

Georgia Pharmacy[®]

February/March 2022

Inside:
**EMERGENCY
MEDICINE
PHARMACISTS**

**CLINICAL
PHARMACY
TECHNICIANS**

A pair of hands is shown from the bottom, cupping a large, glowing, translucent orb. The orb is illuminated from within, creating a bright, warm glow. The background is a dark, starry space with a faint Milky Way galaxy visible. The text on the orb is in a bold, white, sans-serif font.

**THE FUTURE OF
PHARMACY**
PHARMACY SCHOOL DEANS WEIGH IN

Protect your Tomorrow with **VISTA**



Our VISTA business package policy protects your tomorrow with:

- Commercial Liability
- Cyber Liability
- Sexual Misconduct and Physical Abuse
- Employment Practices Liability
- Pharmacy Professional Liability
- Commercial Property
- Coverage Enhancements

Additional Coverage Options

- Pharmacist Professional Liability
- Pharmacy Technician Professional Liability
- Workers' Compensation
- Commercial Auto
- Commercial Umbrella
- Executive Liability including:
 - Directory and Officers Liability
 - Employment Practices Liability
 - Fiduciary Liability
- Surety and Fidelity Bonds
- Life - Business and Personal Coverage
- Group Disability



LEARN MORE AT:
phmic.com/vista-pharmacy



TOMORROW. IMAGINE THAT.

Professional | Commercial | Personal | Life & Disability
phmic.com

**PARTNER
OF:**



Executive Liability, Surety and Fidelity Bonds, Life, and Disability insurance are written through PMC Advantage Insurance Services, Inc., a wholly-owned subsidiary of Pharmacists Mutual Insurance Company.

CONTENTS



2
Prescript
"I'm only a bill."

3
New Members
We are glad you are here!

3
President's Circle
Word of mouth is the best way to get new members. Thank you.

4
What's Happening at GPhA
2022 Calendar

6
Keep in Touch!
Who does what at GPhA — and how to reach us.

7
PharmPAC
You make the difference.

8
The Future of Pharmacy
Deans from each pharmacy school weigh in.

12
SynerGRx
Chronic Care Management (CCM)

14
Behind the Scenes
How CCM really works.

16
Jonathan Marquess
Named VP of AIP

17
Legislative Update
Melissa Reybold outlines 2022 agenda.

18
Expanding the Role of Emergency Medicine Pharmacist
A Pandemic of Opportunities

20
Tech U 2.0
Resounding success!

22
Clinical Pharmacy Technicians?
A bright future for pharmacy techs.

25
Students Corner
Meet the newest members of the Student Leadership Board.

28
Congrats to the Leadership GPhA Grads!
Future leaders meet the challenge.

30
Postscript
Toxic Work Environments

Georgia Pharmacy The Journal of the Georgia Pharmacy Association

Georgia Pharmacy
magazine
is the official
publication of the
Georgia Pharmacy
Association.

Chief Executive Officer
Bob Coleman

President/Board Chair
Mahlon Davidson

President Elect
Jonathan Sinyard

Immediate Past President
Wes Chapman

Editor
Michelle Turkington

Art Director
Carole Erger-Fass

ADVERTISING

All advertising inquiries should be directed to Michelle Turkington at mturkington@gpha.org. Media kit and rates available upon request.

POSTAL

Georgia Pharmacy (ISSN 1075-6965) is published bi-monthly by GPhA, 6065 Barfield Road NE, Suite 100 Sandy Springs, GA, 30328. Periodicals postage paid at Atlanta, GA and at additional mailing offices. POSTMASTER: Send address changes to Georgia Pharmacy magazine, 6065 Barfield Road NE, Suite 100, Sandy Springs, GA 30328.

From the CEO

I'm just a bill.



BOB COLEMAN

Songwriter Dave Frishberg recently passed away at the age of 88. At this point, you, and I'm sure most readers are wondering, who is Dave Frishberg and why am I writing about him.

Growing up, if you were a fan of Schoolhouse Rock, then there's a good chance that you've heard one of Mr. Frishberg's most famous songs, "I'm just a bill." The song and the cartoon that goes along with it can be found on YouTube.com and details the steps it takes for a bill to become a law in Congress.

As it relates to a bill becoming a Georgia state law, let me assure you that there are quite a few more steps than you'll hear in the song, and numerous ways for the bill to die along the way. For example, a bill may never make it out of committee, get stopped in the Rules Committee, the speaker may not choose to bring it to the floor, it may not receive a positive vote in either the House or Senate or even after being approved by both, the Governor may veto the bill. To say the least, it's a pretty detailed and complicated process.

But before ink ever goes to paper, how does GPhA decide what to bring to the session? The process begins with you, when in late July or early August, a call goes out to the GPhA membership and asks the membership for issues GPhA should address during the session. After the responses are gathered and cataloged by category, the suggestions are considered by the GPhA Legislative Policy Committee. One of the largest GPhA committees at 21 members, this committee gathers in August to review the suggestions as well as discuss and develop their own suggestions. This committee represents pharmacists from all practice settings. From the list, usually four to six suggestions are prioritized for further consideration. This is done by the GPhA Board of Directors during their annual planning meeting. The board ultimately prioritizes and decides what issues GPhA will address during the General Assembly. The staff then goes to work at the Capitol to find sponsors to introduce the legislation and build

support for the bill as it works its way through the General Assembly. Sounds simple, doesn't it? Kind of like, Frishberg's "I'm just a bill!" What neither the song nor reality takes into account is that the idea might not even make it. Without someone to sponsor the bill, it dies before it ever gets started.

GPhA has had incredible success over the last five years getting our bills signed into law. It wasn't easy and there were many hours of work behind each one. I'm fond of saying that advocacy is kind of like car or home insurance. You don't know much about it until you need it. Often members say there should be a law, only to find out the law already exists.

This year, the GPhA board approved the following initiatives:

- Engage stakeholders and legislators on issues impacting the practice of pharmacy including:
 1. Gaining authority to partial fill controlled substances (with 30 days to fill the remainder).
 2. Addressing the problem of mid-level provider prescriptions lacking required supervising physician name.
- Support policy and legislation that seeks to reduce prescription drug costs, increase transparency, and protect patient access to care.
- Seek a pass-through dispensing fee increase for Medicaid managed care claims in the state budget.
- Pursue a law change allowing technicians who satisfy certain training requirements to administer vaccines under the supervision of a pharmacist, who has entered into a protocol agreement with a physician for vaccine administration.

If you don't see what you want addressed in this year's initiatives, don't despair. When you get the request for ideas next July/August, make sure you respond to the email. The Legislative Policy Committee and the GPhA Board want to hear from you (see President Davidson's Postscript). [G](#)

Bob Coleman is Chief Executive Officer of the Georgia Pharmacy Association.

WELCOME NEW MEMBERS

By Mary Ritchie, GPhA Director of Membership



These are the newest members of GPhA's President's Circle — people who recruit their fellow pharmacists, technicians, academics, and others to become part of the association. Recruit a member and join!

Mark Barnes, Baxley
Frank Barnett, Nashville
Emily Durham, Cumming
Fred Sharpe, Albany

Academy of Clinical and Health-System Pharmacists

Charise Barnes, Loganville
Candace Bloomer, Columbus
Alexis Davis, Nicholson
Melinda Fowler, Tifton
Tara Thompson, Kennesaw

Academy of Employee Pharmacists

Garrett Faucette, Valdosta
Lisa Harris, Silver Creek
Regina Kamean, Atlanta
Gregg Kirkley, Vidalia
Terry NeeSmith, Vidalia
Shemane Ramay, Hazelhurst
Jenny Schmucke, Pooler
Cassidy Sims, Rutledge
Melissa Walsh, Hazlehurst

Academy of Independent Pharmacists

Guiliano Fortune, Byron
Rebecca Mays, Leesburg
Alex Pinkston, Marietta
Robert Sharpe, Leesburg

APT-Academy of Pharmacy Technicians

Amanda Aaron, Hawkinsville
Kamran Ahmed, Buford
Caitlin Armstrong, Cataula
Brianna Bennett, Decatur
Monica Brady, Jackson
Melissa Briscoe, Calhoun
Christopher Broom, Atlanta
Molly Cady, Covington
Casey Cook, Mount Airy
Autumne Davis, Macon
Amari Davis, Atlanta
Breanda Dowell, LaGrange
Christine Edwards, Stockbridge
Amanda Fogarty, Sylvester
Jonathan Griffey, Decatur
Courtney Hamilton, Kennesaw
Kara Harper, Bloomingdale
June Haygood, Lithonia
James Head, Monroe
James Hudson, Atlanta
Shantanique Ivey, Thomson
James Kong, Duluth
Crystal Landers, Fairburn
Shelia Linder, Albany
Allison Lovell, Clarksville
Natesha Lumpkin, Vienna
Jayzon Mack, Dallas
Shylock Mafu, Marietta

Quinnetta McMichael, Grovetown
Michaela Milton, Soperton
Evan Penegar, Dallas
Lanell Riker, Dallas
Jodi Seiber, Ringgold
Tammy Shaw, Homerville
Keshia Simmons, Doraville
Erin Skover, Douglasville
Stacey Smith, Gray
Kristie Soutullo-Quinn, Marietta
Autumn Stapp, Covington
Trudy Thompson, Toccoa
Shae Villegas, Alamo
Teresa Williams, Hawkinsville
Polimeshia Williams, Arlington
Ashley Wright, Sandy Springs

Other

Bonnie Bryson, Sandy Springs
Meredith Higley, Savannah
Vincent Maggioni, Richmond Hill
Deirdre Moultry, Plantation, FL
Sylma Pagan, Jacksonville, FL
Kathy Sheffey, Canton
Enjema Tanifum, Richmond Hill
Jesse Underwood, Savannah



YOUR WORD IS POWERFUL.

TELL A FRIEND ABOUT GPHA.

CONCERNED ABOUT YOUR FINANCES?

Let's talk about it.

