



*Promises
and
Possibilities*

ASCP FOUNDATION
AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

2005 Annual Report

ASCP FOUNDATION

AMERICAN SOCIETY OF CONSULTANT PHARMACISTS

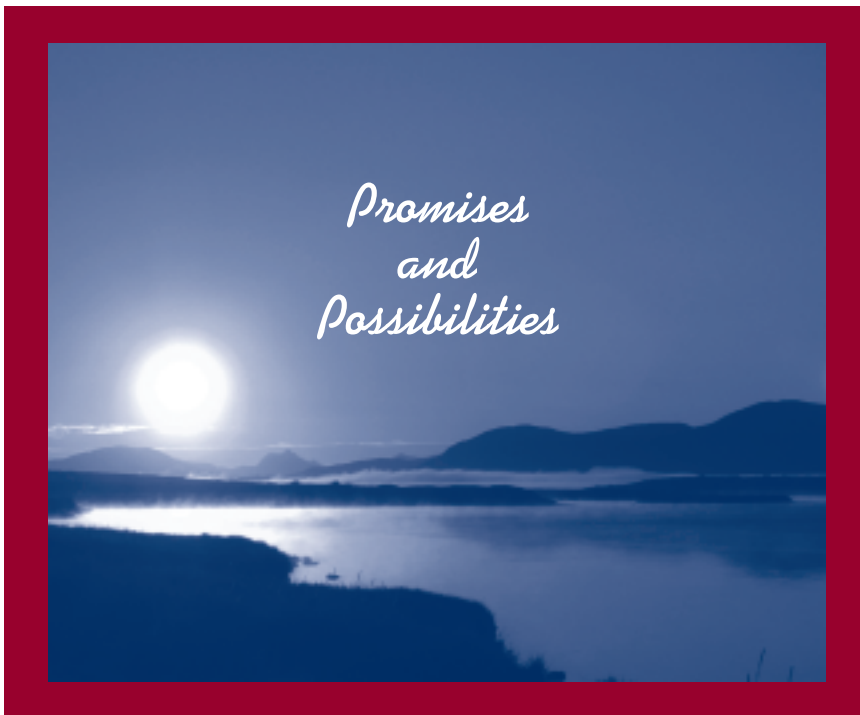
1321 DUKE STREET
ALEXANDRIA, VIRGINIA 22314-3563
703-739-1300 · FAX 703-739-1500
WWW.ASCPFOUNDATION.ORG

The mission of the ASCP Foundation is to:

- Improve the health and well-being of older persons through appropriate, effective, and safe medication use.
- Provide leadership, innovation, and expert advice in medicines and aging.
- Develop, integrate, and apply knowledge regarding medication use in the senior population and the practice of senior care pharmacy to optimize health outcomes.

The ASCP Foundation's objectives are to:

- Fund, coordinate, and conduct research that centers on geriatric pharmacotherapy and senior care pharmacy practice.
- Design, conduct, coordinate, and fund educational programs and initiatives that enhance appropriate, effective, and safe medication use in the senior population.
- Address the information and education needs of consumers, families, caregivers, healthcare professionals, and the aging network regarding appropriate medication use in the senior population.
- Develop, support, and promote the patient-centered principles and practice of senior care pharmacy.



*W*e all know the saying, "To every thing, there is a season." When I ponder the evolution of our ASCP Foundation since its early "spring" days in 1988, I am thrilled to see us maturing and moving into our "summer" season. Part of my excitement stems from the fact that I watched this growth firsthand. I served as the first Executive Director of the ASCP Foundation, starting in 1988. Back then, the position was a limited, part-time assignment. In those days, we were lucky if we had \$15,000 to spend on projects each year. Now, we are fortunate to have much more in the way of development funds at our disposal.

Summer brings us warm, bright sunlight and a long growing season. That light is shining on the ASCP Foundation as we become more and more visible and valued by partners in the aging community. For example, we have conducted several joint projects with the American Society on Aging and Brown University's Center for Gerontology and Health Care Research. We have received grants from The Commonwealth Fund, the Retirement Research Foundation, and the Aetna Foundation. We have played key roles in several important research

projects — most notably the Fleetwood Project, the results of which will be released in 2006. This growing season has brought us to an annual budget of one million dollars, and our work is managed by four excellent full-time professional staff members. Also, we now have the Tim Webster Endowment campaign underway, which will build a strong financial basis to sustain the Foundation in perpetuity.

Everybody loves the summer. It's a time to play, grow, and explore new opportunities and possibilities. I know that you all share my excitement as we appreciate our past season of spring and look to our future of summer. As I take on my final year as the Chair of the ASCP Foundation Board of Trustees, I thank all of the generous people, organizations, and corporations that have supported — and continue to support — the good work of the Foundation. It has been my honor and pleasure to serve the ASCP Foundation through these seasons.

Maude A. Babington

Maude A. Babington, PharmD, FASCP
Chair, Board of Trustees



Promises & Possibilities

***Do not go where the path may lead,
go instead where there is no path and leave a trail.***
— Ralph Waldo Emerson

SETTING THE STAGE

The ASCP Foundation began 2005 with a new Executive Director, and I am honored to be a part of this exceptional organization. With the mission to improve the lives of older adults through appropriate, effective, and safe medication use, you will see through the pages of this year's annual report how the Foundation is fulfilling that promise, and the limitless possibilities for the future.

I came to this position with a different perspective than my predecessors. I am not a clinician, but have a business background with an emphasis on finance and accounting. Prior to joining the ASCP Foundation, I was the Executive Director of the National Adult Day Services Association, the Chief Financial Officer for the National Council on the Aging, and the Vice-President of Finance and Business Development for Active Services Corporation. I am a certified public accountant and have spent the last 15 years working with or for health care organizations. My particular focus has been in home- and community-based long-term care.

This background sets the stage for a different way of thinking about the business of the ASCP Foundation. Inspired by those who've come before and those around me, I believe the Foundation is ready to step up its efforts to broaden its scope of influence and, as a result, expand the awareness of consultant pharmacist services and senior care pharmacy practice. Innovation, coupled with our valuable expertise, will propel us into a world of new possibilities.

***You make a living by what you get,
but you make a life by what you give.***
— Winston Churchill

APPRECIATION

It has indeed been a privilege to work with such dedicated people over the past year. The ASCP Foundation Board of Trustees, the board committees, and all our volunteers have performed a valuable service to the organization and should be commended for their exemplary efforts. I want to extend a special note of thanks to Maude Babington, who agreed to serve as Chair of the Board for an additional year. I also would like to acknowledge the Foundation staff for their hard work and dedication during challenging times. And a sincere thanks to ASCP, our most important partner, for its continued support of the Foundation's mission.

The best vision is insight.
— Malcolm S. Forbes

REFLECTION

Looking back over the past year, the ASCP Foundation has accomplished a great deal, but we strive for more. The pages of this report chronicle the Foundation's achievements, and I encourage you to read each account with keen interest, but also with an eye toward future possibilities. How can we create something better? How can we touch more lives? How can we become a truly great organization?

Beyond the accomplishments, this year has been a time for reflection, a time for examination of our strengths and weaknesses. Through a series of changes, we have shored up the operations and are pressing ahead with fresh tactics and strategies. With our minds always fixed on the mission, we approach our task at hand with sound business and financial principles. Fiscal integrity is the platform on which we will continue to accomplish our goals.

***I am enough of an artist to draw freely upon my imagination.
Imagination is more important than knowledge.
Knowledge is limited. Imagination encircles the world.
— Albert Einstein***

VISION

We remain cognizant of our mission and vision — our core values and core purpose — for the principles on which this organization was founded still hold true today. However, it is equally important to have a clear picture of our “envisioned future” — where we want to be in the decades ahead. The question lies in how we can truly make a difference, how we can affect the lives of older adults, how we can leave a lasting impact on society. The attainment of this envisioned future for the ASCP Foundation will depend as much on our adherence to our core values and purpose as it will on our ability to proficiently adapt to a changing environment.

