heart failure patients may be risky.** Commonly used pain pills may increase the risk of death and hospitalization in persons with heart failure. February 3, 2009. [Read more...](#)

Am I taking too many medicines? 

[read more](#) >

Am I taking enough medicine? 

[read more](#) >

Am I taking the "wrong" medicines? 

[read more](#) >

Am I taking my medicine the right way? 

[read more](#) >

Geriatric Clinical News is the ASCP Foundation's electronic newsletter designed to highlight significant clinical developments and resources to assist health professionals involved in medication use by older adults. The newsletter is authored by ASCP Foundation Director of Clinical Affairs Thomas R. Clark, RPh, MHS, CGP, and published semi-monthly.

Topics addressed in the 2008 issues of *Geriatric Clinical News* include:

- Review of 2007 Geriatric Pharmacotherapy Highlights
- Prevalence and Treatment of Dementia and Cognitive Impairment in Older Adults
- Serious Events During the First Thirty Days of Antipsychotic Therapy in Older Adults with Dementia
- Patient Preferences and Clinical Practice Guidelines
- Update on the Prescribing Cascade
- STOPP and START: New Criteria for Drug Therapy in the Elderly

Past issues of *Geriatric Clinical News* are archived on the ASCP Foundation's Web site at www.ascpfoundation.org/newspress/geriatric_clinical_news.cfm.

Other 2008 Publications

Clark TR. Gap analysis: assessing the value perception of consultant pharmacist services and the performance of consultant pharmacists. *Consult Pharm* 2008;23:Supp C:3-15.

Clark TR. Perceived value and priorities for nursing facility staff training from consultant pharmacists. *Consult Pharm* 2008;23:Supp C:16-8.

Clark TR. Customer assessment of long-term care pharmacy provider services. *Consult Pharm* 2008;23:Supp C:19-21.

Geriatric Pharmacotherapy Blog

Tom Clark also established a new blog on issues in geriatric pharmacotherapy. The blog is periodically updated with new developments or alerts to significant new journal articles. To view the blog, visit www.GeriPharmBlog.org.

Topics addressed in the Geriatric Pharmacotherapy Blog during 2008 include:

- Insomnia and Older Adults
- Falls and Older Adults, With and Without Diabetes
- Reducing Risk of Dementia: NSAIDs—Yes; Statins—No
- What’s the Difference Between a MRP and an ADE?
- Focus on Diabetes
- Evaluating News Media Stories on Drug Therapy Issues
- Gabapentin for Behavioral Symptoms of Dementia
- Prevalence of Anemia; Anemia Increases Risk of Falls
- Hypertension in the Very Elderly—HYVET Results
- Anticholinergic Drugs and Memory Problems
- Psychiatric Side Effects of Statin Medications
- Links to Open Access Journals
- Embracing “Slow Medicine”
- Sharing Health Care Innovations
- Podcasts on Evidence-Based Medicine
- New Tool for Predicting Fracture Risk—FRAX
- New Guidelines: Anticoagulation & Resistant HTN
- Links to Geriatric Resources
- Update on Falls in the Elderly
- Vitamin D—The New Miracle Drug?
- So What Exactly is a CGP?
- Role of Patient Preferences in Drug Therapy
- Allocation of Pandemic Flu Vaccine—Are You Prepared?
- Drug-Resistant Bugs in LTC Facilities
- Statins and Musculoskeletal Pain
- Medication Reconciliation and Transitions of Care
- Beyond Shared Decision Making
- Call to Action on DVT and Pulmonary Embolism
- Update on Osteoporosis
- STOPP: New Criteria for Drug Therapy in Older Adults
- New Guidelines—Reducing GI Risk of NSAID-antiplatelet
- Statistics and Resources on Aging
- Pomegranate—A New Drug Interaction Risk?
- Rosiglitazone vs Pioglitazone—Mortality and CHF
- Is Diabetes Overtreated in Nursing Homes?
- Drugs That May Cause Psychiatric Symptoms
- New Study on Medication Use in Older Adults

Fostering Progress Through Technology



A Systematic Solution for Assessing Medication-Related Problems in Older Adults

In 2008, the ASCP Foundation introduced its new clinical software program Monitor-Rx®, a medication assessment tool designed for the geriatric population. The tool performs three primary functions:

- It analyzes complex medication regimens of older adults to identify potential medication-related problems.
- It provides clinically relevant data to help evaluate medications as potential causes or contributors to an individual's physical, cognitive, or functional decline.
- It delivers condition-monitoring information to incorporate into the older adult's plan of care to reduce or prevent avoidable medication-related problems.

Monitor-Rx® is a proprietary software jointly developed by the ASCP Foundation and the Interactive Aging Network (IANet). IANet advises local and national aging services organizations, foundations, and government agencies on the use of information technology to enhance programs and expand service delivery. Among its achievements is the development of the National Council on Aging's BenefitsCheckUp.org initiative, a decision support service to determine a user's potential eligibility in over 1,300 benefit programs throughout the United States.

The MDS-MedGuide and Geriatric Risk Assessment MedGuide (GRAM) were the precursors to Monitor-Rx®. GRAM was created by the Foundation nearly 10 years ago and was tested in a study funded by the Agency for Healthcare Research and Quality as well as in smaller demonstration projects in multiple states. This prior work established the validity of the core algorithms. Ongoing research has been conducted since then by ASCP Foundation staff and consultants to ensure that the data in the system is current and accurate.

The Web-based Monitor-Rx® system identifies case-specific medications that are related to common geriatric problems. The system also highlights potentially inappropriate medications and drugs with anticholinergic activity. To address the potential impact of these medications, Monitor-Rx® provides medication-monitoring recommendations (relevant indicators of adverse medication effects) to foster early recognition of medication problems that can be avoided, managed, or reversed.

The Problem: Staggering Costs to the System, to Health Outcomes, and to Individuals

Medications are the single most important technology in preventing illness, disability, and death in the older population.¹ However, when not properly prescribed or monitored, medications can cause serious harm. Seniors are especially vulnerable to medication-related problems (MRPs) due to the number of medications they take and the biological changes of aging and disease.

- Persons age 65 and older make up less than 15% of the population yet account for 33% of prescription drug consumption.
- Since the implementation of Medicare Part D, medication costs to seniors were reduced by 18.4%, but their use of medications increased by 12.8%.²
- 20% of the Medicare population have five or more chronic conditions, see 14 different physicians in a year, fill 50 prescriptions annually, and account for 66% of total Medicare program spending.³
- MRPs cost \$200 billion annually, which approximates the total amount spent on drugs in the U.S. Seniors account for 60% of the costs or \$120 billion annually.^{4,5,6,7}
- Medication reviews can have a positive impact on reducing the incidence of MRPs, but only as few as 4% of seniors (those residing in nursing homes) receive regular medication reviews by a pharmacist.
- Furthermore, most medication reviews are not specifically structured to systematically analyze and address the relationship between medications and potential problems in geriatric populations.

MRPs can result in disability (beyond a person's existing conditions), impaired function, confusion, memory loss, and reduced independence. Of the life-threatening or fatal MRPs that occur, more than half are preventable. As the population continues to age, the prevalence of geriatric-related MRPs will continue to grow at an accelerated rate. Although medication review services are becoming available to community-dwelling older adults, these services will be challenged to cope with the increasing caseload without tools designed to specifically focus on MRPs affecting older adults.