Planning for your future doesn't have to be complicated, and Mike Tarrant, CFP® is here to help. Contact us to schedule a convenient time to talk - we offer complimentary assessment conversations.

mtarrant@intfingroup.com | 770-353-6414 | miketarrantplanning.com



MIKE TARRANT, CFP®

INTEGRATED FINANCIAL GROUP
A CONSORTIUM OF INDEPENDENT FINANCIAL PLANNERS

Securities offered through LPL Financial, member FINRA/SIPC. Advisory Services offered through IFG Advisory, LLC, a registered investment advisor. Integrated Financial Group and IFG Advisory, LLC, are separate entities from LPL Financial. 1-05040878

CALENDAR

JANUARY 2022

Sunday, January 23, 2022
APhA's Pharmacy-Based Immunization Delivery
Certificate Training Program

FEBRUARY 2022

February 16
Virtual Day at the Dome Mercer and PCOM

February 24
Virtual Day at the Dome South and UGA

MARCH 2022

March 27
APhA's Delivering Medication Therapy Management (MTM) Services
Certificate Training Program

APRIL 2022

Sunday, April 24,
NASPA's Pharmacy-based Point-of-Care Testing
Certificate Training Program

MAY 2022

Sunday, May 22, 2022
APhA's Pharmacy-Based Immunization Delivery
Certificate Training Program

JUNE 2022

June 9-12, 2022
Georgia Pharmacy Convention

AUGUST 2022

Sunday, August 21
APhA's Pharmacy-Based Immunization Delivery
Certificate Training Program

SEPTEMBER 2022

Sunday, September 18
APhA's Delivering Medication Therapy Management (MTM) Services
Certificate Training Program

OCTOBER 2022

Sunday, October 2
NASPA's Pharmacy-based Point-of-Care Testing
Certificate Training Program

DECEMBER 2022

Sunday, December 11
APhA's Pharmacy-Based Immunization Delivery
Certificate Training Program

Follow Us



2022

Georgia Pharmacy Convention

GROW | PLAY | CONNECT

JUNE 9-12, 2022 | OMNI | AMELIA ISLAND, FL

Registration opens March 1



<http://gphaconvention.com>

CONTACT



Keep in touch

REACH US AT **404.231.5074** OR **GPhA.ORG**

GPhA LEADERSHIP

President & Chair of the Board

MAHLON DAVIDSON
mahlondavidson@hotmail.com

President-Elect

JONATHAN SINYARD
sinyardj@gmail.com

Immediate Past President

WES CHAPMAN
weschapmanpc@gmail.com

Directors

ASHISH ADVANI
ashish@inpharmd.com

MELANIE DEFUSCO

melanie.defusco@gmail.com

JOE ED HOLT

jholt@pruitthealth.com

DREW MILLER

Drewmiller6736@gmail.com

BEN ROSS

benross99@gmail.com

JENNIFER SHANNON

jen@lilyrx.com

FRED SHARPE

fsharpe@u-save-it.com

IZABELA WELCH

izabela.welch@wellstar.org

Chief Executive Officer

BOB COLEMAN
bcoleman@gpha.org
(678) 584-3166

For questions about education or the Georgia Pharmacy Foundation

Teresa Tatum
Director of Education & Foundation Director
(404) 419-8120
ttatum@gpha.org

For questions about the GPhA board or governance policies

Lia Andros
Governance Manager
(404) 419-8173
landros@gpha.org

For questions about governmental affairs

Melissa Reybold
VP Public Policy
(678) 485-6126
mreybold@gpha.org

For questions about accounting issues

Patricia Aguilar
Accounting Coordinator
(404) 419-8124
paguilar@gpha.org

For questions about insurance products

Ruth Ann McGehee
rmcgehee@gpha.org
(404) 231-5074

For membership questions

Mary Ritchie
Director of Membership Operations
(404) 419-8115
mritchie@gpha.org

For questions about advertising in the Georgia Pharmacy Magazine

Michelle Turkington
Director of Marketing and Communications
(404) 417-8107
mturkington@gpha.org



For assistance with independent-pharmacy issues

Jonathan Marquess, PharmD,
CDCEs, FAPhA
(404) 419-8103
jmarquess@gpha.org

For questions about your AIP membership

Verouschka "V" Betancourt-Whigham
Manager of AIP Member Services
(404) 419-8102
vbwhigham@gpha.org

AIP Member Service Representatives

Rhonda Bonner
(229) 854-2797
rbonner@gpha.org

GPhA'S MEMBER SERVICE PARTNERS

Alliance for Patient Medication Safety

medicationsafety.org
Quality assurance
compliance resources
(866) 365-7472

PACE

pace@pacealliance.com
http://pacealliance.com

Pharmacists Mutual Insurance Company

Workmans' Compensation Insurance
Hutton Madden
(800) 247-5930
hutton.madden@phmic.com

Pharmacy Technician Certification Board

https://www.ptcb.org/
(800) 363-8012

SoFi

https://www.sofi.com/gpha
Student-loan refinancing
(855) 456-7634

Got a concern about a GPhA program or service? Want to compliment or complain? Drop a note to **info@gpha.org**.



Georgia Pharmacy
ASSOCIATION

PHARMPAC

INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

The following pharmacists, pharmacy technicians, students, and others have joined GPhA's PharmPAC for the 2021 calendar year.

The contribution levels are based on investment through November, 2021.

DIAMOND INVESTORS (\$4,800 or \$400/month or more)



RALPH BALCHIN
Fayetteville



CHARLES BARNES
Valdosta



MAC McCORD
Atlanta



SCOTT MEEKS
Douglas



FRED SHARPE
Albany

TITANIUM INVESTORS (\$2,400 or \$200/month)



ROBERT DYKES
Cochran



MICHAEL E. FARMER
Winder



DAVID GRAVES
Macon



ANN HANSFORD
Athens



LON LEWIS
St. Simons Island



TOMMY LINDSEY
Omega



BRANDALL LOVVORN
Bremen



DAWN LIEBER SASINE
Atlanta



DANNY TOTH
LaGrange

Platinum Investors (\$1,200 or \$100/month)

Thomas Bryan
William Cagle
Hugh Chancy
Wes Chapman
Keith Chapman
Dale Coker
W.C. Conley
Ben Cravey
Marshall Curtis
Blake Daniel
Al Dixon
Annette Duncan
Jack Dunn
Vic Johnson
Marsha Kapiloff
Ira Katz
Kenneth Kicklighter
David Leach
John Leffler
Jeff Lurey
Jonathan Marquess
Ivy McCurly
Chad McDonald
Amy Miller
Drew Miller

Cassie Riley
Buddy Harden
Houston Rogers
Ben Ross
John Sandlin
Tim Short
Teresa Smith
Carl Stanley
Dennis Strickland
Alex Thurmond
Chris Tucker
Thomas Whitworth

Gold Investors (\$600 or \$50/month)

Mark Barnes
William Brewster
Lance Boles
Liza Chapman
Bob Coleman
Mahlon Davidson
Sharon Deason
Benjamin Dupree
Kim Elrod
Kevin Florence
Neal Florence
Kerry Griffin
Jonathan Hamrick

Robert Hatton
Buddy Harden
Wanda Hickman
Michael Iteogu
Stephanie Kirkland
George Launius
Robert Moody
Sherri Moody
Sujal Patel
Donald Piela
Bill Prather
Drew Pyrz
Ola Reffell
Daryl Reynolds
Robert Rogers
Jennifer Shannon
Sharon Sherrer
Tony Singletary
Heather Staton
David Stanley
James Thomas
Chuck Wilson

Silver Investors (\$300 or \$25/month)

Nelson Anglin
Dean Ameson

Michael Azzolin
Claude Bates
Shobna Butler
James Carpenter
Tina Chancy
Paige Clark
Michael Crooks
Ed Dozier
Greg Drake
Marshall Frost
Amanda Gaddy
Amy Galloway
Shawn Hodges
Joe Ed Holt
Jason Jones
Susan Kane
Laura Ko
Willie Latch
Michael Lewis
Ashley London
Hilary Mbadugha
Rabun Neves
Wallace Partridge
Donald Piela
Bradley Piercy
Terry Shaw
Thomas Sherrer
Jonathan Sinyard

Renee Smith
Richard Smith
Dean Stone
Krista Stone
Austin Tull
Randall Thonton
Carla Woodall

Bronze Investors (\$150 or \$12.50/month)

Phil Barfield
Michelle Blalock
Ashlyn Carter
Bryce Carter
Matthew Crist
Michelle Cruson
Douglas Hall
James Harkleroad
Phillip James
Brenton Lake
Earl Marbut
Leslie Ponder
Henry Wilson, III
Katherine Woods
Lou Woods

Member Investors (up to \$150)

Karine Alleyne
Robert Ault
Kat Buescher
J. Rance Cain
A.F. (Sonny) Carroll
Waymon Cannon
David Clements Sr.
Mark Cooper
Kenneth Couch
Guy Cox
Alexis Davis
Jake Davis
Earl Henderson
Lise Hennick
Neal Hollis
Charles Maret
Roy McClendon
Rhonda McIntosh
Joseph McEver
Herschel Mize
Pete Nagel
Whitney Pickett
Leonard Reynolds
Victor Serafy
Garrett Street
Jordan Whitehead
Kent Wirsing

Help us reach our goal for 2021. Visit GPhA.org/PharmPAC to find out more.



2021 GOAL!

*As of November, 2021

The Future of Pharmacy: A Dean's Perspective

BY BRIAN L. CRABTREE, PharmD, Dean at Mercer University College of Pharmacy, SHAWN SPENCER, RPh, PhD, Dean at Philadelphia College of Osteopathic Medicine School of Pharmacy, DEAN ARNESON, PharmD, PhD, Dean at South University College of Pharmacy, and KELLY SMITH, PharmD, FASHP, FCCP, Dean at University of Georgia College of Pharmacy

Editorial note: The deans from the four pharmacy schools in Georgia collaborated to answer these questions.

What is your perspective on the future of pharmacy?

Deans: The future is as bright as ever. In Georgia, where access to health services continues to place demands on our healthcare system, pharmacy is becoming the next generation of primary care providers managing chronic conditions such as diabetes, hypertension and COPD, through collaborative practice with physicians. Opportunities in pharmacy are more diverse today than they've ever been, expanding beyond traditional roles to alternative acute and chronic disease management practice settings in both general and specialty areas, integrated health care environments, managed care, industry, research and others. As we continue to advance the practice model and conditions and as we gain more recognition as direct providers, even more practice roles will be created.

What trends do you see with the student population?

