

# **2004 Annual Report**

**American Society of Consultant Pharmacists  
RESEARCH AND EDUCATION FOUNDATION**

## Mission

The mission of the American Society of Consultant Pharmacists Research and Education Foundation is to improve the health and well-being of older persons through appropriate, effective, and safe medication use. 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.

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.

## Message from the Chair of the Board of Trustees

Once heard a speaker say, "The only one who likes change is a wet baby." I disagree! 2004 was a year of tremendous change for the ASCP Foundation. It was exciting and challenging; ultimately, change was a good experience for all involved. Our biggest hurdle was that our wonderful Executive Director, Kathy Cameron, left the Foundation at the end of the year to become a full-time mother. We so appreciate Kathy's hard work and dedication to our organization, and we cherish her friendship. We miss her already! When one door closes, however, another opens, and we are excited to have Lisa Gables as our new Executive Director. Lisa has a wealth of experience and expertise, and we are happy to have the ASCP Foundation in her capable hands.

Another big change, or should I say accomplishment, for the Foundation in 2004 was that of giving life to our

idea to create an endowed fund. While still in its infancy, this fund is no longer just an idea. I can proudly report that the Tim Webster Endowment is a reality, with a significant and growing corpus.

A final change I will mention is that of my assuming the chairmanship of the ASCP Foundation Board of Trustees. It has been an honor for me to serve in this role in 2004. I look forward to more exciting and positive changes for the Foundation in 2005. I offer my sincere thanks to all of you who have helped to make our Foundation a vital and important organization.

*Maude A. Babington*

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



## Report from the Executive Director

It is with mixed emotions that I write my last Executive Director's Report for the ASCP Foundation Annual Report. At the end of 2004, I left my position as Executive Director to take on another "job of a lifetime," that of full time mother. I have been truly honored to direct the ASCP Foundation over the past four years and privileged to be associated with all of you who are so committed to serving older adults across the continuum. I have met and collaborated with many of you through the ASCP Foundation pharmacotherapy traineeships, research initiatives, workshops, councils, and at ASCP conferences. The most rewarding part of serving as Executive Director is helping pharmacists make a unique and positive difference in the lives of older adults and other individuals with chronic diseases. The work you do is so important. I wish you all the best as you continue to assist the most vulnerable citizens among us.

The pages of this Annual Report highlight the vast array of programs and initiatives that are linked synergistically to accomplish the ASCP Foundation's mission — ***to improve the health and well-being of older persons through appropriate, effective, and safe medication use.*** This mission is achieved through four key objectives, which serve as the framework for the ASCP Foundation's strategic plan that was adopted by the Board of Trustees in 2002. These objectives guide the work of the Foundation and connect our programs toward the goal of realizing this mission.

The ASCP Foundation's research efforts, particularly the landmark Fleetwood Project and the Geriatric Risk Assessment MedGuide™ (GRAM™) software research initiative, center on improving geriatric pharmacotherapy and senior care pharmacy practice — the Foundation's first objective. Both research efforts came to a conclusion in 2004, and the results are scheduled to be published in 2005. In addition, important practice tools that were created in these projects will be disseminated to pharmacists and other healthcare practitioners in the coming months. These tools will assist pharmacists to implement the Fleetwood Model in their own settings with the goal of

improving pharmacy practice and, ultimately, health care outcomes for residents not only of nursing facilities, but also other settings of care, including assisted living facilities.

Our pharmacotherapy traineeship programs help achieve our second objective — to design, conduct, coordinate, and fund educational programs and initiatives that enhance appropriate, effective, and safe medication use in the senior population. These intensive and patient-focused experiential educational programs are a must for every pharmacist serving the geriatric population. An enhancement to these programs was launched in 2004 in partnership with the national Alzheimer's Association. The goal of this partnership is to connect traineeship graduates with local chapters of the Alzheimer's Association in order to meet the medication information needs of the chapters. As a result of this partnership, traineeship graduates have been involved in such activities as conducting presentations during caregiver and patient support group meetings, writing articles for newsletters, and serving as experts on medication issues related to Alzheimer's disease, other types of dementia, and co-existing conditions. This collaboration is a unique example of how the ASCP Foundation strives to achieve its third objective — to address the information and education needs of consumers, families, caregivers, healthcare professionals, and the aging network regarding appropriate medication use in the senior population.

I am very proud of the progress the ASCP Foundation made in 2004 to promote consultant and senior care pharmacy practice to pharmacy students across the country. As described in this Annual Report, the ASCP Foundation's Senior Care Pharmacy Student Rotations Program helped to increase the number of geriatric pharmacy rotation sites offered by schools of pharmacy and provide students with meaningful geriatric training experiences. The program also held its first summit at the 2004 ASCP Midyear Conference and Exhibition to recognize exemplary students who completed an ASCP Foundation-approved student rotation. The summit provided

an opportunity for the students to learn more about ASCP and the ASCP Foundation and, most importantly, to network with pharmacists in the field of senior care pharmacy. In addition, the Arnold S. Feldman Memorial Senior Care Pharmacy Scholarship Program was introduced in 2004 to recognize pharmacy students who have committed their career to serving older adults. The first scholarship awardee, Katherine Anderson, a fourth-year pharmacy student at Washington State University, is profiled in this Annual Report.

Finally, the ASCP Foundation's fourth objective — to develop, support, and promote the patient-centered principles and practice of senior care pharmacy — permeates all activities of the Foundation. For example, the ASCP Foundation's new collaboration with the American Society on Aging — called Teachable Moments — promotes and connects senior care pharmacists with aging network professionals in their communities. Key aspects of this initiative include the identification of older adults at risk for medication-related problems and the provision of medication therapy management services by senior care pharmacists to those at risk.

I am so grateful to the ASCP Foundation's many donors and supporters who make this important work possible. The numerous individual donors who so generously contributed to the Foundation in 2004 are recognized throughout this Annual Report. In addition, the generosity of our many corporate partners has allowed the ASCP Foundation to expand its programs over the years to meet the evolving needs of senior care pharmacists. **Most importantly, I thank you all for sharing the Foundation's vision of a world in which older persons realize an improved quality of life through the best use of their medications.**

I am indebted to the ASCP Foundation's Board of Trustees, Councils of Advisors, and Development Committee for their dedication and tireless efforts to continue and expand upon the unique research and educational offerings of the ASCP Foundation. I am particularly grateful to have worked with two exceptional Board Chairs — Elliott Tertes and Maude Babington — who provided the necessary leadership, guidance, and support to grow the Foundation during my four years as Executive Director. I also wish to thank the amazing ASCP Foundation staff who worked diligently and supported me as I strived to meet the strategic goals set forth by the Board of Trustees. One of my favorite quotes from Anne

Morrow Lindbergh expresses how I feel about my ASCP Foundation friends and colleagues:

*"One can never pay in gratitude;  
one can only pay 'in kind'  
somewhere else in life."*

I hope I will be able to pay "in kind" somewhere else in my life for the commitment you have all given to the ASCP Foundation and the support you have personally provided me during my tenure as Executive Director.