***You have not lived a perfect day . . .
unless you have done something for someone
who will never be able to repay you.
— Ruth Smeltzer***

SUCCESS

There is no secret formula for success; however, I believe there are some common characteristics that, when considered together, contribute to success.

**Vision ••• Passion ••• Determination ••• Discipline
Courage ••• Humility ••• Patience ••• Perspective**

How will we measure success for the ASCP Foundation? We will measure our success and define our performance by how well we deliver on our mission. And we carry out our mission through ASCP members and other health professionals who benefit from the research, education, and other programs of the ASCP Foundation.

The ASCP Foundation is poised to meet the unique medication-related needs of our aging society — an undertaking of vast proportions. One might argue that we cannot possibly meet those needs. I say we can...one life at a time. Please join me in this exciting journey, where promises are kept and possibilities are endless.

***Man’s mind stretched to a new idea
never goes back to its original dimensions.
— Oliver Wendell Holmes***

Lisa M. Gables

Lisa M. Gables, CPA
Executive Director



Board of Trustees

The ASCP Foundation takes great pride in recognizing the distinguished members of its 2005 Board of Trustees. Nine elected trustees bring to the Board expertise and perspective from the fields of geriatric medicine, gerontology, health policy, research, health communications, and long-term care. Seven designated trustees from the ASCP leadership also serve on the Board of Trustees — the ASCP President, President-elect, Immediate Past President, Treasurer, and Executive Director; and representatives from the ASCP Board of Directors and Council of Presidents.

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Diane
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Bob Miller

ELECTIONS

Ross Brickley, Frank Cirillo, and Herb Langsam completed their terms on the Board of Trustees in November 2005. Mary Daschner resigned from the Board prior to the completion of her term due to increased work responsibilities.

Elected Trustees

At the September 2005 Board of Trustees meeting, the following elections took place:

- Due to the resignation of Mary Daschner, who would have assumed the position of Chair in November, Maude Babington was re-elected to serve an additional one-year term in this position.
- Joan Hyde was re-elected to serve a second three-year term as an elected trustee.
- Frank Cirillo, who served a one-year term as a designated trustee from the ASCP Board of Directors, was elected to serve a three-year term as an elected trustee.
- Frank Cirillo was elected to serve a one-year term as Vice Chair, to be followed by a two-year term as Chair.

Designated Trustees

The following individuals from the ASCP leadership joined the Board of Trustees in November:

- Joseph Gruber, RPh, FASCP, CGP
Omnicare, Inc.
Edwardsville, Illinois
- Michael B. List, PharmD, FASCP, CGP
Neil Medical Group
Huntersville, North Carolina
- Robert R. Warnock, DPh, FASCP, CGP, *Treasurer*
Beverly Enterprises, Inc.
Conyers, Georgia

The ASCP Foundation fulfills the promise of its research objective by funding, coordinating, and conducting research, such as the landmark Fleetwood Project and the AHRQ/GRAM study.



It has been more than a decade since the ASCP Foundation's Niemerow Institute Council of Advisors advocated for a "Manhattan Project" approach to demonstrate the value of consultant pharmacist services. That was the beginning of the Foundation's ambitious Fleetwood Project, a three-phase research initiative to quantify the value of consultant pharmacist services in nursing facilities. The Fleetwood Project was identified as the highest priority by the ASCP Board of Directors and ASCP Foundation Board of Trustees. Phases I and II of the Fleetwood Project were funded by the ASCP Foundation through contributions from ASCP and its members, chapters, and affiliates; long-term care pharmacy providers; and pharmaceutical companies.

Fleetwood Phase I was a pharmacoeconomic analysis of the cost of medication-related problems in U.S. nursing facilities and the impact of consultant pharmacist services on those costs. In 1997, the Fleetwood Project received national recognition when the Phase I findings were published in the October 13 issue of *Archives of Internal Medicine*.

As a follow-up to the Fleetwood Phase I publication, the ASCP Foundation provided a grant to the Alliance for Aging Research to convene an expert panel to develop policy recommendations addressing medication-related problems in the elderly. The report — "When Medicine Hurts Instead of Helps: Preventing Medication Problems in Older Persons" — was released at a June 9, 1998 Congressional Briefing on Capitol Hill to an overflow audience of Congressional staffers, health reporters, and representatives from national health and aging-related organizations. U.S. Senator Bill Frist (R-TN), sponsor of the Congressional Briefing, emphasized that "it will take the efforts of government, health professionals, patient groups, and the pharmaceutical industry to reduce this largely preventable problem." The Alliance report and Hill briefing received national and local coverage in both the health and lay press.

2005 Individual Donors

Pacesetters — the ASCP Foundation's donors whose aggregate gifts during 2005 totaled \$500 or more.

Visionary (\$5,000 or more)

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Phase I

- The first pharmacoeconomic study to quantify the cost of medication-related problems in nursing facilities and the impact of consultant pharmacist services on those costs. The principal investigator was J. Lyle Bootman, PhD, Center for Pharmaceutical Economics, University of Arizona.
- The study found that consultant pharmacist-conducted drug regimen review increases the number of patients who experience optimal therapeutic outcomes by 43% and saves \$3.6 billion annually in costs from avoided medication-related problems.
- Results were published in the October 13, 1997 issue of *Archives of Internal Medicine*.

Phase II

Fleetwood Phase II was a feasibility study to test a new model for long-term care pharmacy — the Fleetwood Model — which includes prospective medication review and formalized pharmaceutical care planning for elderly patients at highest risk for medication-related problems. The study found that the Fleetwood Model could be successfully implemented in long-term care pharmacy, and it enables both the internal (dispensing) pharmacist and consultant pharmacist to play a more active role in patient care through greater interaction with other members of the health care team.

- A feasibility study of a new model for long-term care pharmacy — the Fleetwood Model — which includes:
 - prospective medication review by the internal pharmacist

Consultant pharmacist-conducted drug regimen review increases the number of patients who experience optimal therapeutic outcomes by 43% and saves \$3.6 billion annually.

- direct communication with the prescriber to resolve identified medication-related problems
- patient assessment by the consultant pharmacist
- formalized pharmaceutical care planning for patients at highest risk for medication-related problems
- A study to identify risk factors for medication-related problems among nursing facility residents to be used in the risk-screening process was conducted by Joseph Hanlon, PharmD, and colleagues at Duke University's Center for the Study of Aging and Human Development, the results of which were published in the October 1997 issue of *The Consultant Pharmacist*.
 - The study found that the Fleetwood Model could be successfully implemented in long-term care pharmacy and that:
 - The internal pharmacist became more confident in their clinical skills and knowledge and more involved with clinical decision-making.
 - Many medication-related problems could be handled prospectively by the internal pharmacist.
 - The consultant pharmacist spent less time on traditional drug regimen review and had more time for patient assessment, therapeutic interventions, involvement with residents and their families, and interaction with the interdisciplinary team.
 - Pharmacist interaction with residents and families was often the most significant factor in successfully making changes in drug therapy.
- Results were published in the October 2000 issue of *The Consultant Pharmacist*.

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Phase III

In 2003, the ASCP Foundation embarked on Fleetwood Phase III, a three-year demonstration project to test the effectiveness of the Fleetwood Model in reducing potentially inappropriate medication use, adverse drug events, and the undertreatment of common diseases experienced by nursing facility residents.

Two internationally recognized private foundations — The Commonwealth Fund and the Retirement Research Foundation — provided \$750,000 to fund Fleetwood Phase III. The ability of the ASCP Foundation to receive private foundation funding to conduct Phase III of the Fleetwood Project is a testament to the work previously accomplished in Phases I and II, and a validation of the course set by the Fleetwood Advisory Board in the formative days of the project. Fleetwood Phase III is the culmination of years of planning and work and a major return on investment for those who generously supported the project through Phases I and II.

