American Pharmacists Association

APhA Membership
The American Pharmacists Association was founded as the American Pharmaceutical Association in 1852, and today represents more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in advancing the profession. APhA, dedicated to helping all pharmacists improve medication use and advance patient care, is the first-established and largest association of pharmacists in the United States. The organization’s membership is composed of the Academy of Pharmacy Practice and Management, Academy of Pharmaceutical Research and Science, and Academy of Student Pharmacists.

APhA Vision
Pharmacists are essential for optimizing medication use and improving patient health.

APhA Mission
The American Pharmacists Association empowers its members to improve medication use and advance patient care. APhA will accomplish this by being the leader in:
1. Providing timely and accurate information that is vital to our members.
2. Raising societal awareness about the role of pharmacists as essential in patient care for optimal medication use.
3. Providing state-of-the-art resources to enhance our members’ continuing professional development.
4. Educating and influencing legislators, policy makers, regulators, and the public to advance our vision and mission.
5. Creating unique opportunities for our members to connect and share with their peers across practice settings.

APhA Value Statements
- Accountability: We hold ourselves to the highest standards of performance toward reasonable and achievable goals. We accept responsibility for the outcome of our work as well as the process that leads to it.
- Collaboration: We are unified by a common purpose. We encourage communication, coordination, and team-based approaches to address clearly stated goals and objectives.
- Integrity: We operate with honesty, fairness, and the highest ethical standards to sustain a community of professionalism and trust.
- Respect: We promote a culture of inclusiveness, celebrate our diversity by treating all people equally, value individual contributions, and encourage open and effective communication.
- Quality: We strive for excellence in everything we do, and continuously look for innovative ways to improve our work.
We achieved substantial growth in our activities and generated promising results to drive connections and transform patient care within the realm of pharmacy. In 2011, the American Pharmacists Association (APhA) built upon efforts of the last several years to form partnerships within the health professions and alongside public, private, and community-based organizations for advancing patient-centered health systems that incorporate pharmacist-delivered services. As health care reform continues to evolve, APhA is working relentlessly to advance the pharmacist’s role in Medicare and Medicaid, and simultaneously seize opportunities to stimulate the growth of medication therapy management among private and commercial insurers, managed care, community practice, and other entities seeking to improve medication use and reduce overall health care costs.

This was the year pharmacy stepped up to the public platform. The Center for Medicare and Medicaid Innovation announced major funding opportunities for innovation in health care, and we encouraged pharmacy to participate. APhA created a resource package describing in detail the opportunities for pharmacy and pharmacy organizations, and we distributed the resource freely to other pharmacy organizations and stakeholders. Our message is simple: when pharmacists get involved, costs go down and quality goes up. Today, dozens of pharmacy groups are submitting grant proposals. In 2011, the U.S. Department of Health and Human Services (HHS) launched Million Hearts, a national campaign to prevent one million heart attacks and strokes in the next five years, and APhA joined the initiative to promote important work by pharmacists. I was proud to represent pharmacy on the podium with Kathleen Sebelius, HHS Secretary, and Thomas Frieden, Director of the U.S. Centers for Disease Control and Prevention, among others for the launch of this campaign.

Our immunization certificate training program continues to be the standard for immunizing pharmacists. I’m delighted to have taken (and passed) the program in 2011, and I can testify to the strength of the curriculum and preparedness it offers for pharmacists! Furthermore, APhA gained approval as a provider of continuing professional development programs for Board Certified Ambulatory Care Pharmacists — the newest specialty certification offered by the Board of Pharmacy Specialties — and we hosted a sold-out crowd for the new Ambulatory Care Pharmacy review course that prepares pharmacists for the exam. APhA also will collaborate with the National Association of Boards of Pharmacy to develop a voluntary accreditation program for community pharmacies, and we are committed to engaging key stakeholders and gathering broad input during the process of creating consensus-based standards.

Finally, under the leadership of President Marialice Bennett, APhA developed a comprehensive, strategic agenda for the Association over the next several years. This thoughtful process yielded a strong, transparent approach for how the Association will represent the profession in support of our members. APhA will continue to be home to all pharmacists in every practice setting. We strive every day to increase consumer access to pharmacists’ services as health care providers. When these services are valued, quality improves and overall health care costs decrease in a patient-centered health care delivery system. I am honored to be leading this effort on your behalf, and I look forward to working with you to ensure our goals are met.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and Chief Executive Officer
Driving Connections to Advance Pharmacy

In 2011, the American Pharmacists Association (APhA) continued to gain momentum toward unifying and advancing the profession. We are motivated to promote the pharmacist’s role in collaborative patient-centered care. Medication therapy management (MTM) offers a substantial solution in health care reform, public and private health benefit programs, and most importantly, in pharmacy practice where patients benefit every day from these clinical services. As a key priority in 2011, the driving force of MTM was reflected in the number of APhA activities and resources developed for our members.

