2019 VOTER’S GUIDE

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ALL BALLOTS MUST BE RECEIVED NO LATER THAN 12:00 NOON, EDT, MONDAY, MAY 13, 2019.

SAVE TIME . . . CAST YOUR VOTE ONLINE
All ballots must be received by 12 Noon, EDT, Monday, May 13, 2019

“Ask the Candidate!”
Find out where the candidates stand on the issues that matter most to you and your area of practice. Contact the candidates at the email addresses provided to learn more about their campaign goals and professional interests.

Who is Entitled to Vote?
Each ballot is customized according to the information found in the voting member’s online membership profile. APhA members and select Student Pharmacist members are entitled to vote for the candidates for the APhA Board of Trustees and for the leadership of their designated primary Academy and Section (if applicable). Technician members are only entitled to vote for the leadership of their designated primary Academy and Section (if applicable). APhA members and select Student Pharmacist members are entitled to vote on amendments to the APhA Bylaws.

How to Vote

Voting Online
Each eligible member will receive an individualized email from Election Services Co. (ESC) with candidate and ballot information. Online voting is highly encouraged. If you prefer to receive a paper ballot at your home address, please contact ESC at aphahelp@electionservicescorp.com, as paper ballots will only be sent upon request.

- Go to https://www.esc-vote.com/apha2019 to access the log-in page of the official 2019 APhA election.
- Log-in using your Election Validation Number (EVN) and your Member Number (MN) located in your email.
- Follow the online voting instructions.
- Your vote must be received by 12 Noon, EDT, Monday, May 13, 2019.

Voting by Mailing Paper Ballot
- Please contact ESC at aphahelp@electionservicescorp.com to request a paper ballot.
- Mark your selection by placing an “X” in the box to the left of the candidate’s name.
- Detach the bottom panel. Do not mail with ballot.
- Return ballot in the enclosed envelope.
- Fill in your return mailing address on the envelope. Affix appropriate postage (airmail, if foreign).
- Mail your ballot to Election Services Co., P.O. Box 9020, Ronkonkoma, NY 11779-9020.
  Please allow one week for delivery.
- Ballot must be received by 12 Noon, EDT, Monday, May 13, 2019.

Confidentiality
Ballot confidentiality is provided through processing and tabulating by an independent firm.

Remember, your vote counts!
Make your voice heard.
Candidates for President-elect and Trustee were asked to respond to the following question. The candidates’ responses are italicized. (See pages 3–8.)

What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

**APhA Mission**

As the voice of pharmacy, the American Pharmacists Association leads the profession and equips members for their role as the medication expert in team-based, patient-centered care.
Daniel E. Buffington, PharmD, MBA, FAPhA, is President of Clinical Pharmacology Services, an ambulatory care specialty practice in Tampa, FL. He is on faculty at University of South Florida Colleges of Medicine and Pharmacy, served as a Medication Safety Expert with the US Centers for Medicare and Medicaid Services (CMS) for nearly 5 years, focused on innovation projects that feature medication safety and MTM services. He is serving his second term on the APhA Board of Trustees and the Florida Pharmacy Foundation’s board. He has previously served as President of both the Florida Society of Health-System Pharmacists (FSHP) and the American Institute of Pharmaceutical Sciences (AIPS). He serves on the Pharmacy HIT Collaborative, the American Medical Association (AMA) Current Procedural Terminology Panel, and the RBRVS Update Committee (RUC) focused on pharmacist billing. Buffington has practice experience in ambulatory care, drug information, hospital, managed care, clinical research, health information technology and forensic pharmacology. He received his PharmD and MBA degrees from Mercer University and completed a residency and clinical pharmacology fellowship from Emory University. He has been recognized as an APhA Fellow and has received numerous professional awards including the APhA Pinnacle Award, Daniel B. Smith Practice Excellence Award, the ASHP Award of Excellence and has been recognized multiple times as Florida Pharmacist of the year (FPA and FSHP). He is committed to expanding the utilization and impact of pharmacist’s services to improve health outcomes and patient safety, as well as assisting to reduce the total cost of care.

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What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

I am now completing my second-term on the APhA Board of Trustees. As I read the criteria outlined in this question, I realize that my entire career has been embodied or focused on the ideals as described.

From my training, to residency/fellowship, to each of the professional roles in my 30 years of practice, I have been shaped, driven by, and delivered advanced clinical services, interdisciplinary (team-based) care, development of innovative practice models (based upon medicine’s best practice models), conducted clinical research as a principal investigator, and been a mentor and manager in a variety of practice settings. I am blessed to have been able to touch and experience many of our professional practice settings and been shaped by each experience. To the many role models and mentors, I am indebted.

The necessity to utilized high levels of management and leadership skills has driven me to be a thirsty student of other industries, leading management authors, innovative role models, and every opportunity to learn, absorb, and apply what appears to be cutting edge management principles.

I have enjoyed the journey as an entrepreneur and innovator. I was forced to develop my clinical, business, and health IT skills in order to thrive and evolve as an active practitioner and business owner. I am also passionate about health policy, legislative initiatives, and professional advocacy as these are critical elements in our growth and expansion as collaborative health care providers.

We are poised to become a critical constituent of a nationwide innovative change in health care that applies the roles and values of pharmacists’ as “the” medication specialist. I feel that my training, expertise and experience is well suited to lead this pathway.
Sandra Leal, PharmD, MPH, FAPhA, CDE, is the Chief Operating Officer for SinfoniaRx, a national provider of Medication Therapy Management services. Dr. Leal has been a tireless advocate for recognition of pharmacists as healthcare providers. She has chaired numerous non-pharmacy boards and has served on multiple committees to champion the significant role that pharmacists have in improving access, quality and care for patients. Dr. Leal received her PharmD from the University of Colorado and her MPH in Public Health Practice from the University of Massachusetts. Dr. Leal completed her residency at the Southern Arizona VA Health Care System and a Primary Health Care Policy Fellowship with the Department of Health and Human Services. Her work has been published in Diabetes Care, Advances in Chronic Kidney Disease, American Journal of Health-System Pharmacy, Journal of the American Pharmacists Association, Annals of Internal Medicine and a discussion paper published by the Institute of Medicine entitled, “Patients and Health Care Teams Forging Effective Partnerships.” Her programs are a two-time recipient of the APhA Foundation Pinnacle Award, ASHP Best Practice Award in Health-System Pharmacy and the National Association of Community Health Centers Innovative Research in Primary Care Award. Dr. Leal was recognized as APhA’s Good Government Pharmacist-of-the-Year for her advocacy work on pharmacist provider status and currently serves as a member of the APhA Board of Trustees.

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What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

A few areas that I bring to the board that is unique include a specific focus on public health, FQHC, 340B, health disparities, innovation, creating sustainable practices, border health, use of technology to reach patients, and contracting experience with various payer models. Having served on the board for one term as trustee, I would love to have continuity for a second term or as President-elect, to continue to move the current priorities forward and work on the strategic plan that is in place. I feel that my current role as COO at SinfoniaRx and my previous positions as VP for Innovation and Medical Director bring a unique expertise to the board that would be beneficial in the strategic initiatives being carried out by the current board and the organization. Additionally, I strongly believe that we need to challenge the profession with continued efforts to pursue full integration in all aspects of care that require our medication expertise.
James Kirby, PharmD, BCPS, CDE, is the Senior Director of Pharmacy Services for the Kroger Company. His main responsibilities include: establishing a comprehensive clinical pharmacy strategy; overseeing Kroger’s vaccination, medication therapy management, health screening, and disease management/education programs; training and developing pharmacy staff in core clinical content areas; driving innovation in patient care through creation and/or support of pilot programs that improve the medication use process and integrate pharmacists into team-based care environments; and lead/support Kroger’s advocacy efforts for the advancement of the profession of pharmacy. The programs and services at Kroger have made a significant impact on the lives of patients and health of our communities, while demonstrating the value of pharmacist-provided care. Kroger was the Top Large Chain of the Year for OutcomesMTM in 2013, 2014, and 2015, has multiple sites recognized by the ADA and AACE for quality in diabetes self-management education, and currently has fifteen locations accredited by the Center for Pharmacy Practice Accreditation. APhA and the APhA Foundation has honored Kroger with the Immunization Champion Award in 2010, Pinnacle Award in 2014, and the H.A.B Dunning Award in 2016. James earned his bachelor’s of science degree in pharmacy from The Ohio State University in 1998 and his Doctor of Pharmacy degree from the University of Cincinnati in 2002. He has worked as a pharmacist in a variety of settings, including retail, mail, hospital, and managed care/specialty pharmacy. James is a Board Certified Pharmacotherapy Specialist, Certified Diabetes Educator, and an Adjunct Professor at the University of Cincinnati.

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What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

I believe I would be an asset to the APhA Board and serve to advance the Association’s mission and strategic priorities. My unique abilities are leadership and vision. Over the past decade I have used these attributes to improve the medication use process at Kroger by developing and testing novel programs, training and inspiring our associates, and creating partnerships. This experience would be beneficial to the Association as it focuses on member engagement, manufacturers and managed care, and innovation.

The Association is only as strong as its members, and we need to continue to grow the depth and breadth of our core. As part of an organization that employs over 7000 pharmacists, 14,000 technicians, and 500 nurse practitioners I can help increase engagement in APhA within Kroger and influence my peers in other chain pharmacies to do the same. Involvement with APhA not only supports the Association but also rekindles individual passion for our profession and healthcare improvement overall.

But as we pursue the transformation of our country’s care delivery model, we cannot do it alone. We need our colleagues in medicine, nursing, and allied health to be aligned. And we need the support of companies involved in the drug development, distribution and payment systems. Their intellectual and financial support are vital to integrating pharmacists into the healthcare team and shifting into value-based care. Through my current work and previous employments in mail, specialty, and hospital settings, I understand the larger healthcare ecosystem and have formed many relationships with individuals and organizations that share the same commitment and dedication to improving healthcare. We can leverage these relationships to innovate and test new models that demonstrate pharmacists’ role as providers.
Randy McDonough, BS, PharmD, MS, BCGP, BCPS, FAPhA, RPh, is co-owner of Towncrest, Solon Towncrest, and Towncrest Compounding Pharmacies. He is also co-owner of Innovative Pharmacy Solutions and Thrive Pharmacy Transformations. He oversees Towncrest’s clinical services including MTM services, nursing home consulting, wellness screenings, immunizations, and adherence services. He is responsible for development, implementation, and quality assurance for all aspects of the clinic and services. He is board certified in geriatrics and pharmacotherapy. His areas of interest include community-based outcomes research, geriatrics, chronic disease, management, and the development of patient care initiatives in community pharmacy. Dr. McDonough has published and presented extensively on pharmaceutical care and MTM in the community pharmacy setting. In particular he is recognized for his efforts in developing and implementing patient care services. He co-authored a book on pharmaceutical care and has written chapters for several other texts. He presents nationally and internationally on pharmaceutical care, MTM services and value-based reimbursement in the community pharmacy setting. More recently, two papers have been published that highlight his work in implementing a new workflow process that emphasizes the role of community pharmacists of ensuring that patients are achieving their therapeutic outcomes with safe and effective medications. This led to a pilot program with the largest payer in Iowa and resulted in Towncrest Pharmacy saving the payer $300.00 per member per month in total health care costs. Randy is a member of the American Pharmacists Association, National Community Pharmacists Association, American Society of Consultant Pharmacists, American College of Clinical Pharmacy, and the Iowa Pharmacy Association.