Deans: About two-thirds of our students are women and we see increasing diversity among our applicants in all respects, including age, race, ethnicity, country of origin, languages spoken, first-generation college student and other characteristics. There is a growing number of non-traditional applicants to pharmacy school, having worked for several years before deciding to pursue the doctor of pharmacy degree.

What is your outlook on pharmacy jobs?

Deans: Most indications are that growth in pharmacy positions is based more on patient care outcomes than dispensing of medications. We can expect the largest increases in pharmacy-based services to come from non-retail settings such as physician offices, outpatient care centers and home healthcare.

Pharmacists are still responsible and accountable for medication use systems, but we have increased focus on a variety of direct patient interventions, chronic disease management and wellness.

The evolution of the collaborative practice act has expanded the opportunities for pharmacists to have even more involvement in the medication therapy management of patients. As many of the pharmacists who have long practiced in the pharmaceutical industry are nearing retirement, more employment opportunities are emerging for pharmacists.

COVID-19 has led to an uptick in hiring opportunities for pharmacists. Traditional practice positions are more available for graduates who are willing to work outside of metropolitan areas and who develop themselves while in pharmacy school to make themselves as competitive as possible in the practice market. From the beginning, even during admission interviews, we encourage students to be involved in professional organizations, to develop networks of relationships, be visible at meetings and conferences and take advantage of opportunities. We advise and mentor students to help them better understand their desired career path and connect them to elective courses and advanced practice experiences that inform their interests.

Pharmacy deans and faculty members are connected through a variety of professional and scientific organizations to learn from each other and share experiences.

What is your institution doing to recruit more pharmacy students?

Deans: Pharmacy schools are working to increase awareness among the public of the diversity of opportunities that are available in our profession. Public

awareness of the many roles that pharmacists fill is an ongoing process for all of us, both in academia and across all areas of the profession. When aspiring STEM or pre-health students or their career influencers (e.g. faculty advisors, guidance counselors, parents) learn of the broader opportunities within the profession, we see new groups of students pursuing pharmacy as a career.

Do you help student pharmacists get jobs after completing their degrees?

Deans: We facilitate networking and mentoring of our students while in school, make them aware of opportunities and establish connections whenever we can. Some examples of the assistance the schools provide is through alumni associations, career day events and supporting student travel to state, regional and national meetings to enable networking. Career support has become important for all college graduates these days, including those entering the pharmacy profession.

What is the value of residencies after completing PharmD degree?

Deans: Postgraduate residencies are an excellent pathway to develop advanced practice or specialty expertise in structured and supervised settings. Many

schools of pharmacy support or fund residency programs and include residents in teaching experiences. Most residencies are affiliated with health-systems and are sponsored by the practice sites, but residencies cover a range of opportunities in other areas, as well, including community pharmacy.

Does your institution do primary research?

Deans: Pharmacy faculty members are involved in a variety of research to varying degrees, depending on the mission of the institution and the roles of individual faculty members. Professional accreditation of the program expects that faculty are provided the opportunity for research. The type of research is based on the interest and expertise of the faculty. Collaboration with other institutions is encouraged.

How does your institution facilitate internships?

Deans: Preceptor training is provided to help maximize the educational experience that a student receives during their internships. Also, students may identify practice sites that they believe would provide a rewarding educational experience for consideration. Many students find value in working in a pharmacy, above those experiences required for degree completion. ☑

¹ Pharmacist Employment by Industry, 2018-2028, https://1.bp.blogspot.com/-W6pFoUrocO4/XaTCUNGZEZ0I/AAAAAAAAhNI/qhbqHDZqEowluIXIu4YWK9dgRpbKxg-KwCLcBGAsYHQ/s1600/Pharmacist_Employment-2018_vs_2028.jpg

² <https://www.aacp.org/sites/default/files/2021-07/pharmacy-demand-report-07082021.pdf>



Helping independent pharmacies compete since 1982.



Now with more services to thrive in today's pharmacy landscape.

- Group volume purchasing
- Profits distributed to members at year-end
- EPIC Pharmacy Network – third party contracting
- **REGULATOR**™ – claims reconciliation and automated reimbursements below cost system
- **PHARM CAP**® – regulatory and compliance management
Pharmacy Compliance Alert Program



EPIC Pharmacies



EPIC Pharmacy Network



PHARM CAP®
Pharmacy Compliance Alert Program

800-965-EPIC (3742) | epicrx.com | memberservices@epicrx.com

DEAN PROFILES

BRIAN L. CRABTREE, PharmD, Dean at Mercer University College of Pharmacy



Dr. Crabtree is a native Georgian from Ringgold, Georgia and attended pharmacy school at Mercer, graduating in 1979. Back then, the entry-level degree for pharmacy was a five-year bachelor's of science in pharmacy. He became

licensed and practiced in community pharmacy while enrolled in the doctorate degree program at Mercer. He then specialized in what is now called psychiatric pharmacy and went on to an academic career of teaching and practicing in that area. Dr. Crabtree served most of his career as a faculty member at public research universities, Wayne State University and the University of Mississippi. He served in academic leadership as a department chair at Wayne State University before returning home to Mercer in 2017.

Dr. Crabtree lives with his wife in Atlanta. His three grown children and five grandchildren are all in Mississippi. He loves his job and thinks that teaching and serving young, aspiring student pharmacists is the greatest job in the world.



SHAWN SPENCER, RPh, PhD, Dean at PCOM School of Pharmacy



Dr. Spencer grew up just outside of New York City and earned a bachelor's in pharmacy from Temple University. He continued his doctorate degree in pharmacy services research at Temple. He is a registered pharmacist in

Pennsylvania. Dr. Spencer has been the dean of the pharmacy college school at Philadelphia College of Osteopathic Medicine (PCOM) for almost four years.

Over the years, Dr. Spencer has taught pharmacy courses in personal and professional development, biopharmaceutics and drug delivery, and therapeutic drug monitoring. He enjoys

many aspects of his work, especially being able to educate the future of our profession. He would like to find more time to conduct research to help reduce health disparities in vulnerable communities. He is married to his wife Angela, who is also a pharmacist. Together, they have three children.



DEAN ARNESON, PharmD, PhD, Dean at South University College of Pharmacy



Dr. Arneson was born and raised on a farm outside of Niobrara, Nebraska. He received his PharmD degree from the University of Nebraska Medical Center. He continued through graduate school and completed a master's and PhD in Pharmacy Administration. He is licensed to practice pharmacy in Nebraska, Wisconsin, and Georgia. He has held faculty and administrative positions at Ferris State University, Nova Southeastern University, University of Oklahoma, and was the founding dean at Concordia University in Wisconsin. He has been dean at South University since 2020.

Over the years, he taught pharmacy management, social behavioral pharmacy, pharmacy law, and pharmacy ethics. He has several study-abroad programs, including medicinal plants of the Amazon Rainforest (in Peru) and traditional Chinese medicine (in China).

Dr. Arneson now lives in Savannah and is married to Ling Wang, MD, PhD, Medical College of Wisconsin faculty member. Dr. Wang is involved with breast cancer research. Their son, Alex, lives in Denver, Colorado. When asked if he likes his job, he said, "The reason I got into pharmacy was that I enjoyed helping people feel better. By being involved in the education of pharmacists, I enjoy helping students achieve their dream of becoming a pharmacist and feel I am helping even more people through their work."



KELLY SMITH, PharmD, Dean at University of Georgia College of Pharmacy



Dr. Smith grew up in Statesboro. She completed a bachelor's of science and doctorate degree in pharmacy from University of Georgia. She did residency training at University of Florida Health in Jacksonville, Florida. She has been

a UGA faculty member and dean of the College of Pharmacy since 2018. Previously, she had been a faculty member at another "SEC school up north."

Dr. Smith taught pharmacy throughout her career; however, she's teaching less frequently these days. Her expertise is in pharmacy prac-

tice and career development.

She and her brother were raised to be Bulldog fans, like their father. Their dad was the first in his family to graduate from college – and he graduated from UGA. Her mother became a UGA fan "by marriage," and her brother has passed along his own fervor for UGA sports to his youngest



**UNIVERSITY OF
GEORGIA**
College of Pharmacy

daughter. "In this family, we bleed red and black!" shared Dr. Smith. (If you met her, you'd know she certainly dresses the part.) We asked her if she liked her job and she said, "Is there anything better than paving the pathway to success for faculty, students, and staff at your alma mater?" [f](#)



SynerGRx Leads the Way to CCM

BY MICHELLE TURKINGTON, Editor, Georgia Pharmacy Magazine

What is Chronic Care Management (CCM)?

Medicare is trying to improve outcomes. If your patient (65 years and older) has two or more chronic conditions that are expected to last at least a year, Medicare may pay a health care provider to manage those chronic conditions. If a patient agrees to this service, the provider prepares the care plan, helps with medication management, provides 24/7 access for urgent care needs, gives support when the patient goes from one healthcare setting to another, reviews medications and usage, and helps with other chronic care needs.

SynerGRx Answers the Call

That sounds great but who has time to do it? That's where SynerGRx comes in. Pharmacy service pioneer Naveed Tharwani, PharmD, founder of SynerGRx, of Atlanta, Georgia, recognized the problem and has created a solution; Pharmacists providing chronic care management. Working with healthcare providers, SynerGRx works with patients to create care plans, establish key health care indicators and related goals, and monitor the progress. SynerGRx has been very successful in improving patient outcomes.

Tharwani shared, "It's a tough thing to do, and we have found a way to work with other independent pharmacies to implement CCM. Normally, CCM is done by the physician, but some find it difficult to find the staffing, build the program, and monetize it. By the time they do it (CCM), they realize it costs the practice a lot of money. It's a little difficult, because you are stepping on the grounds of the physician and the money they make. The physician may not want you in their space." Pharmacies cannot bill

Medicare as a healthcare provider, so pharmacists must contract with a healthcare provider to perform the services. "The hardest part is approaching the doctor and making the sale, then doing the work without losing money," he said.

"Our big focus is improving patient outcomes. We are about three years into this, and we are still figuring it out," shared Tharwani. "We hired a third-party company to help with our quality measures and data analytics; to make sure what we are doing is effective."

The struggle is in the training. To gear up, the SynerGRx took courses at the Avant Institute and hired PGY1 residents, who were already trained in CCM. SynerGRx is working with the universities to develop a training program for pharmacists.