A significant focus has been the Community-based Care Transitions Program that stems from the Affordable Care Act (ACA). The impact of medication-related problems in transitions of care heights the need for pharmacists and demonstrates the essential role we play in these programs. APhA sought collaborations with stakeholders including hospital administrations, community physicians, state pharmacy associations, schools of pharmacy, and community-based organizations to determine how MTM services can enhance care transitions programs. APhA also joined the Obama Administration’s public-private initiative — Partnership for Patients: Better Care, Lower Costs — in a shared effort to make hospital care safer, more reliable, and less costly. These initiatives provide tremendous opportunities for pharmacists.

Although care transitions programs involving pharmacists are emerging, they have not yet been well-defined. APhA is identifying and taking full advantage of opportunities to improve processes for pharmacists. In partnership with the American Society of Health-System Pharmacists (ASHP), we facilitated an activity in 2011 that will result in a white paper, Improving Care Transitions: Optimizing Medication Reconciliation, to be published in 2012. APhA and ASHP also jointly issued a call for best practice examples of pharmacists involved in care transitions programs. This activity will continue with an expert panel to identify key elements of successful practices, barriers to implementation, and strategies for overcoming obstacles. Their report will be published and serve as a model for pharmacists’ participation in care transitions programs.

Visit MTM Central, the premier online resource for MTM service providers, at www.pharmacist.com/mtm.

Developing MTM Resources
The Association created several pertinent resources to assist pharmacists in developing and sustaining a successful MTM business practice. The workbook How to Start an MTM...
Practice: A Guidebook for Pharmacists examines the trends and business aspects of MTM. This practical guide, which helps pharmacists with business planning for MTM services, will be available at the 2012 APhA Annual Meeting and Exposition (APhA2012) and online at APhAs MTM Central.

APhA produced two MTM resources specifically for preceptors of advanced pharmacy practice experience student pharmacists to help train them in the provision of MTM in community pharmacy and ambulatory care clinical practices. APhA also partnered with the American Association of Colleges of Pharmacy to issue a call for successful strategies for teaching MTM in schools of pharmacy. A digest of responses submitted by 18 schools was published in a summary report. Both the report and the complete submissions are posted published in the Journal of the American Pharmacists Association (JAPhA) in 2012.

Community pharmacy residency programs continue to expand. In 2011, there were 80 programs that offered training at 136 practice sites. An increase in interest for these programs was evident at the APhA Community Pharmacy Residency Showcase during the 2011 APhA Annual Meeting and Exposition (APhA2011), where the showcase hosted a record number of exhibitors.

When convening at APhA2011, the House of Delegates adopted a policy for APhA to take a leadership role in pharmacy practice accreditation. To implement this policy, APhA has partnered with the National Association of Boards of Pharmacy to create a voluntary accreditation program for community pharmacies. Our organizations are working together to develop, test, and implement voluntary consensus-based standards and an accreditation process. Ultimately, participation in this program will allow community pharmacy practice sites to gain value in the areas of quality, safety, and patient care outcomes.

Leading the Transformation in MTM APhA produced the white paper Integrating Pharmacogenomics Into Pharmacy Practice via Medication Therapy Management, which was published in the November/December 2011 issue of JAPhA. The white paper advances the findings of a stakeholder workshop initiated by APhA, which explored pharmacists’ collaborative role in patient care as providers of MTM and the emerging use of pharmacogenomic information to improve patient care. The exchange of pertinent health information among all members of a patient’s health care team remains a driving concern as APhA works to promote connectivity of pharmacists into the electronic health record infrastructure.

In 2012, APhA will chair the Pharmacy Quality Alliance (PQA) as it develops and implements systems that measure the quality of medication use. In 2011, the National Quality Forum (NQF) accepted a PQA case study to be profiled in an evaluation of the NQF National Priorities Partnership. This important case study highlights the work of the PQA Population Health Workgroup and includes APhA’s immunization program. As one of only five case studies accepted nationally, this is a notable mention for pharmacy in the delivery of health care services.