Email: mcdonough@towncrest.com

**What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?**

Most of my career has been about developing and implementing clinical services in community pharmacy. During my thirteen years at The University of Iowa College of Pharmacy, one of my responsibilities was helping pharmacists re-engineer their practices. While at the College, I was one of the faculty members for the Iowa Center for Pharmaceutical Care (ICPC). In that role I traveled the state of Iowa and worked with pharmacists to help them make changes in their practice including creation of patient care areas, implementation of technician driven dispensing processes, and implementation and delivery of patient care services. These experiences were invaluable to me and I learned a great deal about the obstacles and challenges to practice change and implementing patient care services. This experience led me to seek ownership of a community pharmacy because I saw an incredible opportunity for pharmacists, and I wanted to take my vision for pharmacy and put into practice—my own practice. I have been an owner for thirteen years now. In that time, I have seen tremendous changes in health care, reimbursement for drug product, development of new patient care models, and the expanding role of pharmacists. My business partner and I have embraced these changes and have and continue to make changes in our practice to emphasize the important role of pharmacists as medication managers. We have implemented technology, automation, tech-check-tech, and medication synchronization so that our pharmacists are freed up to provide and document their patient care services. Because of my career experiences; my knowledge and skill sets range from practitioner, manager, and owner to educator, researcher, and author. I am experiencing first-hand the challenges that pharmacists are going through in today’s fast and ever-changing health care system. I believe I can bring a unique perspective to APhA’s Board of Trustees.
What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

Several of my strongest skills are in the areas of communication and collaboration. These skills are demonstrated in my current position. Through one-on-one, honest and open communication, I have seen staff engagement and satisfaction greatly increase. My participation in the National Pharmacists Workforce Studies, gives me a good understanding of many of the issues facing pharmacists today as they work to continue to provide medication therapy to patients in a safe and efficient manner. I strongly believe that a supported and engaged pharmacist will provide excellent services regardless of position. I am very concerned about the stress and burnout of our health professionals and students and the impact it has on their well-being. I have educated pharmacy students in courses such as in health care systems, communication, research methods and professional and career development. In my current role, I have the unique understanding of issues surrounding the education and training of future pharmacists. With these experiences and knowledge, I can be a resource in these areas and assist in determining the strategic direction of the Association for the next several years. My perspectives can help guide the board in decision-making that allows APhA to represent the needs and interests of all pharmacists. I am also very interested in being an advocate for the profession and representing the interests of the Association to others. I have done much of my advocacy work through written and oral presentations. I tend to be very thoughtful and analytical in my decision-making and adhere to high ethical principles when making decisions. I strongly believe in the positive influence pharmacists have on patient health, and in the unique position we have in serving the medication-related needs of the whole person.

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Alex C. Varkey, PharmD, MS, FAPhA, is the Director of Pharmacy at Houston Methodist Hospital (HMH), a 924-bed nonprofit academic teaching hospital in Houston, TX. Alex received his Doctor of Pharmacy (PharmD) from the University of Houston in 2005. He then completed a two-year administrative residency at Nationwide Children’s Hospital in Columbus, OH while completing his Master of Science in Health-System Pharmacy Administration at The Ohio State University in 2007. Alex has prioritized professional involvement since he was a student, serving as national president of the American Pharmacists Association (APhA) Academy of Student Pharmacists and voting member of the APhA Board of Trustees in 2004-05. Upon graduating, Varkey remained active with APhA, serving in elected positions in both APhA-APRS and APhA-APPN. Alex was recently appointed to serve again on APhA’s Board in January 2018. He has also served in organizations such as the American Society of Health-System Pharmacists (ASHP), and the Texas Society of Health-System Pharmacists (TSHP) through various appointed positions. Varkey is an accomplished writer and public speaker, having authored and co-authored several articles in national publications and has served as a keynote speaker at local and national meetings. Varkey is passionate about educating pharmacy learners, having developed a two-year health-system pharmacy administration residency, and a longitudinal internship program throughout his tenure at HMH. For his efforts, he has won several awards, including the Gulf Coast Society of Health-System Pharmacists Outstanding Pharmacist in 2014 and the University of Houston College of Pharmacy Alumnus Pharmacist of the Year in 2018.

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What unique attributes and skills would you bring to the APhA Board to support the advancement of the Association’s priorities?

Seven years ago, a friend of mine invited me to consider speaking at a national pharmacy meeting about the topics of pharmacist resilience and burnout prevention. To my friend, I was an example of a resilient pharmacist. Internally, however, I was slowly succumbing to burnout.

I took that opportunity to learn more about the subject and how the combination of environmental and personal factors predispose pharmacists to the risk of burnout. I haven’t stopped talking about it since, having presented on this topic to a variety of audiences across the country.

Over the last 20 years, I have practiced in a number of roles in multiple settings, ranging from pharmacy technician, to Director of Pharmacy at a large, non-profit academic teaching hospital, and virtually every position in-between. I know first-hand how the rigors of today’s health care environment, combined with our personal desire to help others before self, can impact our overall well-being.

The American Pharmacists Association is poised to play an integral role in not just preserving, but advancing the pharmacist’s role in patient care while addressing factors that impact pharmacist well-being and resilience. We must advocate on behalf of pharmacists to both legislators and employers about the value of pharmacists’ services and what is needed to optimize and sustain those services. While Provider Status remains as an important goal for our profession, we must also prioritize the well-being and resilience of pharmacy personnel as a necessary step to advancing patient care. Our patients deserve this, and our members demand this.

As your Trustee, I will work diligently to advocate for all pharmacists, student pharmacists, pharmaceutical scientists, and technicians and promote pharmacy’s role in addressing our nation’s health care needs. I will leverage my first-hand experience in understanding today’s health care environment in developing the necessary policies, projects, and programs to advance the pharmacist’s role. All I need is your vote.
Tery Baskin, PharmD, FAPhA

Tery Baskin, PharmD, FAPhA, is President and CEO of RxResults in Little Rock, Ark., a company he founded that provides an evidence-based medicine model for managing prescription benefits for large self-funded employers, health plans and trust funds. Prior to this position, he was with National Medical Health Card Systems (NMHC) where, through his positions first as COO and then as CMO, he managed and achieved an 800% growth increase in covered lives in seven years. Previously, he served as President of Pharmacy Associates, Director of the Arkansas Pharmacists Services Company, and owned several community pharmacies in the Little Rock area. Baskin is a Fellow of APhA and was honored with Arkansas Pharmacist of the Year by the Arkansas Pharmacists Association and Preceptor of the Year by the University of Arkansas College of Pharmacy. He has served as President and on the Board of Directors for the APhA Foundation. He also served APhA as a member of the Board of Trustees and the House of Delegates. Baskin served as Chairman and on the Board of Directors of the PACE Alliance. He also served as President, Treasurer and on the Board of Directors of the Arkansas Pharmacists Association. Baskin earned a BS in Biology from Arkansas Tech University and his BSPharm and PharmD from the University of Arkansas.

Note: the APhA Board of Trustees approved Tery’s nomination and placement on the ballot for this office in September 2018.
Candidates for APhA-APRS office were asked to respond to the following question. The candidates’ responses are italicized.

(See pages 11–16.)

What are the top three priorities of the Academy and what experiences and expertise can you contribute to meeting these priorities?

APhA-APRS Mission Statement

The APhA Academy of Pharmaceutical Research and Science stimulates the discovery, dissemination and application of research to improve patient health.

Who is Entitled to Vote?

All members of the American Pharmacists Association who have designated a Primary Academy and Section (if applicable) are entitled to vote for the leadership of that Academy and Section.

Members who have not designated a Primary Academy and/or Section (if applicable) are encouraged to follow the steps below to fully participate in the 2019 APhA Election:

1. Log-in to your member profile at www.pharmacist.com.
2. Select “My Account” in the top right corner.
3. Select “Academy, Sections, and SIGs” in the menu bar on the left side.
4. Click on “Edit” in the top right corner to be able to choose your Primary Academy and/or Section (if applicable).
5. Designate your Primary Academy and Section (if applicable).
6. Designate your Secondary Academy, Section, and/or Special Interest Group preferences (if desired).
7. When your selection(s) are complete, click on the purple “Save” button in the top right corner or the bottom left corner.
David F. Kisor, BS, PharmD, FCP, RPh, is Professor and Director of Pharmacogenomics Education at Manchester University in Fort Wayne, Indiana. Previously, he was Chair of the Department of Pharmaceutical and Biomedical Sciences at the Raabe College of Pharmacy at Ohio Northern University. Kisor received his Bachelor of Science degree in Pharmacy from the University of Toledo and his PharmD from The Ohio State University. He completed a fellowship in Therapeutic Drug Monitoring and Pharmacokinetics at Ohio State. Beyond Kisor’s academic experience, he worked in the pharmaceutical industry at Burroughs Wellcome Co., now GlaxoSmithKline, where he was a research scientist in Pharmacokinetics and Drug Metabolism, working mostly on the development of purine analogs, including the drug nelarabine, a derivative of guanine, one of the “building blocks of life,” that was marketed in the United States in 2005. Kisor has published more than 50 peer-reviewed articles. He has coauthored book chapters, and was the lead author of a pharmacogenomics textbook. His focus at Manchester has been teaching pharmacogenomics and pharmacokinetics and relating genetics to pharmacokinetics. He has integrated genetics into pharmacokinetic subject matter since 1998. Kisor is a member of the American Pharmacists Association (APhA), the Personalized Medicine Coalition (PMC), the Human Genome Variation Society, and the American Association of Colleges of Pharmacy (AACP). He is a member and Fellow of the American College of Clinical Pharmacology (ACCP). Kisor is a former chair of the pharmacogenomics special interest group of AACP. Kisor also serves as the pharmacogenomics content editor for PharmacistFirst.

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APhA-APRS Executive Council
Basic Sciences Section Chair-elect (2020–2021)

David F. Kisor, BS, PharmD, FCP, RPh

Statement of Candidacy
The top three priorities would be to:

1. On a broad basis, survey the basic science section membership relative to their research interests and expertise. In doing so, we can identify and confirm where members can contribute to and collaborate with our practice colleagues.

2. Identify the basic science underpinnings related to recent FDA drug approvals as to provide the Academy with information related to their rational design and use.

3. Identify the basic science components of precision medicine, specifically pharmacogenomics (PGx) as to provide the Academy with education related to the foundations of PGx. Basic science underpins the practice of pharmacy. With advances in drug design and delivery and with the progression of PGx into clinical practice, there is a need for education of both practicing pharmacists and student pharmacists. Confirming the interests of the basic science section will allow for input related to their expertise. Connecting the basic sciences with practice can be accomplished through meeting sessions and publications within the Academy.

As a science faculty member and pharmacist, I continue to see the connection between the sciences and practice. I have been engaged in science and practice throughout my 34 years as a pharmacist. From community pharmacy early in my career to hospital practice, basic research in the pharmaceutical industry and consulting, I continue to observe the intersection of science and practice. We have an opportunity with in the Academy to make this connection happen. I am committed to APhA and believe the basic sciences are a critical component of the expertise of the pharmacist.
William J. McLaughlin, RPh, PhD, holds a PhD in Industrial Pharmacy from Purdue University and a BS in Pharmacy from Northeastern University. He is former Director, Oral Dose Development at Bayer Healthcare LLC (formerly Merck, Inc; formerly Schering-Plough HealthCare Products, Inc) where he was responsible for development and regulatory support of products for local and global markets. Previously, he held positions in Formulation and in International R&D.

Prior to joining Schering-Plough in 1997, Bill was with Rhone-Poulenc Rorer, Inc. in the area of Pharmaceutical Technology and Engineering where he was responsible for scale-up, validation and global technical support of prescription and OTC products.

Since retiring from industry, Bill has continued part-time teaching through the Schools of Pharmacy at both the University of Tennessee and the University of Mississippi and looks forward to continuing the privilege of providing patient care as a member of international missions.

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Statement of Candidacy

As APRS continues in its role to provide science- and research-based guidance to the Association, it is important that we continue to focus on expanding membership/engagement in the Academy, in working cross-functionally with APPM, and advancing leadership training and opportunities within the Academy.

One particularly appealing way of expanding membership/engagement is to increase student pharmacist interest. In the Basic Sciences section, we typically have a high ratio of poster presentations at the Annual Meeting from student pharmacists. I would like to work toward a formal process of recognition and follow-up as well as promoting APhA as a venue for presentation to the Schools of Pharmacy in order to increase student pharmacist engagement.

The Basic Sciences section has been holding joint working sessions with the AAPM-Compounding SIG since APhA2017 and together we have identified several common goals. As Basic Sciences Chair, I would continue to work toward concrete action steps to meet the goals of improving student pharmacist interest/education in compounding and of jointly evaluating regulatory initiatives related to compounding practice.

Finally, as we seek to improve leadership opportunities and training, it is important that we encourage APRS members to participate in the Lead360 and Mentor360 programs.