In practice, you start with a Medicare patient with two chronic conditions. Their provider sees the patient and then refers them to SynerGRx. The patient and SynerGRx pharmacist establish a relationship and discuss the medications and health goals. SynerGRx provides the patient with monitoring devices. They set parameters for the patient. "Normal" ranges are determined, and notifications are sent if a patient is not in the normal range.

As an example, SynerGRx often monitors A1C levels in diabetic patients. Every time the patient takes a blood sugar reading, their device sends a notice to the SynerGRx data base. If the A1C reading is out of the range, SynerGRx will get a notification. Based on the notification, they will call the patient to check in and find out what the problem is. It might be that the patient had wine with dinner. They discuss what insulin adjustment could be made to keep



Pharmacy service pioneer Naveed Tharwani, PharmD, founder of SynerGRx.

the range within normal tolerance.

“Medicare wants you to do something useful. We coach the patient on how to maintain good metrics,” said Tharwani. “The doctor likes it because the pharmacist understands the medications and knows which products the patient’s insurance will cover. And we get all the phone calls. We are like a clinical staff member.”

Tharwani offers some advice to independent pharmacies, “To be effective at CCM, you have to be all in.” He advises building good systems because the Medicare codes don’t pay a lot.” In order to do this model, it can’t be on the side, because it will impact the quality of patient care and their outcomes. “You may think you’re doing a great job, but unless you are up against the metrics, you don’t really know,” he said.

SynerGRx fits well with independent pharmacy partners that have established relationships with providers. SynerGRx runs the CCM program. Providers bill Medicare and pay SynerGRx service fees. The pharmacy fills the prescriptions. The pharmacy can expect an

“Our big focus is improving patient outcomes. We are about three years into this, and we are still figuring it out.”

—Naveed Tharwani, PharmD

increase in prescription volume (in their experience up to 25%), just from one clinic, which is a big selling point.

Tharwani told us his staff tends to be younger and enjoy the technology aspect. “We are a technology healthcare company that specializes in chronic care management,” he said. “The newer generation really enjoys technology and how it applies to healthcare. My story is that three years ago, we took the training. I don’t see it as a side business. My vision is that you could blow this up and do it everywhere. I see it beneficial to partner with a local pharmacy and drive their business. Everyone wins.” [G](#)

Behind the Scenes in Chronic Care Management

AN INTERVIEW WITH KANDON RENDER, PharmD, Director of Clinical Services, SynerGRx

BY MICHELLE TURKINGTON, Editor, Georgia Pharmacy Magazine

KANDON RENDER, PHARM.D., is on the clinical front line of Chronic Care Management (CCM). He spends most of his clinical day embedded in a large primary care physician's office, working with the patients of five providers. CCM is a Medicare program intended to improve patient outcomes. It focuses on patients over 65 years with two or more chronic conditions, expected to last for more than a year. Most of Render's patients are over 65 years of age and have multiple chronic conditions.

Render has been working with CCM for two and a half years. "I'm part of the team, now. They refer patients to me that insurance is flagging as 'not at goal,'" he said. Render does a wide variety of health management activities, ranging from basic health education to working with social workers on case management. Many of the patients have a low health literacy. He works to optimize their medications, along with monitoring them at home. "It takes time to develop relationships with the patients and the providers," said Render. "It's satisfying to see their improvement."

Render manages a team of eight pharmacists for SynerGRx. There's a full-time pharmacist in each contracted provider clinic, and sometimes more. The demand is growing. SynerGRx employs about 30 people, relying heavily on interns. Its workforce is young and enjoys the technology component of patient care.

We asked Render to talk about some recent case studies.



PATIENT 1

Patient 1 is a 73-year-old male and was referred to SynerGRx in November 2020. Render shared, "The patient was new to the practice and had just moved to the area. He presented to the hospital with acute decompensation of heart failure. He was discharged from the hospital and established primary care at our doctor's office, for a transition of care appointment. He had a lot going on. He was on a ton of medications. He

had heart failure, chronic kidney disease (CKD), on top of high cholesterol and hypertension."

"I was brought in because they didn't have enough time to get him straightened out, that is, how to sort through all of his medications and to understand what his areas of need were. The first thing I did was put him on adherence packaging (pill packs) through his pharmacy. He also was recently diagnosed with aFib (atrial fibrillation) and was starting new anti-coagulation medicine. He had 12 medications and was having a tough time managing the medications on his own."

For the first six months, Patient 1 was balancing heart failure and CKD. With heart failure, your body has difficulty eliminating fluids, because your heart is weak, and you are prone to fluid build-up. To compound that, his kidneys were not functioning well, so the fluid was building even more. Over that first six-month period, Patient 1 was in the hospital four different times with volume overload where he received IV diuretics. Working together with the provider, Render tried to understand what was going on. Render shared, "It seemed preventable. We set him

2022 Legislative Update

BY MELISSA REYBOLD, GPhA VP Public Policy



OUR LAST IN-PERSON REGION

meetings were held in the fall of 2019 right before the pandemic hit so it was nice to get back to some normalcy and networking with our peers. We combined several regions for some of the

meetings so if you weren't able to attend, a recap of our 2022 legislative priorities is below.

PASS-THROUGH DISPENSING FEE

Seek a pass-through dispensing fee increase for Medicaid managed care claims in the state budget through appropriations.

Georgia's budget is really strong this year and many groups in the past have gotten increases or bumps for their organizations through this process. Pharmacies are dispensing products with high costs and low reimbursements. Medicaid managed care includes the state's most vulnerable patients so we are hoping legislators will take this into consideration and raise the dispensing fee through the appropriations process.

VACCINE ADMINISTRATION BY TECHS

Pursue a law change allowing technicians who satisfy certain training requirements to administer vaccines under the supervision of a pharmacist, who has entered into a protocol agreement with a physician for vaccine administration.

Under the PREP Act, technicians are allowed to administer vaccines to certain age groups. In light of immunizations being a controversial subject, this priority may prove difficult but GPhA, at a minimum, will be having those conversations.

E-PRESCRIPTIONS

Engage stakeholders and legislators on issues impacting the practice of pharmacy including:

- (1) Address the problem of midlevel provider prescriptions lacking required supervising physician's name.

As always, GPhA's longstanding policy is support legislation that impacts pharmacy.

- (2) Gain authority to partial fill controlled substances with 30 days to fill the remainder.

E-prescribing has gained popularity over the recent years, but it seems that some software doesn't have the required field for the supervising physician's name to be added. This, of course, triggers audits. We will try to figure out a way to fix the issue.

For the partial fills, this would allow pharmacists to use their professional judgement to fill at a lesser quantity, with 30 days to fill the remainder.

INCREASE TRANSPARENCY

Support policy and legislation that seeks to reduce prescription drug costs, increase transparency, and protect patient access to care.

As always, GPhA's longstanding policy is support legislation that impacts pharmacy. This is the second year of the biennium (two-year period), so any bills that didn't pass in 2021 are still viable for 2022. There are also some hot issues popping up. White bagging within infusion clinics is getting a lot of attention, especially in rural areas. There are a lot of insurance plans entering into deals with specific pharmacies where a pharmacy dispenses an incomplete drug to infusion clinics. The clinics have to finish preparing the drug and administer it to the patient. The infusion clinics are not getting reimbursed for filling the remainder of the drug or for administering it to the patient. We will support legislation to remedy this issue.

These are all important and necessary priorities. The 2022 legislative session is here. We will be busy preparing for a successful year. 📺

up on a home scale and a blood pressure cuff that would transmit the readings to us to monitor.”

The patient was a large man, weighing in around 260 pounds. Render learned that Patient 1’s weight would fluctuate by 15 pounds and he didn’t notice it as a significant symptom. Render worked with him to increase awareness about the increase in weight as a symptom of fluid build-up. “The problem was a fine balancing act. When he gets to his “dry” weight, we didn’t want to over-diurese him,” shared Render. “When you stop the diuretic, you have to know when to re-start it. We’ve been tracking his weight at home and adding the diuretic over the past six months and have kept him out of the hospital completely. He feels better. His kidney function has improved. We are still monitoring him actively and will do so indefinitely.”

“What’s cool about this process is that he has learned to be aware,” said Render. “We call him, and he will say, ‘I was expecting your call.’ The biggest victory is that the first six months he was hospitalized four times and over the last six months he has not been hospitalized at all. Initially, his weight was 286 pounds and he progressed to his best weight of 262.”

PATIENT 2

Patient 2 is a 66-year-old male. Like Patient 1, he was referred to SynerGRx in November 2020, was new to the practice, and was recently released from the hospital when he established care with the primary care provider. He had new-onset heart-failure and new diagnosis of type II diabetes. Render shared, “This was new to him. No one in his family was diabetic. He also didn’t know about heart failure. We had to start from scratch with him. His A1C level was 16.2, which is extremely high. That’s probably the highest I’ve seen at this practice.”


“He’s not your average patient; he’s in decent shape. He was on only a multi-vitamin prior to hospitalization and diagnosis. Now he was trying to follow a difficult regimen of eight medications, at different intervals, some once a day, some multiple times a day. He was out of sorts and I was able to sit down with him and review all the medications. I started adherence packaging to make it easier to manage.”

