



National Registry

**Partnerships to Advance Therapeutics (PATHs)
March 2004**





March 2004

Letter from the CERTs

Welcome to the 4th annual Partnerships to Advance Therapeutics (PATHs) meeting. At the first annual meeting in 2001, the CERTs Coordinating Center responded to the PATHs partners' request to develop, survey, and distribute a registry of projects describing therapeutic initiatives among PATHs partners. The first PATHs Registry was distributed in March 2002 at the second annual meeting.

The Registry contains information on research and educational projects from various organizations committed to improving the use of therapeutics. It includes summaries of the goals and objectives of many of the organizations participating in the program as well as descriptions of projects. We hope that the Registry continues to serve as a valuable national resource for information about collaborative opportunities that address important therapeutics issues.

We welcome your organization to submit information to the registry using the forms located on the CERTs website: <http://www.certs.hhs.gov/partners/paths/regs/index.html>. If you have questions regarding the PATHs program or the Registry, please feel free to contact Ms. Rene Hamilton, CERTS Coordinating Center, at rene.hamilton@duke.edu. Thank you for your commitment to PATHs and participation in the PATHs Registry.



PATHs National Registry 2004

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Updates may be made via the CERTs web site.

PATHs National Registry Partner Organizations

Academy of Managed Care Pharmacy - **AMCP**

AcademyHealth - **AH**

AdvancePCS - **APCS**

Agency for Healthcare Research and Quality - **AHRQ**

American College of Cardiology - **ACC**

American College of Clinical Pharmacology - **ACCP/Pharmacology**

American College of Clinical Pharmacy - **ACCP/Pharmacy**

American Heart Association - **AHA**

American Medical Association - **AMA**

American Nurses Association - **ANA**

American Pharmacists Association - **APA**

American Society of Health-System Pharmacists - **ASHP**

American Society of Health-System Pharmacists Research and Education Foundation - **ASHPF**

Arthritis Foundation - **AF**

Centers for Disease Control and Prevention - **CDC**

Centers for Education and Research on Therapeutics - **CERTs**

Centers for Medicare & Medicaid Services - **CMS**

Council for Affordable Quality Healthcare - **CAQH**

Food and Drug Administration - **FDA**

International Society for Pharmacoepidemiology - **ISPE**

Marshfield Medical Research Foundation - **MMRF**

National Council on Patient Information and Education - **NCPIE**

National Pharmaceutical Council - **NPC**

National Quality Forum - **NQF**

Pharmaceutical Research and Manufacturers of America – **PhRMA**

PATHs Registry

Organization Summaries

Academy of Managed Care Pharmacy

Mission

To empower our members to serve society by using sound medication principles and strategies to achieve positive patient outcomes.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Ensuring positive health care outcomes through quality, accessible and affordable pharmaceutical care.
2. Encourage patient-focused medication management, including an emphasis on improved quality of life, positive outcomes, the affordability and accessibility of prescription medications.
3. Promote, document and/or demonstrate the value of managed care pharmacy

Mission

In collaboration with its members and other key stake holders, AcademyHealth supports the best health services research through

- 1) Expanding and improving the scientific basis of the field;
- 2) Increasing the capabilities and skills of researchers; and
- 3) Promoting the development of the necessary financial, human, infrastructure, and data resources.

AcademyHealth facilitates the use of the best available health services research and health policy information by;

- 1) Translating research findings and the lessons of experience into useful information for clinical, management, and policy decisions;
- 2) Enhancing communication and interaction between health services researchers and health policy-makers; and
- 3) Identifying areas in which additional research is needed to better inform decisions

Top objectives/goals relative to optimizing the use of therapeutics:

Although we don't have a specific project to include in the registry, we support development of the resources needed and the dissemination of research to inform practice.

Mission

To provide the most cost-effective use of therapeutic interventions for consumers.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Reduce the rate of adverse drug events.
2. Develop and implement improved adverse event surveillance techniques.
3. Develop and implement point of prescribing information systems.

Mission

To improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Support the study of the relative effectiveness, appropriateness, and cost-effectiveness of alternative strategies for the prevention, diagnosis, treatment, and management of clinical conditions.
2. Development and administration of research programs related to patient outcomes associated with pharmaceutical therapy

Mission

The mission of the American College of Cardiology is to foster optimal cardiovascular care and disease prevention through professional education, promotion of research, leadership in the development of standards and guidelines and the formulation of health care policy.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Deliver professional education through in-person and online services to give members up-to-date research, guidelines, education and information relevant to clinical practice;
2. Increase efforts and opportunities for the continued improvement of cardiovascular quality of care
3. Strengthen advocacy for the improved health of members' patients;
4. Enhance the benefits of membership in the American College of Cardiology.

