

BULLETIN

of THE NEW YORK CITY SOCIETY
OF HEALTH-SYSTEM PHARMACISTS



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President's Report

What a whirlwind this year has been! As time seems to fly by, I am so proud of how much we have accomplished since August. Our chapter has hosted 14 CE events for a total of 17.5 CE credits this academic year! In addition to CE events, we have held 11 networking dinners, including two grassroots advocacy programs and two Clinical and Director roundtables. The roundtable events, held in the fall and spring, allowed pharmacy students, technicians, residents, clinical pharmacists, operational managers, and directors to network and discuss hot topics in health-system pharmacy.

We continue to be involved in our local community. In March, Team NYCSHP cycled our hearts out at Cycle for Survival, a charity event that raises money for cancer research. Our team of 31 raised >\$6,000! 100% of the money raised went to rare cancer research at Memorial Sloan Kettering. We were so excited to participate in such an inspiring event that will help fund life-saving research for our patients. We have also initiated a partnership with the NYC Medical Reserve and are hosting our first collaborative brown bag event in June. We hope that this will be the first of many collaborations with this organization.

Our Grassroots Advocacy Committee continues to grow and build off the success of the fall. We have provided legislative updates at every NYC chapter event and in all of our newsletter articles, presented legislative pearls at NYCSHP dinners, and facilitated legislative visits with new and seasoned members. To date, we have set up 23 legislative visits (9 in the fall, 14 in the spring); only 4 more to go to meet the goal of doubling our fall efforts! We partnered with Touro College of Pharmacy to co-host a letter writing campaign in March where 22 students wrote letters to their legislators. In April, we participated in St. John's University's Advocacy Night updated students on important NY state health-system pharmacy legislative priorities. I am excited to announce that the NYC chapter's grassroots advocacy movement was highlighted in the legislative talk at the NY state Annual Assembly. We were able to share the great progress we have made with the grassroots advocacy committee and future goals for expanding throughout NY state!

Finally, our chapter has provided numerous nontraditional networking opportunities, with programs such as Stop the Bleed, developed to help bystanders learn the basics of bleeding control in catastrophic situations, and a New Practitioner BCPS Trivia night/Cycle for Survival FUNdraiser. For those of you with a competitive edge (or who enjoy a sunny day out in Central park), we will be hosting a football scrimmage between our seasoned and new practitioners. We will be inviting out friends from Westchester, Long Island, and Royals chapters to network and enjoy a fun day to kick off the summer. If you have ideas for future events or have any questions about our chapter, please email me at karenberger7@gmail.com.

Thank you so much for your membership and engagement in our society!

Sincerely,
Karen Berger, PharmD, BCPS, BCCCP
President, NYCSHP

Grassroots Advocacy Committee Update

Jamie Chin, MS, PharmD, BCOP, NYU Winthrop Hospital

Karen Berger, PharmD, BCPS, BCCCP, New York-Presbyterian Hospital/Weill Cornell Medical Center

The NYCSHP Grassroots Advocacy Committee was developed to empower members to become stronger advocates for the pharmacy profession. This is accomplished by offering education about pressing legislation, guidance to meet and communicate with Assembly Members, and re-defining goals to measure success in numbers.

Since the development of NYCSHP's Grassroots Advocacy Committee, NYCSHP has taken steps to increase legislative visits by:

- Strengthen relationships with legislators by scheduling follow up visits
- Hosting Grassroots Advocacy Programs with guest speakers
 - Shaun Flynn, BA, Executive Director, New York State Council of Health-System Pharmacists, presented "Surviving the Legislative Process"
 - Senator Nicholas Spano, Lobbyist, New York State Council of Health-System Pharmacists, presented, "Lobbying 101: From the Grassroots to the Capitol and Back"
- Supporting students and new practitioners by leading a letter writing campaign, inviting students and new members to join legislative visits with other members, and providing mentorship to junior members who make an appointment with their assembly members
- Promoting junior members to senior members to mentor students and new members
- Supporting attendance to ASHP Advocacy Bootcamp to advocate for federal legislation in Washington DC
- Providing legislative updates at each of the society's events to keep members informed and engaged