At the end of 2005, data analysis was incomplete due to delays in receiving critical data from the Centers for Medicare and Medicaid Services. In November 2005, the ASCP Foundation released the Fleetwood Toolkit v.1.0, which contains the intervention tools developed for Phase III and reprints of relevant articles. Final results from Fleetwood Phase III will be published in 2006.

- A three-year demonstration project to test the effectiveness of the Fleetwood Model in reducing potentially inappropriate medication use, adverse drug events, and the undertreatment of common diseases experienced by nursing facility residents in 26 nursing facilities in North Carolina. A complete description of Fleetwood Phase III was published in the March 2002 issue of *The Consultant Pharmacist*.
- The study will quantify the impact of the Fleetwood Model on the efficiency, productivity, workload, and satisfaction of the pharmacists. Baseline information was published in the November 2004 issue of *The Consultant Pharmacist*.
- The partners in Phase III are the Center for Gerontology and Health Care Research at Brown University, which serves as the principal investigator, and Neil Medical Group, a long-term care pharmacy provider based in Kinston, North Carolina.
- The intervention phase was conducted January 1, 2004 through December 31, 2004. Results will be published in 2006.
- A Risk Screen was integrated into the pharmacy's software system to identify patients at highest risk for adverse drug events and those receiving potentially inappropriate medications. The risk screen was adapted from published research on risk factors for preventable adverse drug events in nursing facilities.
- Prospective Intervention — As part of the Fleetwood Model, internal pharmacists review high risk patients and those receiving potentially inappropriate medications during order verification, and intervene prospectively to address medication problems identified. All interventions are documented in the pharmacy system.
- Treatment Algorithms for alternatives to potentially inappropriate medications and intervention letters for specific drugs were developed for use by the internal pharmacists. The treatment algorithms were published in the November 2004 issue of *The Consultant Pharmacist*.
- Nursing Alert Cards were developed for propoxyphene and medications with anticholinergic effects to foster early recognition of potential adverse drug effects. The Alert Cards contain recommendations for monitoring for potential adverse medication effects that should be observed for and reported, as well as RAP problems that may be caused or aggravated by the medication effects. The cards are sent with the medication order and are placed on the front of the patient's medication administration record.
- Web-based pharmaceutical care software was developed and serves as the repository for the documentation of all interventions made by internal and external pharmacists and the main conduit of information exchange between internal and external pharmacists. Automated data extracts, including medication records and interventions, are uploaded from the pharmacy software to the web site daily. Consultant pharmacists download the information to a laptop before each facility visit, enter all interventions for high-risk patients and those receiving inappropriate medications and upload the data at the end of the day. This shared system allows the internal and consultant pharmacists to work from the same patient information and see all interventions and outcomes.
- A Procedure Manual and Intervention Coding Guidelines were developed to ensure consistency in coding of interventions and outcomes.
- The ASCP Council of Presidents Task Force on Payment for Pharmacists Services was established to assist in developing a methodology for payment for pharmacist services based on the data collected in Fleetwood Phase III.

AHRQ/GRAM RESEARCH PROJECT

The ASCP Foundation's Geriatric Risk Assessment MedGuide (GRAM) software is being studied in a three-year research project funded by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. The study will evaluate the use of GRAM and quantify its effect on reducing the incidence of falls and delirium due to adverse medication effects in nursing facility residents.

Most efforts to reduce medication errors have focused on prescribing, dispensing, or medication administration; few have targeted the monitoring stage of the medication use process. The AHRQ/GRAM study is unique in that it focuses on the monitoring stage of the medication use process to foster early recognition of potential adverse medication effects that can be avoided, managed, or reversed.

The results of the AHRQ/GRAM study will add to the body of knowledge concerning adverse drug

effects (ADEs) in the senior population. Recent studies have reported that nearly one third of the ADEs suffered by older persons each year are preventable; of the life-threatening, fatal ADEs that occur, more than one half are preventable; and errors associated with ADEs occur most often at the prescribing and monitoring stages of the medication use process. In addition, an Office of the Inspector General report, *Prescription Drug Use in Nursing Homes*, found that patients may be experiencing unnecessary adverse medication reactions as a result of inadequate monitoring of medications. Recommendations by experts to reduce the risk include systems to promote early recognition of ADEs and improved education on the signs and symptoms of ADEs.

The AHRQ/GRAM study targets the prevention of delirium and falls, two of the most common preventable ADEs in nursing homes, through early recognition of adverse medication effects. GRAM reports

STUDY OBJECTIVES

The specific aims of the AHRQ/GRAM study are to determine:

- The extent to which the use of the GRAM software increases the incorporation of monitoring recommendations to detect adverse drug effects into the resident care plan.
- The extent to which the use of GRAM reduces the incidence of delirium and falls.
- The extent to which the use of GRAM reduces the incidence of hospitalizations due to potential ADEs.
- The extent to which the use of GRAM reduces RAP triggers for delirium and falls.
- The impact of the use of GRAM on the efficiency, productivity, workload, and satisfaction of the consultant pharmacists and staff of the nursing facilities.

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are generated for use in the resident assessment process and by the consultant pharmacist in targeted drug regimen review for patients who have triggered a falls and/or delirium RAP. One unique aspect of the intervention was the development of Medication Monitoring Care Plans and Flow Records for falls and delirium, which are implemented on admission for residents receiving medications that may cause, aggravate, or contribute to falls and/or delirium. The Delirium Medication Monitoring Care Plan and Flow Record contain specific MDS items that are "indicators" of delirium and may be caused by ADEs. The Falls Medication Monitoring Care Plan and Flow Record contain specific MDS items that may be caused by ADEs and contribute to the risk for falls.

The AHRQ/GRAM study involves 26 nursing facilities in Ohio served by two Omnicare pharmacies — Beeber Pharmacy in Englewood and Home Care Pharmacy in Cincinnati. Kate Lapane, PhD, Center for Gerontology and Health Care Research at Brown

University, is the principal investigator; the ASCP Foundation is the primary subcontractor for the project. A complete description of the study was published in the May 2004 issue of *The Consultant Pharmacist*.

The implementation phase of the study was conducted from January 1 through December 31, 2004. At the end of 2005, data analysis was incomplete due to delays in receiving critical data from the Centers for Medicare and Medicaid Services. Final results will be published in 2006.

As a testament to the importance of this research, The National Commission on Quality Long-term Care invited the ASCP Foundation to take part in its first public hearing on July 22, 2005, in Washington, DC, to share information about the GRAM software. The ASCP Foundation participated in the Commission's *Innovation Demonstration*, which showcased "a few of the many promising innovations that can transform the quality of long-term care."

WHAT IS GRAM?

GRAM is a unique clinical software tool that correlates medication effects with physical, functional, and psychosocial decline in older patients. GRAM was developed based on the federally mandated Resident Assessment Instrument's Minimum Data Set (MDS) and Resident Assessment Protocols (RAPs) required in all Medicare- and Medicaid-certified nursing facilities. GRAM can assist in the problem identification and clinical decision-making process when evaluating complex medication regimens of geriatric patients, regardless of where they reside.

Specifically, GRAM identifies medications that may cause, aggravate, or contribute to common geriatric (RAP) problems and correlates medication effects with signs, symptoms, syndromes, and indicators that describe mood, behavior, cognition, psychosocial well-being, and physical functioning (MDS items). GRAM also identifies medication monitoring recommendations (relevant indicators of adverse medication effects) for problems the medication regimen puts the patient at greatest risk for. This enables early recognition of medication problems that can be avoided, managed, or reversed.

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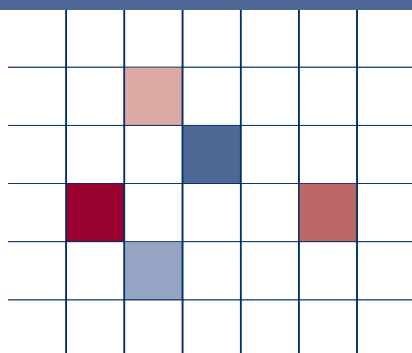
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HOW CAN GRAM BE USED?