Mission

The American College of Clinical Pharmacology strives to be the premier professional society with the size, influence and diversity of membership consistent with the breadth of the discipline of clinical pharmacology that will

- 1) Provide innovative, unbiased, quality educational programs and forums for our membership, fellow health professionals, students and the public,
- 2) Lead in the development and dissemination of basic and clinical knowledge to improve rational drug use and patient outcomes,
- 3) Support and encourage discovery and development efforts designed to provide improved therapeutic modalities,
- 4) Serve as a forum for active public debate to influence scientific, regulatory, and public health policy issues, and
- 5) Serve the membership through ongoing, open communication, recognition of excellence and service, and by providing opportunities to influence future directions of the College

Top objectives/goals relative to optimizing the use of therapeutics:

1. Publish the Journal of Clinical Pharmacology.
2. Provide the highest quality educational programs in clinical pharmacology.
3. Endorse the efforts of organizations or agencies to influence scientific, regulatory, and public health policy issues

Mission

ACCP/Pharmacy is a professional and scientific society that provides leadership, education, advocacy, and other resources that enable clinical pharmacists to achieve excellence in practice and research.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Advocate for amendment of the Social Security Act to add pharmacists to the group of recognized providers of health services.
2. Double funding support provided for research awards and fellowships by the ACCP/Pharmacy Research Institute.
3. Double the number of ACCP/Pharmacy members who are board certified

Mission

Reduce disability and death from cardiovascular diseases and stroke.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Support professional education in the area of cardiovascular disease and stroke by providing healthcare professionals up-to-date research guidelines, education and information relevant to clinical practice, funding research, and publishing scientific journals (e.g., Circulation, Circulation Research, Stroke, Hypertension, and Arteriosclerosis, Thrombosis, and Vascular Biology).
2. Increase efforts and opportunities for the continued improvement of cardiovascular disease quality improvement through the development and dissemination of: scientific guidelines and statements; tools to implement scientific guidelines and statements; and educational materials for the general public and patients around primary and secondary prevention, risk factors and warning signs.
3. Advocate for cardiovascular disease and stroke patients, which might include prescription drug coverage, risk factor screening, and quality improvement initiatives

American Medical Association

Mission

To Promote the art and science of medicine and the betterment of the public health.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Improving patient safety by reducing risks and errors.
2. Clinical Quality Improvement.
3. Clinical Performance Improvement

American Nurses Association

Mission

Nurses advancing our profession to improve health for all.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Work for the improvement of health standards and availability of health care services for all people
2. Foster high standards of nursing
3. Stimulate and promote the professional development of nurse

American Pharmacists Association

Mission

Provides information, education and advocacy to help all pharmacists improve medication use and advance patient care.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Expand access to and promote the value of pharmacist's care-giving services in obtaining positive health outcomes through optimal use of medications.

Mission

ASHP believes that the mission of pharmacists is to help people make the best use of medications. The mission of ASHP is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Publish and maintain continuously a comprehensive, unbiased, comparative, and evaluative drug information resource for physicians, pharmacists, and other health professionals (AHFS Drug Information-print and various electronic formats).
2. Facilitate the development and dissemination of evidence-based professional consensus on important therapeutic controversies.
3. Promote fail-safe medication use in hospitals and health systems.
4. Encourage pharmacy departments in hospitals and health-systems to become formally engaged in implementing national quality indicators in drug therapy.

The ASHP Leadership Agenda focuses on:

1. Promoting fail-safe medication use in health systems,
2. Fostering evidence-based medication use in health systems,
3. Expanding access to the patient care services of health-system pharmacists,
4. Helping health-system pharmacists deal with the affordability and accessibility of pharmaceuticals,
5. Fostering an adequate supply of practitioners and practice leaders in health-system pharmacy

American Society of Health-System Pharmacists Research and Education Foundation

Mission

The mission of the ASHP Foundation is to improve the health and well being of patients in hospitals and health systems through appropriate, safe and effective medication use. The Foundation provides leadership and conducts education and research activities that foster the coordination of interdisciplinary medication management leading to optimal patient outcomes. Emphasis is given to programs that will have a major impact on advancing pharmacy practice in hospitals and health systems, thereby improving public health.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Conduct or provide grants to conduct research in therapeutic issues.
2. Provide educational sessions that advance optimal patient medication outcomes.
3. Provide awards and recognition for therapeutic research contributions to the pharmacy literature

Mission

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

Top objectives/goals relative to optimizing the use of therapeutics:

1. To support a unique and effective mix of research through the Arthritis Foundation Research Program (including national and chapter grants to support clinical and health services and outcomes research. See Project summary for example.)
2. To obtain Medicare coverage for outpatient prescription drugs and biologic therapies, as a national leader working with other stake holders in this debate, by 2003, and for arthritis education activities, by 2004, to facilitate the control of arthritis.
3. To validate and implement, by 2006, the Arthritis Foundation Quality Indicator Set (AFQuIP) into performance measurement systems designed to improve arthritis quality of care in provider, health care organization, and consumer settings. (See Project Summary)
4. To provide high-quality, unbiased consumer education materials on therapeutics (e.g. brochures on specific medications, annual Drug Guide, press releases on new medications etc.)