Statistics

- There were 9 legislative visits in 2017
- There have been 14 legislative visits so far in 2018
- Grassroots visits have led to 6 cosponsors on the technician registration bill and 1 sponsor for the CDTM bill
- There are >60 members on the grassroots advocacy committee (comprised of students, residents and pharmacists)

TOURO/NYCSHP LETTER WRITING CAMPAIGN

Virleny Garcia, PharmD Candidate 2020, Touro College of Pharmacy
 Tinnie Liao-Ng Yan, PharmD Candidate 2019, Touro College of Pharmacy
 Preceptor: Karen Berger, PharmD, BCPS, BCCCP, NewYork-Presbyterian Hospital/Weill Cornell Medical Center

On March 13th, Touro College of Pharmacy (TCOP) organizations, American Society of Health-System Pharmacists-Student Societies of Health-System Pharmacy (ASHP-SSHP) and Pharmacist Society of the State of New York (PSSNY), invited New York City Society of Health-System Pharmacists (NYCSHP) President, Karen Berger, PharmD, BCPS, BCCCP to lead their Letter Writing Campaign. The purpose of this event was to encourage engagement of pharmacy students in their profession through advocacy of important pharmacy legislation and to better prepare them for Lobby Day on April 17th.

Dr. Berger and members of NYCSHP Grassroots Advocacy Committee, Dr. Maabo Kludze and Dr. Norberto Alberto, educated TCOP students on a few key policies that NYSCHP is currently focused on: Pharmacy Technician Legislation, Collaborative Drug Therapy Management (CDTM) Bill, and the Immunization Bill. These pieces of legislation can be found on the New York State chapter's website (<http://www.nyschp.org/advocacy>) along with fact sheets that can be printed and shared with legislators. The Pharmacy Technician Bill (S5584/A4611B) is meant to help pharmacies in both community and hospitals settings hire qualified and registered technicians in New York State to improve patient safety. The Pharmacy Technician Bill is supported by all other New York Pharmacy organizations, 1199 union and GNYHA. CDTM allows qualified pharmacists to collaborate with physicians and has been successful in improving patient outcomes, medication adherence, and health care savings. However, the CDTM bill is due to sunset in September of this year. Therefore, the goal of the new CDTM bill (S4296) is to expand and extend the provisions enacted initially in 2011 and make CDTM a permanent law. The immunization bill has two parts: first to expand the number of immunizations that pharmacists can provide to allow for all CDC-recommended vaccines (S321/A455) and second, to enable pharmacy interns to immunize (S1043/A2857B). While there are ongoing discussions on combining the bills or making smaller changes, the fundamental concepts behind this legislation remains constant.

The NYCSHP Grassroots Advocacy Committee empowers members to make local legislative visits, communicating directly with their state Senators and Assembly Members about important pharmacy legislation and its impact on the community. One student pharmacist, Tinnie, shared her experience of a local legislative visit with Assembly Member Robert Carroll of District 44. She was accompanied by seasoned Grassroots Advocacy Committee member, Andrew Kaplan, PharmD, BCPS, BCGP. Dr. Kaplan offered talking points to focus the conversation and discussed how a student's invaluable experiences can contribute to the discussion. After a discussion with the Assembly Member, Mr. Carroll agreed to sign the bill as a co-sponsor. In January, when Tinnie followed up with the bill's progress, she realized that Assembly Member Carroll had not yet co-sponsored the bill. However, with the help of a reminder email to his chief of staff, within two days, Mr. Carroll signed on as a co-sponsor. This is just one example of the impact that grassroots advocacy can have on driving forward our legislative priorities. It also emphasizes the importance of in-person meetings with legislators and of persistence and follow up after the meetings. The Grassroots

Advocacy Committee is a great forum for students who want to get involved and advocate for their profession.