What is the APhA-APRS Section on Basic Pharmaceutical Sciences?

This Section serves academic and industrial scientists with wide-ranging basic science research programs. The research interests of Section members span chemical structure/biological activity and chemical structure/physicochemical property relationships, concepts in pharmaceutical technology and drug delivery, and the basic physical chemistry upon which these are based.
Lawrence J. Cohen, PharmD, BCPP, FASHP, FCCP, FCP, DNAP, is Coordinator of Interprofessional Education and Professor of Pharmacotherapy (Tenured) at the University of North Texas, where he previously served as Associate Dean for Clinical Programs and is Emeritus Professor of Pharmacotherapy at Washington State University College of Pharmacy.

Dr. Cohen has been elected Fellow of the American College of Clinical Pharmacy, American Society of Health-System Pharmacists and American College of Clinical Pharmacology. Dr. Cohen was inducted as a Distinguished Practitioner and Fellow of the National Academies of Practice (Pharmacy Academy). Dr. Cohen is a Board Certified Psychiatric Pharmacist has served as a member of the Board of Pharmaceutical Specialties Psychiatric Pharmacy Specialty Council and currently serves on the BPS Geriatric Pharmacy Specialty Council and the BPS Employer Advisory Committee.

Dr. Cohen's scholarly interests include pharmacokinetics and pharmacodynamics of psychotropic medications, geriatric psychopharmacology, pharmacoconomics and health outcomes, pharmacoepidemiology, and emergency preparedness (specifically, access to healthcare during times of crisis. He has service on numerous editorial boards and as a reviewer for many pharmacy, medical and healthcare journals. He also has fulfilled an extensive invited lecture schedule and has both authored and co-authored numerous articles in professional journals.

After earning his Doctor of Pharmacy degree at the University of Southern California School of Pharmacy, he completed his postdoctoral residency in psychiatric pharmacy at the LA County/USC Medical Center. Throughout his professional career, Dr. Cohen has been recognized for his clinical skills, management abilities and professional activities. Dr. Cohen’s interest in interprofessional education and practice began during his undergraduate years at UCLA and while attending USC, working as a Nursing Assistant and ECG Technician at UCLA Medical Center. He has experience in community pharmacy, office and hospital-based clinical practice, management of multi-hospital/clinic pharmacy and clinical operations and drug development including managing clinical trials.

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Statement of Candidacy

The pharmacy profession has been at a crossroad for many years, however one thing has remained the same, our unwavering responsibility to serve the needs of our patients. As pharmacists, we must 1) respond to challenges in clinical practice, research, regulatory and financial arenas, 2) be aware of new treatments and their therapeutic value and 3) advocate for our patients. Our students have concerns about will they find jobs, and more “seasoned” pharmacists are concerned that the number of graduates is a threat to their continued employment. These are serious concerns, with no easy answer, however with 28+ careers pathways and more to come, there are opportunities for all. The broad-based membership of the Academy, with clinicians, academics, practitioners, researchers, managers and executives, has insight and experience that can provide guidance in these challenging times.

There are many ways that our Academy can assist our Association. First, and foremost by aligning the priorities/objectives of the Academy with the Association’s strategic plan, so we can optimally gain support for Academy activities and investments for the future. Second, now is the time for our active Academy members to provide input and opinions to position pharmacy clinicians, providers, researchers and others for the future, by supporting all pharmacists to fully understand and endorse the concept of “bench to bedside and back,” as a means of optimizing patient treatment outcome by providing feedback to researchers “from the trenches.” My third priority is taken directly from the Academy goals/objectives, “Assist the Association by providing expertise to the APhA Board of Trustees and Staff on issues related to the pharmaceutical sciences and emerging issues facing the profession The Academy membership is ideally positioned to lead all of these initiatives.

I am humbled by this nomination and if selected by the Academy membership will be proud to serve.
What is the APhA-APRS Section on Clinical Sciences?

This Section provides unique multidisciplinary interaction between clinical scientists and practitioners committed to expanding knowledge of the safe and effective use of drug products. A particular interest of members is how the application of pharmaceutical sciences in organized healthcare settings and controlled research environments relates to evaluation and development of drugs and drug delivery systems.

APhA-APRS Executive Council

Clinical Sciences Section Chair-elect (2020–2021)

Amanda Meeker, PharmD, is a Clinical Coordinator at CareOregon, a managed care organization in Portland, Oregon. There, she serves the Medicaid and Medicare population and collaborates with healthcare providers on various initiatives aimed at improving cost effectiveness as well as the quality care. She earned her Doctorate of Pharmacy from the Oregon State University/Oregon Health & Science University (OSU/OHSU) College of Pharmacy.

After graduation, she completed a two-year Clinical Fellowship with the OSU/OHSU College of Pharmacy focused on Drug Policy. Her fellowship training focused on literature evaluation, biostatistics and clinical research design to which she is currently applying these research principles to formulary development and cost savings initiatives in her current role.

Dr. Meeker enjoys serving as a mentor to both student pharmacists and residents. Throughout her career she has continued to foster a learning environment to help other expand their knowledge of the aspects of managed care.

Dr. Meeker is passionate about professional organizations such as the American Pharmacist Association (APhA), as she sees the value they can add to your growth as a pharmacist as well as growing your professional network. As a student, Dr. Meeker was actively involved with APhA leadership at the chapter, state, and national levels. She continues to stay involved in the Oregon Pharmacy Coalition, APhA, and the Oregon State Pharmacy Association.

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Statement of Candidacy

As an Academy whose mission is to stimulate the discovery, dissemination and application of research to improve patient health, APhA-APRS should prioritize the development of pharmacists and student pharmacists as researchers, sharing that research, and then using that research to advance the profession.

Often the biggest barrier to becoming a researcher is knowledge. Once pharmacists know that they do not have to devote their profession to designing experiments and writing papers, they can see how they can contribute to increasing our common knowledge. Programming through webinars, articles in pharmacist-focused magazines and programming at pharmacy meetings can help teach pharmacists how they can participate in research. As both a practicing pharmacist and a researcher, I can highlight where the barriers are and help strategize how to break those down. Additionally, I can provide insight into programming that will be helpful to these efforts.

It is important to highlight and disseminate research that shows what pharmacists can do, not just amongst our profession but, more importantly, for those who are not in the profession. As an academy, we can help highlight well done research about pharmacists to other professions, stakeholders, and policy makers.

Decision makers use data and research to make decisions. An increase in research will help convince decision makers to recognize pharmacists as providers, leading to expanded roles for pharmacists and payment for our services. As a pharmacist who has worked for healthcare payors and been involved in statewide legislative efforts, I understand how these decisions are made and what data is important to use to get policy makers to make favorable decisions for pharmacy. I will use this knowledge to help design strategies for sharing this information.
Pamela C. Heaton, BSPharm, MS, PhD, FAPhA, is Chair and Professor of Pharmacy Practice and Administrative Sciences at the Winkle College of Pharmacy at the University of Cincinnati. Through this role, she oversees pharmacy practitioners in numerous clinical settings as well as faculty researchers in pharmacy administration/health outcomes. Dr. Heaton’s career began in community pharmacy, first as a pharmacist then in corporate management roles. She maintained her community focus after moving to academia with a research focus on innovative practice models that highlight the value of the pharmacist in providing patient care. Recently, working with an interprofessional team, Dr. Heaton measured the impact of the community pharmacist to reduce thirty-day readmission rates post hospital discharge. She also performed database analytics with the state Medicaid and Drug Utilization Review programs, contributes to state policy decisions for medication use, and consults with major pharmaceutical companies on outcomes research and drug development planning. Dr. Heaton’s research was recognized with the APhA Wiederholt and Best Clinical Research Awards as well as numerous best paper, poster and presentation awards from other organizations. She has been a preceptor for a community-based residency program for over 15 years. Dr. Heaton is actively involved in professional organizations, including APhA, AACP and FIP. Dr. Heaton enjoys serving as associate editor of the Journal of the American Pharmacists Association, which allows her to review submissions about the latest pharmacy practice advancements and research reports.

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Statement of Candidacy

APhA-APRS advances the profession through the discovery, dissemination, and application of research to improve patient health outcomes. To support these goals, I will promote the following three priorities:

Create the research evidence to transform healthcare. Healthcare transformation is occurring at a rapid pace, and influencing pharmacy in important ways, especially in multiple emerging areas such as a shift to patient-centered care, value-based payment models, and precision medicine. The members of APhA-ESAS create the evidence to advance this transformation. The Academy must create infrastructure and facilitate collaboration to support faculty in these research efforts.

Promote research findings to a broader audience. Pharmacy has an exciting role to play in healthcare transformation, but often our views are not recognized. Collectively, we must create and widely disseminate messaging to advance practice through research.

Develop educational programming that supports researchers. Our members are at various stages of their career with varied interests, especially given the multidisciplinary nature of the field. It is very important that the academy nurture researchers and connect them through networking with the broader research community

I am well positioned to lead these priorities. As Division Chair, I work with clinicians and partners from all areas of practice. Regularly, I am addressing issues to advance pharmacists as key health care team members in diverse settings. I have conducted numerous health outcomes research projects to build the evidence to promote the value of pharmacist-provided care. In addition to APhA, I am an active member of other pharmacy organizations and appreciate the critical role they play in advancing our profession. Last year, for AACP, I was responsible for developing programming for the SAS Section and this year, I am serving on a committee to develop programming for the entire annual meeting.

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Statement of Candidacy

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Henry N. Young, PhD, is the Kroger Associate Professor in the Clinical and Administrative Pharmacy Department and the Director of the Pharmaceutical Health Services, Outcomes, and Policy Graduate Program at the University of Georgia, College of Pharmacy. Dr. Young is also currently engaged in the NIH-funded Georgia Clinical and Translational Science Alliance (Georgia CTSA) as a Co-director of the Integrating Special Populations function. He is working with Georgia CTSA members to address health needs of minority, rural, and underserved populations throughout Georgia. He received his doctorate in Pharmaceutical Sciences – Pharmacy Health Care Administration from the University of Florida in Gainesville, Florida. Dr. Young also completed a postdoctoral fellowship at the University of California, Davis in the Center for Health Services Research in Primary Care (now known as the Center for Healthcare Policy and Research).

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Statement of Candidacy

I believe the top 3 priorities of the ESAS section should be to strengthen connections between science and practice, train and support the next generation of scientists, and engage the membership. In order to strengthen connections between science and practice, I would collaborate with leaders from the APRS Clinical Sciences Section and APPM Special Interest Groups to identify mutual interests and form partnerships between scientists and practitioners to move initiatives forward. I would use my experience with multidisciplinary team science conceptual and methodologic strategies to address this priority. To support the next generation of scientists, I would implement an evidence-based mentoring program to connect students with ESAS faculty members across the country to expose students to new strategies and perspectives. I plan to use best practices identified by the Association of American Medical Colleges’ GREAT group, Burroughs Wellcome Foundation, and NIH-funded National Research Mentoring Network to create, implement, and evaluate a research mentor and mentee program. Finally, I would create a network of key stakeholders in each state to serve as membership linkages to actively engage ESAS members in their respective states. I plan to rely on my experience with community engagement to contribute to meeting this priority.

What is the APhA-APRS Section on Economic, Social and Administrative Sciences (ESAS)?

This Section is home to those interested in health services research, policy and administration with application to pharmaceutical treatments and pharmaceutical care. Membership is multidisciplinary, including the fields of public health, epidemiology, economics, health services research, biostatistics, medical sociology, law, healthcare administration and management, operations research, pharmaceutical marketing, marketing research, technology assessment and applications, and public and private reimbursement programs. Membership affords the opportunity for interaction among scientists, educators and practitioners, government managers, and other healthcare system representatives.
Academy of Pharmacy Practice and Management (APhA-APPM) Elections
Spring 2019

Candidates for APhA-APPM offices were asked to respond to the following question. The candidates’ responses are italicized.
(See pages 18–25.)

What are the top three priorities of the Academy and what experiences and expertise can you contribute to meeting these priorities?

APhA-APPM Mission Statement

The APhA Academy of Pharmacy Practice and Management is dedicated to assisting members in enhancing the profession of pharmacy, improving medication use, and advancing patient care.