The ASCP Foundation will be in the capable hands of a new Executive Director, Lisa Gables, at the beginning of 2005. Lisa was appointed by the ASCP Foundation's Board of Trustees and Executive Director Search Committee, whose members worked long and hard to find the right person to lead the Foundation during these exciting and challenging times. Lisa brings to the position not only new ideas, but also unique skills in financial management and direct experience working with the aging network. I hope you will welcome Lisa in her new position as ASCP Foundation Executive Director.

These are exciting times for consultant and senior care pharmacists as the critical role of the geriatric pharmacist is rapidly expanding beyond the walls of the nursing home. I firmly believe that our profession must act quickly and creatively and seize the significant opportunity to meet the medication needs of older adults no matter where they reside. I trust that the ASCP Foundation's research initiatives and educational programs will continue to help many pharmacists explore new horizons in their own practices and address this growing challenge.

I will miss collaborating with all of you; however, I know our paths will cross again as I venture forward with my own senior care pharmacy practice in the future.

Farewell and warm regards,

*Kathleen A. Cameron*

Kathleen A. Cameron, RPh, MPH  
Executive Director



# Board of Trustees

The ASCP Foundation is proud to recognize the distinguished members of its 2004 Board of Trustees. Nine elected trustees bring to the Board expertise and perspective from the fields of geriatric medicine, gerontology, health policy, research, 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 a representative from the ASCP Board of Directors and Council of Presidents.

## Elected Trustees



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Enthusiasm and dedication are attributes of each of the members of the ASCP Foundation's Development Committee. Their efforts play an enormous role in the success of the Foundation's fundraising activities. The following individuals served on the Development Committee in 2004.

**Mark Wrabel, RPh, FASCP, Chairman**  
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Hartford, Connecticut

## Niernerow Institute

The mission of the Niernerow Institute is to advance the profession through the re-engineering of pharmacy practice, provide leadership and innovation for senior care pharmacists, and promote the patient-centered principles and practice of senior care pharmacy.

The Niernerow Institute's objectives are to:

- ◆ Design, conduct, coordinate, and fund educational programs and initiatives that:
  - Foster the re-engineering of pharmacy practice.
  - Empower pharmacists to change the way they perceive their role in patient care.
  - Enhance the clinical competence and confidence of pharmacists.
  - Create pharmacist advocates for appropriate care and treatment of their patients.
  - Develop mentors and role models in senior care pharmacy.
- ◆ Fund, coordinate, and conduct research that:
  - Creates the foundation for payment for pharmaceutical care.
  - Demonstrates the value of senior care pharmacist services.
  - Evaluates innovative practice models.
  - Identifies patient outcomes influenced by pharmaceutical care.

The Niernerow Institute Council of Advisors meets annually to define, identify, and prioritize potential areas or topics for research, education, and other activities of the Institute.

### 2004 Niernerow Institute Council of Advisors

#### **Jeffrey Delafuente, MS, FCCP**

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#### **Dianne Tobias, PharmD, FASCP, CGP**

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Davis, California

# Geriatric Drug Therapy Research Institute

**T**he mission of the Geriatric Drug Therapy Research Institute is to improve the health and well-being of older persons through appropriate, effective, and safe medication use.

The Geriatric Drug Therapy Research Institute's objectives are to:

- ◆ Fund, coordinate, and conduct research that centers on geriatric pharmacotherapy.
- ◆ 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.

The Geriatric Drug Therapy Research Institute Council of Advisors meets annually to define, identify, and prioritize potential areas or topics for research, education, and other activities of the Institute.

## 2004 Geriatric Drug Therapy Research Institute Council of Advisors

### **James Emerman**

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Lexington, Massachusetts

The ASCP Foundation endeavors to

## *Fund, Coordinate, and Conduct Research*

that centers on geriatric pharmacotherapy and senior care pharmacy practice.



The ASCP Foundation conducted a landmark three-phase research initiative — The Fleetwood Project — to demonstrate the impact of consultant pharmacy services on patient outcomes and health care costs and to improve quality of care for nursing facility residents. The Fleetwood Project may be the most important research initiative ever undertaken on behalf of pharmacy practice, and its significance and relevance has been validated by the private foundation funding obtained to conduct Phase III. The first two phases of the Fleetwood Project were funded by the ASCP Foundation through contributions from ASCP, its members, chapters and affiliates, long-term care pharmacy providers, and pharmaceutical companies. Two internationally recognized private foundations — The Commonwealth Fund and the Retirement Research Foundation — provided grants totaling more than \$750,000 to fund Phase III.

### Phase I

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

### 2004 Pacesetters

The ASCP Foundation is honored to recognize the following donors — the Pacesetters — whose aggregate gifts during 2004 totaled \$500 or more.

**Visionary** (\$5,000 or more)

John M. Baughman	Kathleen A. Cameron
Janice L. Feinberg	Mary Daschner
Herbert & Dorothy Langsam	John Feather
Robert R. Warnock	Michael B. List
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**Leader** (\$2,500-\$4,999)

Steven R. Adams	John R. Ricci
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**Innovator** (\$1,000-\$2,499)

Maude A. Babington	Nancy DeGuire
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Alan Bell	Ruth L. Feldman
Arnold & Arline Cammeyer	Stephen M. Feldman
Ira Cammeyer	Joseph Gruber & Susan Bostwick
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Frank E. Cirillo	Charles & Eileen Maples
James E. Coast	Harlan Martin
Diane B. Crutchfield	Tamar & Raymond Martin
H. Edward Davidson	Lee & Marsha Meyer

## Phase II

- ◆ A feasibility study of a new model for long-term care pharmacy, the Fleetwood Model, which includes
  - prospective review
  - direct communication with the prescriber
  - pharmacist assessment of the patient
  - formalized pharmaceutical care planning for elderly patients at highest risk for medication-related problems
- ◆ Additional information about the Fleetwood Model was published in the December 1998 issue of ASCP's journal *The Consultant Pharmacist*.
- ◆ The study was conducted over a six-month period in 1998 in cooperation with Vitalink Pharmacy Services and six nursing facilities (three intervention and three comparison facilities) serviced by Vitalink's pharmacy in Appleton, Wisconsin.
- ◆ The study demonstrated that this revolutionary new model of pharmaceutical care in nursing facilities could be successfully integrated into long-term care pharmacy practice. Most importantly, the new model allows the internal pharmacists and consultant pharmacist to play a much more active role in resident care through greater interaction with other members of the health care team, the residents, and caregivers.
- ◆ Phase II is of critical importance to the pharmacy profession, because it demonstrates that long-term care pharmacy practice can be re-engineered while also improving workflow efficiencies.
- ◆ Complete operational results were published in the October 2000 issue of *The Consultant Pharmacist*.