Following the presentation, 22 TCOP students were guided to search for their local Assembly Members and wrote a total of 16 personalized letters regarding these pressing issues. Student pharmacist attendees were excited to write to their legislators. Thank you to Drs. Berger, Kludze, and Alberto who made this event a success!



Touro College of Pharmacy students and NYCSPH Grassroots Advocacy Committee members holding up letters for their legislators.



NYCSHP President Karen Berger is speaking to TCOP students about the importance of the pharmacy technician, CDTM, and immunization legislation bills.

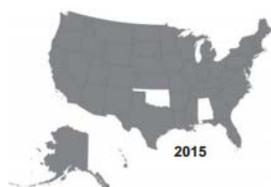
Collaborative Drug Therapy Management Update

Emily Messing, PharmD, PGY1 Resident at Montefiore Medical Center

Preceptor: Katherine Di Palo, PharmD, BCACP, BCGP

What is CDTM?

Collaborative Drug Therapy Management (CDTM) is a formal partnership between a pharmacist or a group of pharmacists and one or more physicians that allows a pharmacist(s) to manage a patient's drug therapy under a protocol.¹ CDTM is practiced in acute, ambulatory, retail, home and hospice care settings.²



The scope of collaborative practice agreements (CPA) as well as the requirements for a pharmacist to participate vary greatly from state to state.³ As of 2015, 48 states and the District of Columbia allow for pharmacists to enter into collaborative drug agreements.⁴ The majority of CDTM agreements allow pharmacists to modify existing therapy and 28 states allow a pharmacist to initiate drug therapy. Furthermore, 11 states require pharmacists to receive specialized training and a total of 16 states necessitate board approval.⁵

Common collaborative drug therapy management agreements include: hypertension, diabetes, asthma, anticoagulation, depression, smoking cessation, heart failure, dyslipidemia, immunizations, emergency contraception¹

Examples of CDTM practices⁶

State	Scope of practice under CDTM
California	Self-administered hormonal contraception, nicotine replacement therapy products and devices, Naloxone hydrochloride, travel medications recommended by the CDC for conditions not requiring a diagnosis, immunizations (for patients aged 3-years and older) Offer an Advanced Practice Pharmacist (APP) license category —perform patient assessments, order and interpret all drug therapy-related tests, refer patients to other providers and participate in CDTM protocols
Washington	Provide conscious sedation, emergency contraception, may prescribe legend drugs, including controlled substances and vaccines
Florida	Formulary of ~50 drugs that pharmacists can prescribe from
Delaware	Administer injectable medications, biological and adult immunizations
North Carolina	Clinical Pharmacist Practitioner (CPP) —able to provide drug therapy management, including controlled substances.
Oregon	Allows insurance companies to reimburse for pharmacy services under a statewide drug therapy management protocol

CDTM in New York State^{7,8}

In 2011, New York State's CDTM bill was signed into law. It allowed for CDTM in teaching hospitals and was set to sunset in 2014 but was extended for one year. On September 14, 2015 Bill A5805A, which expanded CDTM to all hospitals, not just teaching hospitals, nursing homes with onsite pharmacies, diagnostic and treatment centers, and hospital-based outpatient departments, was signed by the Governor. Notably, residential healthcare facilities, rehabilitation centers and nursing homes without onsite pharmacies are not included in the updated bill.

In New York State, pharmacists are able to review, evaluate and manage a patient's medications in accordance with the written protocol. For example, a pharmacist can initiate a DPP-4 inhibitor to improve glycemic control under a diabetes collaborative practice agreement. Adjustments do not require a physician counter signature but provider notification is required, which can be achieved through EMR documentation.