Who is Entitled to Vote?

All members of the American Pharmacists Association who have designated a Primary Academy and Section (if applicable) are entitled to vote for the leadership of that Academy and Section.

Members who have not designated a Primary Academy and/or Section (if applicable) are encouraged to follow the steps below to fully participate in the 2019 APhA Election:

1. Log-in to your member profile at www.pharmacist.com.
2. Select “My Account” in the top right corner.
3. Select “Academy, Sections, and SIGs” in the menu bar on the left side.
4. Click on “Edit” in the top right corner to be able to choose your Primary Academy and/or Section (if applicable).
5. Designate your Primary Academy and Section (if applicable).
6. Designate your Secondary Academy, Section, and/or Special Interest Group preferences (if desired).
7. When your selection(s) are complete, click on the purple “Save” button in the top right corner or the bottom left corner.
Bella H. Mehta, PharmD, RPh, FAPhA, received her B.S. in Pharmacy and Doctor of Pharmacy degrees from The Ohio State University (OSU). She was the third graduate of the OSU Ambulatory Care Residency. She is a Regular Clinical Track Faculty Member at OSU College of Pharmacy (COP) with a joint appointment in the Department of Family Medicine, Division of Integrative Medicine. Dr. Mehta serves as Director, Continuing Professional Development and is leading development of the OSU COP Center for the Advancement of Pharmacy Practice (CAPP). She served for 11 years as Director of the Clinical Partners Program, a nationally recognized ambulatory/community care clinic whose mission was to help patients make the best use of medications and to educate students, residents, and pharmacists through innovative practice, teaching, and scholarship. She has developed and implemented pharmacy services within a prototype Patient-Centered Medical Home and through CAPP will lead in development of transformative pharmacy practice locally and globally. Her areas of focus include developing and advancing innovative practice in ambulatory/community care and self-care/integrative medicines. Dr. Mehta is a nationally sought speaker in integrative medicines and herbs/dietary supplements. She has developed direct patient care services and educational experiences in this area. She is a past recipient of the APhA-APPM Daniel B. Smith Practice Excellence Award, the ASHP Foundation Best Practices in Health Systems Pharmacy Award, and OSU’s Josephine S. Failer Award. Dr. Mehta has been actively involved in pharmacy leadership as: an elected APhA-APPM Executive Committee Member-At-Large officer, appointed member of the Journal of the American Pharmacists Association’s Editorial Advisory Board, and founder of the APhA-APPM Medical Home/ACO Special Interest Group. She has been selected for leadership development locally and nationally through the OSU President and Provost’s Leadership Institute and the President and Provost’s Council on Women and the AACP Academic Leadership Fellows Program.

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Statement of Candidacy

As an innovative pharmacy practitioner with experience in multiple pharmacy settings including ambulatory/community pharmacy, consultant clinics, mail-order, and Patient Centered Medical Homes, I believe the future of pharmacy is bright with opportunities. We are at a critical juncture and need leadership to help achieve our collective mission. The Academy can advance the profession of pharmacy by focusing on three key strategic areas: advocacy, innovation, and integration. Advocacy: we need to continue advocacy efforts to recognize pharmacists as reimbursable health care providers. Innovation: through sustained efforts to improve and enhance pharmacy’s role in patient care delivery through practice transformation, the Academy plays a vital role in engaging members as change agents in pharmacy. Integration: Pharmacists and pharmacy-based services need to advance practice within current and emerging direct patient care and value-based payment models. We have the ability to demonstrate the value of pharmacists within health care teams, show our impact on improvement of health outcomes, and disseminate that information to patients, payers, and key legislators. My passion for pharmacy’s advancement through developing innovative programs and knowledge of training future leaders will serve the Academy in meeting its strategic goals. I strongly believe in the foundation of building relationships and have effectively led groups to stimulate change through dialogue, focused intent and energetic ideas. Through my active participation in pharmacy at the state and national level, experience negotiating for pharmacy services, and being a teacher in the classroom and clinic settings, I believe that I bring experience from many perspectives to advance the mission of the Academy.
Wendy Mobley-Bukstein, PharmD, BCACP, CDE, CHWC, FAPhA, is Associate Professor of Pharmacy Practice in the College of Pharmacy and Health Sciences at Drake University. She received her Doctor of Pharmacy degree from Drake University in 1999 and is a Certified Diabetes Educator, Board Certified Ambulatory Care Pharmacist and Certified Health and Wellness Coach. She is a Fellow of the American Pharmacist Association. She is American Pharmacist Association (APhA) certificate trained in Diabetes Care, Immunization Delivery and Medication Therapy Management. She is faculty trained to administer the Delivering Medication Therapy Management Services certificate training program. Currently, she teaches a Medication Therapy Management elective, co-teaches the Advanced Diabetes Care elective and team teaches in the Pharmacy Skills and Applications course series and the Self Care & Nonprescription Products course. She maintains a clinical practice at Primary Health Care East Side Clinic, a Federally Qualified Health Center, where she precepts third year pharmacy students on their drug therapy problem solving or community introductory pharmacy practice experience (IPPE) and advanced pharmacy practice experience (APPE) on their ambulatory care or specialty care rotation. Her areas of interest in practice and scholarship are diabetes, medication therapy management and community education. She is the chair of the Education Standing Committee for the American Pharmacist Association Academy of Pharmacy Practice and Management (APPM) and APhA-APPM Member-At-Large. Within APhA, she has served as coordinator-elect and coordinator of the Diabetes Management SIG, served on several SIG committees, participated in task force groups, served as a delegate in the House of Delegates and been an abstract captain, reviewer and judge for the Contributed Papers Program. Dr. Mobley-Bukstein also serves as Legislative Liaison for the Iowa Chapter of the American Association of Diabetes Educators Coordinating Body, an active member of the American Association of Diabetes Educators and the Iowa Pharmacy Association.

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Statement of Candidacy

I believe the top 3 priorities of the Academy are:

1. To advocate for the profession.
   It is a professional obligation to advocate for pharmacy. The Academy should focus on: advancement of the profession with the continued push for provider status, development of pharmacist reimbursement models in the quality-based payment system and legislation for transparent and fair reimbursement from third party payers. During my service as a delegate in the APhA House of Delegates and as a grassroots advocate, I have debated, shaped and created policy and made my voice heard. As an educator, I will continue to teach students and pharmacists how to make their voices heard/tell their stories.

2. To establish a patient care referral system for pharmacists.
   It is important that we create a standardized system for referral from provider-to-pharmacist, pharmacist-to-pharmacist and pharmacist-to-provider to connect patients to clinical pharmacy services. I have been involved in researching this topic as a charge from past president Alvarez and working to develop the minimum necessary information framework under the direction of president Hilliard. It will take a concerted effort by all pharmacists across Academies to implement this system, and I intend to be a leader in this initiative.

3. To create a balanced pharmacy practice model.
   As practitioners and providers of clinical services, we must create work environments conducive to implementing and performing clinical services. It is imperative that pharmacists create positive change in their work environment and stand together to make this change sustainable. Our profession is committed to the safety of the lives in the community that we serve. I will work with the Academy to develop resources and tools for pharmacists to utilize with employers, other healthcare professionals and the public that will raise awareness and create change-talk behaviors in the practice of pharmacy.
Nicholas Dorich, PharmD, became interested in the profession of pharmacy during a high school career fair, after being introduced to a Long-Term Care Pharmacist. While attending the University of Rhode Island (URI) College of Pharmacy, Nicholas’ interest grew in public policy and leadership development to enhance the opportunities for pharmacists in healthcare. These activities lead to active involvement with the APhA-ASP Chapter at URI and with the Rhode Island Pharmacists Association. During his final year of pharmacy school Nicholas had the privilege to serve APhA-ASP as one of the National Members-at-Large. Upon graduation Nicholas completed an Executive Residency at the National Association of Chain Drug Stores (NACDS) Foundation and then remained at NACDS to oversee Pharmacy Care and Foundation Programs. During this time the NACDS Foundation expanded Community Pharmacy Residency Programs, launched the Faculty Scholars Program and other research projects related to pharmacist involvement with public health initiatives.

In 2014, he joined the startup company Pharmacy Quality Solutions (PQS) as a Quality Consultant. Now serving as the Director, Client Services at PQS Nicholas oversees PQS’ operations with community pharmacy organizations to understand quality measures and implement improvement strategies.

Nicholas remains active as a volunteer leader in various capacities. This includes active involvement with the Pharmacy Quality Alliance for more than three years with measure development, student mentorship with the URI College of Pharmacy, frequent volunteer opportunities with APhA-ASP, member of the Pharmacy Today Editorial Advisory Board and currently serving on the APhA Policy Committee.

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Statement of Candidacy

With the healthcare system striving to reduce cost and improve outcomes there is a unique opportunity to meet these goals and to do so in a manner that is accessible to patients. This involves the expanded recognition of pharmacist provided services. Patients continue to have limited opportunities for services due to the lack of understanding, underdeveloped payment models and poor inclusion of pharmacists in provider networks. These provisions along with the expanding role of the pharmacy technician would allow pharmacists to practice at the top of their license and to the benefit of patients.

Therefore, the priorities for APhA-APPM should focus on:

1. Advancement of pharmacist provided cognitive services, including APhA’s goals for Provider Status
2. Innovative development of pharmacist engagement with the healthcare team
3. Promote and expand opportunities for pharmacists through advancement of the role of the pharmacy technician

Promotion of these priorities for APhA-APPM should continue primarily through the academy’s SIGs as well as the Engage Community. With regards to pharmacist services, APhA-APPM’s focus should turn to effective coaching and communication skills so that pharmacists can work with payers or managers in their organization to expand these services. Pharmacists have effective research and information to show these services do provide a robust benefit for patients but must also communicate effectively to realize this development. For pharmacists to deliver consistent and outcomes-driven results, the profession must also elevate the role of the pharmacy technician.

My experience in public health initiatives, working with payers and expanding scope of practice in the pharmacy provides an innovative approach to help educate and lead pharmacists as the profession moves into new opportunities. Pharmacists are well positioned to improve patient care and soon enough patients and other providers will all look to have a pharmacist as part of their care team.
Monali Majmudar, PharmD, earned her Doctor of Pharmacy degree from the Mercer University College of Pharmacy in 1998. She currently practices as a Medical Science Liaison (Vaccines) at Syneos Health, representing the GSK Adult Vaccine Portfolio. Prior to joining Syneos, Monali Majmudar worked for 19 years as a community pharmacist. She served as the pharmacy manager for a 24-hour Walgreens pharmacy in Norcross, GA. Beyond her normal daily pharmacy duties, Dr. Majmudar oversaw coordinating and updating immunization training for over 100 pharmacy locations in the Atlanta market. She is also certified to teach the APhA Pharmacy Based Immunization Delivery and Travel Health Services Programs. Concurrently, she worked closely within the community to promote the importance of immunizations. Often partnering with government agencies/consulates and the Mercer University Physician Assistant Program, she held immunization clinics throughout the region. She holds a Clinical Assistant Professor of Pharmacy Practice appointment with Philadelphia College of Osteopathic Medicine (PCOM) School of Pharmacy. In addition, Dr. Majmudar is the recipient of many pharmacy industry awards, including the 2014 APhA Immunization Champion Award for Community Outreach, the 2013 Mercer University College of Pharmacy IPPE Preceptor of the Year Award, the 2013 APhA-ASP Friend of Pharmacy Award with Mercer University, the 2013 Health Stat Outstanding Provider Award, the 2012 APhA National One to One Patient Counseling Recognition Award, and the 2010–2011 APhA National Immunization Award.

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Statement of Candidacy

The top 3 priorities of the Academy are:

1. The Crisis of Opioid Use and Misuse: Pharmacists play essential roles in optimizing and delivering therapies for people who use opioids. As a community pharmacist, I co-developed a program to educate and train student pharmacists how to administer intranasal naloxone and teach patients. The organization can advocate for the optimal use of prescription monitoring programs as public health tools, educate pharmacists on applying the CDC chronic opioid use guidelines, work with Boards of Pharmacies and other state and federal agencies to develop regulations that use evidence to promote optimal use of opioids, expand insurance coverage of medications for addiction, and ensure reimbursement for screening and referral of patients who misuse opioids.