## 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 in twenty-six 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. Publication of the results is expected in late summer, 2005.
- ◆ Risk Screen — 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

Linda R. O'Bannon  
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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 — 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.

- ◆ Procedure Manual and Intervention Coding Guidelines — were developed to ensure consistency in coding of interventions and outcomes.
- ◆ 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.

## 2004 Individual Donors

### \$10,000 and above

Janice L. Feinberg  
Herbert & Dorothy Langsam

### \$5,000-\$9,999

John M. Baughman  
Robert R. Warnock

### \$2,500-\$4,999

Steven R. Adams  
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Ross & Jan Brickley  
Kathleen A. Cameron  
Mary Daschner  
John Feather

Michael B. List  
Bob & Sharon Miller  
Phylliss Moret  
John R. Ricci  
Dana Saffel  
Alan D. Traster  
Mark G. Wrabel

### \$1,000-\$2,499

Maude A. Babington  
Judith L. Beizer  
Alan Bell  
Arnold & Arline Cammeyer  
Ira Cammeyer  
Angie Carlson  
Frank E. Cirillo

James E. Coast  
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### \$100-\$999

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## 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), 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. A complete description of the study was published in the May 2004 issue of *The Consultant Pharmacist*.

In February 2001, AHRQ announced the availability of funds for research demonstration and dissemination projects on the use of clinical informatics and information technology to reduce medical errors and improve patient safety. The ASCP Foundation partnered with the Center for Gerontology and Health Care Research at Brown Medical School to prepare an application in response to the AHRQ request for applications; it was one of 22 projects approved for funding in September 2001. Kate Lapane, PhD, Center for Gerontology and Health Care Research, is the principal investigator; the ASCP Foundation is the primary subcontractor for the project.

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. The implementation phase of the study was conducted from January 1, 2004 through December 31, 2004. Published results are expected in late summer, 2005.

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™ project will add to the body of knowledge concerning adverse drug effects (ADEs) in the senior population. Recent studies have

### 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.
- ◆ Determine 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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James R. Gates

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 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. In addition, Medication Monitoring Care Plans and Flow Records were developed for falls and delirium. The care

plans and flow records 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. In-service programs for nursing staff were conducted to review medications and medication effects that cause, aggravate, or contribute to the risk for falls and delirium and to reinforce the importance of early observation for signs and symptoms of ADEs.

The study should demonstrate the value of GRAM™ as a tool to enhance the problem identification process when evaluating complex medication regimens in nursing facility patients; raise awareness of medications as a potential cause or aggravating factor contributing to a patient’s physical, functional, or cognitive decline; inform the Resident Assessment process; and foster incorporation of medication monitoring information into the patient’s plan of care.



Nick Generalovich  
Theresa M. Gnjatovich  
Linda Goen  
William & Elaine Green  
Jim Griggs  
Frank & Marylee Grosso  
Larry E. Haines  
Jackie Hajji  
Suzanne Hall  
William C. Hallett  
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Erica Murrell  
Armon B. Neel, Jr.  
Lee A. Obenchain  
L. Robert Oberfield  
William J. Okoniewski  
Bonnie Oldring

## 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), which is 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.

## 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-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.

## Where can GRAM™ be used?

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

Ralph Palmer  
Robert Papiernik  
Roger Parent  
Peter Perrin  
Tracey Pierce  
Mark Pilkington  
Irma Pomales-Connors  
Cindy S. Porter  
Howard Prider  
Michael B. Pursel  
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Stephen Wilson  
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Owen E. Wood  
Dane Yarbrough  
Danny J. Yates  
Mary Ann E. Zagaria  
Jack H. & Irene Ziskin

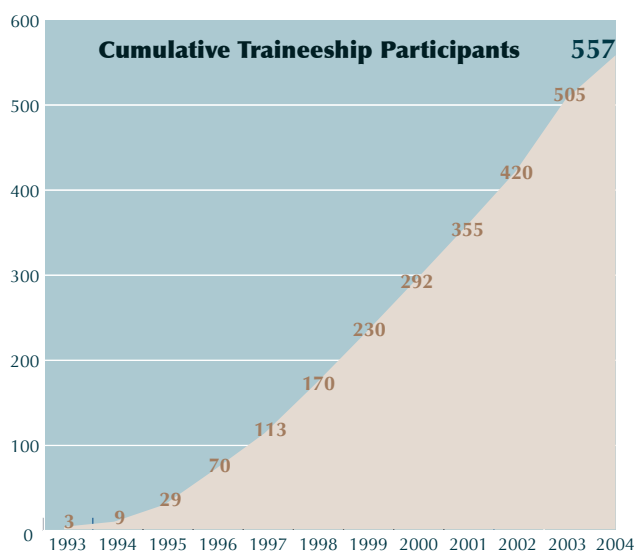
The ASCP Foundation endeavors to

*Design, Conduct, Coordinate, and Fund Educational Programs*  
that enhance appropriate, effective, and safe medication use in the senior population.

Pharmacotherapy Traineeships have been the ASCP Foundation's premier post-graduate educational programs for more than a decade. In 1993, three pharmacists participated in the ASCP Foundation's first traineeship session. In 2004, 52 participants successfully completed one of five traineeships offered, bringing the cumulative number of traineeship participants to more than 550.



ASCP Foundation Pharmacotherapy Traineeships are intensive, patient-focused, interdisciplinary, experiential educational programs at clinical practice sites. These programs prepare pharmacists and other health-care professionals to provide a high level of pharmaceutical care to their patients. They also create advocates for appropriate care and treatment of their patients and empower participants to change the way they perceive their role in patient care.



*"This traineeship has been the highlight of my 28 years as a pharmacist and has revitalized my career."*

— 2004 ASCP Foundation Traineeship Participant

Traineeship participants have the opportunity to work with an interdisciplinary team of physicians, nurses, pharmacists, caregivers, and patients and their family members. During a traineeship session, participants are

## 2004 Donors — ASCP Chapters and Affiliates

**Partner** (\$5,000-\$9,999)  
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Pennsylvania ASCP Chapter  
Washington ASCP Chapter

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 redirecting, 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 encouraged 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 meets at the ASCP Midyear Conference and Annual Meeting and is linked through an e-mail list server.

### Traineeship Participant Profiles

Three traineeship participants were profiled in ASCP's journal *The Consultant Pharmacist* during 2004. The profiles highlighted the post-traineeship successes of the participants in a variety of practice settings and environments.