May:	May not:
<ul style="list-style-type: none"> -Adjust drug strength, frequency of administration or route of administration -Order clinical laboratory tests (if authorized in the protocol) -Evaluate clinical laboratory tests related to the drug therapy management -Dispense up to a 7 day supply of PEP -Administer the following vaccines: influenza, pneumococcal, meningococcal, acute herpes zoster (shingles), tetanus, diphtheria or pertussis vaccinations to adults 18 years of age or older 	Substitute or initiate a drug which differs from the drug originally prescribed by the physician unless specifically stated in the protocol

In addition to being employed or affiliated with an eligible facility, a pharmacist must complete the following educational and experiential requirements in order to participate in CDTM:⁶

PharmD or MS in Clinical Pharmacology Must meet both criteria:	1. Minimum of two years of experience A. One of which must be clinical and involve consultation with physicians (this can include successful completion of a residency program that allows for such consultation) 2. Clinical experience must be within three years of a pharmacist's application to participate in CDTM
BS in pharmacy Must meet both criteria:	1. Minimum of three years of experience A. One of which is clinical within the last seven years and involve consultation with physicians (this can include successful completion of a residency program that allows for such consultation) 2. Must have been completed within three years of the pharmacist's application to participate in CDTM
Plus	Regardless of pharmacy degree, a pharmacist must have either : 1. Successfully completed an accredited residency program 2. Be board certified from an accredited body that is approved by the department

CDTM application process: qualified pharmacists must complete the application form, which can be found on the New York State Education Department website, and provide the state with:

A detailed account of your clinical experience

A letter notarized by a supervisor or practitioner collaborator supporting your clinical experience

Implementation of a CDTM protocol must be reported to the State Education Department by September 2018.

Billing for CDTM Services by Pharmacists¹¹

Until pharmacists are recognized as providers in New York State, they cannot bill for services under Medicare Part B or Medicaid.

Advocacy Resources

New York City Society of Health-System Pharmacists: <https://nycshp.org/committees/legislative/>

Pharmacists Society of the State of New York: <http://www.pssny.org/page/A2>

New York State Council of Health System Pharmacists: <http://www.nyschp.org/advocacy>

American Society of Hospital Pharmacists: <https://www.ashp.org/Advocacy-and-Issues>

American College of Clinical Pharmacy: <https://www.accp.com/govt/advocacyResources.aspx>

Pharmacy Lobby Day in Albany, NY: **April 17, 2018**

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Clinical Pearl: Nephrogenic Diabetes Insipidus

Matthew Li, PharmD

Healthy kidneys regulate the fluid and electrolyte balance according to physiological needs through the actions of arginine vasopressin, also referred to as antidiuretic hormone (ADH), at the collecting duct of the nephron. ADH binds to the V2 receptors in the collecting tubule cells of the kidney, causing translocation of aquaporin-2 channels to the cell membrane and subsequent reabsorption of water in response to the osmotic gradient.¹ Nephrogenic diabetes insipidus (NDI) results from a partial or complete resistance of the kidney to the effects of ADH resulting in a decreased ability to concentrate urine.²

The clinical manifestations of NDI stem from the increased urine output caused by ADH resistance. Patients with NDI typically present with polyuria (urine output exceeding 3 L/day in adults), nocturia, polydipsia, and hypernatremia.² Urine osmolality will typically be below 300 mOsm/kg and patients will not be able to concentrate urine despite a serum osmolality greater than the upper limit of normal (295 mOsm/kg).

NDI can be a hereditary disorder caused by a V2 receptor/ aquaporin 2 mutation or it can be an acquired disorder. Chronic lithium ingestion has been found to decrease aquaporin-2 function in the collecting duct.³ Hypercalcemia, defined as a plasma calcium persistently above 11 mg/dL, has been shown to cause a reversible renal concentrating defect.⁴ Other drugs that have been shown to cause NDI include vasopressin antagonists, and antivirals used to treat cytomegalovirus infections such as cidofovir and foscarnet.^{5,6} Other agents reported in the literature include amphotericin B, demeclocycline, lithium, ifosfamide, ofloxacin, orlistat, and didanosine.⁷