2. Convene and engage members in structured workgroups to complete projects with defined scopes of work that produce specific deliverables and work products: As the Coordinator of the Immunizing SIG, I worked closely with the chairs of each committee to develop a user-friendly guide for immunizing pharmacists. I have a solid background in leading others to complete projects/goals. My professional experiences have given me the skills to work well with others to achieve success. It is vital that this organization provide pharmacists with the tools and resources for best practices.

3. Mentorship and Advocacy of the Pharmacy Profession: My work with student pharmacists has allowed me to provide mentorship, inspire leadership and share my passion about the profession. By using the Mentor 360 and LEAD 360 programs, the academy can help members connect with pharmacists from diverse backgrounds and leverage knowledge to further their skills in different areas of the profession. It is critical and beneficial that all pharmacists be involved in the profession to produce new leaders and continue to move the profession forward.
Dr. Ashley Lorenzen, PharmD, BCPS, is an Assistant Professor in the Department of Pharmacy Practice at Concordia University Wisconsin School of Pharmacy in Mequon, Wisconsin. Dr. Lorenzen’s teaching focus includes rural and underserved cultural competency, preparing students for clinical practice through the Applied Patient Care series, and pharmacotherapy series, and an undergraduate Introduction to Pharmacy course.

Dr. Lorenzen practices as a clinical pharmacist at Ascension Medical Group, a primary care clinic in rural, northern Wisconsin, caring for patients with multiple, complicated, chronic disease states through several collaborative practice agreements. Dr. Lorenzen’s scholarship has focused on pharmacist impact on patient outcomes through pharmacist disease state management, the impact of transitions of care services on patient outcomes, and rural, underserved pharmacy service expansion and adoption. She currently is a member of APhA’s Education Standing Committee and Fellow Sub-Committee, a member of PSW’s ambulatory care advisory board and on the leadership board for the Saint Vincent De Paul free health clinic in Marshfield. She is also the head golf coach at Marshfield Middle School in Marshfield, Wisconsin. Dr. Lorenzen received her bachelor’s degree in chemistry from William Jewell College in Liberty, Missouri in 2007 and her PharmD from The University of Missouri-Kansas City School of Pharmacy in Kansas City, Missouri in 2012. She also completed a PGY-1 Residency in Green Bay, Wisconsin at Aurora BayCare Medical Center. Dr. Lorenzen earned her BCPS certification in 2015.

In January of 2019, Dr. Lorenzen will transition to the Clinical Pharmacy Manager for the Oscar G. Johnson VA Medical Center in Iron Mountain, Michigan where she will both oversee the ambulatory care programs and continue to practice as an ambulatory care pharmacist.

Dr. Lorenzen truly enjoys improving outcomes in her patients through building relationships with the patient and the entire medical team.

Statement of Candidacy

I believe that three top priorities for the Academy should include: (1) promote the advancement of the pharmacy profession through continued advocating for provider status, (2) develop resources and tools to give pharmacists the tools they need to help combat the opioid epidemic, and (3) development of practice leaders (little L’s) that lead in their unique practice settings.

I am confident I can help the academy achieve each of these three goals through my previous and current experiences. I currently practice as an ambulatory care pharmacist in a primary care clinic. I aspire to do this full time, but without provider status I might not achieve this due to the inability to pay for my services via hard dollars, regardless of the significant patient outcomes I am able to achieve. Additionally, I currently work with our providers to help de-escalate opioid therapy and ensure pain management and behavior health well-being. I see, first-hand, how addiction effects the lives of our patients and work daily to ensure that our patients are being cared for and are prescribed not only effective, but safe medication regimens. I have also been considered a “little L” from the time I graduated my residency, working tirelessly to be a leader in my organization and help to motivate and lead those around me. I believe that little L’s are just as important as the big L’s who hold the leader title. I hope that the academy would have many little L’s who can work to move the profession and those pharmacists in it forward consistently.

I believe that my passion for pharmacy practice and continued advocating for the advancement of the pharmacist’s role closely compliment the mission and vision of APhA and make me a great fit for the APhA-APPM Member at Large position.
Marci Strauss, PharmD, is a 2012 graduate of the University of Maryland School of Pharmacy and began serving as a staff pharmacist for Shoppers (Supervalu) Pharmacies, providing MTM and immunization services to patients in the Greater Baltimore area. In 2014, she began serving in the position of MTM Coordinator with EPIC Pharmacies, Inc, a buying group and PSAO of almost 2000 independent community pharmacies. Through this position she developed a pilot program to increase engagement and utilization of MTM programs among independent community pharmacies. The success of that pilot program, coupled with her passion to help independent pharmacists continue to demonstrate how they impact patients, led to the creation of EPIC Pharmacies’ first Clinical Programs Department.

As Manager of Clinical Programs, she leads the department in the implementation and expansion of clinical programs and services, while working to increase pharmacy network performance in quality measures. Her ongoing objective is to increase community pharmacy engagement with, and understanding of, the importance of services such as MTM, immunizations and medication synchronization and how those will advance the role of community pharmacists across the nation.

She is also an active member of the American Pharmacists Association, currently serving as an APhA Ambassador, Coordinator-Elect of the Medication Management Special Interest Group and previously chair of that group’s Business Practice Model Committee. She is also a member of the National Community Pharmacists Association, co-chair of the Maryland Pharmacists Association’s Membership Committee, member-at-large for the University of Maryland School of Pharmacy’s Alumni Association Executive Committee, EPIC Pharmacies’ member representative for the National Alliance of State Pharmacy Associations and recently selected as a member of OutcomesMTM’s National MTM Advisory Board.

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Statement of Candidacy
As an APhA-APPM Member-at-large, I would serve APhA and the profession with pride and work hard to accomplish below what I believe should be top priorities of the Academy.

1. Increasing APhA membership and engagement of current members.
   a. Membership is key to a successful organization and having active and engaged members even more so. APhA offers a wealth of benefits to its members although many are not aware and unsure where to start. As a member, I helped with the creation of APhA’s first Ambassador Program to address these challenges, but this is just the beginning. I wish to expand upon this and help members find their path/engage in the organization, which will ultimately better the profession as a whole.

2. Help pharmacists become “provider-ready” and prepared to successfully integrate new services into their practices.
   a. The role of the pharmacist is in the middle of a great transformation. However, many pharmacists struggle with how to transition to a provider role and be able to successfully implement new services. I witness these struggles daily in my role with EPIC Pharmacies and want to work with APhA to develop resources to help pharmacy teams succeed and more importantly, to demonstrate that pharmacists deserve to be seen as providers.

3. Expand educational/member offerings to better meet member needs and position APhA as a valuable organization for all pharmacists.
   a. APhA brings a lot of value to the profession of pharmacy but many pharmacists struggle to understand what APhA can do for them and their practice. I wish to help pharmacists in the community, and all practice settings be able to answer the question, “Why APhA?” and work to develop additional programs and resources, including a community pharmacy education track, to better meet member needs and provide a greater value proposition.
Emily Prohaska, PharmD, BCACP, BCGP, received her Doctor of Pharmacy degree from the University of Kansas School of Pharmacy and went on to complete a PGY-1 Pharmacy Practice residency with Campbell University and the Wilson Community Health Center in Wilson, North Carolina. She then completed a second year Drug Information specialty residency at the University of Kansas Health System in Kansas City, Kansas. She is the 2018 president of the Kansas Pharmacists Association as well as chair of the Professional Affairs committee, and a member of the education and government affairs committees. She has extensive volunteer involvement within APhA, including serving as a member of the New Practitioner Network Advisory committee, service on all four Academy of Pharmacy Practice and Management (APPM) standing committees, volunteering on multiple committees within the Diabetes Special Interest Group, and has served as a Kansas delegate to the House of Delegates since 2013. Additionally, she is currently serving as a luminary for the Kansas Community Pharmacy Enhanced Services Network. She is a board certified ambulatory care pharmacist, board certified geriatric pharmacist, and has also completed the APhA certificate course in pharmacogenomics. Emily is currently employed as a clinical services coordinator with Balls Food Stores in Kansas City, Kansas, and is the site preceptor for the PGY-1 Community-Based Pharmacy residency program at Hen House Pharmacy in Olathe, Kansas. She is an adjunct clinical assistant professor with the University of Kansas School of Pharmacy and serves as an advanced experiential clerkship preceptor for the University of Kansas and University of Missouri-Kansas City Schools of Pharmacy.

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Statement of Candidacy

Advancing pharmacist services: Services provided by pharmacists are evolving faster than legislation and these services vary widely between states. From my experience on the government affairs committee within the Kansas Pharmacists Association (KPhA), as an APhA delegate, and as a member of the APhA-APPM Policy Standing Committee, policy development often relies on what other states have previously passed or from word of mouth between practitioners. I would advocate for development of a special interest group (SIG) devoted to exchanging legislative ideas and sample legislative language for bills that advance pharmacists’ roles. By doing so, members can advocate for similar changes in their respective state’s pharmacy practice act to provide continuity across states and better align the public’s expectation of pharmacist-provided services.

Protecting existing pharmacist services: Vertical mergers and direct and indirect remuneration (DIR) fees are two examples of threats to pharmacy practice, particularly in the community setting. Drawing on experience from the KPhA Professional Affairs and APhA-APPM Education Standing Committees, I would promote educational programs focused on quality measures and how pharmacists can be leveraged to improve patient outcomes for prescription benefit managers and health plans. Additionally, I would work with Academy leadership to diversify strategies for collecting political action committee donations to support federal legislation related to transparent reimbursement for pharmacist services.

Growing pharmacy technician membership: From my practice as a community pharmacist and tenure as KPhA president, I recognize how essential technicians are for pharmacists to practice at the top of their licenses. Because technicians are now expected to actively participate in clinical services such medication therapy management, I would advocate for developing a technician SIG to foster discussion of technician-related practice issues as well as include more diverse programming at the Annual Meeting and Exposition that increases the value of technician membership in APhA.
Staci-Marie Norman, PharmD, CDE, received her bachelors from Purdue University (’94) and her Doctor of Pharmacy from the University of Oklahoma (’96). In 2000 Dr. Norman added to her credentials by becoming a Certified Diabetes Educator. She is currently the clinical coordinator and staff pharmacist for Martin’s Pharmacy. Dr. Norman is a national faculty member for the American Pharmacist Association, teaching certificate programs in both diabetes and cardiovascular disease. She serves on the advisory board that oversees development and revision of these programs. Along with teaching and development responsibilities for APhA, Dr. Norman serves as a peer reviewer for research grants and publication submission. Dr. Norman has also spoken for Abbott, Bayer, Lilly, Mannkinde and Lifescan as a diabetes specialist.

In her life outside of pharmacy, Dr. Norman is a member of the board of directors for Malawi Matters Inc. This is a 501c non-profit organization that provides HIV/AIDS education and prevention and girls empowerment programs in Malawi, Africa. She has herself served as an educator with this program in Malawi on three different occasions. Dr. Norman’s passion for women’s education and empowerment is not limited to Malawi, Africa. She is a member and current president of her P.E.O chapter, whose prime mission is to help women succeed in higher education by providing funding through scholarships, grants and low interest loans.

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Statement of Candidacy

In my almost twenty-five years as a pharmacist, I have seen our profession evolve into one that was mainly dispensatory to one much more involved with patient care through education, immunization, and medication management. These services are considered healthcare, yet even though we implement them we are not considered providers and do not receive just compensation. Although there has been progress made on this front, I would like to be part of the effort to complete the journey so pharmacist providers can be compensated fairly for their work.

If we want to be able to use the provider status we are working so hard for, we need pharmacies in the community to be able to reach out to patients, which is why we need to be part of PBM reform. As a retail pharmacist, I have noticed that the issue of insurance reimbursement has many worried if pharmacies will even survive. These reforms are also important because the current trend, due to poor reimbursement, is for pharmacists to work harder with less resources. Tech and overlap pharmacist hours are reduced, yet the pharmacist still needs to fill scripts, immunize, perform MTM, and have meaningful patient counseling/education. This overwork leads to pharmacist burn-out, which is primarily caused by the workload and lack of meaningful reimbursement.