Advocating for Pharmacy in Health Information Technology

APhA CEO Tom Menighan continued to serve as chair of the Pharmacy e-Health Information Technology Collaborative. The group vigorously advocated for pharmacist access and input to electronic health records to effectively provide and document patient care and share information with other health care providers. Read more about the collaborative at www.pharmacyhit.org.
While lawmakers spent much of the year reevaluating health care reform and focusing on the U.S. budget deficit crisis, APhA proposed pharmacist-based solutions that reduce costs in the health care system. In collaboration with other pharmacy organizations, APhA has been addressing legislative and regulatory issues that affect pharmacists and promoting new compensation models that include payment for pharmacist-delivered services. The Association is persistent in informing lawmakers about solutions to benefit patients and the financial viability of the health care system through the implementation of services that pharmacists can provide. As reflected in the literature and health policy media, it appears our message is being heard!

Improving patient access to MTM and increasing funding for MTM services under Medicare Part D were priorities for APhA in 2011. The Association devised and executed a powerful message to Congress to garner support for legislation specifically aimed at expanding Medicare Part D MTM services. The House bill (Medication Therapy Management Benefits Act; H.R. 891) and the Senate bill (Medication Therapy Management Empowerment Act; S. 274) would make several improvements and enhancements to the Medicare Part D MTM benefit. The Association increased its presence on Capitol Hill and the bills, at this writing, have broad bipartisan support with 43 cosponsors in the House and 16 in the Senate.

In 2011, APhA devoted significant time creating MTM opportunities stemming from the ACA. The Center for Medicare and Medicaid Innovation (CMMI) was established under the ACA in 2010 to test payment and service delivery models and their effect on program expenditures and quality of care. CMMI requested proposals and provided funding for programs that seek to improve the overall patient care experience, while demonstrating cost reductions. APhA responded by creating a robust resource package for developing program proposals to

Visit APhA’s Government Affairs section at www.pharmacist.com/ga for resources to assist you in keeping up with current issues and opportunities for your practice.
A primary goal of the Association was to proactively inform the health care community of how pharmacy can be an additional asset to building a health care team that improves overall patient care while decreasing costs. These activities support APhA’s mission-driven goals of making the vision of the Joint Commission of Pharmacy Practitioners a reality: “Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”

Communicating the importance of MTM services to patients is an integral component for uptake of these pharmacist-provided services. APhA worked with the Centers for Medicare and Medicaid Services (CMS) to improve notification to patients that MTM services are part of their benefits under Part D. As a result of APhA’s endeavors, CMS is now including a resource that advises patients about the availability of MTM services. The resource “Medicare & You” is included in the Medicare Part D handbook for Medicare beneficiaries.

Working With FDA
In 2011, APhA continued its work with the U.S. Food and Drug Administration (FDA) and other stakeholders regarding required risk evaluation and mitigation strategies (REMS) programs for certain drugs. The Association recognizes the burdens such program requirements can impose on pharmacists and their patients. APhA seeks REMS programs designed with effective interventions that minimize the burden on health care providers. To that end, the May/June 2011 issue of APhA published APhA 2011 REMS White Paper: Summary of the REMS Stakeholder Meeting on Improving Program Design and Implementation. This white paper includes representation from 34 stakeholder groups that met to discuss improving REMS programs, including issues such as the provider’s role, ways to standardize REMS programs, how to utilize technology in REMS implementation, and business and payment models for REMS. It serves as guidance and a valued resource for APhA, FDA, manufacturers, and other interested stakeholders.

APhA lent its support to the reauthorization of the Prescription Drug User Fee Act (PDUFA). Originally enacted by Congress to provide authority for FDA to collect user fees from manufacturers to help fund FDA’s drug evaluation process, Congress has to reauthorize PDUFA every five years. The deadline for the next reauthorization is September 2012. APhA was a regular attendee at FDA stakeholder meetings during the reauthorization discussions and testified as part of health care provider panels at FDA public meetings. APhA recognizes that PDUFA reauthorization may be a legislative vehicle to improve the REMS program, and thus the Association plans to continue dialogue with FDA and Capitol Hill as the reauthorization legislation is negotiated.

APhA also supported the U.S. Drug Enforcement Administration (DEA) effort to collect and dispose of unused or unwanted medications through DEA’s National Prescription Drug Take-Back Days in 2011. APhA encouraged pharmacists to work with their local law enforcement authorities at sites hosting these events. DEA has collected more than 300 tons of medications from individuals for safe and proper disposal.