There are various treatment options for patients with NDI. Urine output can be decreased with a low-salt (< 2,300 mg/day) and low-protein (\leq 1.0 g/kg/day) diet because a reduction in solute load will lead to a reduction in solute excretion.⁴

Thiazide diuretics are beneficial in NDI because they create a state of hypovolemia which induces an increase in proximal sodium and water reabsorption.⁴ Amiloride is a potassium-sparing diuretic that works in both the distal convoluted tubule and the collecting duct. It is indicated in patients with lithium-induced NDI because it prevents lithium reabsorption at the collecting duct and subsequent alteration of response to ADH.³

Prostaglandins have demonstrated the ability to antagonize the action of ADH. Nonsteroidal anti-inflammatory drugs (NSAIDs) inhibit renal prostaglandin synthesis and can be used for NDI. For example, indomethacin has shown to decrease urine output by 25-50% when added to a thiazide diuretic.⁸

Desmopressin (dDAVP) is an exogenous form of ADH and may be beneficial in patients with non-hereditary NDI because most of the patients in this population have partial rather than complete resistance to ADH. By obtaining supraphysiologic hormone levels, dDAVP can decrease urine osmolality by up to 45%.³

Congenital NDI is caused by an inability of V2 receptors to translocate to the cell surface to respond to circulating vasopressin. There are two investigational approaches being tested for patients with congenital NDI. V2 receptor chaperones are nonpeptide V2 receptor antagonists that can act intracellularly to promote

proper folding and maturation of V2 receptors so they may transfer to the cell surface. Another possibility is V2 receptor bypass, in which aquaporin-2 is translocated to cell membrane in an alternative pathway through increased cyclic guanosine monophosphate (cGMP) using the phosphodiesterase inhibitor, sildenafil.⁹

Depending on the etiology, NDI results from either a partial or complete renal resistance to the effects of ADH. Patients presenting with signs and symptoms of NDI should be evaluated for persistent hypercalcemia and the possibility of drug-induced NDI. All adult patients should be instructed to take a low-sodium/low-protein diet. Amiloride should be used to improve symptoms of lithium-induced NDI if the decision is made to continue lithium. Other therapeutic options include thiazide diuretics, NSAIDs, dDAVP, and sildenafil.

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CALL FOR PAPERS

Have you wanted to publish, but never had a chance?

We are looking for articles in all areas of pharmacy practice!

Please submit your publications to the bulletin editors:

Sasha Falbaum alexandra11229@gmail.com

Alla Khaytin alla_melamed@yahoo.com

William Olsufka williamolsufka@gmail.com



TRIVIA

C H A L L E N G E

1. Which soft drink contained lithium in it's original formula?
2. Where was the first college of pharmacy first founded?
3. Which food was first patented by a pharmacist?

Board of Directors Meeting

April 5, 2018



NYCSHP Board of Directors

Position	Name
President	Karen Berger, PharmD, BCPS, BCCCP
President-Elect	Charrai Byrd, PharmD
Immediate Past-President	Jason Babby, PharmD, BCPS
Secretary	Zane Last, PharmD, MBA
Treasurer	Amber Johnson, PharmD, BCPS
Director at Large Constitution & Bylaws, Public Relations, Special Projects	Nikki Bhogal, PharmD, BCPS
Director at Large Student Relations, Legislative Affairs, Supportive Personnel	Maabo Kludze, PharmD, MBA, BCPS, CDE
Director at Large Installation, Membership, Industry Relation	Harshal Shukla, PharmD, BCPS

Committees

Position	Name
Community Outreach	George Falbaum, PharmD
Bulletin Editors	Alla Khaytin, PharmD, BCPS; Sasha Falbaum, PharmD; William Olsufka, PharmD, BCPP
New Practitioner Committee	Nidhi Saraiya, PharmD; Milan Sharma, PharmD
Historian	Jamie Chin, MS, PharmD, BCOP
Installation Dinner	Niki Patel, PharmD; Nina Chhabra, PharmD
Membership	Nima Vyas, PharmD

Year In Review

CE Dinners



14 CE events for a total of 17.5 hours!

2 more programs planned for the Spring

Non-CE Events



11 Additional Non-CE Dinners

Clinical and Director Roundtables



- Attendees included pharmacy technicians, students, residents, staff pharmacists, clinical pharmacists, managers, directors

Fall Roundtable 2017

51 attendees from 20 different institutions

Spring Roundtable 2018

38 attendees from 12 different institutions



Community Outreach

Cycle for Survival (Raised >\$6,000!!!)