The Remedy: Critical Clinical Assessments of Medications to Identify and Reduce Geriatric MRPs

The Monitor-Rx[®] system reviews an older adult's drug regimen to identify medications that have the potential to cause, aggravate, or contribute to problems commonly encountered in older adults treated with pharmacotherapy for chronic diseases and conditions. Such problems include:

- Cognitive loss/memory impairment
- Dehydration
- Delirium
- Falls
- Mood state/depression
- Urinary incontinence



In addition, Monitor-Rx® identifies medications with anticholinergic properties and those that are potentially inappropriate for use in the geriatric population.

Monitor-Rx® improves the effectiveness of medication reviews in three ways:

- It prioritizes cases according to their likelihood of MRPs.
- It provides condition-monitoring information for all potential MRPs related to each individual case record.
- It generates documentation to support recommendations for alternative medications or discontinuance.

Monitor-Rx® results can be displayed for specific cases in an online report format or integrated into other clinical or care management systems. A summarized report prepared for each individual identifies all the geriatric problems associated with the person's specific medication regimen and prioritizes the person's medication profile for overall risk. It also includes a brief description of each problem, the medications the person is receiving that may relate to the problem, and indicators to help identify the presence or severity of the problem. These indicators can serve as monitoring recommendations for incorporation into the person's plan of care to promote better health outcomes.

The Monitor-Rx® system is flexible and can be tailored to suit users' specific needs. Users can select which geriatric problems they want to screen for and customize the language of the program descriptions and monitoring indicators. Additional geriatric or medication-related problem sets can be created as needed. In the future, similar analytical outputs will be tailored to provide valuable information directly to consumers themselves. The flexibility of Monitor-Rx® positions it to provide value in any setting where medications are delivered to older adults.

References

- 1 Avorn J. Medication use and the elderly: current status and opportunities. *Health Affairs* 1995(Spring):278-86.
- 2 Lichtenberg FR, Sun SX. The impact of Medicare Part D on prescription drug use by the elderly. *Health Affairs* 2007; 26:6:1735-44.
- 3 Berenson RA, Horvath J. Confronting the barriers to chronic care management in Medicare. *Health Affairs* 2003;W3:37-53.
- 4 Ernst FR, Grizzle AL. Drug-related morbidity and mortality: updating the cost-of-illness model. *J Am Pharm Assoc* 2001;41:192-9.
- 5 Bates DW, Spell N, Cullen DJ et al. The costs of adverse drug events in hospitalized patients. *JAMA* 1997;277:307-11
- 6 Bootman JL, Harrison DL, Cox E. The health care cost of drug-related morbidity and mortality in nursing facilities. *Arch Intern Med* 1997;157: 2089-96.
- 7 Bootman JL. Personal communication.

Fostering Progress Through Education



Pharmacotherapy Traineeships

The ASCP Foundation's pharmacotherapy traineeships are five-day, experiential, patient-focused educational programs at clinical practice sites. Traineeships are designed to create experts in specific therapeutic areas, prepare them to provide a high level of pharmaceutical care to their patients, empower them to change the way they perceive their role in patient care, and create advocates for appropriate care and treatment of their patients.

Pharmacotherapy traineeships have been the ASCP Foundation's premier educational programs since 1993. That year, the Foundation conducted its first traineeship with just three participants. Since then, nearly 700 pharmacists and other health care professionals have participated in one or more of the 120 traineeship sessions the Foundation has conducted on a variety of diseases and conditions. During 2008, 23 participants successfully completed one of three traineeships offered:

- Alzheimer's/Dementia
- Pain Management
- Parkinson's Disease

During a pharmacotherapy traineeship, participants work with interdisciplinary teams of physicians, nurses, pharmacists, other allied health professionals, caregivers, and patients and their family members. During a traineeship session, participants are involved in direct patient care, contribute to the development of treatment plans, and provide input into problem identification and resolution.

To ensure that participants use the skills and knowledge gained in some measurable way after completing a traineeship, participants are required to submit case consults for which they made recommendations for treatment or interventions to improve care of patients. In addition, traineeship participants are expected to become involved in local support groups or disease-specific organizations and participate in other activities that directly apply the knowledge and skills acquired during the traineeship.

2008 Pharmacotherapy Traineeships

Alzheimer's/Dementia Traineeship

Sponsor

Forest Laboratories

Sites

Mood and Memory Clinic of Michigan
Ann Arbor, Michigan
Oakwood Nursing Homes
Dearborn, Michigan

Preceptors

Stephen Aronson, MD
Richard Berchou, PharmD
Manuel Dumlao, MD

Participants

Antonia Alafriis, PharmD, CGP
Kingsbrook Jewish Medical Center
Brooklyn, New York
Melissa Angell, PharmD, CGP
Cincinnati VA Medical Center
Cincinnati, Ohio
Nadra Botros, RPh, CGP
Clement J. Zablocki VA Medical Center
Milwaukee, Wisconsin
Catherine A. Millares, PharmD, CGP
Kingsbrook Jewish Medical Center
Brooklyn, New York



making for a fun week. I would recommend this program to any pharmacist working with elderly patients with Alzheimer's or dementia.

The experience I gained from this traineeship provided me with an opportunity to optimize the health care outcome in my everyday practice. I now have more experience with Alzheimer's/ Dementia and am better prepared to share this experience with health care providers at my facility.

This training has made me a better clinician. I feel that I am better equipped at assessing Alzheimer's patients and making pharmacotherapy recommendations.

Participant Comments:

Thank you for the opportunity to participate in the traineeship program. It was an invaluable experience and I highly recommend it to everyone who has an interest in geriatrics.

My impression of this traineeship was wonderful overall. The candidates chosen were diverse,

Pain Management Traineeship

Sponsor

Covidien/Mallinckrodt Pharmaceuticals

Sites

Heartland of Mentor

Mentor, Ohio

Hospice of the Western Reserve

Cleveland, Ohio

Preceptors

Albert Barber, PharmD, CGP

Janice Scheufler, PharmD



Participant Comments:

You are to be commended for delivering such an excellent program. The traineeships are a brilliant concept for providing pharmacists in clinical practice with a unique, high-level, professional development opportunity.

This traineeship offered me invaluable education that will benefit my practice greatly. After this program, I feel more confident in approaching therapy management in our patients.

Prior to this program, I was interested in pain management but had little training. Now, after completing the traineeship, I feel re-energized and ready to help manage my most complex patients.

Not only did this program provide us with tremendous experiences and knowledge in pain management, but it also was an opportunity to network with other pharmacists throughout the country. We all gained useful information from the experiences and practice settings of the other trainees and preceptors.

Participants

Katherine J. Anderson, PharmD, CGP
PharMerica

Pullman, Washington

Rehana Durocher, BScPharm, MEd

Riverview Health Centre

Winnipeg, Manitoba, Canada

Richard L. Holsapple, RPh

Liberty Pain Center

Salem, Oregon

Amy Johnson, RPh

Elmhurst Memorial Healthcare

Elmhurst, Illinois

John Moyher, PharmD

Middlesex Hospital

Middletown, Connecticut

Theresa Ng, PharmD

Frederick Memorial Hospital

Frederick, Maryland

Julia K. Nguyen, PharmD, BCPS, CGP

Kaiser Permanente

Simi Valley, California

Allen Novak, RPh

Omnicare

Carlsbad, California

Kristin C. Reed, PharmD

South Texas Veterans Health Care System

San Antonio, Texas

Stacey Thompson, PharmD

Gallup Indian Medical Center

Gallup, New Mexico

Jennifer M. Voisine, PharmD

VA Connecticut Healthcare System

West Haven, Connecticut

Parkinson's Disease Traineeship

Sponsor

Teva Neuroscience

Site

Parkinson's Disease and Movement Disorders
Center
Northwestern University Feinberg School of
Pharmacy
Chicago, Illinois

Preceptors

Diane Breslow, MSW, LCSW
Tanya Simuni, MD



Participant Comments

This in-depth, focused traineeship has increased my knowledge of many issues related to Parkinson's disease and has given me the confidence to educate other healthcare professionals about the disease and its management.