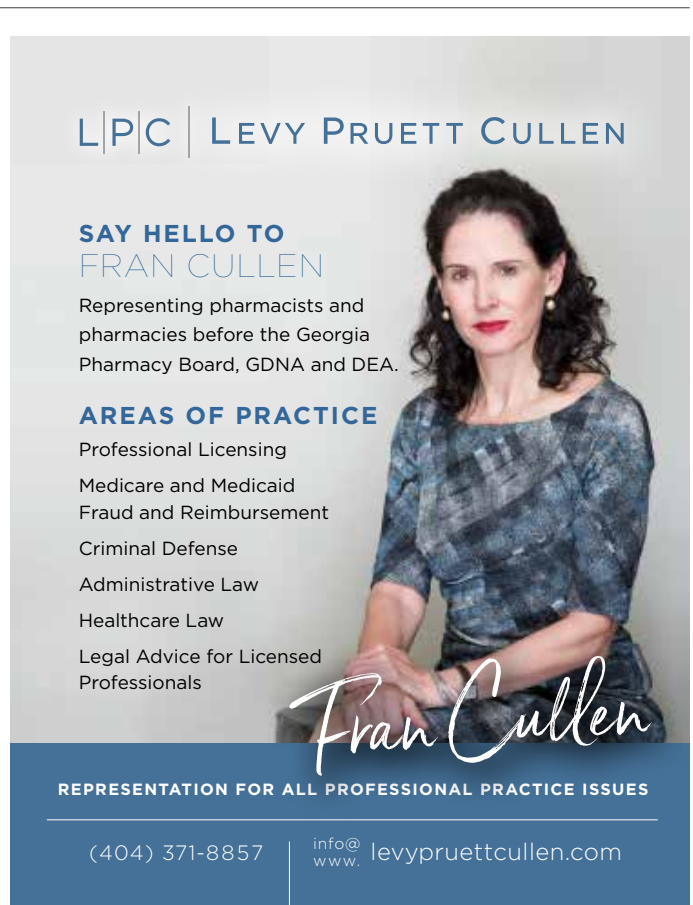
Within three months his A1C was down to 8.3. “That’s such an impressive drop, but he was such a new diabetic, and he was really sensitive to the first line agents, like metformin. His A1C was within an acceptable range within three months. He likes to know we are out there monitoring him. He also initially

experienced blurred vision that has improved, which was great to see. He got his energy back. His mood is so much better. He’s in a good place and he’s been stable.”

“We provided all types of education; what is heart failure; what is diabetes; what lifestyle changes, food and exercise, were needed.” Render told us that initial consultations take about an hour and half, and after that, about an hour a month. Now that Patient 2 is stable, Render spends about 20 minutes a month with him. Render also coordinates care between the primary care provider and the cardiologist, making sure communications channels are open.

Render described commercial plan coverage as sporadic and said he generally doesn’t work with non-Medicare patients. “Services are slowly expanding to commercial insurance, but it’s not there yet. I really wish we could get to these patients in their fifties. We could really make an impact if we could get to them earlier,” said Render. “It’s very time consuming to work with commercial insurance plans.”

Render has taken a non-traditional pharmacy career path. We asked if he has ever filled a prescription and he has, filling in at a pharmacy from time to time, but not a lot. He enjoys working with patients and using his pharmacy knowledge to make an impact in their health. 



LPC | LEVY PRUETT CULLEN

SAY HELLO TO
FRAN CULLEN

Representing pharmacists and pharmacies before the Georgia Pharmacy Board, GDNA and DEA.

AREAS OF PRACTICE

- Professional Licensing
- Medicare and Medicaid Fraud and Reimbursement
- Criminal Defense
- Administrative Law
- Healthcare Law
- Legal Advice for Licensed Professionals

Fran Cullen

REPRESENTATION FOR ALL PROFESSIONAL PRACTICE ISSUES

(404) 371-8857 | info@levypruettcullen.com

Jonathan G. Marquess Named GPhA VP of AIP

ATLANTA (December 2021)

Jonathan G. Marquess, PharmD, CDE, FAPhA, was named as Georgia Pharmacy Association (GPhA) Vice President of the Academy of Independent Pharmacy, effective January 3, 2022. Marquess succeeds Jeff Lurey, RPh, in the position.

Marquess has enjoyed a distinguished career in pharmacy. He received his Doctor of Pharmacy degree from Mercer University Southern School of Pharmacy in 1993. He studied international health care in Copenhagen, Denmark in 1993. He also completed an APhA Community Pharmacy Management Program from Drake University (Des Moines, Iowa) in 1996. He has earned many certifications including Certified Diabetes Care and Education Specialist (CDCES), Certified CGMS (Sensor) Trainer, Certified Insulin Pump Trainer (CPT). He has also completed certificate programs in Pharmacy-based Immunization Delivery, Pharmaceutical Care for Patients with Diabetes, Pharmaceutical Care for Patients with Dyslipidemias, Immunization Training for Community Pharmacy, Osteoporosis, and Compounding Pharmacy Certificate Program, PCCA.

Marquess is currently the President/CEO of the Institute for Wellness and Education in Woodstock, Georgia, and owns multiple pharmacies in Georgia. In addition to owning and managing pharmacies, Marquess has had an impressive pharmacy career, including serving as President of the GPhA in 2004-2005. He served as Clinical Assistant Professor at Mercer University from 1996-2001. He went on to become Director of the Non-Traditional Doctor of Pharmacy Program and Director of Continuing Education and Professional Affairs from 1997-2001. He was Vice President of Professional and Clinical Affairs for the American Pharmacy Cooperative, Inc. (APCI) from 2013-2015. He has



served as the Third, Fourth, and Fifth Vice President for the National Community Pharmacists Association (NCPA) since 2017. He has served on and often chaired many pharmacy-related boards and committees, including serving on the GPhA Board of Directors. He also has a significant history of awards, speaking engagements, clinical presentations, publications, poster presentations, peer reviews, facilitation, and special

training in pandemic preparedness.

“We had a number of great candidates apply for the position, but after reviewing them all, it was clear that Jonathan Marquess brought the talent, experience, and devotion to AIP over a number of years that the search committee was looking for,” said Bob Coleman, GPhA CEO.

Marquess has been married to GPhA Past President Pamala S. Marquess, PharmD, for 28 years, and together they have instilled the love of the profession to their two children. Will, 22, is a first year pharmacy student at UGA, and Madison, 20, has been accepted at UGA College of Pharmacy for the fall of 2022. The family lives in Acworth, Georgia. Together, they enjoy watching college football, beach vacations, and golf.

Marquess told us he is excited and looks forward to working with all AIP members. Marquess is eager to continue the legacy of leadership from Joe Mengoni and Jeff Lurey. He said, “The thing I find most impressive is how independent pharmacists rose to the occasion during the pandemic and proved their worth as an integral part of the health-care team with the ability to directly improve patient health.”

GPhA welcomes Jonathan Marquess to the family and looks forward to ensuring the future of independent pharmacy. [G](#)

Expanding the Role of the Emergency Medicine Pharmacist: A Pandemic of Opportunities

BY JENNA JEWETT, PharmD, SHIRMIL WHITE, PharmD, and AMY BEHIMER, PharmD

IN 2011, A LONE CLINICAL PHARMACIST dared to step into the realm of emergency medicine in the second busiest emergency department (ED) in the state of Georgia. Her timing was perfect. American Society of Health-System Pharmacists (ASHP) had recently published the 2011 update on Emergency Medicine (EM) pharmacy services that focused on helping institutions establish more comprehensive clinical pharmacy services in the ED.¹ Although joined by a second pharmacist less than two years later, it would be almost 10 years before the final goal of 24/7 emergency medicine clinical pharmacy services was achieved. In November 2021, a team of eight EM clinical pharmacists began offering around the clock services to the patients, nurses, and providers at the Wellstar Kennestone Emergency Department (WSK ED).

For years, the focus of the EM pharmacists at Kennestone centered around providing direct patient care, serving as an on-the-spot drug information resource, and ensuring safe medication practices within the ED, leaving little time for anything else. With the addition of four full-time pharmacists, more time could be devoted to developing and expanding

the range of services offered by the EM pharmacy team. Here we discuss the EM pharmacist's role in two interdisciplinary initiatives recently undertaken at WSK ED.

A PANDEMIC OF OPPORTUNITIES

The COVID-19 pandemic has provided numerous unique opportunities for EM pharmacists that could not have been imagined in the pre-pandemic era. Just as the fourth wave hit our state in July 2021, the ED providers approached the EM pharmacists with a request to administer COVID-19 vaccinations to patients prior to discharge from the ED, to help temper the rising cases of the Delta variant wave. At the same time, the EM pharmacists were recruited as integral members of another team project: The initiation of a monoclonal antibody (MAB) clinic serving high risk COVID-19 positive pediatric patients in our area.

PHARMACIST-LED VACCINE INITIATIVE

The first initiative the EM pharmacy team took on was developing and implementing a plan to vaccinate

EMERGENCY MEDICINE CLINICAL PHARMACY TEAM



Amy Behimer PharmD, BCPS, Clinical Pharmacy Manager, Wellstar Kennestone Hospital



Cara Coffelt PharmD, BCPS, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Maggie Guinta, PharmD, BCPS, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Jenna Jewett, PharmD, BCPS, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital

patients prior to discharge from the emergency department. The main goal of this project was to offer qualifying patients identified by the providers their first or second dose of the COVID-19 vaccine, without increasing the burden on providers or nursing. Being a team of eight immunization-certified pharmacists provided us the perfect opportunity to expand our current services to lead this initiative.

Using an inpatient, nurse-driven workflow from our sister hospital as a starting point, we developed a pharmacist-led ED specific pathway that starts with the provider identifying an eligible patient. From there, the EM pharmacist is responsible for all necessary steps from the immunization history query to administration of the vaccine. The pharmacist then completes a verbal hand-off with the patient's nurse to monitor the patient for any adverse reactions before discharge. In this way, the EM pharmacy team is using our additional resources to further support the ED team as a whole. Although recruitment started off slowly, the feedback from both the providers and the nursing staff has been overwhelmingly positive.


FILLING A COMMUNITY NEED

While we were busy developing the protocols for the vaccine initiative, one of our pediatric physicians identified a critical unmet need in our community. With the Atlanta area Pediatric Intensive Care Units quickly filling up, the Delta variant appeared to be affecting the young at a much higher rate than the previous variant. Anecdotal evidence suggested that individuals, including pediatric patients, with a high body mass index were being hit particularly hard. Although casirivimab/imdevimab had an Emer-

gency Use Authorization for patients as young as 12 years old, community-based providers were having an increasingly difficult time finding facilities that would administer this potentially life-saving medication to their patients.²

Wellstar Kennestone stepped up for the community and a team of ED nurses, physicians, information technology personnel, and now pharmacists were recruited to develop a pathway for pediatric patients to be referred to the ED to receive the MAB infusion. The role of the ED pharmacists included solving medication-related obstacles such as the most efficient way for the nurses to obtain the medication, testing newly built medication orders and providing feedback, as well as educating the nursing staff before and after implementation. Time was a critical factor in this project, and prior to the expansion of the EM pharmacy team, real-time participation in a project of this magnitude would not have been possible.