- ◆ Pomales-Connors I. Geriatric pharmacy traineeship leads to leadership in local Alzheimer's chapter. *Consult Pharm* 2004; 4:375.  
Pharmacist Profiled: **Patricia Slattum**
- ◆ Pomales-Connors, I. Simpleman: living namaste by giving respect. *Consult Pharm* 2004; 9:836.  
Pharmacist Profiled: **Tom Simpleman**
- ◆ Pomales-Connors I. Trailblazer prepared for "golden age" through Foundation traineeship. *Consult Pharm* 2004; 12:1134.  
Pharmacist Profiled: **Armon Neel**

## 2004 Donors — Corporations, Organizations, Foundations and Government Agencies

**Corporate Platinum Circle** (Over \$100,000)  
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Retirement Research Foundation and  
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Roche Laboratories  
Yamanouchi Pharma America, Inc.

## 2004 ASCP Foundation Pharmacotherapy Traineeships

	Sponsors	Sites	Preceptors	Participants
<b>Alzheimer's/Dementia</b>	Pfizer Inc. Eisai Inc.	Mood and Memory Clinic of Michigan Botsford General Hospital Oakwood Nursing Homes Farmington Hills and Dearborn, Michigan	Stephen Aronson, MD Richard Berchou, PharmD, FASCP Manuel Dumlao, MD	8 in 2004 44 since 1998
<b>GeroPsych/ Behavioral Disorders</b>	Eli Lilly and Company	McLean Hospital Boston, Massachusetts	Donald Davidoff, PhD Stephen Feldman, RPh, FASCP	10 in 2004 106 since 1999
<b>HIV/AIDS Pharmacotherapy</b>	Institute for the Advancement of Community Pharmacy	Johns Hopkins University Johns Hopkins Pharmaquip at Moore Clinic Chase Brexton Health Services Baltimore, Maryland	Shivaun Celano, PharmD, MBA Madeline Feinberg, PharmD Michelle Forrest-Smith, PharmD Beulah Sabundayo, PharmD, MPH	14 in 2004 65 since 1999
<b>Pain Management</b>	Mallinckrodt Pharmaceuticals	Hospice of the Western Reserve Heartland of Mentor Cleveland and Mentor, Ohio	Al Barber, PharmD, CGP, FASCP Janice Scheufler, PharmD	12 in 2004 41 since 2001
<b>Parkinson's Disease</b>	Teva Neuroscience Eisai Inc.	Clinical Neuroscience Center Southfield, Michigan	Richard Berchou, PharmD, FASCP Peter LeWitt, MD	8 in 2004 74 since 1993

### Corporate Sustaining Member (\$1,000-\$4,999)

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 American Society of Health-System Pharmacists  
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 Organon, Inc.  
 Paddock Laboratories, Inc.  
 PharMerica  
 Ranbaxy USA Inc.  
 UDL Laboratories, Inc.

## 2004 ASCP Foundation Pharmacotherapy Traineeship Participants

### Alzheimer's/Dementia

Tony Ashbrook, RPh  
Home Pharmacy Services -  
Omicare  
O'Fallon, Illinois

David M. Dirig, RPh, PhD  
Belville Pharmacy Services  
Escondido, California

Christine Donner-Tiernan,  
PharmD, MBA  
Hy-Vee Pharmacy  
Webster City, Iowa

Betsy Fulks, RPh  
Ukrops Pharmacies  
Richmond, Virginia

Sheri L. Humenik, RPh  
MedCare  
Kittanning, Pennsylvania

Grace Lawrence, PharmD,  
CGP, FASCP  
Lawrence Consulting  
Boise, Idaho

Philip Spitznagle, RPh  
Cosentino's Price Chopper  
Pharmacy  
Lee's Summit, Missouri

Juliette Touré, PharmD  
Rockville, Maryland



### GeroPsych/ Behavioral Disorders

Gerard L. Chezick, RPh  
Botsford Outpatient Pharmacy  
Farmington Hills, Michigan

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

Susan E. DiGeorgio, RPh, PhD  
Pharmacy and Therapeutics  
Consulting  
Wilton, Connecticut

Saundra Jordan, PharmD  
VA Medical Center  
Philadelphia, Pennsylvania

Mitsi H. Lizer, PharmD  
Bernard J. Dunn School of  
Pharmacy  
Shenandoah University  
Winchester, Virginia

Daniel W. Lueker, RPh, CGP  
Turenne PharMedCo, Inc.  
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Bonnie J. Oldring, BScPhm  
Innisfail Health Centre  
Innisfail, Alberta, Canada

Denise L. Romeo, RPh, MS  
Value Health Care Services -  
Omicare of Connecticut  
Middletown, Connecticut

Jeannette Y. Wick, RPh, MBA  
National Cancer Institute  
National Institutes of Health  
Rockville, Maryland

Sam Willett, RPh  
Duncan Prescription Center  
Mayfield, Kentucky

### HIV/AIDS

Laila Akhlaghi, PharmD, MPA  
Management Sciences for  
Health  
Arlington, Virginia

Joseph Anoruo, PharmD  
VA Southern Nevada  
Healthcare System  
Las Vegas, Nevada

Joan Cannon, PharmD  
Edward Hines, Jr. VA Hospital  
Chicago, Illinois

Teresa Duhancik, PharmD,  
BCPS  
Carl T. Hayden VA Medical  
Center  
Phoenix, Arizona

Annie Lee, PharmD, MBA  
Kaiser Permanente  
Sacramento, California

Jo Ann Spearmon, PharmD  
HIV/AIDS Bureau  
Health Resources and Services  
Administration  
U.S. Department of Health  
and Human Services  
Mt. Rainier, Maryland



### HIV/AIDS Session for Federal Bureau of Prisons Pharmacists

Karl Aagenes  
FMC Rochester  
Rochester, Minnesota

Chris Bina  
Federal Bureau of Prisons  
Health Services Division  
Washington, DC

Ty Bingham  
FCI Safford  
Safford, Arizona

James Britton  
USMCFP Springfield  
Springfield, Missouri

Shannon Cornell  
FMC Butner  
Butner, North Carolina

Glenna Meade  
Federal Bureau of Prisons  
Health Services Division  
Washington, DC

Brian North  
FCI Jesup  
Jesup, Georgia

Patricia Pacheco  
FCI Milan  
Milan, Michigan



## 2004 ASCP Foundation Pharmacotherapy Traineeship Participants

### Pain Management

Barbara Bremner, BScPharm  
Medical Pharmacies Group  
Peterborough, Ontario,  
Canada

Soo Mahn Cha, MS, PharmD  
Coler-Goldwater Memorial  
Hospital  
Douglaston, New York

Robert E. Dura, Jr., RPh  
Omnicare Pharmacy Services  
Newtown, Pennsylvania

Joseph P. Gomes, MSA,  
PharmD, BCPS  
Walgreens Health Initiatives  
Antioch, Illinois

Darlene Hernandez-Torres,  
PharmD  
Florida Hospital Pharmacy  
Orlando, Florida