It is extremely valuable to leave your practice site and see what others are doing and the potential for pharmacy to expand into new areas of practice.

I was able to see opportunities for improvement in patient care that I was not aware of. That is the value of hands-on experiences. We learn better by doing.

The entire week was so very beneficial to me, but the part that I relished the most was the patient contact. I see patients every day in my current practice, and I realize how easy it is for us as practitioners to forget the patient.

Participants

Joseph Brooks, PharmD, BCPS
Malcom Randall VA Medical Center
Gainesville, Florida

Adam Clark, PharmD
North Florida/South Georgia Veterans
Health System
Gainesville, Florida

George G. Demos, RPh, CGP
Omnicare of Northern Illinois
Mount Prospect, Illinois

Andrea Goldenson, PharmD
Malcom Randall VA Medical Center
Gainesville, Florida

Tara Hoop, BScPharm
Brandon Regional Health Center
Brandon, Manitoba, Canada

Joan Pollari, RPh, CGP
Integrity Pharmacy
Brantford, Ontario, Canada

Rebecca L. Wood, PharmD
G.V. (Sonny) Montgomery VA Medical
Center

Jackson, Mississippi

Patti Yager, PharmD
Philadelphia VA Medical Center
Philadelphia, Pennsylvania

Advanced Workshop on Parkinson's Disease Pharmacotherapy

The ASCP Foundation conducted an advanced workshop on Parkinson's disease pharmacotherapy exclusively for pharmacists who have participated in the Foundation's Parkinson's Disease Pharmacotherapy Traineeship on November 20 during ASCP's 39th Annual Meeting and Exhibition. The workshop was supported by an educational grant from Teva Neuroscience.

The three-hour workshop provided an update on pharmacotherapy for Parkinson's disease, including medications in development and other clinical trials, discussion of cases provided by the faculty and the workshop attendees, and a dialogue on collaborative working relationships between pharmacists and physicians for the care of patients with Parkinson's disease.

In addition to the faculty presentations, participants received the latest reading materials and resources from the Parkinson's Disease Pharmacotherapy Traineeship.

Workshop Faculty

Jack J. Chen, PharmD, BCPS, CGP
Associate Professor, Neurology
School of Medicine
Associate Professor, Pharmacotherapy and Outcomes Science
School of Pharmacy
Loma Linda University
Loma Linda, California

Tanya Simuni, MD
Director, Parkinson's Disease and Movement Disorders Center
Associate Professor of Neurology
Feinberg School of Medicine
Northwestern University
Chicago, Illinois

2008 Presentations and Panel Participation

Current Issues in Long-Term Care Pharmacy

American Society for Automation in
Pharmacy Annual Meeting

Amelia Island, Florida

January 2008

Thomas R. Clark, RPh, MHS, CGP

Regulatory and Legislative Horizon

Amerisource Bergen Alternate Care
Leadership Forum

Las Vegas, Nevada

February 2008

Thomas R. Clark, RPh, MHS, CGP

Brown University Summit on Off-Label Antipsychotic Use In Nursing Homes: Typical Use, With Atypical Consequences

Providence, Rhode Island

April 2008

Janice L. Feinberg, PharmD, JD

Health IT and Long-Term Care

Long-Term Care Health Information
Technology Summit

Baltimore, Maryland

June 2008

Thomas R. Clark, RPh, MHS, CGP

Pharmacist Perspective on Electronic Prescribing

Office of the National Coordinator for
Health Information Technology

U.S. Department of Health and Human Services

July 2008

Thomas R. Clark, RPh, MHS, CGP

Guidelines for Prescription Labeling and Consumer Medication Information for Persons with Vision Loss

Vision Rehabilitation Therapy Division
Day Program

Association for the Education and
Rehabilitation of the Blind and Visually
Impaired Annual Conference

Chicago, Illinois

July 2008

Janice L. Feinberg, PharmD, JD

Introduction to Consultant Pharmacy Practice

Fundamentals of Consultant Pharmacy Practice
Workshop

Senior Care Pharmacy '08 - ASCP's 39th
Annual Meeting and Exhibition

New Orleans, Louisiana

November 2008

Thomas R. Clark, RPh, MHS, CGP

Age-related Eye Disease and Medication Safety: How Pharmacists Can Meet the Needs of Patients with Vision Loss

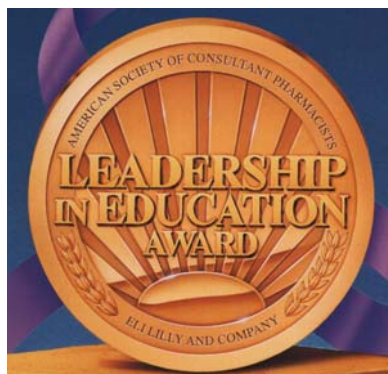
Senior Care Pharmacy '08 - ASCP's 39th
Annual Meeting and Exhibition

New Orleans, Louisiana

November 2008

Janice L. Feinberg, PharmD, JD

Fostering Progress Through Innovation



2008 Leadership in Education Award

The ASCP Leadership in Education Award honors unique and innovative educational endeavors of ASCP members and recognizes specific accomplishments and achievements in the area of education. This prestigious award is presented annually at the ASCP Midyear Conference and Exhibition. The award is administered by the ASCP Foundation and sponsored by sanofi-aventis.

Mark A. Stratton, PharmD, CGP, received the 2008 Leadership in Education Award in recognition of a program he developed entitled “Using Medications Safely: A Key Ingredient to Your Health.” Dr. Stratton is the Herbert and Dorothy Langsam Endowed Chair in Geriatric Pharmacy and Director of the Institute for Geriatric Pharmacy at the University of Oklahoma College of Pharmacy.

The goal of the program is to increase consumer awareness of inappropriate medication use among older adults. Supported by a grant from the State of Oklahoma Office of the Attorney General, the program consists of a patient-focused presentation provided at nutrition sites, churches, and community centers in Oklahoma; a video production of the presentation distributed to additional nutrition sites throughout the state; public service announcements aired on major television stations in Oklahoma City and Tulsa; and the distribution of MedGear bags — durable containers for proper medication storage and sharing of medication use information with prescribers.

Dr. Stratton was honored during the opening general session of Geriatrics '08, ASCP's 30th Midyear Conference and Exhibition, in Las Vegas, Nevada. ASCP President Lee Meyer presented Dr. Stratton with a custom-designed framed medallion, and his name was added to a plaque recognizing all previous recipients of the award, which is displayed at ASCP headquarters and at ASCP midyear conferences and annual meetings. In addition, sanofi-aventis made a contribution to the ASCP Foundation in his honor.



Matt Cullen (left) of sanofi-aventis and 2008 Leadership in Education Award recipient Mark Stratton

2008 Leadership in Education Award Selection Committee

Amie Taggart Blaszczyk, PharmD, CGP
Dallas, Texas

Marek Kolodziej, PharmD
Avon, Connecticut

Penny S. Shelton, PharmD, CGP
Raleigh, North Carolina

Nicole J. Brandt, PharmD, CGP, BCPP
Baltimore, Maryland

Harlan Martin, RPh, CCP
Clark, New Jersey

ASCP FOUNDATION Practice Innovation Award

In an effort to promote excellence in senior care pharmacy, the ASCP Foundation developed the Practice Innovation Award in 2007. The award recognizes the accomplishments of individuals and organizations that demonstrate innovation in senior care pharmacy. The Practice Innovation Award is sponsored by sanofi-aventis.