LOOKING TOWARD THE FUTURE

Even in such a short amount of time, being fully staffed with EM pharmacists has allowed us to demonstrate our ability to support and develop new clinical services. We plan to continue to explore ways our pharmacists can improve overall medication safety in this particularly high stress environment. With the growth of our EM pharmacy team came with it an exciting variety of backgrounds and specialties. As we look toward the future of our EM clinical pharmacy program here at Wellstar Kennestone, we hope to someday be able to offer additional specialized training opportunities to future generations of pharmacists. 

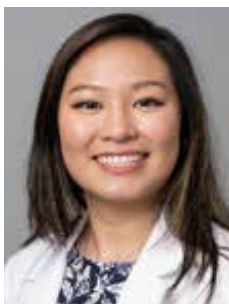
REFERENCES

¹ American Society of Health-System Pharmacists. ASHP guidelines on emergency medicine pharmacist services. *Am J Health-Syst Pharm.* 2011;68(23):e81-95

² Regeneron. Emergency Use Authorization Fact Sheet for Healthcare Providers. Regeneron Pharmaceuticals Inc; Nov 2021. Available at [regeneron.com/downloads/treatment-covid19-eau-fact-sheet-for-hcp.pdf](https://www.regeneron.com/downloads/treatment-covid19-eau-fact-sheet-for-hcp.pdf)



Faisal Minhaj, PharmD, DABAT, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Anh Nguyen, PharmD, BCPS, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Darshan Patel, PharmD, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Shirmil White, PharmD, BCPS, ED Pharmacy Supervisor, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital



Stephanie Zack, PharmD, BCCCP, Emergency Medicine Clinical Pharmacist, Wellstar Kennestone Hospital

TechU 2.0

BY MICHELLE TURKINGTON, Georgia Pharmacy Magazine Editor

IT WAS A BEAUTIFUL FALL DAY IN SAVANNAH, on the pristine South University campus. The Academy of Pharmacy Techs hosted the second annual TechU. The event was designed to bring Georgia pharmacy technicians together, to offer continuing education, to network with different practice settings, and to energize techs to recruit new members.

The day started with a breakfast. Ross Hays, CPhT, APT Board Chair, kicked off the meeting at 10 a.m. Bob Coleman, CEO GPhA, was first at bat with the 2021 policy update and pharmacy tech law review. He was followed by President of the Board of Pharmacy, Mike Brinson, RPh, who did a great job inspiring the techs to future possibilities. Amanda Daniels, BS, CPhT, Atlanta Technical College, and Frank Barnett, Med, CPhT, Wiregrass Georgia Technical College, spoke on ensuring patient and opioid safety. Christine Cline-Dahlman, CPhT, presented PharmTechForward, and spoke on empowering techs in expanded roles.

Three hours of continuing education were offered, including topics like medication adherence, legislative update, and opioid safety. Techs had the opportunity to have their headshot taken and learn about personal branding. Everyone was treated to dinner in the historic district, at the Pirate's House, a

local favorite.

"I thought it went really, really well," said Bob Coleman, CEO GPhA, "It was a good group of people. They were very engaged."

"It was an honor to be part of TechU 2.0! The technicians came from diverse backgrounds and experience levels. It's truly remarkable that GPhA, South University, and other Georgia companies continuously see the value in an event like TechU. I'm looking forward to many more years of TechU and growing technician centered events at GPhA," said Emily Durham CPhT, MS.

Ross Hays shared, "I would like to thank each of the APT board members, our wonderful presenters, South University School of Pharmacy and Dr. Ajay Singh. I also believe a special thanks goes to Mary Ritchie who not only works to recruit and retain new members for all of GPhA; but is also the single person that we, as a board, could not function without. APT Version 2.0 was a resounding success and with the support of these individuals I know we will continue to thrive!"

Thank you to our sponsors for making this event a success: Adams Pharmacy, Dogwood Pharmacy, Innovation Compounding, PTCB, Smith Drug, South University, and TrueLean. [G](#)



Michael Brinson, RPh, President of the Board of Pharmacy, spoke to pharmacy techs.



Michael Brinson, RPh, and Bob Coleman, CEO GPhA at South University.



Ross Hays, APT Board Chair kicks off TechU.



TechU 2.0 attendees

Is there Such a Thing as Clinical Pharmacy Technician?

BY CHRISTINE CLINE-DAHLMAN, BFA, CPhT



“CLINICAL” – THIS IS A WORD in healthcare that carries a very professional view. We immediately think of interaction with the patient. We mentally and emotionally rise to be able to serve at the “clinical” level for patient

care. Somehow, we start to stand taller. While pharmacists leap to this viewpoint, do the pharmacy technicians they work with know that they can think the same? They have not, but now they can.

The American College of Clinical Pharmacy established the following definition in 2009: “Clinical pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention.”

Nearly eight years later, in April 2017, *Innovations*, the magazine from the National Boards of Pharmacy Association (NABP) reported that by 2023, 50% of technicians would be involved in clinical tasks. This report followed a February 2017 gathering of national pharmacy stakeholders to address the topic of pharmacy technician education – for the future.

We are within a year of reaching the projection from *Innovations*. Let’s look how fast a pharmacy technician’s job performance has reached this definition of “clinical.” Pharmacy technicians who serve in hospitals often incorporate themselves in this definition, simply by their environment, referred to as “clinical setting.” The practice area

where pharmacy technicians have the greatest opportunity to enter into clinical tasks and services is community pharmacy, in both chain and independent community pharmacy.

LET’S SEE WHAT IT LOOKS LIKE ...

Immunizations are considered the number one clinical service in community pharmacy. Idaho was the first state to provide a training and performance path for technicians to immunize for influenza. Then five more states moved technicians into this clinical path.

In October 2020, in the midst of a pandemic, the urgent need for immunizations administration was recognized. The PREP Act articulated a path for pharmacy technicians to immunize ALL CDC recommended pediatric vaccines along with COVID vaccines to adults. Georgia does not necessarily provide for pharmacists to administer pediatric vaccinations, so Georgia pharmacy technicians were not active in this process.

On August 4, 2021, the PREP Act further provided that pharmacy technicians, who successfully completed ACPE accredited training in order to immunize under the prior permissions, could now administer the influenza vaccine to adults. Pharmacy technicians were quickly thrust into this opportunity to participate in clinical patient care.

GPhA developed an immunization administration training for technicians that is ACPE accredited and has trained over 300



techs. This program served the independent community pharmacies, while the chains in Georgia were also busy training their techs to be involved in the immunization process.

WHAT'S NEXT?

“Point of care testing” is fast becoming an active clinical service within community pharmacy. It is a clinical service that technicians actually perform with the patient. Technicians can access formal training, demonstrate competency, and earn a certificate to perform required testing tasks. COVID testing is facilitating the increased implementation of this clinical service. These are just the starting points. There are additional opportunities for technicians to serve in clinical roles.

Disease State Management has become a key element to reimbursement. It comes through several efforts: medication synchronization, medication adherence, medication reconciliation, and patient education. All help provide positive patient outcomes.

These may sound like tasks, but each element

By The Numbers

38,900
PHARMACY TECHS IN GEORGIA
(BLS 2020)

24,608
REGISTERED TECHS IN GEORGIA
(NABP 8-20-2020)

8,914
**CERTIFIED PHARMACY TECHNICIANS
IN GEORGIA**
(GEORGIA BOP 12-31-2020)

516
GPhA PHARMACY TECH MEMBERS
(GPHA 2021)

300
**GPhA IMMUNIZATION TRAINED
PHARMACY TECHS**
(GPHA 2021)

requires active conversation and interaction with the patient. These are conversations that technicians can have with the patient as they are collecting, recording, monitoring patient information. These are three of the five steps in the patient care process, which have a clinical focus.

As pharmacies incorporate more patient care services, technicians will begin to use an electronic health record to record, review, and monitor patient information, much like a medical practice. As a broader picture of the patient's well-being comes forth, the technician now engages in a "clinical" process for patient care. Many community pharmacies who bill for medical services, already toggle between windows

As a technician, you can now take charge of your professional development and truly see "the job" as "my career."

that capture and record patient information.

After reading about these opportunities, one realizes how patient care is a team effort. How can technicians be an active part of that team? Preparation for clinical tasks and services comes with formal learning. That learning can now be recognized with professional standing for the pharmacy technician. This credential process is a catalyst for increased clinical patient care.

Georgia Board of Pharmacy recognizes national certification achieved through the Pharmacy Technician Certification Board (PTCB). That Certification permits a technician to add the letters "CPhT" following their name as recognition of professional accomplishment. This designation is a first step for technician proficiency.

PTCB has moved into a second tier of professional recognition – advanced certification. There are currently eight separate topics for technicians to learn, study, pass an exam, and then earn their certificate. A goal for these credentials is to prepare and recognize technicians as capable of engaging in the clinical care of a patient.

The first topic to be released was Certificate in Sterile Compounding. Once the exam is passed, it permits the technician to add CSPT following their name. To keep their status, they must complete 20 credit hours of CPE, but also five additional hours of CPE specifically in sterile compounding training, every two years.

When a technician has successfully earned certificates in four of the remaining seven

topics, they can then add the letters "CPhT-Adv" following their name. The exam Technician Product Verification must be included as one of the four topics. This topic is important because it dives into the pharmacology of medications and assesses a technician's medication knowledge along with the proper application for those medications, such as general dosing, potential drug interactions, potential therapeutic substitutions, warnings about "look alike – sound alike," to name a few.

The certificate topics are as follows – Sterile Compounding, Technician Product Verification, Immunizations, Billing and Reimbursement, Hazardous Drug Management, Controlled

Substances Diversion Prevention, Point of Care Testing, Medication History and Medication Therapy Management. Do not all of these topics help the technician meet the clinical definition to "provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention?"

GPhA has provided learning opportunities this year for technicians to learn, study and take the exam for two of these certificate topics, Immunizations and Point of Care Testing. As a pharmacist, you can now outsource the professional development of your technicians, training no longer uses "on-the-job" time. As a technician you can now take charge of your professional development and truly see "the job" as "my career."

PTCB actively supports Georgia pharmacy technicians through GPhA. Is your pharmacy team actively using the full resources of this partnership? Tech U 2.0 just took place. It will happen again in 2022. Will your technicians be ready to attend?