The GRAM software generates reports for nursing facility and ambulatory (non-nursing facility) patients based on the patient's specific medication regimen.

- Geriatric Problem/RAP-Med Report: identifies medications the patient is taking that have the potential to cause, aggravate, or contribute to 15 common geriatric/RAP problems. The report provides a brief description of the problem; the medications the patient is receiving that may cause, aggravate, or contribute to the problem; and "indicators" that may signify the presence of the problem, which can serve as monitoring recommendations for potential adverse medication effects. In the nursing facility, this report can inform the resident assessment process by identifying which RAP problems the resident's medication regimen puts them at greatest risk for.
- Specific Problem/Triggered RAP-Med Report: contains the same information as the Geriatric Problem/RAP-Med Report for specific problems selected. It can be used if the patient has a new-onset problem or for nursing facility residents who have triggered one or more RAP problems.
- Med-Geriatric Problem/RAP Report: is used to identify problems associated with a specific medication, such as medications potentially inappropriate for use in the geriatric population.



GERIATRIC RISK ASSESSMENT MEDGUIDE

WHERE CAN GRAM BE USED?

- Nursing facilities
- Assisted living facilities
- Hospitals
- Home health care
- Adult day centers
- Geriatric clinics
- Community pharmacies

2005 Donors — Corporations, Foundations, and Government Agencies

Over \$100,000

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OBJECTIVE: *Design, conduct, coordinate, and fund educational programs that enhance appropriate, effective, and safe medication use in the senior population*

The ASCP Foundation fulfills the promise of its education objective by designing, conducting, coordinating, and funding educational programs, such as its traineeships, ASCP conference sessions, and student rotations.



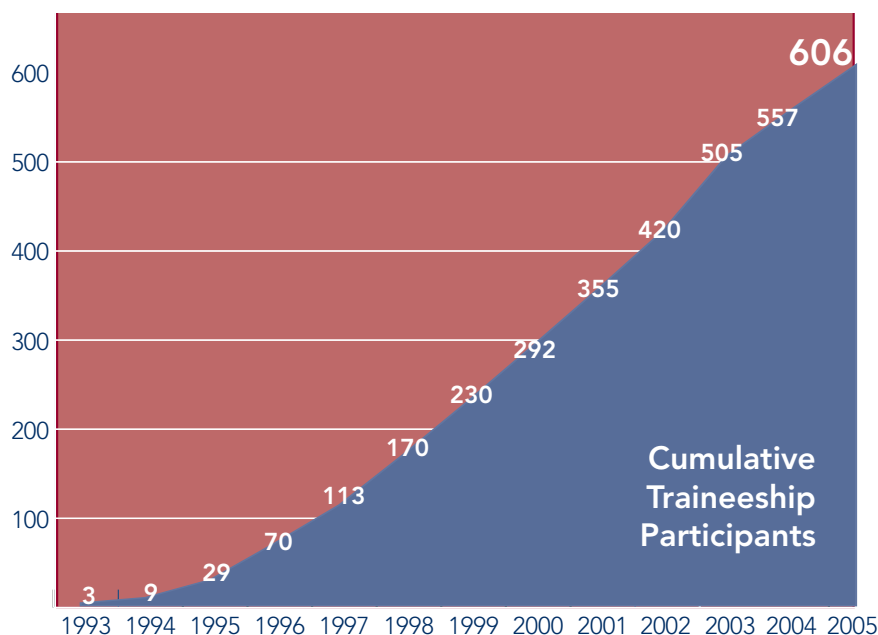
Pharmacotherapy Traineeships have been the ASCP Foundation's premier postgraduate educational programs since 1993. That year, three pharmacists participated in the ASCP Foundation's first traineeship. In 2005, 49 participants successfully completed one of the five traineeships offered, and the cumulative total of participants now exceeds 600.

ASCP Foundation Pharmacotherapy Traineeships are intensive, patient-focused, interdisciplinary, experiential educational programs at clinical practice sites. Traineeships prepare pharmacists and other healthcare professionals to provide a high level of pharmaceutical care to their patients. They create advocates for appropriate care and treatment of their patients and empower participants to

change the way they perceive their role in patient care.

Traineeship participants have the opportunity to work with interdisciplinary teams of physicians, nurses, pharmacists, 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. Participants describe the week spent at a traineeship session as empowering, practice redefining, life-altering, and the best investment of time in their entire career.

To ensure that traineeship 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. Participants also become members of the ASCP Foundation Traineeship Network, which communicates through an e-mail list server and convenes twice each year at the ASCP Midyear Conference and Annual Meeting.



2005 ASCP Foundation Pharmacotherapy Traineeships

	Sponsors	Sites	Preceptors	Participants
Alzheimer's/Dementia	Eisai, Inc. Pfizer Inc.	Mood and Memory Clinic of Michigan Botsford General Hospital Oakwood Nursing Homes Farmington Hills and Dearborn, Michigan	Stephen Aronson, MD Richard Berchou, PharmD Manuel Dumlao, MD	8 in 2005 52 since 1998
HIV/AIDS Pharmacotherapy	GlaxoSmithKline	Johns Hopkins University The Moore Clinic Chase Brexton Health Services Baltimore, Maryland	Shivaun Celano, PharmD, MBA Beulah Sabundayo, PharmD, MPH	12 in 2005 77 since 1999
Interdisciplinary GeroPsych/Behavioral Disorders	Janssen Medical Affairs, LLC Ortho-McNeil Neurologics, Inc.	McLean Hospital Boston, Massachusetts	Donald Davidoff, PhD Stephen Feldman, RPh	9 in 2005 19 since 2003
Pain Management	Mallinckrodt Pharmaceuticals	Hospice of the Western Reserve Heartland of Mentor Cleveland and Mentor, Ohio	Albert Barber, PharmD, CGP Janice Scheufler, PharmD	12 in 2005 53 since 2001
Parkinson's Disease	Eisai, Inc. Teva Neuroscience	Clinical Neuroscience Center Southfield, Michigan	Richard Berchou, PharmD Peter LeWitt, MD	8 in 2005 82 since 1993

2005 Program Sponsors and Funders

Adult Medication — Improving Medication Adherence in Older Adults
Pfizer Inc.

Alzheimers/Dementia Traineeship
Eisai, Inc.
Pfizer Inc.

Cultural Competency: Providing Quality Care to Diverse Populations
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The Fleetwood Project
Retirement Research Foundation
The Commonwealth Fund

GRAM Research Project
Agency for Healthcare Research and Quality, USDHHS

HIV/AIDS Pharmacotherapy Traineeship
GlaxoSmithKline

Interdisciplinary GeroPsych/Behavioral Disorders Traineeship
Janssen Medical Affairs, LLC
Ortho-McNeil Neurologics, Inc.