Making Connections Between Members and Decision Makers
The APhA Political Action Committee (APhA-PAC) and the APhA Advocacy Key Contact Network (AAKC) increased engagement and influence with elected officials in 2011. The PAC was reenergized with the goal to raise funds for the upcoming, important election year. APhA organized a national webinar with members of AAKC to discuss the Joint Select Committee on Deficit Reduction (also known as the “Super Committee”). Nearly 200 AAKC participants heard updates and insights on pharmacy-related issues from Washington insiders.

APhA’s Health Care Reform Hub located on Pharmacist.com kept APhA members informed of critical information on health care reform and what APhA is doing to keep pharmacy interests to the front and center of decision makers. The hub summarizes action on Capitol Hill and within the Obama Administration, and it provides advocacy resources for members. In 2011, APhA developed Issue Briefs covering regulatory and legislative activity involving pharmacy interests, available at www.pharmacist.com/ga/issuebriefs. This comprehensive document summarizes 14 critical issues and the actions taken by APhA; it also provides members with informed, decision-making activities to become more involved in these issues. Now is a crucial time for pharmacy and the vital role we play in the lives of our patients. APhA remains a leader to advocate for the value of pharmacists in the health care system.

Uniting Pharmacy Stakeholders
APhA continues to lead the Health Care Reform Pharmacy Stakeholders, an affiliation of 14 pharmacy groups working on successful implementation of ACA provisions important to pharmacists. The stakeholder group discusses and responds to regulatory activities and other initiatives concerning integrated patient care models, accountable care organizations, CMMI, MTM grant programs, and transitions of care.
Maximizing Opportunities Through Education

In 2011, APhA retooled its certificate training programs in diabetes and MTM. These areas of disease-state management and pharmacy practice have undergone significant changes over the past few years, and pharmacists’ involvement can promote improved medication use and overall savings in health care costs. Accordingly, APhA substantially revised the diabetes and MTM certificate training programs to ensure pharmacists are armed with the most current clinical information and business planning materials. *The Pharmacist and Patient-Centered Diabetes Care* and *Delivering Medication Therapy Management Services* will launch in early 2012.

The *Pharmacy-Based Immunization Delivery* certificate training program was updated in 2011 and reflected new recommendations from the Centers for Disease Control and Prevention. APhA also continually delivers up-to-the-minute news and changing guidelines through the online Pharmacists Immunization Center. Overall, the APhA certificate training programs were acknowledged as consummate educational programming evidenced by the record number of licensing partners in 2011, including schools of pharmacy, chain pharmacies, state pharmacy associations, and other pharmacy-related organizations. APhA continues its work internationally with licensing contracts for the immunization, diabetes, and MTM training programs, and responds to requests globally for other licensing opportunities.

APhA and partnering organization ASHP offered three live Ambulatory Care Pharmacy review courses in preparation for the inaugural offering of the Board of Pharmacy Specialties (BPS) Ambulatory Care Pharmacy certification examination in October 2011. To meet the needs of pharmacists who could not attend the live review courses, APhA and ASHP launched an online review course with the same course components. More than 450 pharmacists participated in the live review course or online offering. BPS also approved APhA and ASHP as providers of continuing professional development programs for the Board Certified
Ambulatory Care Pharmacist.

At APhA2011, more than 90 continuing pharmacy education (CPE) activities were conducted. Attendees experienced the premier meeting for pharmacists in every practice setting with session offerings on prominent topics such as pharmacogenomics, health information technology, the patient-centered medical home, and patient safety and medication errors.

Throughout the year, APhA provided outstanding education through live meetings, webinars, and home-study CPE offerings on a myriad of pharmacy-related topics. As a result of participating in APhA’s CPE activities, a large majority of pharmacists took specific actions in their practice, such as discussing with prescribers a potential change in therapy or drug duplication/interactions; discussing with patients how to manage adverse effects or the importance of adherence; or discussing with patients how to manage adverse effects or the importance of adherence; or discussing with patients how to manage adverse effects or the importance of adherence; or discussing with patients how to manage adverse effects or the importance of adherence.

These actions are indicative of how APhA education activities satisfy pharmacists’ practice needs.

Transforming the Practice of Pharmacy

Board of Pharmacy Specialties

BPS, an autonomous division of APhA, further advanced specialty board certification with visible results in yet another record-breaking year of growth. In 2011, BPS administered specialty certification and recertification exams to more than 3,700 candidates at 73 sites in the United States and around the world. There are now 12,867 pharmacists who are BPS-certified specialists.