Remember, a pharmacist cannot do every task without the proper training, passing exams, earning CPE credits along with necessary credentials. Understand, pharmacy technicians can now access the proper training and earn credentials in order to be a more active member of the clinical pharmacy team. Professional pathways do exist for pharmacy technicians. Let's find ways to support them onto these paths for optimal patient care. [G](#)

Newest Additions to the Student Leadership Board

TYESHA OFTON P1 MERCER UNIVERSITY 2025



My name is Tyesha Ofton, and I am from a small town called Blakely, Georgia. On December 12, 2020, I received my Bachelor of Science degree in Biology from Albany State University. Since high school, it has always been my dream to become a pharmacist, and I was delighted to be accepted into the class of 2025 of Mercer University College of Pharmacy. I learned about GPhA from my pharmacy mentor and was excited to join a great organization that will provide me with education, networking, up-to-date matters, and resources that I will need to become an excellent pharmacist who can improve patients' lives every day! I am very excited to be a P1 Liaison for GPhA because I can connect with the most influential community of leaders, learn from the best pharmacists in Georgia, and share my knowledge with others all while creating a more positive environment for everyone. I have encouraged many of the pharmacy students at Mercer to attend the Georgia Pharmacy Convention and Pharmacy Day at the Dome to receive the same experience I have while being a member of GPhA. It feels great to be a part of a wonderful community of excellent pharmacists!

MAKEDA LOVELACE P1 LIAISON, PCOM, 2025



Well, hello there! It's a pleasure to "meet" you! My name is Makeda, and I am beyond happy to be here. I wear many hats: wife, mother, sister, daughter, veteran, and now future PharmD. That last one is very special to me because it's the hat I chose

for myself. I have worked in healthcare most of my adult life (11 years as an EMT and nearly 15 years as a Pharmacy Technician), but the transformation my current field is experiencing is nothing I could have ever imagined. To say that I am excited to represent my school and class as the P1 liaison is an understatement! I've always been a behind-the-scenes kind of person but embarking on this journey to PharmD has given me a greater confidence in myself, and I'm not afraid or ashamed to show it off! I have let others speak for me most of my life. Now, I am the voice! Never one to avoid a challenge, this experience is sure to be as rewarding as it will be challenging. Being part of the body that is working to make my new profession better is something my family will be proud of for years to come.

EMMA COVINGTON P1 LIAISON, UNIVERSITY OF GEORGIA, 2025



My name is Emma Covington, and I am serving as P1 Liaison for the University of Georgia's College of Pharmacy. When I began pharmacy school, I knew that one of the most enriching experiences I could participate in would be joining student organizations. The profession of pharmacy is highly dependent upon strong leadership and I believe that it is essential for students to develop these skills while still in school. As soon as I heard about GPhA, I knew it would be an excellent fit for me because I am intrigued by the process of influencing change at a state level. Advocating for the betterment of the profession, I am eager to observe these processes in action through my liaison position. It is inspiring to see what GPhA has accomplished already and the plans they are putting into action to further encourage growth of the profession. I am also looking forward to attending conferences

through my involvement with GPhA. It is an excellent opportunity for learning, networking and meeting future colleagues. Although I have just started the P1 liaison position, I am already excited to continue my involvement with GPhA throughout my time in pharmacy school and beyond.

HOLLY JOHNSON JUNIOR MEMBER, SOUTH UNIVERSITY, 2024



My name is Holly Johnson. I am a Georgia native, born and raised in Macon, Georgia. I am currently pursuing my doctorate at South University in Savannah, Georgia. I have worked in the field as a technician for about five years now, and I am very excited to gain more experience in the industry.

I went into high school knowing pharmacy was going to be my career, and sure, I have had my doubts about the field but at the end of the day I could not imagine doing anything else with my life. So, I see GPhA as another steppingstone to a much bigger goal, or rather a steppingstone that leads to many more. Being part of this community, especially in a leadership role, gives access to those already established in the field. Those connections could one day help me achieve my ultimate goal of working in investigational research and specializing in women reproductive health. Networking is a large part of any professional's career, and I have always been a proactive person.

Before applying for this leadership position, I devoured the website. I clicked on every link and read every word. GPhA offers so many valuable resources to those involved and that is something to be genuinely excited about. I am ecstatic to be given this opportunity to be

involved in such a large community of pharmacists and to be part of the voice of our field. It's a powerful position to be in, one where you have the opportunity to advocate for a whole community.

SIERRA LEJEUNE JUNIOR MEMBER, SOUTH UNIVERSITY, 2024



I am from Cameron, Louisiana, where I spent the first 26 years of my life. My adventurous outlook could not be contained in my hometown, which is how I landed in Georgia. I am a student at South University School of Pharmacy. In my spare time, I enjoy playing outdoors with my puppy. Coffee is my lifeline, and Jesus is my best friend. Every morning growing up, my mother told my brother and I, "be the best that you can be today". This one little sentence has shaped me into the person that I am today. It is a motto that I live by.

A desire to extend my knowledge and an enthusiasm to advocate for the future pharmacist of Georgia motivated me to pursue a position on the GPhA Student Leadership Board. I believe that my educational background has instilled in me the qualities required to meet the rigor of this position, and subsequently, the profession. I bring along with me a strong grasp of fundamentals in health care management, relevant work experience, and a penchant for teamwork.

I am thrilled to have been appointed to this position. I look forward to attending meetings, where I will be able to meet future colleagues and form lifelong connections. I am a small voice with aspirations to make a large impact. I hope to be a catalyst for change and instill a "sense of hope" for a better tomorrow in the pharmacy industry. [f](#)



VIRTUAL DAY AT THE DOME

February 16
Mercer and PCOM

February 24
South and UGA

Pharmacy Quality™

COMMITMENT+

RETAIL COMPOUNDING CENTRAL FILL

**Mistakes
happen.**

**Team up with us
to reduce risks in
your pharmacy.**



Alliance for Patient Medication Safety

A federally listed Patient Safety Organization (PSO)

www.medicationsafety.org | info@medicationsafety.org | (866)365-7472

Congratulations to the Leadership GPhA 2021 graduates!

BY TERESA TATUM, Education and Foundation Director

EIGHT GPhA MEMBER CANDIDATES WERE chosen by a selection committee to be invited to attend the 2021 Leadership GPhA at Lake Blackshear Resort in Cordele, Georgia. The entire weekend was hosted by the Georgia Pharmacy

Association (GPhA) and the Georgia Pharmacy Foundation (GPhF) at no charge to the participants. The candidates were from a variety of practice settings and geographic locations in Georgia.



Front Row (left to right): Shamika Clinton of Kathleen, Lindsay McCoy of Athens, Kameron Huffman of Savannah, and Amanda Cherry of Forsyth. Back Row (left to right): Tyler Young of Barnesville, Vanessa Croley of Evans, Maneesh Sandhu of Milton, and Blake Sears of Monroe.



Leadership GPhA Candidates with the GPhA Board of Directors

During the 3-day workshop, these GPhA member pharmacists heard from Dr. Brandon T. Jennings, Founder/ President and CEO of Abilyn Consulting, Dr. Kay Brooks of UGA, Sharon A. Liggett of UGA, and members of the GPhA Board of Directors. Topics included learning their own leadership voice, understanding themselves and how to best interact with teammates, developing a personal leadership plan, and impacting the future of pharmacy through community engagement in Georgia.

The weekend kicked-off with a warm welcome from Wes Chapman, GPhA immediate past-president, Liza Chapman, Georgia Pharmacy Foundation Chair, and Bob Coleman, GPhA CEO. On day two they were joined by GPhA President, Mahlon Davidson, and President-Elect, Jonathan Sinyard who each shared their own personal GPhA journey and why they chose to serve.

The weekend wasn't all work and no play! The candidates were treated to several nice meals, cocktails, and networking, as well as an afternoon of teambuilding on the archery range! 🏹

We look forward to the new ideas this bright group will bring to the profession and the association!



Leadership candidates show off their archery skills.

From the GPhA President/Board Chair

Toxic Work Environments



MAHLON DAVIDSON

The mission statement of the Georgia Pharmacy Association is “to promote and enhance the profession of pharmacy and the practice standards of its practitioners. Further, the association shall work to heighten the public’s perception of pharmacy and pharmacists and to promote the value of pharmacy services to the health and welfare of the general public.”

The issue of pharmacist workload and job satisfaction has long been a concern of GPhA. Past board member and Academy of Employee Pharmacists (AEP) representative Ashley London and I made workplace conditions a board agenda item often over the past three years. In a recent letter to fellow board members,

What can we, as GPhA, do to help our brothers and sisters who find themselves in toxic working environments? The GPhA Board of Directors continues to address this critical issue and welcomes your comments and input.

current AEP Board representative Melanie DeFusco implored the board to do a “deep dive” into employed pharmacist’s complaints about toxic working conditions and unrealistic workload pressures.

The pandemic has expanded our responsibilities, significantly increasing the pressure on pharmacists. I speak daily with fellow



ANONYMOUS QUOTES:

"I HAVE BEEN A PHARMACIST SINCE

2003. I began my career with a (chain) pharmacy filling 2800-3000 prescriptions per week. Everything began to change around 2014-2015. Our performance evaluations began to be tied to pharmacy metrics which set unattainable goals. In 2017, our labor metric was reconfigured, and staffing was drastically cut; pharmacists hours reduced from 190 to 160 per week,

eliminating any pharmacist overlap. We knew we would be punished if we had multiple errors. This led to many of us not reporting errors. My partners and I only reported errors when a patient actually ingested an incorrect medication or was angry. Most errors were corrected, and we apologized."

"I HAVE BEEN A RETAIL PHARMACIST SINCE graduating in 2002 and have been in pharmacy since

1993. Yes, there have been many exciting changes to the profession that have advanced our practice. However over recent years, the profession of pharmacy is anything but professional."

"AT THE END OF A WORKDAY, A PHARMACIST should not have to be fearful if or how many misfills they had that day. We should be allowed to do our job; to take care of our patients and help them live healthier lives."

"WE ARE TOLD TO DO 'QUALITY' COMPREHENSIVE

medication reviews, yet we barely have time to go to the bathroom once in a 12 hour shift, let alone get a break to eat. Where is the time to accurately research issues or to have quality interactions with patients? It's only a matter of time before mistakes are made. We only pray that it is a small mistake and not one that causes harm or takes a life."

pharmacists and hear their stress. Morale is low, and fewer pharmacy students seem to be considering retail pharmacy employment.

In a 2010 article about dispensing errors, Pharmacy Times determined errors occurred an average of four per 250 prescriptions filled (1.6%). That ratio can only have grown by 2021.