Leadership in Education Award
sanofi-aventis

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Innovatix, LLC

Pain Management Traineeship
Mallinckrodt Pharmaceuticals

Parkinson's Disease Traineeship
Eisai, Inc.
Teva Neuroscience

Partners for Progress
Cardinal Health Foundation
sanofi-aventis

"Signatures that Care" Wall at ASCP Midyear Conference and Annual Meeting
Johnson & Johnson Long Term Care Group

"Teachable Moments" Medication Safety Program
American Society on Aging
GlaxoSmithKline

Alzheimer's/Dementia

Ericka L. Breden, PharmD
Virginia Commonwealth University
Medical Center
Richmond, Virginia

Andrea C. Bussey, PharmD, FASCP, CGP
VA Medical Center
Pharmacotherapy for Seniors, Inc.
North Augusta, South Carolina

Kimberly S. Croley, PharmD
Laurel Heights Nursing and Rehabilitation
Home
London, Kentucky

Eric J. Donley, PharmD, CGP
Alert Pharmacy Services
Mt. Holly Springs, Pennsylvania

Emerald Foster, PharmD, CGP, FASCP
VA Southern Nevada Healthcare System
North Las Vegas, Nevada

Karen C. Lin, PharmD
Department of Veterans Affairs
New York Harbor Healthcare System
New York, New York

Raymond A. Mastriani, PharmD
Togus VA Medical Center
Augusta, Maine

Deborah A. Simcox, PharmD, CGP
Cornerstone Pharmacy Services
Greenwood, Indiana

**HIV/AIDS Pharmacotherapy**

Jeffrey L. Abrahamson, PharmD
Methodist Medical Center
Dallas, Texas

Adeniyi F. Ashimi, PharmD
VA Medical Center
Hampton, Virginia

Christy Barreuther, RPh
Southern Arizona VA Health Care System
Tucson, Arizona

Victoria Bryant-Riggins, PharmD
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University of Rochester Medical Center
Rochester, New York

Amy Hirsch, PharmD
Louis Stokes Cleveland VA Medical Center
Cleveland, Ohio

Heather M. Huentelman, PharmD
Phoenix Indian Medical Center
Phoenix, Arizona

Alexander J. Lokeno, PharmD
VA Southern Oregon Rehabilitation
Center and Clinics
White City, Oregon

Natalie Perkins, PharmD
El Rio Health Center Special Immunology
Associates
Tucson, Arizona

Matthew Risko, RPh
Diamond Pharmacy Services
Indiana, Pennsylvania

Erica Smith, PharmD
University of Rochester Medical Center
Strong Memorial Hospital
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Katherine J. Anderson, PharmD
Kristine L. Theis, MSN, FNP
Boise VA Medical Center
Boise, Idaho

Greg D'Amour, PharmD, CGP, FASCP
New Mexico State Veteran's Home
Truth or Consequences, New Mexico

Eileen Delacova, MSN, RN, CNS, ARNP
Darlene Hernandez-Torres, PharmD
Florida Hospital
Orlando, Florida

Kristie Clinkscales-Ward, MSN
St. Vincent Institute on Aging
Jodi Mann, PharmD, BCPS, CGP
Cornerstone Pharmacy Services, LLC
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Claudia Carcoana, MD
Pamela Wolf, PharmD, BCPP
Fargo VA Medical Center
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Dale L. Jones
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**In honor of Kathleen Cameron for her
many years of dedication to the ASCP
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Diane B. Crutchfield

**In honor of Diane Crutchfield,
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Amgen

**In honor of Diane Crutchfield with
thanks for her service**
Joan B. Fowler

In memory of William J. Devlin
Mark G. Wrabel

In memory of William Donovan
Stephen M. Feldman

**In celebration of the Arnold S. Feldman
Memorial Senior Care Pharmacy
Scholarship**
Katherine Anderson

In memory of Jerry Fine's mother
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**In honor of Marie E. Gardner, 2005 ASCP
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In memory of Eugene & Arvada Glasco
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2005 Pharmacotherapy Traineeship Participants

Pain Management

Donald S. Ahrens, PharmD
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Navajo Area Indian Health Service
Gallup, New Mexico

Donald A. Bogar, PharmD
Florida Hospital
Orlando, Florida

Jennifer Bonnetta, BScPharm
Brandon Regional Health Centre
Brandon, Manitoba, Canada

Christi A. Clore, MBA, RPh
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NeighborCare
New Port Richey, Florida

John Redden, RPh, CGP
HospiScript Services, LLC
Montgomery, Alabama

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Webster City, Iowa

Nichole J. Thorne, PharmD
Alliance Community Hospital
Louisville, Ohio

Deborah A. Ward, PharmD, BCOP
St. Jude Children's Research Hospital
Memphis, Tennessee

Bradley L. White, RPh
Deaconess Medical Center
Spokane, Washington

Parkinson's Disease

Kazi K. Bashar, PharmD
Rite Aid
Canton, Michigan

Amie T. Blaszczyk, PharmD
Texas Tech University Health Sciences Center
School of Pharmacy
Dallas, Texas

Andrea C. Bussey, PharmD, FASCP, CGP
VA Medical Center
Pharmacotherapy for Seniors, Inc.
North Augusta, South Carolina

Walter Clark, Jr., RPh
Wal-Mart Pharmacy
Fayetteville, Georgia

Joyce Fagin, RPh, MBA
Institutional Care Pharmacy, Inc.
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Orlando VA Healthcare Center
Orlando, Florida



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In memory of Lillian Sanderson and Karen Sanderson

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In memory of Carl G. Showalter

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In honor of Dianne Tobias, 2005 Richard S. Berman Award recipient

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Sharon K. Hartman
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In honor of Cameron Young's birth

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Herbert Langsam
Elliott D. Tertes

In memory of Jane Young

Patricia M. D'Antonio
Diane B. Crutchfield
Elliott D. Tertes
Mark G. Wrabel

In memory of Dorothea "Dot" Zabilansky

Mark G. Wrabel

2005 Pharmacotherapy Traineeship Selection Committee Members

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Stephen M. Setter, PharmD, CDE, CGP
Washington State University College of Pharmacy
Spokane, Washington

Juliette Touré, PharmD
Rockville, MD 20852

Traineeship Participant Profiles

Several traineeship participants were profiled in ASCP's journal *The Consultant Pharmacist* during 2005. The profiles highlighted the post-traineeship successes of the participants in a variety of practice settings and environments.

- Martin C. Senior care pharmacy profile — Dale and Judy Jones: making it on their own. *Consult Pharm* 2005;1:34-40.
Pharmacists Profiled: *Dale and Judy Jones*
- Pomales-Connors I. Hospice opportunity leads to Foundation traineeship. *Consult Pharm* 2005;2:158.
Pharmacist Profiled: *Robert Wahler*
- Pomales-Connors I. Pharmacist consults on Parkinson's disease to improve patient care. *Consult Pharm* 2005;6:535-6.
Pharmacist Profiled: *James Gates*

Building for the Future

The Building for the Future Campaign began in 1990 to purchase the headquarters building for ASCP and the ASCP Foundation and later expanded to support the Foundation's education programs and research initiatives. The campaign was closed to new pledges in 2001. Individuals and ASCP chapters donating \$1,000 or more and corporations donating \$15,000 or more are perpetually recognized for their gifts.

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CULTURAL COMPETENCY

Providing Quality Care to Diverse Populations

Within the next ten years, the U.S. population will grow significantly older and more diverse. As the population ages, a greater number of older adults will be in need of pharmacists' professional services, and racial and ethnic minority elders will constitute a growing proportion of this group. The minority older population will triple by 2030, when one quarter of the elderly population will belong to a minority racial or ethnic group. Different cultural groups have diverse concepts of illness and health care, making it increasingly important that senior care pharmacists acquire new knowledge and competencies to meet their needs; appreciate the differences among the ethnic, racial, and cultural groups; and adopt an approach to patients that is culturally sensitive.

To address this need, the ASCP Foundation developed an educational program to introduce the important concepts of cultural competency and create awareness of the depth and relevancy of cultural competence issues in the provision of quality, patient-centered care. The program was presented by Joseph R. Betancourt, MD, MPH, an expert in cultural diversity and minority health policy, at ASCP's 36th Annual Meeting and Exhibition in Boston, Massachusetts on November 10, 2005. The session was supported by an educational grant from the Aetna Foundation.



Dr. Betancourt is Assistant Professor of Medicine at

Joseph Betancourt

Harvard Medical School. He also holds positions at Massachusetts General Hospital (MGH) as Director of The Disparities Solutions Center, Senior Scientist at the Institute for Health Policy, and Program Director for Multicultural Education. His primary interests include cross-cultural medicine, minority recruitment into the health professions, and minority health/health policy research. He has served on several Institute of Medicine (IOM) Committees, including those that produced *Unequal Treatment: Confronting Racial/ Ethnic Disparities in Health Care*, *Guidance for a National Health Care Disparities Report*, and *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*. Dr. Betancourt teaches cross-cultural medicine, health disparities, and health policy to medical students and residents at MGH-Harvard Medical School and to students at the Harvard School of Public Health.