The new Ambulatory Care Pharmacy certification exam was administered on October 1, 2011. BPS is pleased to announce that 511 pharmacists passed the exam and have earned the credential Board Certified Ambulatory Care Pharmacist (BCACP). Ambulatory Care Pharmacy joins five other specialties: Nuclear Pharmacy, Nutrition Support Pharmacy, Pharmacotherapy, Psychiatric Pharmacy, and Oncology Pharmacy. APhA, ASHP, and the American College of Clinical Pharmacy have been named as professional development providers for Ambulatory Care Pharmacy recertification.

In 2011, BPS approved role delineation studies in Pain and Palliative Care, Critical Care, and Pediatrics. If the studies yield information suggestive that any of these areas should be recognized as a specialty practice in pharmacy, the criteria outlined in the BPS Petitioner’s Guide for Recognition of a Pharmacy Practice Specialty will be followed and BPS will issue a call to the profession for a petition for new specialty recognition.

BPS specialty certification is one of the pharmacist’s paths to achieving recognition and advancement in 21st century health care. As the complexities of patient care multiply, so will increased need for skill development and referral systems to meet patient needs.

Pharmacy Services Support Center

The Health Resources and Services Administration (HRSA) Pharmacy Services Support Center (PSSC) was established in 2002 to assist HRSA grantees and eligible health care sites in optimizing the value of the 340B Drug Pricing Program and providing clinically and cost-effective pharmacy services that improve medication use. The PSSC operates under a contract between APhA and the Office of Pharmacy Affairs in the HRSA Healthcare Systems Bureau.

PSSC is a source of high-quality support in pharmaceutical service delivery for safety net providers and is the primary, comprehensive source of knowledge for the 340B program, with the expertise of 58 consultants. PSSC makes the best use of government resources, promotes access to affordable drugs, and brings the value of pharmacy services to traditionally underserved populations. Its operational services include information management, policy analysis, relationships and networking, program development, and administration.

In 2011, PSSC’s PharmTA Program began its transition from a site visit model to a 340B Peers-to-Peers webinar model, thereby allowing PSSC to reach a greater number of entities than previously possible. PSSC participated in 35 networking events, conducted CPE sessions in the Safety Net Track at APhA2011, and presented at other national pharmacy organization meetings. PSSC’s Call Center responded to 5,201 inquiries throughout the year. In addition, PSSC provided information and support in the fourth year of the HRSA Patient Safety and Clinical Pharmacy Services Collaborative to more than 430 organizations across the country.
Providing Solutions to Meet Your Needs

APhA knows pharmacists in all practice settings share a common goal to ensure quality care for our patients. The information and resources that we deliver to members are guaranteed to support this goal. APhA constantly works to keep our members informed of innovation, clinical advances, and professional resources. In 2011, the Association ushered in a digital platform to enhance and expedite these benefits of membership — all readily available at one’s fingertips.

The popular DrugInfoLine newsletter moved to an online format in 2011, allowing coverage of more information than in the print version. Pharmacists can get real-time feeds to breaking news such as FDA product recalls and approvals. Articles are refreshed frequently, and DrugInfoLine connects with a live twitter feed to alert users when something new is posted. There is also an app for iPhone and iPad users. In 2011, APhA transitioned the peer-reviewed Journal of the American Pharmacists Association (JAPhA) to a new online platform that provides members with more customization. Starting in 2012, members will be able to access JAPhA through state-of-the-art technology, create a “My JAPhA” account that trends articles of personal interest, pulls news feeds from Pharmacist.com, utilizes new tools to make reading interactive, and combines social media options to connect between the member’s smartphone browser and computer.

The weekly literature update PharmInfoNow also upgraded its online access with expanded content and easy navigability. PharmInfoNow continues to help members stay current with the literature in the most time efficient way. PharmacyLibrary — APhA’s online subscription service featuring more than a dozen publications and the NAPLEX® study guide — added new content in 2011 as well as more than 900 NAPLEX® practice exam questions. PharmacyLibrary continues to be an essential part of reference libraries at schools of pharmacy nationwide and is now available for individual subscriptions. APhA’s monthly publication Pharmacy Today had exceptional growth in readership and advertising. In 2011, a new section, “Pharmacists in Action,” was introduced; it profiles members, incorporates the Health Care Reform Hub, and keeps members
informed of Association activities. APhA’s world-renowned Journal of Pharmaceutical Sciences (JPharmSci) celebrated its 50th anniversary in 2011 and continued to be vital reading for scientists engaged in the discovery, development, and delivery of pharmaceutical agents. Student Pharmacist and Transitions continued to serve our student and new practitioner members with timely topics to guide their professional development.