The goals of the Practice Innovation Award are to:

- Highlight successful innovative practice models that demonstrate improvements in patient safety, quality of care, medication therapy management, collaborative practice, or service delivery
- Disseminate the results of these innovative practice models in order to foster replication or adaptation in other settings

In 2008, two ASCP members were recipients of the Practice Innovation Award — Annie Lam, PharmD, CGP, of the University of Washington Health Science Center's Department of Pharmacy and Sacha Rivera-Sárate, PharmD, of the School of Pharmacy at the University of Puerto Rico.

Dr. Lam was recognized for a hypertension monitoring model operated by faculty members and students during a meals program at a community senior center with a large indigent Asian population. The project began in 1998 as a pilot outreach service and has evolved to become a clerkship site for Doctor of Pharmacy students enrolled in the Geriatric Pharmacy Practice certificate program. Hypertension issues were outlined in seven Asian languages. Educational materials include "Health Passports" for ongoing blood pressure monitoring and hypertension games formatted as Jeopardy, Monopoly, and "nutrition bingo." The model can be used for a variety of patient education topics and can be adopted by entrepreneurial pharmacy providers who are exploring new practice and business venues as well as teaching institutions.

The acronym for Dr. Rivera-Sárate's award-winning program is SIMPLE. It translates from Spanish to English as "Know correct information about medicines. Ask. Read the label and avoid problems." The SIMPLE program, funded by a grant from the Centers for Medicare and Medicaid Services, began with training for community pharmacists from 31 local pharmacies on the biopsychosocial aspects of aging, medication therapy management protocols, counseling strategies for the elderly, and the administrative aspects of the medication use program. Three six-hour workshops delivered the medication and aging content. More than 300 Medicare and Medicaid

recipients were recruited by the participating pharmacies. Six encounters with specific educational purposes were required with each participant. At the program's conclusion, the seniors were queried not only on their medication adherence but also on their knowledge of the purposes of their home-based medication regimen. More than 90% reported medication adherence after the community pharmacists' interventions, up from 55% before the intervention.

The ASCP Foundation Practice Innovation Award, which includes a recognition plaque and \$5,000 cash prize, was presented to Dr. Lam and Dr. Rivera-Sárate by ASCP Foundation Chair Frank Cirillo during the opening general session of Senior Care Pharmacy '08, ASCP's 39th Annual Meeting and Exhibition, in New Orleans, Louisiana. Each of the recipients also presented a poster at the annual meeting on the development and implementation of their award-winning programs and participated in the "This Works for Me" roundtable session.



*(left to right) Sacha Rivera-Sárate,
Frank Cirillo, Annie Lam*

2008 Practice Innovation Award Selection Committee

Michael Brodeur, PharmD, CGP
Albany, New York

Andrea C. Bussey, PharmD, CGP
North Augusta, South Carolina

John G. McGilvray, PharmD, CGP, BCPS
Palmer, Alaska

Edward G. McMahon, PhD
Cedar Crest, New Mexico

Fostering Progress Through Practical Solutions

Meeting the Needs of Patients with Vision Loss

The ASCP Foundation presented a program at Senior Care Pharmacy '08 - ASCP's 39th Annual Meeting and Exhibition in New Orleans, to promote medication safety and assist pharmacists in meeting the needs of their patients with vision loss. The session, entitled "Age-related Eye Disease and Medication Safety: How Pharmacists Can Meet the Needs of Patients with Vision Loss", was supported by an educational grant from Pfizer Inc.

The program included the following topics:

- An overview of age-related eye disease
- Functional implications of the various eye conditions
- A review of the "Guidelines for Prescription Labeling and Consumer Medication Information for Persons with Vision Loss," including specific format recommendations
- Suggestions for making information accessible to people for whom larger print is not useful
- Considerations when choosing a medication management system for persons with vision loss
- Recommendations for helping patients with vision loss distinguish among prescription containers
- A review of medication use aids and other assistive technology designed for people with vision loss
- Information on rehabilitation services and other resources

As a result of the program, the presenters were invited to prepare an article on age-related eye diseases and medication safety in the elderly for submission to *Annals of Long-Term Care: Clinical Care and Aging*. The topic was selected at the recommendation of the medical editor, on the merit of value and interest to the readership. The article will be published in 2009.

Program Faculty

Janice L. Feinberg, PharmD, JD
Research Director
ASCP Foundation
Chicago, Illinois

Priscilla A. Rogers, PhD
Senior Site Program Manager
American Foundation for the Blind Center
on Vision Loss
Dallas, Texas

Debra Sokol-McKay, MS, OTR/L, SCLV, CDE,
CVRT, CLVT
Private Practitioner and Consultant in Low
Vision Rehabilitation and Adaptive Diabetes
Self-management
Adjunct Faculty, Salus University (formerly
Pennsylvania College of Optometry)
Associate, Visual Impairment and Blindness
Services
Bethlehem, Pennsylvania

Vermont Medication Assistance Services Pilot Program

In 2004, the State of Vermont Agency of Human Services, Department of Disabilities, Aging and Independent Living (DAIL) was awarded a federal Supportive Housing Grant from the Centers for Medicare & Medicaid Services (CMS) to remove barriers that prevent Medicaid-eligible individuals with disabilities of all ages from residing in the community or in the housing arrangement of their choice. A major barrier to community living is limited access to affordable, accessible, and quality housing that incorporates long-term supports. Lack of access to either supports or affordable and accessible housing precipitates an at-risk living situation that may result in unnecessary admissions to institutions, decline in physical and/or mental health, and an overall decrease in an individual's quality of life.

The Supportive Housing Grant helped Vermont identify the infrastructure needed to increase access to and availability of affordable and accessible housing and to coordinate supports for residents funded through Medicaid State Plan services, waiver services, or other service agencies. One of the initiatives undertaken was to establish medication assistance best practices to support aging-in-place in unlicensed congregate housing.

The four objectives of medication assistance in the Supportive Housing Grant addressed the goal for “consumers to have access to quality medication assistance supports integrated with affordable and accessible housing.” The four objectives are:

1. Suggested medication assistance practices are established for unlicensed supportive housing.
2. Consumers are satisfied with medication assistance and supports.
3. Housing, service, and care providers have the information and skills they need to implement suggested medication assistance practices.
4. Enduring knowledge and resources of the Medication Assistance Goal transfer to programs and partnerships that will sustain the work after the life of the Supportive Housing Grant.

JSI Research & Training (JSI) and the ASCP Foundation were selected to develop a medication assistance best practice model, supporting the State of Vermont in its efforts to ensure aging Vermonters the opportunity to age in place. JSI was responsible for project management and evaluation, and the ASCP Foundation developed the best practice model. Penny S. Shelton, PharmD, CGP, served as a consultant to the Foundation in the development of the model.



The Vermont Medication Assistance Services (VMAS) model is a multi-dimensional model that incorporates a tiered system of service delivery. Each of the three tiers in the model increases the intensity of services available to help improve medication safety and adherence for seniors living in unlicensed congregate housing. The first tier provides general information, materials, and education to help improve awareness and preparedness to promote adherence. The second tier

uses “health partners,” peer-to-peer support within congregate sites to provide well-being observation and basic medication reminders. The third tier utilizes a health professionals team to provide comprehensive assessment and care planning to address the medication safety and adherence issues for individual residents. This tier also recommends the use of unlicensed, assistive personnel to help with pill-box filling and reminders for those residents who are assessed as needing such service. Future users of the VMAS model may opt to implement the use of unlicensed, assistive personnel as a separate or fourth tier of the model.