The third issue I would like to see APhA involved with is the opioid crisis. Pharmacists are central in this issue because we are one of the gatekeepers to medication. Because of this, we need to play a bigger role in how this crisis is resolved. Unfortunately, the measures that manufacturers and insurance companies have taken are detrimental to our patients, as they cause shortages of pain medications needed in hospitals for surgery or make it difficult for patients with real chronic pain and serious illness who need relief to receive medications in a timely manner.
Candidates for APhA-APPM SIG offices were asked to respond to the following question. The candidates’ responses are italicized. (See pages 27–37.)

What are the top three priorities of the SIG and what experiences and expertise can you contribute to meeting these priorities?

Who is Entitled to Vote?

All members of the American Pharmacists Association who have designated a Primary Academy and SIG (if applicable) are entitled to vote for the leadership of that Academy and SIG. Voting period opens at the start of the APhA Annual Meeting & Exposition. Current SIG members who designate APhA-APPM as their primary Academy are eligible to vote.

Members who have not designated a Primary Academy and/or Section (if applicable) are encouraged to follow the steps below to fully participate in the 2019 APhA Election:

1. Log-in to your member profile at www.pharmacist.com.
2. Select “My Account” in the top right corner.
3. Select “Academy, Sections, and SIGs” in the menu bar on the left side.
4. Click on “Edit” in the top right corner to be able to choose your Primary Academy and/or Section (if applicable).
5. Designate your Primary Academy and Section (if applicable).
6. Designate your Secondary Academy, Section, and/or Special Interest Group preferences (if desired).
7. When your selection(s) are complete, click on the purple “Save” button in the top right corner or the bottom left corner.
Jon Pritchett, PharmD, RPh, I began my pharmacy career as a teenager working in a chain retail pharmacy and quickly learned that pharmacy would become a lifelong passion. During pharmacy school I developed an interest in serving my community patients with clinical knowledge and found the right mix in compounding. Upon graduation I worked with a diversified independent pharmacy that specialized in sterile and non-sterile compounding as well as retail and clinical services. Today I serve the profession as Associate Director with Accreditation Commission for Health Care, primarily overseeing the implementation of compounding standards in our pharmacy programs, most notably the Pharmacy Compounding Accreditation Board (PCAB). I love being able to work with pharmacies that want to ensure best practices are being met to serve their patients, staff, and prescribers and elevate compounding as a whole.

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Statement of Candidacy
My top 3 goals would be boosting member participation, increasing APhA’s compounding education offerings, and keeping pharmacies up to date on regulatory changes that are occurring.
**Statement of Candidacy**

It would be an honor to serve as the coordinator-elect for the Diabetes Management SIG! Membership and service to this SIG has provided me with education, valuable resources, and opportunities to network with diabetes champions. I am very passionate about diabetes management and patient care, and I take great pride in the work of our SIG. I believe that serving as coordinator-elect and then coordinator is a great way to contribute to APHA and to the profession in a greater capacity.

I desire to continue the great work of previous coordinators by meeting the education and resource needs of the membership. I plan to utilize the SIG business meeting at the APHA Annual Meeting to identify needs and challenges faced by members in the care of patients with diabetes. Finally, I would like to work towards collaborating with the Care of Underserved Patients SIG to develop resources and learning opportunities, as a significant amount of our membership is involved with caring for this patient population.

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**Statement of Candidacy**

One of the most important things I have learned during my time as a pharmacist is the importance of being a life-long learner. The practice of pharmacy and the healthcare system as a whole are constantly changing. I believe the Diabetes Management SIG can be an excellent resource for practitioners and students to continue to gain valuable information to better care for patients with diabetes. Through my service as the Chair of the Diabetes SIG Education Committee, I have been able to help provide resources, both through formal continuing education programs and informally through the ENGAGE platform, to contribute to that life-long learning process.

Another goal of the SIG should be to continue to engage the current members of the SIG as well as to seek new members who have not previously been involved. By broadening the SIG membership, there will hopefully be an increase in the diversity of thoughts and opinions that would contribute to learning and patient care. I believe it’s important to continue providing a variety of educational offerings and seek new innovative ways to engage the members.

Ultimately, the goal of the SIG should be to provide members with the tools to better care for their patients. One of these tools is the ability of pharmacists to be recognized as providers and reimbursed for the care provided to patients. The SIG should continue to be a space for pharmacists to ask questions and provide guidance regarding successes and areas of improvement.

As a liaison for the SIG to the APHA-APPM Policy Standing Committee as well as a delegate to the APHA House of Delegates, I have been fortunate to see the hard work being put in to make these changes sustainable and hope to continue to involve the Diabetes Management SIG in the legislative process.
Gretchen Krekel Garofoli, PharmD, BCACP, is an Associate Professor at West Virginia University School of Pharmacy in the Department of Clinical Pharmacy. She is a graduate of the University of Pittsburgh School of Pharmacy and completed a Community-Based (PGY 1) Pharmacy Residency through Virginia Commonwealth University in Richmond, VA. Her current practice site is Waterfront Family Pharmacy in Morgantown, WV where she focuses on immunizations, diabetes care, medication synchronization and medication therapy management, along with program development and implementation. She serves as the site coordinator and preceptor for a community-based (PGY 1) pharmacy resident. Dr. Garofoli was the 2011 recipient of the West Virginia Pharmacists Association Distinguished Young Pharmacist Award, the 2015 national recipient of the American Pharmacists Association Distinguished New Practitioner Award, the 2018 recipient of the West Virginia Pharmacists Association Excellence in Innovation Award, and was a National Association of Chain Drug Stores (NACDS) Faculty Scholar. Her research interests include diabetes, immunizations, and pharmacist provided screenings.

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Statement of Candidacy

Through serving as the chair of the Recognition Committee for the Immunizing Pharmacists SIG this year, I have learned a lot about how the APhA SIGs are run and have had many opportunities to be involved with new initiatives that have been implemented this year to move our SIG and our profession forward. Throughout my time as chair of the recognition committee, my committee and I have implemented a new recognition program for our SIG entitled: Invisible Superheros: Immunization Edition. The purpose of the program is to raise awareness about the amazing work of our SIG members whom we recognize each month.

If selected to be coordinator-elect of the Immunizing Pharmacists SIG, my first priority would be to help our SIG members advocate for policies advancing the roles of pharmacists, student pharmacists, and pharmacy technicians in immunization delivery, and also to advocate for an increase in the number of types of immunizations that can be given in their respective states so that we can best meet this public health need. My second priority would be to determine ways to enhance engagement in discussions on the Engage platform as we have many members of the SIG and could benefit from learning from the experiences of others. Finally, I would like to ensure that the recognition program that my committee and the patient case discussions that the communications committee started this year are continued and amplified in years to come. Through my experiences in other leadership roles within APhA, and especially with my most recent leadership position in the Immunizing Pharmacists SIG, I feel that I am qualified and would appreciate the opportunity to serve the SIG as well as APhA as a whole.
Cherokee Layson-Wolf, PharmD, BCACP, FAPhA, is an associate professor in the Department of Pharmacy Practice and Science and Associate Dean of Student Affairs at the University of Maryland, School of Pharmacy. She graduated from the University of Maryland, School of Pharmacy and completed a community pharmacy residency at Virginia Commonwealth University/Medical College of Virginia and Ukrop’s Pharmacy. She currently serves as the residency director for the PGY-1 community residency program at the University of Maryland School of Pharmacy.

Dr. Layson-Wolf’s major areas of interest are in community pharmacy, self-care, pharmacy-based immunization delivery and point of care testing. She currently sees patients as part of her work with the Maryland Patients Pharmacists Partnership (P3) program, an award-winning employer-based health education and chronic disease self-management program in which trained pharmacist-coaches provide guidance in medication adherence, lifestyle changes, and self-care skills to patients with diabetes. She currently serves as the chair of the Board of Trustees for the Maryland Pharmacists Association.

Dr. Layson-Wolf remains active in educating and training pharmacists and student pharmacists to provide immunizations and also provides regular immunization updates for Maryland pharmacists. She received the Young Pharmacist of the Year award in 2005, the Innovative Practice Award in 2010 and the Mentor Award in 2015 from the Maryland Pharmacists Association, and was named a fellow of the American Pharmacists Association in 2012, received the APhA Community Residency Preceptor of the Year award in 2015, and was selected APhA-ASP Chapter Advisor of the Year in 2016.

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Statement of Candidacy
Twenty years ago as a student, I was fortunate to learn about pharmacy-based immunization delivery. While I was not in a state where pharmacists could yet immunize, it became a personal goal that I was going to immunize, and I would need to find the right place to gain the experience. I was fortunate to be accepted at a community residency program in Virginia, and after my first few patients, I had found my passion.

During my early training years, I was inspired by many practitioners who were heavily involved in immunizations, and I was able to be part of helping bring immunizations to the scope of practice in Maryland. By being a faculty instructor for the Pharmacy-based immunization delivery course for the last 13 years, I have supported numerous pharmacists and student pharmacists in starting their immunizations practices. One of the factors that has led to the success of pharmacy-based immunization delivery is the sense of community that has grown among the thousands of immunization certified pharmacists, student pharmacists and pharmacy technicians all across the United States.

The Immunization SIG can help support the pharmacy-based immunizer community by providing quality educational resources to help them keep up with immunization updates to best support their patients’ immunization needs. SIG members have evolving needs as their immunization practices grow, and the SIG can be utilized to help identify and meet those needs. Finally, the SIG will play a vital role in member recognition. To inspire and encourage more members to grow and innovate their immunization practices, regular recognition of immunizers via the SIG will honor their efforts while growing the immunizer network.

With the Immunization SIG having one of the highest memberships among the SIGs, the current and previous leaders of the SIG have worked diligently to grow SIG resources and activities, and also support APhA and its mission. I hope to have the opportunity to serve the immunization community that has inspired me as a practitioner over the last 18 years.
Coordinator-elect (2019–2020)

Jelena Lewis, PharmD, FAPhA, is an Assistant Professor of Pharmacy Practice at Chapman University School of Pharmacy (CUSP) in Irvine, CA. She is also an Advanced Practice Pharmacist and a faculty in residence at St. Jude Heritage Medical Group (SJHMG) in Fullerton, CA. Dr. Lewis developed and implemented a chronic disease management program within an ACO/PCMH at SJHMG which focuses on providing high quality coordinated care to patients via an inter-professional collaboration among healthcare providers. In addition, Dr. Lewis helped develop the pharmacist credentialing process at SJHMG.

Dr. Lewis received her bachelor’s degree in biochemistry, with a minor in mathematics, from the University of California Los Angeles. She received her Doctor of Pharmacy degree from the University of Southern California, where she was a member of the Rho Chi Academic Honor Society in Pharmacy. Dr. Lewis completed her PGY-1 pharmacy practice residency with an emphasis in ambulatory care and community pharmacy practice at the University of Southern California. During her residency, Dr. Lewis was an Adjunct Assistant Professor of Clinical Pharmacy. Upon completion of her residency, she worked as a clinical pharmacist at Cedars-Sinai Medical Care Foundation. During her time at Cedars-Sinai, Dr. Lewis worked in the drug therapy management department which was part of an ACO/PCMH. She managed patients with chronic conditions and she provided travel and smoking cessation consultations. She also helped expand the Cedars-Sinai Injection Center which focuses on cost savings for injectable medications and vaccines.

In addition to her clinical work, Dr. Lewis has precepted many pharmacy and medical students as well as pharmacy residents. She is currently the chair of APhA-APPM Medical Home/ACO SIG Education and Resources Committee.

Her research interests include implementation and outcomes of a pharmacist run chronic disease management program within an ACO/PCMH and pharmacy student leadership development and co-curricular activities.

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Statement of Candidacy

The top 3 priorities of the Medical Home/ACO SIG should be to:
1. Facilitate education and communication to members about the role and value of a pharmacist within an ACO/PCMH.
2. Share successful pharmacy practice models within an ACO/PCMH to help move our profession forward.
3. Provide resources to SIG members to help expand their practice within an ACO/PCMH.