The 2011 APhA Books and Electronic Products catalogue featured more than 100 resources for pharmacists, pharmacy technicians, and student pharmacists. New offerings included Principles of the Human Genome and Pharmacogenomics and Getting Started as a Pharmacy Preceptor. Nuclear Pharmacy Quick Reference and Diagnostic Imaging for Pharmacists were released at the end of the year. The highly anticipated 17th edition of the Handbook of Nonprescription Drugs and the 8th edition of The APhA Complete Review for Pharmacy were published, and they became available on PharmacyLibrary as well as in print at Shop APhA.

Driving Consumer Awareness
APhA increased pharmacist visibility among consumers by reaching out to the media with information about the scope of services pharmacists are providing. This past spring, we embarked on a radio tour that emphasized pharmacists’ recommendations and assistance to consumers for selecting over-the-counter (OTC) products, such as allergy relief medications. In preparation for flu season, APhA kicked off a consumer awareness immunization campaign, supported in part by Novartis Vaccines. To make consumers aware of pharmacist-administered flu shots, the campaign included a satellite tour and television, radio, and Internet interviews. During the October observance of American Pharmacists Month (APhM), APhA encouraged consumers to partner with their pharmacists to help combat and control diabetes. The public campaign highlighted pharmacists as part of the health care team and as a valuable resource for patients with diabetes, especially with regard to medication management. The “Know Your Medicine, Know Your Pharmacist” message was featured in APhA’s consumer tools throughout the year, and received extra attention during APhM. The public information campaign underscored the link between patients knowing their pharmacist and the safe and effective use of medications.

Preparing for Pharmacist-Delivered Patient Care Services
As student pharmacists plan for their future in pharmacy, the APhA Academy of Student Pharmacists (APhA-ASP) members have been actively committed to professional development. In 2011, APhA-ASP focused on the success and improvement of student-administered programs to improve patient care and advance the future of pharmacy.

APhA-ASP hosted webinars on the policy process, the Generation Rx initiative, and APhM. Using the webinar function allowed APhA-ASP to engage a broader student audience. Through telecommunication software, Academy leadership and staff were able to conduct virtual student outreach visits, meet with chapter presidents and student leaders, provide up-to-date information, and answer questions.

By participating in outreach programs, student pharmacists had an impact on more than 10 million patient lives in 2011. APhA-ASP administered several patient care initiatives including Operation Heart, Operation Immunization, Operation Diabetes, Heartburn Awareness Challenge, Generation Rx, and Project CHANCE. Through these programs, student pharmacists worked with patients in their communities to encourage lifestyle modifications, monitor risk factors, and provide education about medications. All student-based patient care projects featured interprofessional collaboration to educate student pharmacists about initiating their role and communicating as a member of the health care team.

APhA-ASP hosted the 2011 Summer Leadership Institute where nearly 200 student leaders participated in interactive and educational sessions. This year focused on “Fundraising 101,” membership retention, and the new practitioner initiative that includes student mentoring. The 2011 APhA-ASP Midyear Regional Meetings convened 2,400 members of APhA-ASP to provide a forum for discussion of common interests, encourage participation in professional development and leadership, and inform them of the activities of APhA and the profession.
Driving Connections Through Leadership

APhA recognizes the many leaders who dedicated their time and energy to drive the Association in 2011.

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Matthew J. Witry, Iowa City, IA

**Policy Standing Committee**
Chair: Walter G. Chambliss, Memphis, TN
Edward M. Bednarczyk, Buffalo, NY
William E. Fassett, Spokane, WA
Julie Oestreicher, Omaha, NE
Kimberly S. Plake, West Lafayette, IN
M. Chandra Sekar, Findlay, OH
Zia Shariat-Madar, University, MS
Matthew J. Witry, Iowa City, IA
Marcia M. Worley, Baltimore, MD

**Postgraduate Advisory Committee**
Chair: Matthew J. Witry, Iowa City, IA
Antoinette E. Coe, Richmond, VA
Deanna Flores, Richmond, VA
Tammy Lambert, Oklahoma City, OK
Kevin Look, Madison, WI
Marwa A. Noureldin, West Lafayette, IN
Olufunmilola Okodua, Madison, WI
Ben Urick, Iowa City, IA

**APhA-ASP**

**Awards Standing Committee**
Chair: Jill Augustine, Mercer University
Libby Giesler, University of Arizona
Cameron Jordan, University of North Carolina at Chapel Hill
Indrani Kar, University of Pittsburgh