Christina C. Mead, PharmD  
Hopi Health Care Center  
Indian Health Service  
Polacca, Arizona

Tracy A. Mitchell, PharmD  
Chase Brexton Health Services  
Baltimore, Maryland

Erica Murrell, PharmD  
Massachusetts College of  
Pharmacy and Health  
Sciences  
Brockton, Massachusetts

Elizabeth Perea, PharmD  
Albuquerque Indian Hospital  
Indian Health Service  
Albuquerque, New Mexico

Brian E. Perry, RPh  
Paul's Pharmacy  
Evansville, Indiana

Gerri Scott, BScPharm  
Brandon Regional Health  
Centre  
Brandon, Manitoba, Canada

Randy L. Seys, MS, PharmD  
Gallup Indian Medical Center  
Indian Health Service  
Gallup, New Mexico

### Parkinson's Disease

Lawrence A. Banjoko, RPh  
Kaiser Permanente Health Plan  
Bel Air, Maryland

Brian Berryhill, PharmD  
Hauenstein Parkinson's Center  
Saint Mary's Mercy Medical  
Center  
Grand Rapids, Michigan

Linda Ann Dudley, RPh  
NeighborCare  
Silver Spring, Maryland

Kenneth Frohning, RPh  
VA Outpatient Clinic  
Anchorage, Alaska

Paul D. Gailard, PharmD,  
BCPS  
Federal Bureau of Prisons  
U.S. Public Health Service  
Yankton, South Dakota

Sheri L. Humenik, RPh  
MedCare  
Kittanning, Pennsylvania

Grace Lawrence, PharmD,  
CGP, FASCP  
Lawrence Consulting  
Boise, Idaho

Cori Royer, RPh  
Skilled Care Pharmacy  
Maineville, Ohio



## 2004 Program Sponsors/Funders

### Alzheimer's/ Dementia Traineeship

Pfizer Inc. and Eisai Inc.

### The Fleetwood Project

Retirement Research Foundation  
The Commonwealth Fund

### GeroPsych/Behavioral Disorders Traineeship

Eli Lilly and Company

### GRAM™ Research Project

Agency for Healthcare Research and Quality, USDHHS

### HIV/AIDS Pharmacotherapy Traineeship

Institute for the Advancement of Community Pharmacy

### Leadership in Education Award

Sanofi-Synthelabo

### Matching Gift Program at ASCP Midyear Conference and Annual Meeting

Innovatix

### Medicare Education Program on CD-Rom

AstraZeneca

## 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 are 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.

The ASCP Foundation recognized its first Senior Care Pharmacy Student Rotations Scholar Award recipients during *Geriatrics '04*, ASCP's 26th Midyear Conference and Exhibition in Phoenix, Arizona. Selected by their preceptors for exceptional performance during their rotations, the recipients of the Scholar Award received complimentary registration, travel, and accommodations to attend the conference. A summit of the Senior Care Pharmacy Student Rotation Scholars held during the conference included presentations by Dianne Tobias, PharmD, CGP, FASCP, on the opportunities in senior care pharmacy practice; ASCP President-elect Diane Crutchfield, PharmD, CGP, on the critical need for senior care pharmacists; and Kevin Chamberlin, PharmD, about his experience in the University of Connecticut School of Pharmacy's Specialty Residency in Geriatric Pharmacy Practice, which included working at the ASCP Foundation for four weeks.

### 2004 Senior Care Pharmacy Student Rotation Scholar Award Recipients

#### Michael Leifheit

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

#### Yi Liu

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

#### Carol May

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

#### Tamara Reado

Site: Physicians Healthcare Plans, Inc.  
Coral Gables, Florida  
Preceptor: Mercedes Gonzales, PharmD, CGP

#### Jeremy Wu

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

#### Pain Management Traineeship

Mallinckrodt Pharmaceuticals

#### Parkinson's Disease Traineeship

Teva Neuroscience and Eisai Inc.

#### Partners for Progress

Boehringer Ingelheim Pharmaceuticals  
Forest Laboratories  
Sanofi-Synthelabo

#### 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

### ASCP Foundation Senior Care Pharmacy Student Rotation Affiliates

At the end of 2004, the following preceptors and their rotations had been 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

Preceptor: 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



Participants in the ASCP Foundation Senior Care Pharmacy Student Rotations Scholars Summit held during *Geriatrics '04*, ASCP's 26th Midyear Conference and Exhibition in Phoenix, Arizona

### The Tim Webster Endowment

The following individuals, corporations, and ASCP chapters made cash contributions or cash pledges to the Tim Webster Endowment (as of December 31, 2004).

#### \$50,000 or more

Bayer Corporation, Pharmaceutical  
Division  
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#### \$25,000-\$49,999

Janice L. Feinberg

#### \$10,000-\$24,999

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AstraZeneca  
GlaxoSmithKline  
Johnson & Johnson Long Term Care  
Group  
Novartis Pharmaceuticals Corporation  
Pfizer Inc.  
Robert R. Warnock\*

#### \$5,000-\$9,999

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John M. Baughman  
Alan Bell\*  
Boehringer Ingelheim  
Frank E. Cirillo  
Diane B. Crutchfield\*  
Michael B. List\*  
Procter & Gamble  
Roche Laboratories  
Debra Smith\*  
Sanofi-Synthelabo

## Arnold S. Feldman Memorial Senior Care Pharmacy Scholarship

The first Arnold S. Feldman Memorial Senior Care Pharmacy Scholarship was awarded to Katherine Anderson, a fourth-year pharmacy student at Washington State University (WSU). The award was announced at *Senior Care Pharmacy '04*, the American Society of Consultant Pharmacists' 35th Annual Meeting and Exhibition in San Francisco, California. The scholarship was created to honor Arnold S. Feldman and his lifelong commitment to serving the senior population regardless of setting of care. The ASCP Foundation administers the scholarship program.



Katherine Anderson

Supported by contributions from ASCP members and family and friends of Arnold S. Feldman, the scholarship program recognizes one student at an accredited pharmacy school who has studied geriatrics and geriatric pharmacotherapy and is committed to developing and implementing a research or educational project related to geriatric pharmacotherapy that will be completed during his/her final year of pharmacy school. One \$500 scholarship is awarded annually.

In addition to her exemplary academic achievements at WSU's College of Pharmacy, Katherine Anderson demonstrates the ideal characteristics of an aspiring senior care pharmacist. She is an advocate for appropriate care for older adults, and those who recommended her for the scholarship were impressed by her success at identifying needs, recommending solutions, and implementing changes.

During her final year of pharmacy school, Anderson will be working with WSU assistant professor Stephen M. Setter, an ASCP member and pharmacy consultant for Elder Services and the Visiting Nurses Association in Spokane, Washington, reviewing the history and utility of the Mini-Cog™, a cognitive screening test for dementia, in home-dwelling older adults. She also will have the opportunity to interact with Dr. Soo Borson, Professor of Psychiatry at the University of Washington, one of the developers of the Mini-Cog™, and core investigator in the University of Washington Alzheimer's Disease Research Center. Preliminary findings from Anderson's study will be submitted for presentation at an ASCP conference in 2005.