NYC Marathon
Medical Volunteers



Brown Bag Event



NYC Cares

Drug Abuse Education



Nontraditional Networking Events

NYCSHP/LISHP Baseball Game



Pharmacy Week Today Show



Active Shooter Training



Stop the Bleed Program

New Practitioner BCPS Trivia & Cycle for Survival FUNdraiser



Student Programming



Student Interview Workshop



Letter Writing Campaign with Touro Pharmacy Students



Student Roundtable: April 12th

Grassroots Advocacy Dinner Fall: NYSCHP Executive Director, Shaun Flynn



Grassroots Advocacy Dinner Spring: NYSCHP Lobbyist, Senator Nick Spano



Legislative Visits



20 Legislative Visits to Date

Pharmacy School Grassroots Outreach

- Student members of Grassroots Advocacy Committee
- Present legislative pearls at NYCSHP events
- Touro Letter Writing Campaign
- SJU Pharmacy Advocacy Night, 4/10: Karen and Andrew will represent NYSCHP

APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

APhA

ashp
SSHP
Student Society of
Health-System
Pharmacy

PSSNY
Pharmacists Society of the State of New York, Inc.

NYSCHP
New York State Council of
Health-system Pharmacists

Pharmacy
Advocacy
Night

DINNER PROVIDED

Come learn how you to get involved in advocating for our profession and be prepared to make a difference at Lobby Day!

Featuring:
Russel Gellis (PSSNY Chairman of the Board)
John Emrick (PSSNY Lobbyist)
Dr. Karen Berger (NYSCHP President)
Dr. Andrew Kaplan (NYSCHP VP of Public Policy)

4.10.2018 // 7pm-9pm // DAC416A



**New York State Council of Health-system Pharmacists:
57th Annual Assembly**

- NYC Grassroots advocacy efforts will be highlighted during the Legislative CE at Annual Assembly
- Speakers: Nick Spano, Andrew Kaplan, Karen Berger

Friday, April 20, 2018

Leadership Track

1:30 PM – 2:30 PM

*Getting to the Root of the Problem:
New York State Legislative Update and Grassroots Solutions*

Upcoming Events

- NYC Chapter Events
 - April 12th: Student Roundtable
 - April 28th: Adopt a Highway
 - May 5th: Brown Bag Event (St. Charles Borromeo on 141st)
 - May 12th: Football Scrimmage (Central Park)
 - May 17th: CE Dinner program
 - May 20th: AIDS Walk NY (Central Park)
 - June 3rd: NYC Medical Reserve Brown Bag (Visitation Church, Brooklyn)
- NYSCHP (state) events
 - April 19-22nd: NY State Annual Assembly (Saratoga Springs, NY)
 - Every Month: NYSCHP webinars (Next webinar: Tues, May 15 at 2pm)



Reminders

- Vote for new officers (Deadline is April 19th)
- Sign up for Grassroots Advocacy Committee
 - Not too late to schedule a Spring legislative visit!
- Get your NYCSHP T-shirt!



SAVE *the* DATE



NYCSHP 53RD ANNUAL INSTALLATION DINNER

Sheraton Time Square Hotel
811, 7th Avenue, New York, NY, 10019
Empire Ballroom
June 21st 2018 6PM
Invitation to follow via email.

Next Board of Directors Meeting August 2, 2018



Thank you for your
engagement!