The implementation of this multi-tiered model was pilot-tested in unlicensed congregate housing sites that had at least a part-time resident services coordinator. During the pilot, components of the VMAS model were either implemented true to design, modified, or not fully implemented. In order to realize the full potential of this model, a larger demonstration is needed to better understand benefit/cost and outcomes. The pilot did succeed in providing insight to how users of the model (residents, resident service coordinators, nurses, and pharmacists) perceived its utility, ease of use, and appropriateness for the target population and ways in which each tier could be modified or streamlined.

Based on the pilot findings, the following recommendations were made.

RECOMMENDATION 1: Establish systems for standard application of model components and quality assurance.

RECOMMENDATION 2: Institute a multifaceted approach to sustainability.

RECOMMENDATION 3: Make it a standard of practice to use interdisciplinary teams to provide medication assistance.

The complete findings from the pilot program will be released in 2009.

A New Look for the ASCP Foundation Web Site

During 2008, the ASCP Foundation's Web site was redesigned with a fresh, modern, and professional appearance and updated, user-friendly navigation capabilities. The newly designed site also provides a content management system that allows Foundation staff to keep the site current and make changes in real time.

A new section of the Web site dedicated to the pharmacotherapy traineeship programs is in development. This section consists of a public area accessible to any visitors to the site and restricted areas accessible to traineeship participants only. The public area is designed for pharmacists and other health care professionals interested in learning more about and/or applying for the traineeship programs. The restricted area is designed for faculty and past participants in the traineeships to be able to continue their interaction and learning. This area of the site will go live in 2009.

www.ascpfoundation.org

ASCP FOUNDATION

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

[CONTACT US](#) | [ABOUT](#) | [HOME](#)

RESEARCH

PROGRAMS

TRAINEESHIPS

RESOURCES

NEWS

DONATE

Register Now!



Classic

Golf Tournament
May 6, 2009
Providence Golf Club
Orlando, Florida

[Click here for tournament details and registration information](#)

2007 ANNUAL REPORT
CLICK TO VIEW



Mission

The mission of the American Society of Consultant Pharmacists Foundation is to foster appropriate, effective, and safe medication use in older persons. The ASCP Foundation provides leadership, innovation, and expertise in medicines and aging to seniors and those who care for them. The unique focus of the ASCP Foundation is the development, integration, and application of knowledge regarding medication use in the senior population and the practice of senior care pharmacy to optimize health care outcomes.



Take advantage of an outstanding opportunity – an ASCP Foundation Pharmacotherapy Traineeship. It will bring you to a new level of confidence in yourself and your ability to affect your patients' lives. It will have a tremendous impact on the way you perceive your role in caring for your patients. It will rekindle your excitement about your career. Your pharmacy practice will never be the same again.

Key Programs & Initiatives

CMHIA
Center for Medicines & Healthy Aging

A consumer-focused resource for practical information to help older adults and their caregivers make the best use of medicines to live a healthier and more productive life.

Practice Innovation Award

Recognizing the accomplishments of individuals and organizations that demonstrate innovation in senior care pharmacy.

[Nominations due August 3](#)

Entrepreneur Grants

Grants for ASCP members to establish or expand a fee-for-service component of their senior care pharmacy practice.

[Applications due September 4](#)

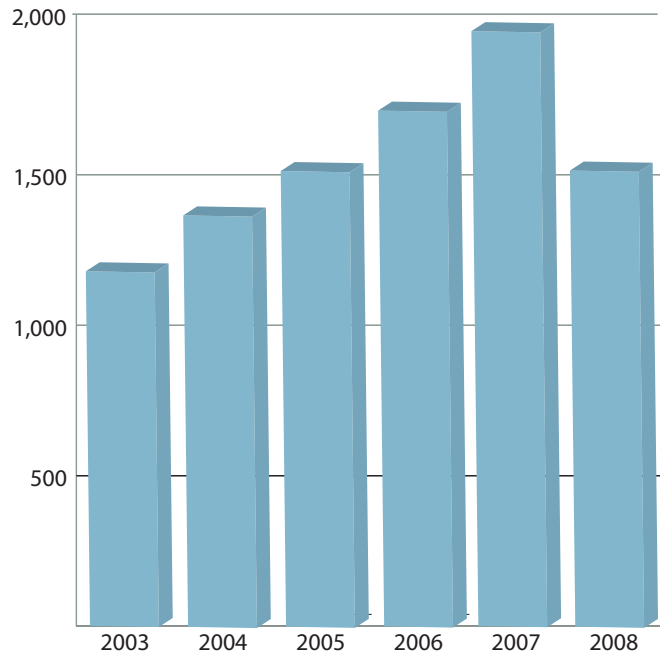
Finance

The ASCP Foundation's operating revenue totaled \$550,237 in 2008. Due to the unfavorable economic conditions during the year, the ASCP Foundation's net assets showed a decrease from the previous year. The net asset balance at the end of 2008 is \$1,529,697.

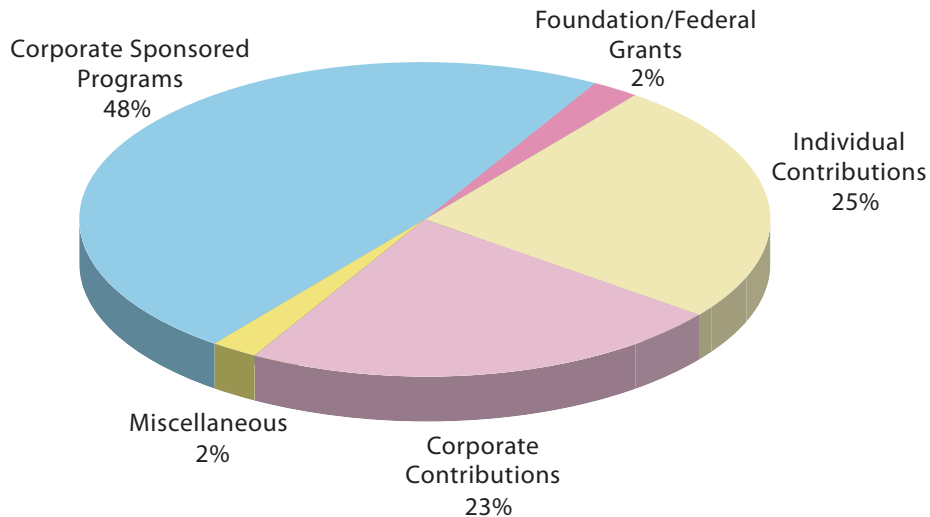
The operating revenue includes contributions from ASCP, its chapters and affiliated organizations, ASCP members, other individuals, and corporations; grants from private foundations and corporate partners; and product sales. Gifts to the Tim Webster Endowment are not included in operating revenue.

Individual contributions accounted for 25% of the operating revenue. Corporate contributions accounted for 23%, and corporate grants to support ASCP Foundation programs accounted for 48% of the total. Grants from private foundations and federal programs provided 2% of the total revenue. An additional 2% was derived from other miscellaneous sources.