### Feldman Scholarship Selection Committee

Judith Beizer, PharmD, FASCP  
St. John's University College of Pharmacy  
and Allied Health  
Jamaica, New York

Kevin Chamberlin, PharmD  
University of Connecticut School of Pharmacy  
Farmington, Connecticut

Diane Crutchfield, PharmD, CGP, FASCP  
Pharmacy Consulting Care  
Knoxville, Tennessee

Ruth Feldman  
Boynton Beach, Florida

Stephen Feldman, RPh, FASCP  
The ICPS Group  
Boston, Massachusetts

### \$1,000-\$4,999

Steven R. Adams  
Georgia ASCP Chapter  
Phylliss Moret  
William Simonson  
Sheldon Sones

### Up to \$999

John Feather  
Joan Hyde  
Novo Nordisk\*  
Carina Pascual  
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

**The ASCP Foundation endeavors to**

*Address the Information and Education Needs of Consumers, Families, Caregivers, Healthcare Professionals, and the Aging Network*

**regarding appropriate medication use in the senior population.**

Presented each year at the ASCP Midyear Conference and Exhibition, the ASCP Leadership in Education Award recognizes unique and innovative educational endeavors of ASCP members. The award is administered by the ASCP Foundation and was supported in 2004 by a grant from Sanofi-Synthelabo.

Sheldon Sones, RPh, FASCP, received the 2004 Leadership in Education Award in recognition of his educational efforts during the past three decades in the area of safe medication practice. The focus of his programs is the design of systems for medication safety and methodologies for quality improvement. He has presented his programs to thousands of health care professionals, including physicians, pharmacists, nurses, administrators, and quality improvement specialists.

Mr. Sones is President of the Centre for Medication Safety in Portland, Connecticut, a not-for-profit pharmacy risk management consulting group specializing in safe medication management services, nursing education, and medication safety research. He is also Vice President of



the Medicine Centre LTC, a long-term care provider; President of the Sones Group, which serves over 35 ambulatory surgical centers and provides drug use evaluation studies and pharmacy fiscal recovery services; and Medication Safety Pharmacist at St. Francis Hospital and Medical Center in Hartford, Connecticut.

Mr. Sones was honored during the opening general session of *Geriatrics '04*,

ASCP's 26th Midyear Conference and Exhibition, in Phoenix, Arizona. ASCP President Ross Brickley presented Mr. Sones with a specially designed framed medalion and his name was added to a plaque recognizing previous recipients of the award, which is displayed at ASCP headquarters. In addition, Sanofi-Synthelabo contributed \$10,000 to the ASCP Foundation in his honor.



Sheldon Sones (left) and Eric Racine, Senior Director, Pharmacy Affairs, Sanofi-Synthelabo

## Honorary and Memorial Gifts

### In memory of Berkeley Bennett

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### In memory of John Boyle, III

Maryland ASCP Chapter

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Steven R. Adams  
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Elliott & Carolyn Tertes  
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## Teachable Moments Medication Safety Program

Since May 2004, the American Society on Aging's (ASA) Medicare Advisors Program (MAP) has trained a voluntary network of 5,000 advisors throughout the United States who are helping 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, augments the training of the MAP volunteers to include identification and referral of Medicare beneficiaries who may be at risk for medication-related problems (MRPs).

Fifty teams, consisting of an ASCP member and a professional in aging from ASA's network, will provide training to MAP volunteers in ten key states: California, Connecticut, Florida, Illinois, Maryland, Michigan, New York, North Carolina, Ohio, and Pennsylvania. The teams will train 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 can use 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](http://www.seniorcarepharmacists.com) and [www.ccgp.org](http://www.ccgp.org).

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

## Medicare Education Program on CD-Rom



In collaboration with the ASCP Educational Affairs Department, the ASCP Foundation produced an educational program on CD-Rom — *The Medicare Outpatient Prescription Drug Benefit: The Impact on the Consultant Pharmacist* — and distributed it to all ASCP members. The CD-Rom includes the PowerPoint presentation, audio, and transcript from the Second General Session at *Geriatrics '04*, ASCP's 26th Midyear Conference and Exhibition in Phoenix, Arizona. A list of additional Medicare resources is also provided on the CD-Rom. The PowerPoint presentation serves as a resource for consultant pharmacists to conduct in-services at their pharmacies and the nursing facilities they serve.

Production and distribution of the CD-Rom was supported by an educational grant from AstraZeneca.

## Funding Forum

Funding Forum is a column published periodically in *The Consultant Pharmacist* focusing on research and grant activities and opportunities relevant to consultant and senior care pharmacists. The column is authored by ASCP Foundation Program Officer/Grant Writer Irma Pomales-Connors. The following columns were published during 2004.

- ◆ Pomales-Connors I. Working within local funding trends. *Consult Pharm* 2004; 6:555.
- ◆ Pomales-Connors I. How a pharmacist can lead volunteer caregiving in a community. *Consult Pharm* 2004; 11:1056.

### In memory of Pat Clancy

Ralph Plamer

### In honor of Arnold Clayman, 2004 Richard S. Berman Award recipient

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Steven R. Adams  
David & Nancy Kazarian

### In honor of Diane Crutchfield's election as 2004-2005 ASCP President

Elliott & Carolyn Tertes

### In honor of Lori Daiello for her help with Dorothy's medications

Herbert Langsam

### In honor of John Feather

Holly James Strom  
Wirthlin Worldwide

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Shirlie Goldman  
Sidney & Marilyn Tartarkin

### In memory of Joseph Edward Fitzpatrick

Mark G. Wrabel

### In memory of Mary Bernadette Hessman

Maude A. Babington

### In memory of Kenneth J. Jeffery

Mark G. Wrabel

**The ASCP Foundation endeavors to**

*Develop, Support, and Promote the Patient-Centered Principles  
and Practice of Senior Care Pharmacy*

**Presentations**

**P**resentations made by ASCP Foundation staff and program partners during 2004 are listed below.

- ◆ Feinberg JL, Cameron KA. Identifying and Preventing Medication-Related Problems in Seniors. American Society on Aging/National Council on the Aging Joint Conference, San Francisco, California. April 16, 2004.
- ◆ Feinberg, JL. Improving Patient Safety in Long-Term Care Facilities: An Overview of AHRQ Funded Projects. American Geriatrics Society Annual Meeting, Las Vegas, Nevada. May 19, 2004.
- ◆ Feinberg, JL. Improving Patient Safety in Long-Term Care Facilities: An Overview of AHRQ Funded Projects. Agency for Healthcare Research and Quality Third Annual Patient Safety Research Conference, Arlington, Virginia. September 27 and 28, 2004.
- ◆ Feinberg JL. AHRQ/GRAM™ Study Update Table Talk. *Senior Care Pharmacy '04*, ASCP's 35th Annual Meeting and Exhibition, San Francisco, California. November 4, 2004.
- ◆ Feinberg JL, Neil Medical Group Fleetwood Pharmacists. Fleetwood Project Update Table Talk. *Senior Care Pharmacy '04*, ASCP's 35th Annual Meeting and Exhibition, San Francisco, California. November 5, 2004.
- ◆ Lapane KL, Cameron KA, Allsworth J, McConnell E. Novel Pharmacist Interventions to Improve Medication Safety. Gerontological Society of America Annual Meeting, Washington, DC. November 22, 2004.