My vast experience in the field of an ACO/PCMH will contribute to meeting these priorities. I have worked in an ACO/PCMH since I graduated pharmacy school in 2009 and most recently I have helped develop and implement a pharmacist run disease management program in an ACO/PCMH. I have also been involved in the development of a pharmacist credentialing process which allows for a pharmacist to have prescriptive authority within an ACO/PCMH under a CPA. A pharmacist led disease management program in which a pharmacist is credentialed and has full prescriptive authority much like a mid-level provider enables the pharmacist to practice at the top of their license, improves access to care, and provides high quality coordinated care within a healthcare organization. In addition, this type of practice helps move our profession forward. As a result of my work within an ACO/PCMH, I have a very good understanding of the role and value of a pharmacist within this type of setting. I can also share my experiences of building a successful practice model within an ACO/PCMH with SIG members and serve as a resource to SIG members to help them expand their practice. Furthermore, I am currently the chair of the APhA-APPM Medical Home/ACO SIG Education and Resources Committee which is working on developing a successful practice document for APhA members. Over the past year I have also given two webinars for the Medical Home/ACO SIG in collaboration with other SIG members.
Sara Wettergreen, PharmD, BCACP, is an Assistant Professor in the Department of Clinical Pharmacy at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences. Dr. Wettergreen received both her B.S. in Pharmaceutical Science and Doctorate of Pharmacy degrees from South Dakota State University. She completed a PGY1 Pharmacy Practice Residency at the Michael E. DeBakey VA Medical Center and a PGY2 Ambulatory Care Specialty Residency at the University of Colorado. Dr. Wettergreen then held a faculty appointment at the University of North Texas System College of Pharmacy for two years. While in Texas, she had a clinical practice site at the UNT Health Central Family Medicine Clinic, where she initiated billing for pharmacist-provided patient care services. After her time at the University of North Texas, Dr. Wettergreen ventured back to Colorado to join the clinical pharmacy faculty. Currently, Dr. Wettergreen has two clinical practice sites within UCHealth at Lone Tree Primary Care and the Women’s Integrated Services in Health (WISH) clinics. Dr. Wettergreen’s professional areas of interest include population health, women’s health, cardiovascular risk reduction, diabetes management, and the scholarship of teaching and learning. Professionally, Dr. Wettergreen is involved in many organizations, including APhA and the Colorado Pharmacists Society. She currently serves as chair of the APhA New Practitioner Advisory Committee, member of the APhA Medical Home/ACO SIG Education and Resources Committee, and as an executive committee member for the Colorado Pharmacists Society New Practitioner Section.

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Statement of Candidacy
Over my past 10 years of membership in APhA, the organization has become my professional home. From my engagement as a student pharmacist, to new practitioner, and now as a slightly more seasoned practitioner, I’ve deepened involvement in APhA and passion for the expanding roles for pharmacists. I see the role of APhA-APPM SIG Coordinator as an opportunity to bring forward the knowledge and experience gained from my previous roles. If elected, my top three would be increasing knowledge of the opportunities within the Medical Home/ACO SIG, furthering engagement with SIG members, and increasing SIG productivity. First, I see knowledge about all APhA-APPM SIGs as an opportunity to further connect with APhA members. As chair of the New Practitioner Advisory Committee, I emphasized the importance of having new practitioners engage with their Academies, and this led to efforts to increase awareness of the SIGs. As SIG coordinator, I would continue these efforts by collaborating with other SIG coordinators to host informational webinars about ways to get involved. Second, I would aim to enhance SIG member engagement. The SIG is an active community and has many opportunities for engagement, from educational webinars to ENGAGE. This is an important time in the profession of pharmacy, and the future holds uncertain possibilities. Engagement of pharmacists from various backgrounds can shape the future of the profession within medical homes and ACOs. As SIG coordinator, I would work to expand opportunities for engagement within the SIG through creation of an additional SIG committee, with specifics based on identified needs. Lastly, I have appreciated the opportunity to be involved in the Medical Home/ACO SIG Education and Resources committee. I would like to see continued efforts of the SIG to produce meaningful resources for members, provide webinar programming, and to enhance reach of the available resources.
Laly Havern, PharmD, MS, BCACP, Pharmacy has been a part of my life since before I was born. My grandfather owned a pharmacy in Cuba. My father, who moved to Puerto Rico as a teen, still owns and operates a pharmacy serving my hometown of San Juan, Puerto Rico. My mother, also a pharmacist, worked for GlaxoSmithKline and moved me to Pennsylvania where I did most of my education. As a pharmacist, I’ve spent my whole career at Walgreens but in many different roles. I’ve been a floater, a staff pharmacist, a pharmacy manager, a front store assistant manager, a specialty pharmacy manager, and most recently a clinical pharmacist in the support office. I’m an active duty Air Force spouse so I have been licensed in Pennsylvania, Missouri, Nevada, and currently in Washington, DC. I’ve been actively involved in APhA since 2016 and am looking forward to continuing this journey and advocating for our profession for many years to come!

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Statement of Candidacy

The Future of Patient Care—Our profession is poised to be impacted by emerging science, technology, and policy. The Academy should be a leader in preparing the pharmacy field to meet the challenges and opportunities of tomorrow. We need to be ready, willing and able to meet patient care needs and to be appropriately compensated for these services. As an example, as more pharmacogenomics guidelines are published, I believe community-based pharmacists will have a larger role in direct patient care and clinical treatment decisions. I hope to utilize my current certification in pharmacogenomics to educate and empower pharmacists in this groundbreaking field. I believe our profession can leverage this new knowledge to provide personalized medicine and more effective patient-centered care.

Education and Energy—We must focus on continuing to publish effective resources to help members in their current pharmacy practices. Policies and laws affecting our profession are rapidly evolving. Our duty as an academy is to keep our members abreast of the most current policy changes and be a clearinghouse for information to the field, as well as a source of “best practices” around those new policies. My involvement with Pharmacy Quality Alliance can aid the conversations in our SIG as new quality measures are being proposed and executed. For instance, accountability to patient outcomes is an emerging trend for which our profession must be prepared. Using partnerships like these, we as a SIG can be ready to educate and energize our profession to embrace and meet these new challenges.

Recruit and Engage—Our strength is in our numbers. We should focus resources on engaging more members to join, as well as to get involved in our programs. As a graduate of the LEAD360 program, I can vouch for the value these programs provide to my personal and professional development.

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Negar Golchin, PharmD, MPH, serves as the Senior Pharmacy Consultant at Qualis Health, one of the nation’s leading population health management organizations.

As Senior Pharmacy Consultant, Dr. Golchin provides strategic leadership, clinician insight and technical expertise aimed at improving medication safety and reducing adverse drug events. Her most recent work has been focused on anticoagulants, diabetics and opioids. Dr. Golchin’s passion for education led her to design a course for Adverse Drug Reactions for a School of Pharmacy in the state of Washington. Additionally, she serves as clinical researcher on multiple projects aimed at improving best practices for prescribing opioids in both Washington and Idaho.

Dr. Golchin is a clinical assistant Professor at the University of Washington, School of Pharmacy. She holds a Doctor of Pharmacy degree from Tehran University and an MPH in Population Health Research from Case Western Reserve University. She completed the Plein Fellowship for Excellence in Pharmacy Education, Pharmacoepidemiology at the University of Washington and contributed to several peer reviewed publications with school faculty members.

In addition, Dr. Golchin serves on multiple editorial boards, including the Social Pharmacy Journal and Frontiers in Public Health. She is a member of Public health SIG at AACP since 2013 and involved in different activities such as archiving a new course for pharmacy school curriculum.

Dr. Golchin has an interest in improving the health of vulnerable populations and serves as the Principal investigator, researching the definition of Pediatric Polypharmacy and the Co-Principal Investor researching Service Utilization among children from Low Income Families.

Dr. Golchin’s full bio is available online. http://medicare.qualishealth.org/about-us/staff-bios/negar-golchin

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Statement of Candidacy

As a seasoned pharmacist and passionate educator, I’m committed to leveraging medication management to improve adverse drug events and therapeutic outcome. I work closely with the Medicare populations and see firsthand the impact our work can have on this vulnerable population. I’m excited about the opportunity to have a positive impact on the patient safety and the lives of these patients.
Dao Le, PharmD, BCNP, FAPhA, is Director of Diagnostic Imaging, Radiopharmacy Operations at the University of Texas MD Anderson Cancer Center. She studied biology and chemistry at Westminster College in Fulton, MO where she earned her BA in Biology. She proceeded to the University of Arkansas for Medical Sciences in Little Rock, AR to obtain her Doctorate in Pharmacy and Nuclear Pharmacy Authorized User status. After receiving her education, she joined Mallinckrodt Nuclear Pharmacy in Houston, TX. It was also during this time that she obtained her Board Certification in Nuclear Pharmacy.

While at Mallinckrodt, she found her excitement for teaching which led to her career as faculty at UAMS College Pharmacy as an Assistant Professor of Nuclear Pharmacy. After five years with UAMS and experience in the development of several nuclear education training programs, Le decided to pursue an interest for research and oncology at the University of Texas MD Anderson Cancer Center. As Director of Diagnostic Imaging, Radiopharmacy Operations, she serves as an advisor and consultant to the following: Department of Nuclear Medicine, the Division of Diagnostic Imaging, the IRB, Institutional Compliance and other departments on all stages of design and implementation of research involving FDA approved and investigational radiopharmaceuticals.

Passionate about nuclear pharmacy, Le is actively involved with nuclear pharmacy and imaging societies. As an item writer and reviewer for the BPS Nuclear Pharmacy Specialty Council, of which she was Vice Chair, Le upholds the high standards of the specialty. She played a key role in developing the Nuclear Pharmacy Technician training program according to APhA guidelines and the APhA Nuclear Pharmacy Vendor Credentialing guidelines. Le has served as New Practitioner Officer and Chair of the education committee on APhA-APPM’s Nuclear Pharmacy Practice Section in addition to holding leadership and committee roles with other pharmacy organizations.

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Statement of Candidacy

The practice of nuclear medicine has changed significantly in the last few years. It’s important that as nuclear pharmacists are able to adapt to the change so that they can continue to partner with nuclear medicine physicians to provide the best care to patients. It is important that APhA nuclear pharmacist members are aware of these changes and can voice any concerns. The current changes in nuclear pharmacy include the new proposed USP 825 guidelines, surge in radiopharmaceutical therapy agents and FDA’s involvement in radiopharmaceutical production. Staying abreast of advances in nuclear medicine and nuclear pharmacy practice remain at the forefront of this nuclear medicine special interest group.
Statement of Candidacy

1. Continue to increase membership and participation within the Preceptor SIG: As chair of the communications subcommittee I executed an initial needs assessment through the ENGAGE platform. As a SIG we will need to find a balance of advocating for APhA’s educational materials as well as finding our SIG’s niche for educational opportunities, such as preceptor issues with providers and students. I hope to continue to find our niche in order to continue to encourage involvement and new membership.

2. Continue to increase involvement from the SIG in webinars on hot topics in precepting: The SIG under its current leadership has organized some webinars to help our preceptors. I have been part of promoting these programs and would like to see these types of programs be continued and ideally expanded. I have a passion for burnout prevention and as a busy practitioner see how vital it is to make sure that we are healthy and can keep our learners healthy as well.

At my practice site I have seen burnout prevention strategies executed for my physician colleagues and would like to see those same strategies be spread to my pharmacist colleagues.

3. Increased recognition for the great innovations in precepting provided by our members: The new practitioner network for our SIG has made excellent strides in recognizing our new practitioners for their outstanding efforts. I would like to see this expanded to include all levels of preceptors. Highlighting the work they do such as ways they keep precepting fresh and insight into what they have learned over the years. Most of the great preceptors are successful because of the adaptations they have made and the passion they show to their students. I would like to see our SIG highlight those practitioners more as well.

4. Understand the needs of preceptors and develop resources to help them improve their teaching skills. This network of pharmacists all share the common interest of precepting and developing students and residents. While each preceptor has individual needs and areas for development, the more we understand trends and common themes, the better we can disseminate precepting best practices to the entire community.