Net Assets
(in thousands)



2008 Sources of Revenue



2008 Development Committee

Mark Wrabel, RPh, *Chair*
Windsor Locks, Connecticut

Jan Allen, RPh
Titus, Alabama

Maude A. Babington, PharmD
Boulder, Colorado

Frank Cirillo, RPh
Whitehouse Station, New Jersey

Herbert Langsam, RPh
Oklahoma City, Oklahoma

Dana Saffel, PharmD, CGP
Santa Rosa Beach, Florida

Lynn Williams Shipp, RPh
Monterey, Tennessee

Elliott D. Tertes, PD
Hartford, Connecticut

Fundraising Event Volunteers

Jan Allen, RPh
Titus, Alabama

Maude A. Babington, PharmD
Boulder, Colorado

Manju T. Beier, PharmD
Ann Arbor, Michigan

Frank Cirillo, RPh
Whitehouse Station, New Jersey

David W. Kazarian, RPh
St. Petersburg, Florida

Herbert Langsam, RPh
Oklahoma City, Oklahoma

John Maddox
Union, Kentucky

Dana Saffel, PharmD, CGP
Santa Rosa Beach, Florida

Mark Wrabel, RPh
Windsor Locks, Connecticut



*The Big Easy Bayou Bash
Mardi Gras World
November 20, 2008*



*ASCP Foundation's Queen and King of Mardi Gras
Maude Babington and David Kazarian*

2008 Donors

Individuals

Pacesetters

(donors whose aggregate gifts totaled \$500 or more)

Visionary (\$5,000 or more)

The Estate of Kathleen M. Kintzle

Leader (\$2,500 - \$4,999)

Maude A. Babington

Kerry A. Baldinger

Frank E. Cirillo

John Feather

Innovator (\$1,000 - \$2,499)

Steven R. Adams

Albert Barber

Judith L. Beizer

Alan Bell

Timothy Bien

Ross & Jan Brickley

James E. Coast

Greg D'Amour

Mary Daschner

V. Thomas DeVile

John Derr

Janice L. Feinberg

Lisa M. Gables

Joseph Gruber

Joan Hyde

David & Nancy Kazarian

Herbert Langsam

Michael B. List

Nancy L. Losben

Lee & Marsha Meyer

Phylliss Moret

Linda R. O'Bannon

Joy B. Plein

Dana Saffel

Carroll Ray Steiner

Bradley R. Williams

Mark G. Wrabel

Richard T. Yabuta

Irene Ziskin

Catalyst (\$500 - \$999)

Katherine Anderson

Debbie Bieber

James R. Byars

Kathleen A. Cameron

Ira Cammeyer

John Cannarella

David Carr

Sharon Clackum

Thomas Clark

Arnold Clayman

James P. Conklin

David Cooper

Diane B. Crutchfield

Patricia M. D'Antonio

Janet Dallman

David DeVido

Jeffrey C. Delafuente

James Dunham

Geoff C. Henrietta

Sean M. Jeffery

Gregory E. McKenna

Bob & Sharon Miller

Sandra L. Panther

Jeffrey L. Schneider

Lynn Williams Shipp

Peter C. Sonnenreich

Rachelle F. Spiro

Mark A. Stratton

Elliott & Carolyn Tertes

Thomas A. Trite

Michael A. Whitfield

Erik Young

\$100 - \$499

Kent Abbott	●	Thomas J. Hagan	●	Milton S. Moskowitz
Jan Allen	●	Roderick J. Halbert	●	Mary Janette Paulson
G. Keith Anderson	●	Mary Jane Hall	●	Mr. David K. Peat
Lewis Archibeck	●	Lisa Han	●	Yolene Pierre
Eldon Armstrong, Jr.	●	Lisa Hanauer	●	Cindy S. Porter
Vincent Balancia	●	Jim Hancock	●	Jeannine H. Powell
James Barnes	●	Howard S. Harpel	●	Douglas C. Pratt
Richard D. Baylis	●	Sharon K. Hartman	●	Paul R. Rasa
Manju T. Beier	●	Cecil Heidtbrink	●	Robert Reemts
Alisa E. Billington	●	Joy H. Higa	●	David J. Reis
Amie Taggart Blaszczyk	●	Joanne S. Hirshfield	●	Larry R. Reis
George L. Boudreaux	●	Eddy Hobbs	●	Albert L. Riddle
Linda K. Bradshaw	●	Janice Hoffman	●	Ken L. Roden
Jan Brickley	●	Kelly A. Hollenack	●	Gerald Roesener
Louis Brooks	●	Brad Hopkins	●	John E. Roney
Annie Brown	●	Patrick Horvath	●	Linda Ryan
Grant Brown	●	Tom M. Houchens	●	Tom Saffel
Sandra Brownstein	●	Jeff James Hunter	●	Stephen Salthouse
Roberta A. Bullock	●	Lisa Hutchison	●	Jack & Edith Sassone
Timothy S. Burke	●	Holly Infante	●	Larry Saulters
Denise Busada	●	Sandra Rawlins Johnson	●	Nancy A. Schiciano
Arnold & Arline Cammeyer	●	David H. Jones	●	Claudia E. Schlosberg
Joseph Campisi	●	Jason Jones	●	Rolf Schrader
Joseph M. Cesta	●	Thomas Jones	●	Gerri Scott
Dennis J. Chapron	●	Marydeth S. Judge	●	Steven M. Seller
Jack Chen	●	Brian A. Kahan	●	Betsy Serapiglia
Huda Cotta-Dethlefs	●	Joe Keim	●	Mark Sey
Rachel L. Couchenour	●	Perry Kemp	●	Mark Shelby
Kim S. Croley	●	Jag Khatler	●	Penny Shelton
Irene C. Crowell	●	Brett S. Kilpatrick	●	Bill Shields
Rafael Cruz	●	Susan Klem	●	Nelson & Phyllis Showalter
Lori Daiello	●	Marek Kolodziej	●	Todd Siegel
Sam Daniel	●	Michael J. Kopcho	●	William Simonson
H. Edward Davidson	●	Irene Kuncelman	●	Tom Simpleman
Roger Derderian	●	Diane C. Layton	●	Stephanie Spence
Viresh Desai	●	Doreen Leonard	●	Jeffrey L. Stauffer
Della Divine	●	Hedva Barenholtz Levy	●	Wendy Stearns
Laura C. Elliott	●	Martha M. Little	●	Holly A. Strom
Jerry D. Evans	●	Steven & Lois Loevner	●	James & Dianne Suhrbier
Joyce Fagin	●	Daniel Joseph Maloney	●	Robin D. Taylor
Tina L. Fiebelkorn	●	Jeanne M. Manzi	●	Robert Tandler
Jerome L. Fine	●	Richard A. Marasco	●	Patricia Thoman
Terry Fraley	●	Janet Matthews	●	John Thompson
Louis J. Fratto	●	Paul S. Mayer	●	Prakash M. Toke
Robert A. Fusco	●	John McGilvray	●	Leah Tolliver
Vince & Kathy Galletta	●	Thomas J. McLaughlin, Jr.	●	Craig Trobaugh
Bent Gay	●	Robert McManus	●	Kenneth W. Tuell
Mickey E. Glasco	●	Tris McSherry	●	Linda A. Wailand
Theresa M. Gnjatovich	●	Stanton Mehr	●	Kathryn A. Weidner
Myriam Lissette Gonzalez	●	Martin B. Mintz	●	Robert G. Weir
Sylvan Graham	●	Sharon Moore	●	Ginny Wise
Gari J. Grazioso	●	Mary M. Morrissey	●	Scott Zertuche
	●	Marion Morton	●	Marie E. Gardner Zoellner

Corporations

\$100,000 or more
sanofi-aventis

\$50,000 - \$99,999
Covidien/Mallinckrodt Pharmaceuticals
Forest Pharmaceuticals, Inc.
Teva Neuroscience

\$15,000 - \$24,999
Johnson & Johnson Health Care Companies

\$10,000 - \$14,999
American Society of Consultant Pharmacists
Golden Living

\$5,000 - \$9,999
Artromick International Inc.
Boehringer Ingelheim
Eisai, Inc.
Joseph and Bessie Feinberg Foundation
GeriMed, Inc.
Managed Health Care Associates, Inc.
QS/1 Data Systems

\$1,000 - \$4,999
American Foundation for the Blind
AmerisourceBergen
Chem Rx
Genetco, Inc.
MMI Medication Carts, Inc.
Neil Medical Group
PharmMD
Prasco Laboratories
UDL Laboratories, Inc.