Dr. Betancourt's presentation, "Cultural Competency: Providing Quality Care to Diverse Populations," focused on the importance of cultural competency in the provision of quality, patient-centered care to patients from diverse social and cultural backgrounds. Slides from Dr. Betancourt's presentation are available on ASCP's website at www.ascp.com/public/meetings/2005/am/handouts/CulturalCompetency.pdf. A manuscript based on his presentation is being prepared for publication in *The Consultant Pharmacist* in 2006.

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SENIOR CARE PHARMACY STUDENT ROTATIONS

In 2003, the ASCP Foundation established the Senior Care Pharmacy Student Rotations Program to increase the experiential training opportunities for pharmacy students interested in geriatric pharmacotherapy and the unique medication-related needs of older adults and to expose them to the diversity of geriatric care settings. Rotation sites and preceptors were solicited from the ASCP membership and other senior care pharmacists from throughout the

United States and Canada. The rotations provide pharmacy students a wide array of experiences in a variety of practice settings and opportunities to interact with interdisciplinary care teams, participate in direct patient contact, and understand the scope of pharmacy services across the continuum of care and how they interact with other services for the aging population.

ASCP Foundation Senior Care Pharmacy Student Rotation Affiliates

As of December 31, 2005, the following preceptors and their rotations were designated as ASCP Foundation Senior Care Pharmacy Student Rotation Affiliates.

*Preceptor: Patricia Ayuk-Egbe, PharmD
Providence Hospital and Carroll Manor Nursing Home
Washington, DC
In conjunction with Howard University*

*Preceptors: Nicole Brandt, PharmD, CGP, BCPP
and Jennifer Hardesty, PharmD
Geriatric Pharmacotherapy Rotation
University of Maryland School of Pharmacy
Baltimore, Maryland*

*Preceptors: Marilyn Burton, RPh, MBA
and Jennifer Rogers, RPh
St. John's Hospital
Springfield, Illinois*

*June Griffith, PharmD
Shands Jacksonville Medical Center
Jacksonville, Florida
In conjunction with the University of Florida*

*Preceptor: Kristen Helms, PharmD
Skilled Nursing Facility and Camellia Place Assisted Living
at East Alabama Medical Center
Opelika, Alabama
In conjunction with Auburn University*

*Preceptor: Annie Lam, PharmD, FASCP
University of Washington Outreach and Consulting
at Legacy House
Seattle, Washington*

*Preceptor: Kristin Meyer, PharmD, CGP
Iowa Veterans Home
Marshalltown, Iowa
In conjunction with Drake University*

*Preceptor: Tracey Pierce, PharmD, CGP, FASCP
Blanchard Valley Regional Health Center
Findlay, Ohio,
In conjunction with Ohio Northern University*

*Preceptors: Joy Plein, RPh, PhD, CGP
and Carroll Ray Steiner, RPh, CGP, FASCP
Hearthstone Continuing Care Retirement Community
Seattle, Washington
In conjunction with the University of Washington*

*Preceptor: Margaret Sgritta, PharmD
Holladay Healthcare
 Mooresville, North Carolina
In conjunction with the University of South Carolina*

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F. Randy Vogenberg
Alex J. Wallace

Preceptors and Rotation Profile

- Pomales-Connors I. Plein, Steiner help promote student learning. Consult Pharm 2005;4:352-4.
Preceptors Profiled: Joy Plein and Carroll Ray Steiner

Joy Plein and Carroll Ray Steiner, co-preceptors at a University of Washington School of Pharmacy rotation conducted at Hearthstone Continuing Care Retirement Community in Seattle, Washington, were profiled in the April 2005 issue of *The Consultant Pharmacist*. At this rotation site, the preceptors and fourth-year pharmacy students provide consultant pharmacy services for residents of a 44-bed nursing facility, a 58-apartment assisted living unit, and 159 apartments for older adults living independently.



Carroll Ray Steiner
Joy Plein

Working in teams with the preceptors, students are assigned a resident from each level of care. Under the preceptors' supervision, students function as the primary pharmacists for their assigned residents. During the rotation, students:

- Perform drug regimen review, including interviews of residents.
- Participate in weekly interdisciplinary care planning conferences.
- Record their observations and recommendations in residents' charts, countersigned by a preceptor.
- Meet weekly with the medical director and preceptors for chart reviews, patient visits, and review and analysis of relevant journal articles.
- Research and report on a patient problem assigned by the medical director.
- Present an in-service for facility staff or an education program for the independently living residents.
- Complete special projects, such as helping develop protocols for medication use and monitoring, performing drug therapy evaluations, or serving as members of a team administering vaccines.

Corporations

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OBJECTIVE:

Address the Information and Education Needs of consumers, families, caregivers, healthcare professionals, and the aging network regarding appropriate medication use in the senior population

The ASCP Foundation fulfills the promise of its information objective by collaborating with other organizations to develop community outreach initiatives and recognizing innovative endeavors of ASCP members.



Of all age groups, older persons with chronic diseases and conditions benefit the most from taking medications and risk the most from failing to take them properly. The consequences of medication nonadherence in older adults may be more serious, less easily detected, and less easily resolved than in younger age groups.

The identification of older adults at risk for medication nonadherence and attempts to improve adherence should not be the purview of health care professionals alone. Senior centers, adult day care programs, leisure clubs, health fairs, and congregate meal sites provide venues in which older adults can be encouraged to self-identify for problems with medication adherence. Many community-based senior service providers also are in a position to address some of the social and economic factors that affect medication adherence.

The ASCP Foundation and the American Society on Aging (ASA) have collaborated to develop ADULT MEDUCATION, a web-based resource for improving medication adherence in older adults. The new

website, which will be launched in 2006, will contain:

- Information on factors that influence medication adherence, barriers to adherence, and specific strategies to improve adherence.
- Tools to identify older adults at risk for medication nonadherence.
- Resources to improve medication adherence.
- Materials to educate older adults about the importance of medication adherence.
- Educational programs targeted at community-based service providers and health professionals.
- Links to other useful web resources.

Materials on the web site can be copied or downloaded for use in educational or training programs.

One goal of the program is to encourage ASA members to work together with ASCP member pharmacists to identify, resolve, and prevent medication nonadherence in the older adults served by community-based senior service providers.

The project is supported by an unrestricted educational grant from Pfizer Inc.

The Tim Webster Endowment

The following individuals, corporations, and ASCP chapters have made cash contributions or pledges to the Tim Webster Endowment (as of December 31, 2005).

\$50,000 or more

Bayer Corporation, Pharmaceutical Division
Herbert Langsam

\$25,000-\$49,999

Janice L. Feinberg

\$10,000-\$24,999

Abbott Laboratories
Amgen
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GlaxoSmithKline
Johnson & Johnson Health Care Systems
Maryland ASCP Chapter*
Novartis Pharmaceuticals Corporation
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Pfizer Inc.
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\$5,000-\$9,999

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Georgia ASCP Chapter
Phylliss Moret
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Up to \$999

*Maude A. Babington
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Tom M. Houchens
Joan Hyde
Mary M. Morrissey
Carina Pascual
William Simonson
Elliott & Carolyn Tertes
Bob & Marilyn Webster
Mark G. Wrabel*

The following individuals have included the Tim Webster Endowment in their estate plans.

*Frank Cirillo
Janice L. Feinberg
Nelson & Phyllis Showalter
Mark G. Wrabel*

*Pledge

2005 ASCP LEADERSHIP IN EDUCATION AWARD

The ASCP Leadership in Education Award recognizes unique and innovative educational endeavors of ASCP members. 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.