**Regional Delegates**
Region 1: Brandon Diorne, University of New England
Region 2: Kristin Shoven, West Virginia University
Region 3: Audrey Schnell, University of North Carolina at Chapel Hill
Region 4: Adam Loyson, University of Michigan
Region 5: Brittany Korns, University of Minnesota
Region 6: Brian Primeaux, University of Louisiana at Monroe
Region 7: Nathan Dewey, University of Washington
Region 8: Kellie Kocher, University of California–San Diego

**Regional Members-at-Large**
Region 1: Joshua Cahill, D’Youville College
Region 2: Hazel Atienza, Thomas Jefferson University
Region 3: Matthew Stooksbury, University of Tennessee
Region 4: Meagan Williams, University of Cincinnati
Region 5: Annie Shelton, University of Iowa
Region 6: Sarah Riley, University of Missouri–Kansas City
Region 7: Stephanie Adams, University of Utah
Region 8: Pan Pan Wang, University of California–San Francisco

**Midyear Regional Meeting Coordinators**
Region 1: Amanda Zelinski, St. John’s University
Region 2: Linley Mild, West Virginia University
Region 3: Michael Wokacakt, University of North Carolina at Chapel Hill
Region 4: Kaylyn Rohde, University of Wisconsin–Madison
Region 5: Ashlee Rankle, North Dakota State University
Region 6: Wesley Kosko, University of Kansas
Region 7: Yara Nouissar, Washington State University
Region 8: Lucie Vu, University of Southern California
Designing Our Future

Under the direction of APhA President Marialice Bennett, we reevaluated our strategic agenda to ensure APhA’s efforts were meeting the profession’s needs of today — and tomorrow. The exercise was fruitful and resulted in a refreshed vantage for the Association — one that capitalizes on the transformation of the role of the pharmacist as a valued patient-centered care provider on the health care team.

In alignment with the Joint Commission of Pharmacy Practitioners Vision for the Future of Pharmacy, APhA’s strategic agenda will focus on pharmacists gaining broad recognition for their contributions and added value to patient care services. In advancing this agenda, the Association will ensure that our members are inspired, empowered, and equipped to assume expanded health care roles that improve patient health, meet patient needs, and advance recognition of the profession and the Association. APhA will develop and support an active cadre of APhA and profession leaders. And finally, the Association will continue to be diligent and responsible in the operations and fiscal management of the organization. The APhA staff is already in motion to support this new strategic plan.

Creating Opportunities

In 2011, APhA created innovative opportunities to rapidly transform the health care system. The IQ Institute was established to provide all stakeholders with expertise in the delivery of comprehensive pharmacy services. The IQ Institute focuses on helping clients achieve pharmacy service excellence through innovative pharmacy programs with the utmost integrity and highest possible quality to improve medication use. It offers a full array of consulting, technical assistance, and education resources to the pharmacy marketplace with the intention of improving the nation’s health care system. Further information about the IQ Institute is available at www.pharmacist.com/IQI.

The APhA Foundation has been a driving force in MTM over the past decade and continues to create opportunities through research and demonstration projects for pharmacists. In 2011, the Foundation aligned efforts with the Association on the CMS Community-based Care Transitions Program. The Foundation submitted three proposals to provide support to APhA and state pharmacy associations to meaningfully engage pharmacists in MTM efforts within care transitions programs. The Foundation also has been engaged in two national demonstration projects — Project ImPACT™: Diabetes and Project ImPACT™: Hypertension. Both projects study the effectiveness of pharmacist-delivered services to patients in the respective disease state. Details are available at www.pharmacist.com/aphafoundation.

APhA Transitions and Welcomes

APhA is privileged to have many career association professionals in our midst. In 2011, Roger Browning retired as Senior Vice President of Finance and Administration and Chief Financial Officer. He served APhA as a senior financial executive since 1995, and during his tenure did a phenomenal job of leading the Association through complex and challenging financial times as the organization grew substantially and new subsidiary enterprises were created.

APhA welcomes Joseph J. Janela to the position of Senior Vice President of Finance and Administration and Chief Financial Officer. He brings years of financial, operational, and business leadership experience to APhA. His financial insights and experience will help lead APhA through the changing business climate while maintaining financial stability.
American Pharmacists Association
Financial Statements
Years Ended December 31, 2011 and 2010