ASCP Chapters and Affiliates

Illinois ASCP Chapter
Indiana ASCP Chapter
Maryland ASCP Chapter
Mid-Atlantic ASCP Conference
Midwest Regional ASCP Conference
New York ASCP Chapter
North Carolina Association of Pharmacists
Ohio ASCP Chapter

Program Sponsors

Advanced Workshop on Parkinson's Disease Pharmacotherapy
Teva Neuroscience

Age-related Eye Disease and Medication Safety: How Pharmacists Can Meet the Needs of Patients with Vision Loss
Pfizer Inc.

Alzheimer's/Dementia Traineeship
Forest Pharmaceuticals, Inc.

Center for Medicines & Healthy Aging
sanofi-aventis

Guidelines for Prescription Labeling and Consumer Medication Information for People with Vision Loss
Pfizer Inc.

Leadership in Education Award
sanofi-aventis

Vermont Medication Assistance Services Pilot Program
Vermont Department of Disabilities, Aging and Independent Living

Pain Management Traineeship
Covidien/Mallinckrodt Pharmaceuticals

Parkinson's Disease Pharmacotherapy Traineeship
Teva Neuroscience

Pharmacotherapy Traineeship Web Sites
Forest Pharmaceuticals, Inc.
Teva Neuroscience

Practice Innovation Award
sanofi-aventis

"Signatures that Care" Wall at ASCP Midyear Conference and Annual Meeting
Johnson & Johnson Health Care Companies

Honorary and Memorial Gifts

In honor of the work of ASCP and the ASCP Foundation

Joseph J. Gruber

In memory of Mrs. Marion P. Crocco

Amy Huie-Li

In memory of Mark Baldinger

Kerry A. Baldinger

Chem Rx

Gari J. Grazioso

Managed Health Care Associates, Inc.

In honor of Josephine Gruber's life

Joseph J. Gruber

In celebration of the marriage of

Trish D'Antonio and Paul Mazzuca

Janice L. Feinberg

In honor of Professor Sherman David Spector

Amy Huie-Li

In memory of Jack MacMillen

Janice L. Feinberg

Steven R. Adams

In memory of Theresa McRae

Stephen M. Feldman

In honor of Jack & Edith Sassone for the fantastic time at Mardi Gras

John Feather

In honor of Jack & Edith Sassone

Maude A. Babington

Albert Barber

Kathleen A. Cameron

Jack Chen

Frank E. Cirillo

Thomas Clark

John Feather

Janice L. Feinberg

Lisa M. Gables

Mary Jane Hall

Herbert Langsam

Lee & Marsha Meyer

Marion Morton

Ugo Nwachukwu

Bradley R. Williams

Mark G. Wrabel

In memory of Elizabeth Sneider

Stephen M. Feldman

In honor of Mark Stratton, 2008 ASCP Leadership in Education Award recipient

sanofi-aventis

In memory of Normand Vadenais

Frank E. Cirillo

In memory of Halimah Williams

Steven R. Adams

Maude A. Babington

Sean M. Jeffery

Cindy S. Porter

Bradley R. Williams

The Tim Webster Endowment

The ASCP Foundation's endowment is named in honor of Tim Webster, who served as ASCP's executive director for more than two decades. Tim provided the vision and leadership that guided the Society from its formative years into the 21st century and established ASCP as the preeminent organization in senior care pharmacy.

Tim also was instrumental in creating the ASCP Foundation. He recognized the need for its research initiatives, unique educational programs, practice development activities, and visibility efforts to meet the evolving needs of consultant and senior care pharmacists and the demands of the growing aging population they serve. The Tim Webster Endowment will provide the continued stability, financial security, strength, and flexibility the Foundation needs to meet its goals.

The following individuals, corporations, and ASCP Chapters have made cash contributions or pledges to the Tim Webster Endowment (as of December 31, 2008).

\$50,000 or more	●	sanofi-aventis
Bayer Corporation, Pharmaceutical Division	●	Debra D. Smith*
Herbert Langsam	●	Lisa B. Webster
	●	
\$25,000 - \$49,999	●	\$1,000 - \$4,999
Janice L. Feinberg	●	Steven R. Adams
	●	John Derr
\$10,000 - \$24,999	●	Georgia ASCP Chapter
Abbott Laboratories	●	Bob & Dianne Irby
Amgen	●	Lee & Marsha Meyer*
AstraZeneca	●	Phylliss Moret
Maude A. Babington*	●	Linda R. O'Bannon*
Connecticut ASCP Chapter	●	William Simonson
GlaxoSmithKline	●	Sheldon Sones
Johnson & Johnson Health Care Systems	●	Mark G. Wrabel
Maryland ASCP Chapter	●	
Novartis Pharmaceuticals Corporation	●	Up to \$999
Roger Parent	●	Eldon Armstrong, Jr.
Pfizer Inc.	●	Jim & Susan Cooper
Robert R. Warnock*	●	John Feather
	●	Kenneth Hale
\$5,000 - \$9,999	●	Tom M. Houchens
John & Pamela Baughman	●	Joan Hyde
Richard D. Baylis*	●	Harlan Martin
Alan Bell	●	Mary M. Morrissey
Boehringer Ingelheim	●	Carina Pascual
Frank E. Cirillo	●	David J. Reis
Diane B. Crutchfield	●	Elliott & Carolyn Tertes
Michael B. List*	●	Bob & Marilyn Webster
New York ASCP Chapter	●	Bradley R. Williams
Procter & Gamble	●	Richard T. Yabuta
Roche Laboratories	●	

* Pledge

Lifetime Supporters

Individuals and ASCP Chapters are recognized as Lifetime Supporters for total contributions of more than \$15,000 since the ASCP Foundation's inception.

\$100,000 or more

Herbert & Dorothy Langsam

\$50,000 - \$99,999

Janice L. Feinberg
New York ASCP Chapter
North Carolina ASCP Chapter

\$25,000 - \$49,999

Steven R. Adams
Maude A. Babington
Timothy Bien
Frank E. Cirillo
Mary Daschner
Sandy Irene & Family
David & Nancy Kazarian
Maryland ASCP Chapter
Bob & Sharon Miller
Dana Saffel
Jack & Edith Sassone
Elliott & Carolyn Tertes
Robert R. Warnock
Tim & Lisa Webster
Mark G. Wrabel

\$15,000 - \$24,999

Ronald K. Baur
Richard D. Baylis
Ross & Jan Brickley
Kathleen A. Cameron
Arnold & Arline Cammeyer
Connecticut ASCP Chapter
Eileen Goodis-Strom
William & Elaine Green
William E. Heimann
Indiana ASCP Chapter
Norman Jacobson
Russell & Lucile Johnson
Gary & Marie Kadlec
Brian A. Kahan
Mel & Mady Kahn
Ralph F. Kalies
Jarold Kohll
Steven & Lois Loevner
Michael E. Loomis
Jack & Kelly Machbitz
Charles & Eileen Maples
Robert P. Mauch
David McCay

Phylliss Moret
Milton S. Moskowitz
Carl A. Pannuti
Roger Parent
John R. Ricci
Lawrence & Phyllis Savitt
Monty & Linda Schwartz
Lou & Sue Scianna
Peter & Jeannette Scianna
Lynn Williams Shipp
Nelson & Phyllis Showalter
Todd Siegel
Lawrence J. Sobel
Alan D. Traster
James & Cherie Vanderhoeven
Ron & Sharon White
David & Pauline Wren
Jack & Irene Ziskin



Legacy Leaders

The Legacy Leaders are those visionary donors who have included the ASCP Foundation in their estate plans. The Legacy Leaders hope that their planned gifts affirming their dedication to the ASCP Foundation will encourage others to join them in their long-term support of the organization.