**In memory of Nancy Kazarian's mother**

Steven R. Adams  
Jan Allen  
Herbert Langsam  
Jack & Edith Sassone  
Elliott & Carolyn Tertes

**In memory of Mary Ellen Lawler**

Stephen M. Feldman

**In memory of Sidney Lettman**

Steven M. Seller

**In memory of Jay E. Levine**

Arnold Clayman

**In memory of Sara Maglionem**

Mark G. Wrabel

**In honor of Ellen Morgenstern**

Maude A. Babington  
Mark G. Wrabel

**In memory of Eudore "Ted" Morse**

Mark G. Wrabel

**In celebration of Judy Moskowitz's 80th birthday**

Milton S. Moskowitz

**In honor of Armon Neel**

Kathleen A. Cameron  
Mark G. Wrabel

**In memory of Geoffrey R. Pease**

Mark G. Wrabel and Heather

**In honor of Cindy Porter**

Patricia M. D'Antonio

**In honor of Sheldon S. Sones, 2004 ASCP Leadership in Education Award recipient**

Sanofi-Synthelabo

**In honor of the speakers at ASCP's 2004 Midyear Conference and Annual Meeting**

ASCP Educational Affairs Department

## Publications

**A**rticles authored by ASCP Foundation staff or related to ASCP Foundation programs and initiatives that were published during 2004 are listed below.

- ◆ Cameron KA. The Fleetwood Project forges ahead — and a fond farewell. *Consult Pharm* 2004;11:970.
- ◆ Cameron KA. March is DVT awareness month: get involved! *Consult Pharm* 2004;3:160.
- ◆ Cameron KA, Feinberg JL. Fleetwood Project Phase III: developing a payment methodology. *Consult Pharm* 2004;2:145.
- ◆ Cameron KA, Feinberg JL. Study testing GRAM™'s effectiveness on patient safety begins. *Spotlight*, newsletter of the ASCP Foundation. January 2004.
- ◆ Christian JB, vanHaaren A, Cameron KA, Lapane KL. Alternatives for potentially inappropriate medications in the elderly population: treatment algorithms for use in the Fleetwood Phase III study. *Consult Pharm* 2004;11:1011-28.
- ◆ Feinberg JL, Cameron KA, Lapane KL, Allsworth JE. The use of GRAM™ software to improve patient safety in nursing facilities. *Consult Pharm* 2004;5:398-413.
- ◆ Feinberg J, Pepper G. Improving patient safety in long-term care facilities: an overview of AHRQ funded projects. *Annals of Long-term Care: Clinical Care and Aging* 2004;12(8):34-38.
- ◆ Lapane KL, Cameron KA, Feinberg JL. Technology for improving the monitoring stage of the medication use process in nursing homes. *Advances in Patient Safety monograph*, Department of Defense, in press.
- ◆ Lapane KL, Hughes CM. Baseline job satisfaction and stress among pharmacists and pharmacy technicians participating in the Fleetwood Phase III study. *Consult Pharm* 2004;11:1029-37.
- ◆ Lapane KL, Hughes CM. Identifying nursing home residents at high risk for preventable adverse drug events: modifying a tool for use in the Fleetwood Phase III study. *Consult Pharm* 2004;6:533.
- ◆ Pomales-Connors I. Geriatric pharmacy traineeship leads to leadership in local Alzheimer's chapter. *Consult Pharm* 2004;4:375.
- ◆ Pomales-Connors, I. Simpleman: living namaste by giving respect. *Consult Pharm* 2004;9:836.
- ◆ Pomales-Connors I. Trailblazer prepared for "golden age" through Foundation traineeship. *Consult Pharm* 2004;12:1134.

### In memory of Shelly Spiro's father

Steven R. Adams  
Mark G. Wrabel

### In honor of the Theismann Group

Mark G. Wrabel

### In memory of Tim Webster

Jan Allen  
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Milton S. Moskowitz  
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### In memory of Archie Weinstein

Stephen M. Feldman

### In memory of Jane Young

John M. Baughman  
Frank Cirillo  
John Feather  
Joan Hyde  
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### In memory of Dr. William Young

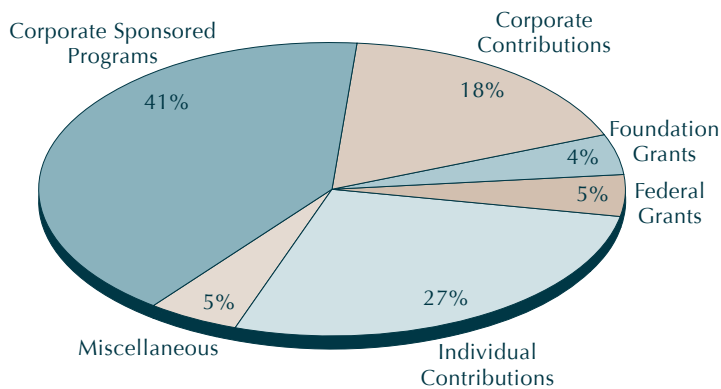
Peter Perrin

## Finance and Fund Raising

The ASCP Foundation's operating revenue totaled \$738,275 in 2004. This sum 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 27% of the operating revenue. Corporate contributions accounted for 18%, and corporate grants to support ASCP Foundation programs accounted for 41% of the total. Grants from private foundations and federal agencies provided 9% of the total revenue. An additional 5% was derived from product sales and other miscellaneous sources.

**2004 Percentage of Revenue**



The ASCP Foundation had a lot to celebrate in 2004, from the life and legacy of Tim Webster to a number of entertaining fundraising ventures. It was a successful year for the ASCP Foundation, thanks to the generosity of our donors, program sponsors, leaders and friends. Four very special fundraising events helped make 2004 a memorable year.

### The Tim Webster Tribute Dinner

In conjunction with *Geriatrics '04*, ASCP's 26th Midyear Conference and Exhibition in May, the ASCP Foundation celebrated the life and legacy of former ASCP Executive Director Tim Webster with a fundraising dinner to benefit the Tim Webster Endowment. The Foundation thanks the corporations and individuals who contributed more than \$150,000 for the Endowment.