Marie Gardner, PharmD, BCPP, CGP, an independent consultant pharmacist in Mountain Rest, South Carolina, received the 2005 Leadership in Education Award in recognition of her long career of educating pharmacists, pharmacy students, nurses, physicians, and other caregivers in the area of senior care pharmacy.

ASCP Foundation Chair Maude Babington nominated Dr. Gardner for the award. After describing the numerous types of programs Dr. Gardner has presented, Ms. Babington wrote, "Being successful in those many teaching venues requires skill and clinical knowledge. But equally important, and the reason I think Marie Gardner deserves

"Dr. Gardner cares deeply about her students, her subject, and, most importantly, the ultimate outcome of her teaching — improved care for seniors."

this recognition, is that her attitude and passion for teaching have always far surpassed the norm. Dr. Gardner cares deeply about her students, her subject, and, most importantly, the ultimate outcome of her teaching — improved care for seniors."



Dr. Gardner was honored during the opening general session of Geriatrics '05, ASCP's 27th Midyear Conference and Exhibition, in Orlando, Florida. ASCP President Diane Crutchfield presented Dr. Gardner with a specially designed framed medallion, and her name was added to a plaque recognizing all previous recipients of the award, which is displayed at ASCP headquarters. In addition, sanofi-aventis contributed \$10,000 to the ASCP Foundation in her honor.



ASCP President Diane Crutchfield (left) and 2005 ASCP Leadership in Education Award recipient Marie Gardner

2005 ASCP Leadership in Education Award Selection Committee

Amy Huie-Li, PharmD, MPH University of Connecticut School of Pharmacy Farmington, Connecticut	Linda O'Bannon, RPh, CGP Ampharm Inc. Parsons, Tennessee
Roger Levitt, PharmD NeighborCare Edison, New Jersey	Sheldon S. Sones, RPh, Sones & Associates Newington, Connecticut
Marsha Meyer, RPh Irvine, California	

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

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\$25,000-\$49,999

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Bob & Sharon Miller
New York ASCP Chapter
Elliott & Carolyn Tertés
Tim & Lisa Webster

\$15,000-\$24,999

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Lawrence & Sandy Sobel
Alan D. Traster
James & Cherie Vanderhoeven
Robert R. Warnock
Ron & Sharon White
Mark G. Wrabel
David & Pauline Wren

TEACHABLE MOMENTS

Medication Safety Program

In 2004, the American Society on Aging's (ASA) Medicare Advisors Program (MAP) began training a voluntary network of 5,000 advisors throughout the United States to help Medicare beneficiaries understand the benefits of the new Medicare prescription drug discount cards and assist older adults in choosing the most appropriate card for their specific needs. Teachable Moments, a program developed by ASA and the ASCP Foundation, expanded the training of the MAP volunteers to include identification and referral of Medicare beneficiaries who may be at risk for medication-related problems (MRPs).

During 2005, 50 teams, consisting of an ASCP member and a professional in aging from ASA's network, provided training to MAP volunteers in ten key

states — California, Connecticut, Florida, Illinois, Maryland, Michigan, New York, North Carolina, Ohio, and Pennsylvania. The teams trained MAP volunteers on the use of a risk assessment tool developed by the ASCP Foundation to enable them to identify Medicare beneficiaries who may be at risk for MRPs. With the assistance of this tool, MAP advisors are using the interaction with older adults as a "teachable moment," alerting them about potential MRPs and referring them to community resources, including senior care pharmacists and certified geriatric pharmacists listed on the directories at www.seniorcarepharmacists.com and www.ccgp.org.

The Teachable Moments program was supported by an educational grant from GlaxoSmithKline.

Legacy Leaders

In 2005, ASCP Executive Director John Feather joined the ranks of the Legacy Leaders, those visionary donors who have included the ASCP Foundation in their estate plans. The Legacy Leaders hope their planned gifts affirming their dedication to the organization will encourage others to join them in their long-term support of the ASCP Foundation.

Frank Cirillo



John Feather



Janice Feinberg



Russell & Lucile Johnson



Mel & Mady Kahn



Dorothy & Herb Langsam



Steve Loevner



Bob Miller



John Ricci



Nelson & Phyllis Showalter



Mark Wrabel

The ASCP Foundation fulfills the promise of its objective to develop, support, and promote the patient-centered principles and practice of senior care pharmacy by making presentations and writing articles.

PRESENTATIONS

Presentations made by ASCP Foundation staff and program partners during 2005 are listed below.

- Feinberg JL. Patient safety: focus on adverse drug effects. Geriatrics Seminar, Buehler Center on Aging, Northwestern University School of Medicine, Chicago, Illinois. January 6, 2005.
- Feinberg JL. Medication use in older adults: Identifying and preventing medication-related problems. American Society on Aging Annual Conference, Philadelphia, Pennsylvania. March 11, 2005.
- Feinberg JL. Overview of GRAM software. Geriatrics Department, Rush Medical Center, Chicago, Illinois. March 15, 2005.
- Feinberg JL. Improving patient safety: early recognition of adverse medication effects. American Medical Directors Association 28th Annual Symposium, New Orleans, Louisiana. March 18, 2005.
- Feinberg JL. Improving patient safety through early recognition of adverse medication effects. In The Trenches roundtable. American Medical Directors Association 28th Annual Symposium, New Orleans, Louisiana. March 19, 2005.
- Cameron KA. Pharmacy technology for nursing home resident safety. Cybercafé. AHRQ Medication Error Meeting, Rockville, Maryland. May 5-6, 2005.
- Lapane KL, Cameron KA. Interventions to reduce medication errors in U.S. nursing homes. Expert Panel on Medication Errors. AHRQ, Rockville, Maryland. May 2005.
- Lapane KL. Influences of medication use in U.S. nursing homes: The Fleetwood Project and AHRQ-GRAM study. Geriatric Psychiatry Series, Butler Hospital, Brown Medical School, Providence, Rhode Island. June 2, 2005.
- Feinberg JL. Improving patient safety at the monitoring stage of the medication use process using clinical informatics (poster). Innovation Café. AHRQ Patient Safety and Health IT Meeting, Washington, DC. June 6-10, 2005.
- Feinberg JL. Medication use in older adults: identifying and preventing medication-related problems. Albany College of Pharmacy Annual DUR Conference, Albany, New York. June 17, 2005.
- Feinberg JL. Software project seeks to reduce incidence of falls and delirium due to adverse drug effects. Innovation Demonstration (invited participant). Public Hearing of the National Commission for Quality Long-Term Care, Washington, DC. July 22, 2005.
- Lapane KL. Overuse of medications: the role of context of care. Expert Panel on Medication Overuse in Women. AHRQ, Rockville, Maryland. July 2005.

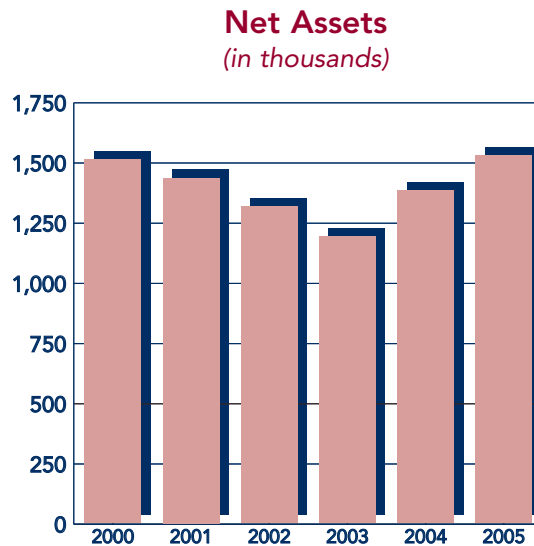
- Feinberg JL. The new medicare drug benefit. Fourth Presbyterian Church, Chicago, Illinois. September 13 and 18, 2005.
- Feinberg JL. Rush Medical Center Senior Health Fair, Chicago, Illinois. October 18, 2005.
- Feinberg JL. Update on the Fleetwood Project. ASCP Annual Meeting, Boston, Massachusetts. November 10, 2005.
- Feinberg JL. The new medicare drug benefit. Holy Name Cathedral, Chicago, Illinois. November 13, 2005.
- Lapane KL, Hughes CM. Novel pharmacist interventions to improve medication safety (The Fleetwood Project and AHRQ-GRAM study): regulatory, organizational, and resident influences on medication (mis)use in U.S. nursing facilities: informing innovative strategies to reduce medication-related problems. American Public Health Association Annual Meeting, Philadelphia, Pennsylvania. December 13, 2005.
- Lapane KL. Novel pharmacist interventions to improve medication safety (The Fleetwood Project and AHRQ-GRAM study): understanding job stressors and quality of communication among members of the nursing facility health care team. American Public Health Association Annual Meeting, Philadelphia, Pennsylvania. December 13, 2005.
- Lapane KL. Novel pharmacist interventions to improve medication safety (The Fleetwood Project and AHRQ-GRAM study): using clinical informatics to improve patient safety at the medication monitoring stage. American Public Health Association Annual Meeting, Philadelphia, Pennsylvania. December 13, 2005.