5. Encourage all preceptors to educate their learners about the importance of involvement in professional organizations. Preceptors have a great influence on students, whether we realize it or not. Students and residents look up to us as role models. We need to ensure that we are modeling, coaching, and facilitating for students and residents to get involved and stay involved in APhA and other pharmacy professional organizations. Our profession’s future depends on our involvement, and the involvement of these future leaders we are helping to develop.

Thank you for your consideration, and I humbly ask for your vote. I promise that if elected, I will dedicate myself to making the SIG a better place.
Laressa Bethishou, PharmD, BCPS, received her Bachelor of Science degree in Biological Sciences from the University of California, Los Angeles (UCLA) and her Doctor of Pharmacy Degree from the University of Southern California School of Pharmacy (USC). She completed a pharmacy practice residency at Stanford Health Care and continued on as a Transitions of Care Pharmacist until joining Chapman University School of Pharmacy. She is currently an assistant professor of pharmacy practice, and faculty in residence at Hoag Memorial Hospital Presbyterian. She has been actively involved with the APhA Transitions of Care SIG for the last two years, most recently in her capacity as Practice Committee Co-Chair. She is also involved with the Patient Safety Movement Foundation as a member of their Medication Error and Hand-off Communications workgroups, where she advocates for patient safety during transitions of care. Her teaching activities focus on health care delivery during transitions of care, developing student pharmacist patient care skills, and pulmonology. Her research interests include patient safety and medication error reduction during transitions of care, evaluating the impact of pharmacist interventions on high risk patient populations, innovations in pharmacy education, and development of student personal and professional growth.

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Statement of Candidacy
The APhA Transitions of Care SIG provides an amazing platform for pharmacists from various clinical backgrounds to collaborate in advocating for the role of the pharmacist in improving patient safety and medication related outcomes during transitions of care. Given the incredible opportunity to serve as the coordinator elect, I would love to see the SIG focus on the following 3 areas of priority.

1. **Improving communication and collaboration between clinical providers across care settings.** This includes both intraprofessional (pharmacist to pharmacist) and interprofessional communication. In my capacity as Practice Committee Co-Chair, we are developing a communication template to be utilized at hospital discharge, creating a direct line of communication between discharging health care providers and the community pharmacist. I am also involved in research projects to pilot implementation of our template and elicit pharmacist feedback to create a valuable resource which will improve continuity of care.

2. **Creating guidance documents and resources to support transitions of care pharmacists in their workflow.** As a member of the communication and practice committees, I was actively involved in creating the APhA Transitions Toolkit. Additionally, I led a project within APhA to create a resource on applying the Pharmacist Patient Care Process during Transitions of Care. With the input of our SIG members, I would like to create resources to support specific areas of need.

3. **Promoting and driving research and collaboration within our SIG.** I hope to create and support coordinated efforts amongst SIG members to maximize our impact in research and scholarship which highlights the value of the pharmacist as a member of the healthcare team and supports expanding the role of the pharmacist. This is an essential step in getting the recognition we deserve and the support and reimbursement we need to continue our amazing work.
Jessica Wooster, PharmD, BCACP, is a Clinical Assistant Professor at The University of Texas at Tyler’s Fisch College of Pharmacy. She received her Doctor of Pharmacy from The University of Tennessee and completed her PGY-1 residency with Midwestern University and Albertsons Companies in Phoenix, Arizona. Dr. Wooster’s clinical practice is at UT Health East Texas, which involved the development and implementation of a transition of care service to include medication reconciliation, discharge education, and patient follow-up post-discharge. The pilot service is to be implemented across the health system this year to include rural sites that may benefit greatly from the service. Dr. Wooster coordinates the Nonprescription Medications and Medication Therapy Management courses. She serves as the chair of the admissions committee and a member on the experiential education committee assisting in preceptor development events and training.

Dr. Wooster remains involved at a local and national level. She attends Texas Pharmacy Association meetings and serves as the faculty advisor at the college. She attends Pharmacy Day at the Capitol to facilitate student meetings with legislators and hopes to inspire them to advocate for the profession. She currently serves as a co-chair for the APhA Transitions of Care Practice Committee and is passionate about current projects and future plans to advance the pharmacist’s role in care continuity. Dr. Wooster serves on the AACP Self Care Communications Committee and enjoys writing newsletter articles. She serves as APhA-ASP Operation Heart faculty advisor at the college and enjoys attending meetings to instill her passion for service in the future pharmacists. Advocacy for the profession is extremely import to Dr. Wooster and she dedicates herself to this mission by inspiring student pharmacists, initiating novel clinical services at her site, and through research projects to determine best practices.

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**Statement of Candidacy**

I will lead the committee to facilitate innovative projects, disseminate novel literature supporting pharmacist’s enhancement of care transitions, and promote committee member involvement. I will apply my TOC pharmacist experiences in inpatient and outpatient settings and as a clinical professor in leading the committee. I will detail goals for the committee below.

To facilitate innovative projects to promote effective patient handoffs during transitions of care. This year’s project focused on improving intraprofessional communication between pharmacists across health settings and this should be explored further. To advance the pharmacist’s role as a clinician, we must implement new interventions and track outcomes to validate and assess its impact. Rather than design projects similar to existing literature, I aim to foster creative, novel ideas to display pharmacist value in patient care.

To increase member participation in the Transitions of Care SIG. Being involved in the TOC SIG. As an involved member, I have learned from other member's clinical practice experiences, collaborated on research projects, and grew my network of individuals with similar passions of advancing pharmacy practice in care transitions. I plan to encourage members to consider increased involvement by further promoting past and current projects. I plan to promote involvement of interprofessional members as they offer a multitude of varied experiences. Additionally, I plan to increase student pharmacist participation as their feedback is vital and offers a fresh perspective.

To provide education to pharmacists, student pharmacists, and health care providers of pharmacist impact in care transitions. This includes disseminating information on TOC SIG projects, novel research and clinical practice innovations. This may be done through CE presentations, webinars, research projects, and the ENGAGE community. We must enhance student knowledge of transitions of care to prepare our future pharmacists to advance the profession and practice.
APhA Active Members are being asked to consider and vote on a partial revision of the APhA Bylaws. This statement explains the significant changes that would result from a favorable vote on this proposal. The proposed revisions have been approved by the APhA Board of Trustees and reviewed by the Association’s General Counsel, and has been deemed to be consistent with the mission of the Association. The proposed Bylaws showing deleted language as struck through and new language as underlined, follow this explanatory statement.

Upon review of House operations by the 2018-19 House Rules Review Committee (HRRC), the HRRC presented potential revisions to the APhA Bylaws (Articles 6 and 7) for review by the APhA Board of Trustees. The APhA Board of Trustees reviewed these proposed revisions and made the recommendation for their inclusion on the 2019 Election ballot. The APhA Board of Trustees requests that you register your vote to approve the proposed amendments to the APhA Bylaws.

A description of the significant proposed Bylaw changes follows:

**Article 6. House of Delegates**

The changes include changing “States” to “Affiliated State Organizations” to match language currently used in Article 7 of the APhA Bylaws. Additionally, new language is being added to allow the Speaker of the House the ability to appoint delegates to a delegation when no appointments have been made after continuous communication by APhA staff with that delegation representative or the delegation has become inactive as defined in the APhA Bylaws. The amount of Speaker appointed delegates is being modified from 10 to 20 to ensure representation from key House of Delegate Committees are able to be present as a delegate in the House of Delegates. The number of 10 has fallen short of the needed amount of positions. The terms “removed” and “removal” are being modified to “inactivated” and “inactivation” to reflect that no delegation is being removed from the House of Delegates should they be unable to fill their delegate seat allotments in accordance with APhA Bylaws. Information about the process for the appointment of delegates is being streamlined in the APhA Bylaws to reference the APhA House Rules of Procedure, which contains more details of the operations of the House of Delegates. The current language of the APhA Bylaws would prevent the House of Delegates from conducting virtual House sessions. Modifications are proposed to change the Bylaws to allow for virtual sessions to occur based on additional guidance from the House Rules Review Committee.

**Article 7. Recognized and Affiliated Organizations**

Proposed modifications to Section 2 would provide clarity as to who could be recognized as an Affiliated State Organization.

The full APhA Bylaws, last amended in April 22, 2014 can be found at the following link: https://bit.ly/2uekhr9

Who is Entitled to Vote?

APhA members and select Student Pharmacist members are entitled to vote on amendments to the APhA Bylaws.
**Article VI. House of Delegates**

**Section 1. Composition.** The House of Delegates shall consist of delegates from states, Affiliated State Organizations (See Article VII), ASSOCIATION membership organization groups, Recognized National Organizations (See Article VII), Delegates Ex Officio, and Speaker-appointed delegates. Each delegate and Delegate Ex Officio must be a member of this ASSOCIATION.

**Section 2. Apportionment of Delegates.**

A. States Affiliated State Organizations: each shall have two (2) delegates plus one (1) delegate for each two hundred (200) Members of this ASSOCIATION, or major fraction thereof, who are members of this ASSOCIATION residing in the state. Delegates and alternate delegates from each state shall reflect the demographic diversity represented by the ASSOCIATION membership residing in that state.

i. If either an affiliated state organization delegation has been inactivated via procedures outlined in Article VI, Section 2.G of these Bylaws or no delegates have been appointed by the affiliated state organization by June 1st, the Speaker may appoint one delegate who, at the time of appointment, resides or is employed in the state or region they are chosen to represent.

E. The Speaker shall appoint up to 10 delegates from House committee members not appointed as delegates from other delegations.

G. Delegations that have one or more seats unfilled during both House sessions for 3 consecutive years shall have those seats removed inactivated from their delegate allocation. Delegations shall be notified 60 days prior to the removal inactivation of delegate seats and may petition the Secretary of the House for reappointment of those seats.

**Section 4. Appointment of Delegates.** Affiliated State Organizations, Recognized National Organizations, and ASSOCIATION membership organization groups will appoint the delegates and alternate delegates to which they are entitled according to Article VI, Section 2 of these Bylaws and the APhA House Rules of Procedure. Delegates and alternate delegates are appointed to serve from June 1 through May 31 of each year. Delegates representing the student pharmacist membership organization group shall be appointed in accordance with procedures and length of terms established by the student pharmacist membership organization group. Those delegates unable to attend the regular meeting of the House of Delegates will be replaced with 30 days’ notice prior to the meeting. Appointing organizations shall notify the Secretary of the House of Delegates at least thirty (30) days before the June 1 appointment date of the name and address of each of its delegates and alternate delegates. The Speaker shall appoint up to 10 delegates from House committee members not appointed as delegates from other delegations. All delegates and alternate delegates other than Delegates Ex Officio shall serve until their successors have been appointed May 31st of each year. Delegates Ex Officio shall serve for life or, in the case of Trustees serving as Delegates Ex Officio, until their successors have been duly appointed or elected and installed.

**Section 7. Meetings.** The House of Delegates shall hold a regular meeting during the Annual Meeting of this ASSOCIATION, this regular meeting to consist of such sessions and to have an order of business as specified in the official program of the Annual Meeting adopted by the House of Delegates. The House may, at the discretion of the Speaker, convene using electronic means prior to the regular meeting outlined herein provided that the Secretary of the House notifies the delegates at least 30 days prior to convening such session. All House of Delegates Rules of Procedure and these Bylaws apply to all House sessions, whether held electronically or in person. The House of Delegates may hold special meetings at the call of the Speaker with the approval of the Board of Trustees, or upon written or electronic petition of a majority of authorized delegates provided that the Secretary of the House notifies the delegates at least 30 days prior to convening such session. The time and place of Special meetings of the House of Delegates may occur electronically or be scheduled in person at a time and location to be established by the Speaker with the approval of the Board of Trustees.

**Article VII. Recognized and Affiliated Organizations**

**Section 1. Recognized National Organizations.** Any national organization representing pharmacy, the purposes of which are consistent with the purposes of this ASSOCIATION, may be designated a Recognized National Organization by the Board of Trustees. The status of such an organization as a Recognized National Organization may be terminated by the Board of Trustees.

**Section 2. Affiliated State Organizations.** An organization, representing pharmacy, from a State, Territory, or the District of Columbia Organization may be designated as an Affiliated State Organization by the Board of Trustees in its discretion.