### ASCP Foundation Golf Tournament in Tribute to Tim Webster

Preceding the Tribute Dinner was an event that truly captured one of Tim Webster's favorite pastimes — playing golf. More than 120 ASCP leaders and members, industry partners, and ASCP Foundation friends enjoyed perfect weather during a challenging afternoon on the Faldo Course of the Wildfire Golf Club at the JW Marriott Desert Ridge Resort and Spa in Phoenix, Arizona,

### 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.

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Robert R. Warnock  
Mark G. Wrabel  
David E. Wren

for the ASCP Foundation Golf Tournament in Tribute to Tim Webster. The ASCP Foundation thanks the tournament sponsors and players who helped raise nearly \$60,000 for the ASCP Foundation.

### Starlight Soirée

During *Senior Care Pharmacy '04*, ASCP's 35th Annual Meeting and Exhibition, the ASCP Foundation brought together more than 90 of its friends and supporters at San Francisco's famous Carnelian Room, located on the 52nd Floor of the Bank of America Building. Benefiting the ASCP Foundation, the Starlight Soirée treated guests to world-class cuisine; a magnificent panoramic view of the San Francisco Bay, the Bay Bridge and the City of San Francisco; and a special performance by *Stagebridge*, the nation's oldest senior theatre troupe. The ASCP Foundation thanks the evening's sponsors and attendees who helped raise nearly \$40,000.

### Alcatraz Fundraiser

A trip to San Francisco is incomplete without experiencing the world-famous island prison Alcatraz. During the 2004 ASCP Annual Meeting, the ASCP Foundation took advantage of the nearby prison to identify its 13 "most wanted" ASCP members, charge them with outrageous crimes, haul them off to its own Alcatraz jail cell, and force them to raise their own bail. The jailbirds raised \$15,500 from more than 100 annual meeting attendees, some of whom donated to keep a jailbird incarcerated. The ASCP Foundation thanks the "good sport" criminals for their hard work to make this one of the best annual meeting fundraising programs ever.

## 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.ascpfoundation.org](http://www.ascpfoundation.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 donation to the ASCP Foundation. Consider how much you spend each month when you go out to a restaurant for a meal. Why not make a pledge to "dine in" one more night each month and donate the dollars you save to the ASCP Foundation? As little as \$10 per month is all you need to join our monthly giving program "Dining In."

### Double Your Dollars with a Matching Gift

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.

### Remember the ASCP Foundation in Your Will

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. Contact the Development Office for further information at [Foundation@ascp.com](mailto:Foundation@ascp.com).

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

## Legacy Leaders

The ASCP Foundation gives special thanks to its 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 review their financial situation and philanthropic objectives and join them in their long-term support of the ASCP Foundation.



Frank Cirillo



Steve Loevner



Mel & Mady Kahn



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Bob Miller



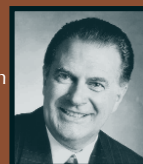
Dorothy & Herb Langsam



Mark Wrabel



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John Ricci

## 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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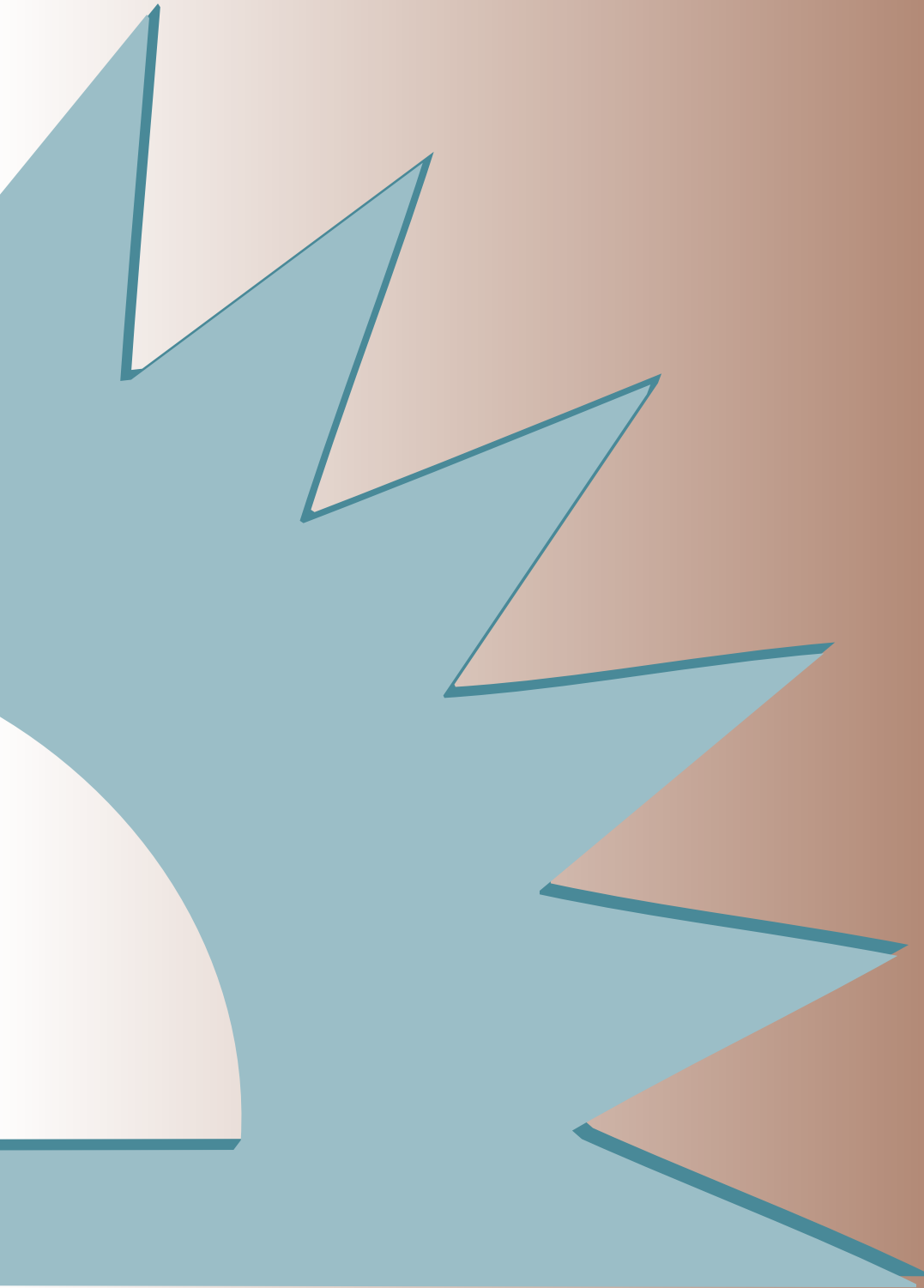
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