Dr Johnathan Hamrick, PharmD, Mercer College of Pharmacy, led a 2019 study on pharmacist workload and its correlation to patient outcomes and adverse medication events. This survey-formatted study concluded that there is "a statistically significant risk of negative patient outcomes when pharmacists are under high stress workloads."

In 2020, the GPhA Board asked employed pharmacists to anonymously share their concerns regarding working conditions. The responses echoed important points. First, these pharmacists were passionate about their profession. Second, most respondents said that corporate demands and protocols had been changed for the worse in the last decade. And they were concerned the increase in workload could result in a mistake that could harm their patients. Dennis Troughton, Director, Georgia Drugs and Narcotics Agency (GDNA) said the biggest complaint to the state Georgia Board of Pharmacy was dispensing errors.

California's Governor recently signed SB363 on chain pharmacies quotas into law. This law prohibits a chain pharmacy from establishing quotas. Quotas are defined as a fixed number

The pandemic has expanded our responsibilities, significantly increasing the pressure on pharmacists. Morale is low, and fewer pharmacy students seem to be considering retail pharmacy employment.

or formula, which the chain pharmacy or its agent measures or evaluates the number of times pharmacist or pharmacy technician performs tasks or provides services during a shift. The bill prohibits a chain pharmacy, through employees, contractors, or third parties, from communicating the existence of quotas to pharmacists or pharmacy technicians. The bill would authorize the Board of Pharmacy to take an enforcement action against a chain pharmacy that violates these provisions.

What can we, as GPhA, do to help our brothers and sisters who find themselves in toxic working environments? The GPhA Board of Directors continues to address this critical issue and welcomes your comments and input. [G](#)

Mahlon Davidson is the Georgia Pharmacy Association President/ Board Chair.

Thank You!

Thank you to these 2021 supporters of the Georgia Pharmacy Foundation
Donors as of 12-16-21.

- | | | | |
|-------------------------------|---------------------------|-----------------------------|------------------------------|
| Greg Alston | Brian Crabtree | John Kalvelage | Charles Scott |
| Dean Arneson | Vanessa Croley | Ashley London | Blake Sears |
| Robert Ault | Michelle Cruson | Tracie Lunde | Victor Serafy |
| Mark Barnes | Mahlon Davidson | Pam Marquess | Fred Sharpe |
| Robert Bazemore | Alexis Davis | Hewitt Matthews | Thomas Sherrer |
| Lance Boles | Jake Davis | Roy McClendon | Tim Short |
| Larry Braden | Sharon Deason | Lindsay McCoy | Kelly Smith |
| Mary Broadhead | William Dunaway | McKesson Foundation | Renee and Jason Smith |
| Shobhna Butler | Mollie Durham | Rhonda McIntosh | James Stowe |
| Waymon Cannon | Stewart Flanagin | Ryan Meeks | Garrett Streat |
| Sonny Carroll | Amanda Gaddy | Scott Meeks | Christopher Thurmond |
| Tina Chancy | Amy Galloway | Amy and Laird Miller | Austin Tull |
| Wes Chapman | Charlene Granberry | Mindi Miller | Mitch Weitman |
| Liza and Ronny Chapman | Fred Gurley | Robert Moody | Izabela Welch |
| Amanda Cherry | Joe Ed Holt | Vivian Moody | Lindsey Welch |
| David Clements Sr. | Robin Hood | Joshua Patterson | Jordan Whitehead |
| Shamika Clinton | Kameron Huffman | Rhett Paul | Thomas Whitworth |
| Anita Conner | Deven Jackson | Leslie Ponder | Steve Wilson |
| Mark Cooper | Ray Jones | Ben Ross | Tyler Young |
| Kenneth Couch | Susan Kane | Ward Sachs | |
| Guy Cox | Marsha Kapiloff | Maneesh Sandhu | |

SUPPORT THE FOUNDATION

If you shop on Amazon, you can support the Georgia Pharmacy Foundation every time you make a purchase through Amazon.

Just use Amazon Smile! It's an easy way to support the Foundation, and Amazon pays for it. For every dollar you spend, Amazon will donate half a percent to the foundation



(that's 50¢ for every \$100 you spend).

It's that simple: All you have to do is buy what you were going to buy anyway!

Check out GPhA.org/smile to see how to sign up!

AND THANK YOU TO THE FOUNDATION 2021-22 BOARD OF DIRECTORS

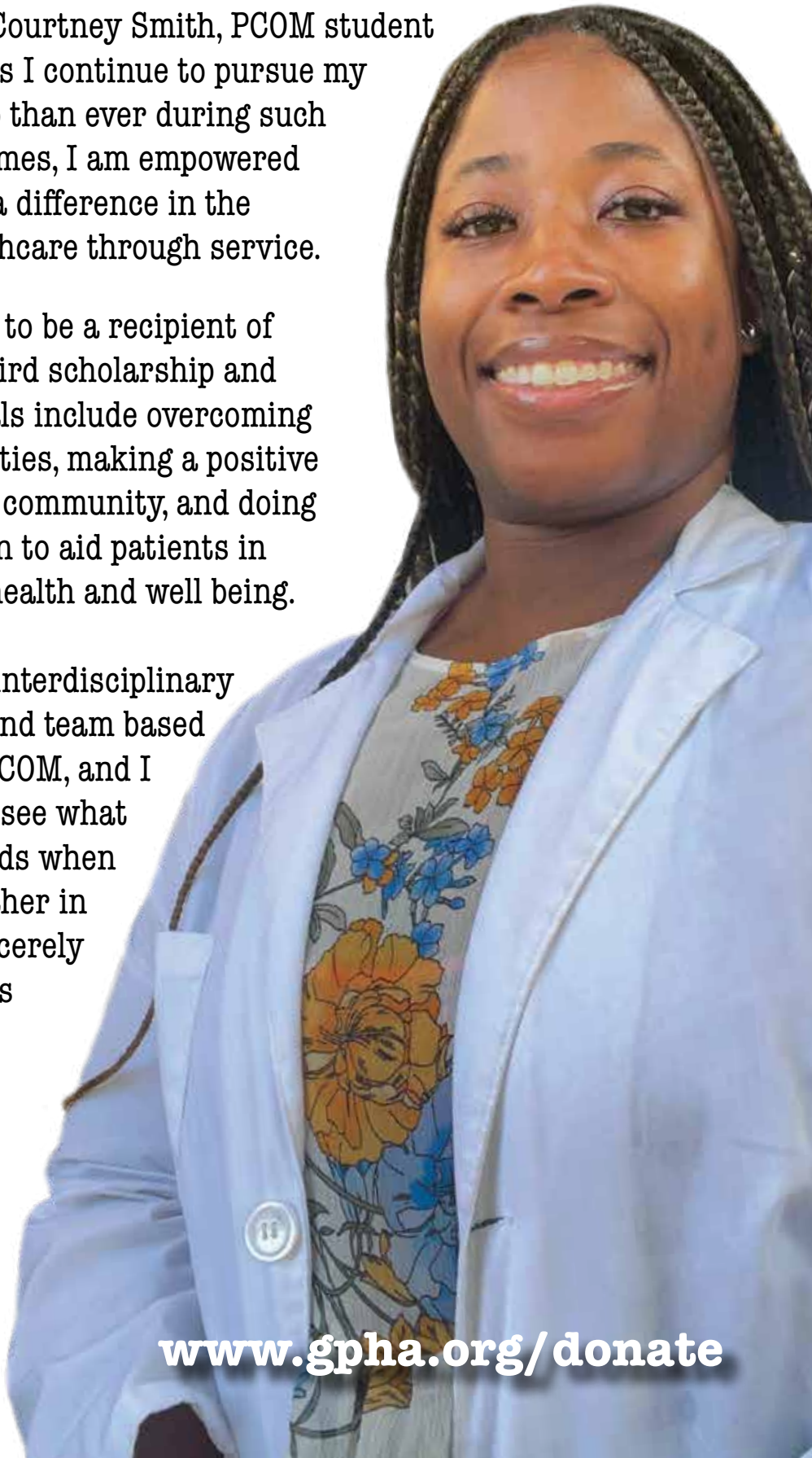
- Liza Chapman, Chairman**
- Joe Ed Holt, Vice Chairman**
- Lance Boles**
- Shobhna Butler**
- Bob Coleman, Secretary**
- Sharon Deason**
- Tracie Lunde**
- Pam Marquess**
- Lindsey Welch**
- Thomas Sherrer**
- Teresa Tatum, Director**

Be part of something good.

“My name is Courtney Smith, PCOM student pharmacist. As I continue to pursue my goals, more so than ever during such challenging times, I am empowered to help make a difference in the world of healthcare through service.

It is an honor to be a recipient of the Regina Baird scholarship and my future goals include overcoming health disparities, making a positive impact on my community, and doing whatever I can to aid patients in their overall health and well being.

We strive for interdisciplinary patient care and team based approach at PCOM, and I am excited to see what the future holds when we come together in practice. I sincerely appreciate this opportunity.”



www.gpha.org/donate



Georgia Pharmacy ASSOCIATION

6065 Barfield Road NE | Suite 100
Sandy Springs, GA 30328

AIP MEMBERS GET IT

They get help

- ✓ Help working with Medicare and Medicaid
- ✓ Help with audit relief
- ✓ Help with MAC appeals
- ✓ Help buying and selling a pharmacy

They get benefits

- ✓ Audit relief (AIP efforts saved members more than \$320,000)
- ✓ Services specifically for compounding pharmacies
- ✓ Free business consultations with pharmacy experts
- ✓ Access to the comprehensive AIP Pharmacy Manual, which offers extensive material about buying, selling, and managing a pharmacy — including information about regulatory issues and agencies

They get connections

- ✓ Connections to other independent pharmacies throughout the state
- ✓ Partnerships with OTC and nutritional supplement companies
- ✓ A chance to learn and network at AIP's fall and spring statewide meetings
- ✓ Access to telehealth and chronic care management resources through CriticalKey

With AIP, **independent** never means **alone**.

No other state association in the country has an organization like the Georgia Pharmacy Association's Academy of Independent Pharmacy. We are proud to represent our members and our profession!



For more information, visit GPhA.org or call
Verouschka Betancourt-Whigham at (404) 419-8102