PUBLICATIONS

Articles authored by ASCP Foundation staff or related to ASCP Foundation programs and initiatives that were published during 2005 are listed below.

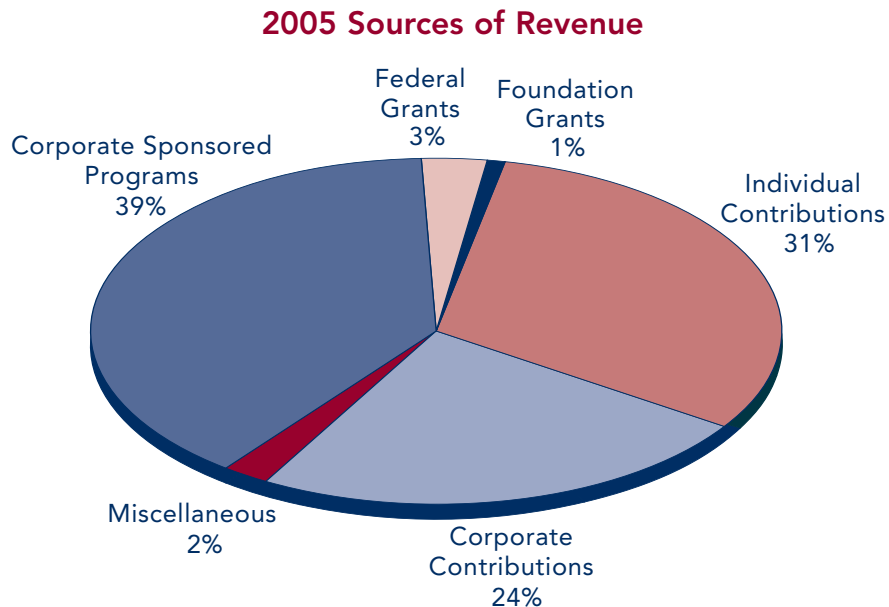
- Feinberg JL. The prevention of adverse drug events: the AHRQ-GRAM study. *ECPN* 2005;June:26-32.
- Feinberg JL. Testing a new pharmacy services model: The Fleetwood Project. *ECPN* 2005;Sept:24-9.
- Martin C. Senior care pharmacy profile — Dale and Judy Jones: making it on their own. *Consult Pharm* 2005;1:34-40.
- Pomales-Connors I. Hospice opportunity leads to Foundation traineeship. *Consult Pharm* 2005;2:158.
- Pomales-Connors I. Pharmacist consults on Parkinson's disease to improve patient care. *Consult Pharm* 2005;6:535-6.
- Pomales-Connors I. Plein, Steiner help promote student learning. *Consult Pharm* 2005;4:352-4
- Simonson W, Feinberg JL. Medication-related problems in the elderly: defining the issues and identifying solutions. *Drugs Aging* 2005;22(7):559-69.

The ASCP Foundation's operating revenue totaled \$766,372 in 2005, an increase of 4% over 2004, while expenses decreased by 10%. In addition, the ASCP Foundation's net assets have increased steadily in the past several years. The net asset balance at the end of 2005 is \$1,527,535.



The operating revenue includes contributions from ASCP, its chapters and affiliated organizations, ASCP members, other individuals, and corporations; grants from private foundations, federal agencies, and corporate partners; and product sales. It does not include donations to The Tim Webster Endowment.

Individual contributions accounted for 31% of the operating revenue. Corporate contributions accounted for 24%, and corporate grants to support the ASCP Foundation's programs accounted for 39% of the total. Grants from private foundations and federal agencies provided 4% of the total revenue. An additional 2% was derived from product sales and other miscellaneous sources.



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Ways to Support the ASCP Foundation

Make a Cash Donation

The ASCP Foundation relies on the generosity of individuals, corporations, and foundations to provide educational programs and conduct research initiatives that support the work of consultant and senior care pharmacists. Making a cash donation is easy. Donations may be made online at www.ascp-foundation.org.

Make an Honorary or Memorial Gift

Honor a friend, colleague, or loved one with a donation to the ASCP Foundation. An honorary gift is a great way to celebrate a milestone in someone's career or to commemorate a birthday, wedding, anniversary, or graduation. A memorial gift is a thoughtful way to remember a friend, colleague, or loved one who has passed away. The Foundation will send a letter to the individual or family notifying them of your gift.

Join our Monthly Giving Program

Making a small monthly donation is a great way to make a significant annual gift to the ASCP Foundation. Consider making a pledge to donate a set amount to the ASCP Foundation every month. We can make it easy for you by automatically charging your credit card each month on a set date. As little as \$10 per month is all you need to get started in our monthly giving program.

Double Your Donations with Matching Gifts

Make a donation during the ASCP Midyear Conference or Annual Meeting and have your gift matched dollar-for-dollar by one of our corporate partners. In addition, many employers will match charitable contributions made by their employees. Ask your human resources department if your employer has a matching gift program.

Make a Planned Gift

Including a bequest to the ASCP Foundation through your will is a simple way to make a lasting gift. The Foundation can provide sample language for you to include in your will. We can also help you identify other ways to make a lasting gift with stocks, annuities, trusts, and other forms of planned gifts.

The ASCP Foundation is a 501(c)(3) charitable organization. Visit www.ascpfoundation.org to make a donation online or to print a donation form.

PLANNING FOR YOUR FUTURE THE TIM WEBSTER ENDOWMENT

THE GOAL: \$3,000,000 THE VALUE: PRICELESS

The ASCP Foundation 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 was instrumental in creating the ASCP Foundation. He recognized the real need for its RESEARCH initiatives, unique EDUCATIONAL programs, PRACTICE development activities and VISIBILITY efforts to ensure it can continue to meet the evolving needs of senior care and consultant pharmacists and the demands of the growing aging population they serve.

THE NEED IS REAL . . . THE TIME IS NOW . . . INVEST IN YOUR FUTURE

To create a future for senior care and consultant pharmacists, the ASCP Foundation has begun a systematic, comprehensive campaign to acquire the gift support needed to build an endowment. The Tim Webster Endowment will provide the continued stability, financial security, strength, and flexibility the Foundation needs to remain on the leading edge of innovation.

Your investment in The Tim Webster Endowment will:

- Fund research
- Develop new educational programs
- Promote the value of senior care and consultant pharmacy services
- Enable continued innovation

The Endowment funds are wisely invested to guard the principal while generating an annual revenue stream to support these important initiatives.

YOUR GIFT — YOU CHOOSE

The ASCP Foundation will accept gifts of any amount in the form of cash, securities, and a number of planned giving options. Gifts of \$25,000 or more offer donors special recognition and naming opportunities.

Please contact the ASCP Foundation at foundation@ascp.com or 703-739-1316, extension 107, so we may work with you and your attorney or financial advisor to identify the method of giving that works best for you and your family.

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