Frank Cirillo
John Feather
Janice L. Feinberg
Lisa M. Gables

Russell & Lucile Johnson
Mel & Mady Kahn
Herbert & Dorothy Langsam
Steven Loevner

Bob Miller
John Ricci
Nelson & Phyllis Showalter
Mark Wrabel

Building for the Future

The Building for the Future Campaign ended in 2001. Individuals and ASCP chapters donating \$1,000 or more and corporations donating \$15,000 or more are perpetually recognized for their gifts.

Individuals and ASCP Chapters and Affiliates

Founder (\$15,000 or more)

Steven R. Adams
Maude A. Babington
Ronald K. Baur
Richard D. Baylis
Lewis & Claire Becks
Richard S. Berman
Timothy Bien
Ross & Jan Brickley
Arnold & Arline Cammeyer
Ira Cammeyer
John Cannarella
Charles & Carol Cooper
Janice L. Feinberg
Eileen Goodis-Strom
William & Elaine Green
William E. Heimann
Sandy Irene & Family
Norman Jacobson
Russell & Lucile Johnson
Gary & Marie Kadlec
Brian A. Kahan
Mel & Mady Kahn
Ralph F. Kalies
David & Nancy Kazarian
Jarold Kohll
Herbert & Dorothy Langsam
Steven & Lois Loevner
Michael E. Loomis
Jack & Kelly Machbitz
Charles & Eileen Maples
Robert P. Mauch
David McCay
Bob & Sharon Miller
Milton S. Moskowitz
Carl A. Pannuti
John R. Ricci
Dana Saffel
Jack & Edith Sassone
Lawrence & Phyllis Savitt
Monty & Linda Schwartz
Lou & Sue Scianna
Peter & Jeannette Scianna

Nelson & Phyllis Showalter
Todd Siegel
Lawrence & Sandy Sobel
Elliott & Carolyn Tertes
Alan D. Traster
James & Cherie Vanderhoeven
Tim & Lisa Webster
Ron & Sharon White
Mark G. Wrabel
David & Pauline Wren
Jack H. & Irene Ziskin

Builder (\$10,000-\$14,999)

Norman Greenberg
North Carolina ASCP Chapter
Rolf Schrader

Partner (\$5,000-\$9,999)

Judith L. Beizer
Diane B. Crutchfield
Mary Daschner
Robert & Irene Gale
William J. Gatti
Geoff C. Henrietta
Adrian Huang
Alan Mason
New York ASCP Chapter
Eleanor M. Perfetto
Michael & Penelope Pollard
Stan Poncetta
Art & Shirley Reses
Mark Sey
Lynn Williams Shipp
Carl F. Skrabacz
Richard T. Yabuta

Sponsor (\$2,500-\$4,999)

Jan Allen
Robert & Donna Altmiller
Jeff Arnold
Manju T. Beier
Sandra Brownstein
Tom & Barbara Chamberlain
Arnold Clayman

Knute & Debbie Connell
W. Gary Erwin
Allen Ezelle, Jr.
Jerome L. Fine
Frank & Marylee Grosso
Lisa Hanauer
Bob & Jeannette Hays
Robert Steven Hord
Illinois ASCP Chapter
Indiana ASCP Chapter
John Kaufman
Harlan Martin
John & Laurie McCarter
Midwest Regional Conference
Planning Committee
Martin B. Mintz
Phylliss Moret
Armon B. Neel, Jr.
Roger Parent
Cathy L. Pease
William Simonson
Gregory M. Tertes
Dianne E. Tobias
Robert R. Warnock
Phyllis Wilson

Associate (\$1,000-\$2,499)

Mark Abrams
Randall B. Angel
Albert Barber
Kathleen A. Cameron
Canadian Society of
Consultant Pharmacists
Clarence J. Cariker
K. Scott Carruthers
Louis C. Cipriany
Frank E. Cirillo
Sharon Clackum
David Cooper
Fredrick Vincent Da Grava
Janet Dallman
Dianna Drake
Ronald C. Edwards

Michael Fecteau
Stephen M. Feldman
Charles S. Feucht
Linda Freeman
Marie E. Gardner
Baron J. Ginnetti
Judy Justien
Linda Gooen
Daniel A. Goupil
Joseph Gruber
Mayer Handelman
Sharon K. Hartman
Joanne S. Hirshfield
Rich & Vicki Poole Hoffmann
Richard A. Maraso
Michael Mascali
Massachusetts ASCP Chapter
A. Frank Mauro
Anne Marie McCloskey
James A. Miller
Patrick Mongillo
Linda R. O'Bannon
William J. Okoniewski
Cindy S. Porter
Paul R. Rasa
Ken Roden
Gerald Roesener
Morris Rosenberg
Janice Rutkowski
Jeffrey L. Schneider
Claire Sedushak
Jim Sherman
Robert A. Sherrill
Debra D. Smith
Thomas C. Snader
Sheldon Sones
Ed Stevens
James & Dianne Suhrbier
Alvin K. Tarran
Jane S. Thompson
Carl E. Trinca
F. Randy Vogenberg
Alex J. Wallace

Corporations

Leader (\$1,000,000)

Sandoz Pharmaceuticals
Corporation

Advocate (\$100,000-\$249,000)

Abbott Laboratories, Ross
Products Division

Bayer Corporation,
Pharmaceutical Division

Supporter (\$50,000-\$99,000)

Artromick International, Inc.

Friend (\$25,000-\$49,999)
AstraZeneca Pharmaceuticals
Cardinal Health, Inc.

Eli Lilly and Company
Lederle Laboratories
Med-Pass, Inc.
Merck Human Health Division
Omnicare, Inc.
Parke-Davis
SmithKline Beecham
Pharmaceuticals

Donor (\$15,000-\$24,999)

Novopharm USA Inc.
Pharmacia Corporation
PharMerica
Red Line HealthCare
Weber Medical Systems

ASCP FOUNDATION

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

Staff

Lisa M. Gables, CPA
Executive Director

Thomas R. Clark, RPh, MHS, CGP, DPNAP
Director of Clinical Affairs

Janice L. Feinberg, PharmD, JD
Research Director

Peter Murphy
Associate Executive Director

Carina Pascual
Development/Executive Assistant

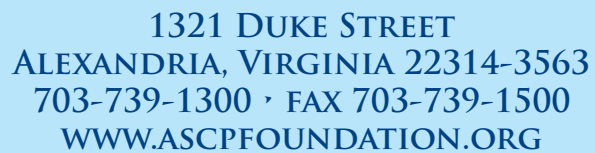


Acknowledgment

Printing services for the preparation of this annual report were provided by Golden Living as an in-kind contribution to the ASCP Foundation.

The logo for the ASCP Foundation, featuring the acronym 'ASCP' in a large, bold, serif font, followed by 'FOUNDATION' in a smaller, all-caps serif font. A horizontal line is positioned above 'FOUNDATION'. Below the main text, the full name 'AMERICAN SOCIETY OF CONSULTANT PHARMACISTS' is written in a smaller, all-caps serif font.

ASCP FOUNDATION
AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

The contact information for the ASCP Foundation, including the address, phone and fax numbers, and the website URL, all in a serif font.

1321 DUKE STREET
ALEXANDRIA, VIRGINIA 22314-3563
703-739-1300 · FAX 703-739-1500
WWW.ASCPFOUNDATION.ORG