### APhA Statement of Financial Position

<table>
<thead>
<tr>
<th>Assets:</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$7,009,062</td>
<td>$5,986,081</td>
</tr>
<tr>
<td>Accounts and other receivables, net</td>
<td>2,989,253</td>
<td>3,617,949</td>
</tr>
<tr>
<td>Due from affiliates</td>
<td>1,009,252</td>
<td>664,466</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>1,127,628</td>
<td>1,247,402</td>
</tr>
<tr>
<td>Inventory</td>
<td>454,804</td>
<td>416,294</td>
</tr>
<tr>
<td>Investments</td>
<td>12,018,887</td>
<td>11,335,355</td>
</tr>
<tr>
<td>Investment in 2200 C Street LLC</td>
<td>(8,716,764)</td>
<td>(8,169,678)</td>
</tr>
<tr>
<td>Land, building, and equipment, net</td>
<td>10,592,362</td>
<td>10,810,790</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$26,484,484</strong></td>
<td><strong>$25,908,659</strong></td>
</tr>
</tbody>
</table>

### Liabilities:

| Accounts payable and accrued expenses | $1,239,569 | $1,816,156 |
| Accrued payroll and related liabilities | 1,735,355 | 1,322,035 |
| Due to affiliates | 33,263 | 321,145 |
| Deferred revenue | 8,088,065 | 6,763,235 |
| Deferred compensation | 771,387 | 956,598 |
| **Total liabilities** | **11,867,639** | **11,179,169** |

### Net assets:

| Unrestricted | 14,312,791 | 14,319,233 |
| Temporarily restricted | 289,054 | 395,257 |
| Permanently restricted | 15,000 | 15,000 |
| **Total net assets** | **14,616,845** | **14,729,490** |

| Total assets and net assets | $26,484,484 | $25,908,659 |

### APhA Statement of Activities

<table>
<thead>
<tr>
<th>Revenues:</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings &amp; educational programs</td>
<td>$10,606,641</td>
<td>$10,757,631</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>9,596,034</td>
<td>10,656,510</td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td>4,547,747</td>
<td>4,580,346</td>
</tr>
<tr>
<td>Publications</td>
<td>3,759,521</td>
<td>4,054,968</td>
</tr>
<tr>
<td>Advertising</td>
<td>3,285,545</td>
<td>1,879,373</td>
</tr>
<tr>
<td>Investment income, net of nonoperating income</td>
<td>705,751</td>
<td>496,364</td>
</tr>
<tr>
<td>Royalties</td>
<td>591,719</td>
<td>521,256</td>
</tr>
<tr>
<td>Other</td>
<td>2,190,476</td>
<td>1,735,194</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>35,283,434</strong></td>
<td><strong>34,681,642</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses:</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and related costs</td>
<td>11,910,251</td>
<td>11,509,229</td>
</tr>
<tr>
<td>Professional fees and honoraria</td>
<td>7,839,722</td>
<td>7,026,455</td>
</tr>
<tr>
<td>Occupancy costs</td>
<td>3,403,296</td>
<td>3,426,997</td>
</tr>
<tr>
<td>Travel and meetings</td>
<td>2,927,375</td>
<td>2,667,061</td>
</tr>
<tr>
<td>Publications and editorial costs</td>
<td>1,594,374</td>
<td>1,688,096</td>
</tr>
<tr>
<td>Printing</td>
<td>1,379,454</td>
<td>1,435,752</td>
</tr>
<tr>
<td>Postage, shipping, and handling</td>
<td>1,208,183</td>
<td>1,190,915</td>
</tr>
<tr>
<td>Equipment rental, repair, and maintenance</td>
<td>897,134</td>
<td>963,190</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>760,075</td>
<td>654,128</td>
</tr>
<tr>
<td>Office supplies and subscriptions</td>
<td>725,995</td>
<td>564,210</td>
</tr>
<tr>
<td>Contributions and dues</td>
<td>479,966</td>
<td>653,470</td>
</tr>
<tr>
<td>Telephone</td>
<td>224,111</td>
<td>204,071</td>
</tr>
<tr>
<td>Other</td>
<td>934,335</td>
<td>828,283</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>34,283,871</strong></td>
<td><strong>32,811,857</strong></td>
</tr>
</tbody>
</table>

| Changes in net assets - operations | 999,563 | 1,869,785 |

| Nonoperating investment income after allocation to operations | (771,063) | 629,010 |
| Loss from 2200 C Street LLC | (391,976) | (972,578) |
| Change in minimum pension liability/plan termination | 50,831 | (2,017,679) |

| Change in net assets | (112,645) | (491,462) |

| Total expenses | 34,283,871 | 32,811,857 |

| Net assets, beginning of year | 14,729,490 | 15,220,952 |

| Net assets, end of year | $14,616,845 | $14,729,490 |

*Reflects core operations only. Excludes operations of the Political Action Committee and land holdings within 100% owned LLC.

*Unaudited.