Mission

1. Reduce targeted catheter-associated adverse events by 50% in 5 years.
2. Reduce targeted surgery-associated adverse events by 50% in 5 years.
3. Reduce targeted antimicrobial-resistant infections by 50% in 5 years.
4. Reduce mortality and hospitalizations attributable to respiratory tract infections among long-term care patients by 50% in 5 years.
5. Eliminate microbiology laboratory errors that cause adverse patient events in 5 years.
6. Eliminate occupational needle injuries among healthcare personnel in 5 years.
7. Achieve 100% adherence to CDC guidelines for immunization of healthcare personnel in 5 years

Top objectives/goals relative to optimizing the use of therapeutics:

1. Educate clinicians about the most appropriate use of antimicrobials in the healthcare setting (12 steps program).
2. Conduct intervention studies to improve prophylactic use of antimicrobials in surgical patients.
3. Conduct intervention studies to reduce the transmission of antimicrobial-resistant pathogens in healthcare settings.

Centers for Education & Research on Therapeutics

Mission

To conduct research and provide education that will advance the optimal use of drugs, medical devices, and biological products.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Increase awareness of both the uses and risks of new drugs and drug combinations, biological products, and devices as well as of mechanisms to improve their safe and effective use
2. To provide clinical information to patients and consumers; health care providers; pharmacists, pharmacy benefit managers, and purchasers; health maintenance organizations (HMOs) and health care delivery systems; insurers; and government agencies
3. To improve quality while reducing cost of care by increasing the appropriate use of drugs, biological products, and devices and by preventing their adverse effects and consequences of these effects (such as unnecessary hospitalizations)

Mission

Assure health care security for beneficiaries. In serving beneficiaries, we will open our programs to full partnership with the entire health community to improve quality and efficiency in an evolving health care system. Among our goals is to protect and improve beneficiary health and satisfaction and provide leadership in the broader health care marketplace to improve health.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Improve quality of care and health outcomes for the beneficiaries of CMS programs.
2. Protect beneficiaries from substandard or unnecessary care.
3. Continually improve CMS programs and operations by actively seeking and responding to the input of beneficiaries and the health care community

Council for Affordable Quality Healthcare

Mission

CAQH is a not-for-profit alliance of health plans and networks that promotes collaborative initiatives to help make healthcare more affordable, share knowledge to improve the quality of care, and make administration easier for physicians and their patients.

Top objectives/goals relative to optimizing the use of therapeutics:

To increase appropriate use of antibiotics and reduce antibiotic resistance. To improve long term adherence to beta blockers post-myocardial infarction.

Mission

The FDA is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Use science-based efficient risk management in all Agency regulatory activities, so that the Agency's limited resources can provide the most health promotion and protection at the least cost for the public.
2. Enable consumers to make smarter decisions by getting them better information to weigh the benefits and risks of FDA-regulated products.
3. Seek continuous improvements in patient and consumer safety by reducing risks associated with FDA-regulated products.
4. Strengthen FDA's capability to identify, prepare for, and respond to terrorist threats and incidents.

International Society for Pharmacoepidemiology

Mission

ISPE is an international forum for the open exchange of scientific information among academia, government, and industry and for the development of policy; a provider of education; and an advocate for the fields of pharmacoepidemiology and therapeutic risk management.

Top objectives/goals relative to optimizing the use of therapeutics:

1. Establish scientific forums
 - Convenes annual scientific forum and mid-year meeting.
2. Disseminates scholarly and practical information
 - Newsletter, Scribe
 - Journal, Pharmacoepidemiology & Drug Safety
3. Facilitates communication and capacity building
 - Directories of pharmacoepidemiology resources
 - Courses in pharmacoepidemiology and therapeutic risk management

National Council on Patient Information and Education

Mission

Formed in 1982 as one of the original patient safety coalitions, NCPIE's mission is to improve communication between health care professionals and patients/consumers about the safe, appropriate use of medicines. Its over 100 coalition members include health professional associations, consumer and patient advocacy groups, pharmaceutical manufacturers, academic institutions, and state and federal government agencies (e.g., FDA, AHRQ, Administration on Aging). NCPIE maintains two websites: <http://www.talkaboutrx.org> and <http://www.bemedwise.org>

Top objectives/goals relative to optimizing the use of therapeutics:

1. Pursuant to "Healthy People 2010" (objective #17-4) and Public Law 104-180, promote the development and awareness of enhanced written consumer medicine information (leaflets that accompany prescriptions obtained at pharmacies), in accordance with guidelines for "usefulness".
2. Promote public and professional awareness of the importance of oral counseling (at the point of prescribing and dispensing) as a supplement to distribution of written consumer medicine information (see "Healthy People 2010" Objective #17-5).
3. Six of the top 10 most frequently used medicines are available without a prescription. Promote the safe, appropriate use of non-prescription medicines by encouraging consumers to: (1) ask questions of health professionals prior to using OTC products, and (2) read carefully the "Drug Facts" label

Mission

NPC conducts, supports and disseminates research for health care decision makers and public and private payers on behalf of the research-based pharmaceutical industry. NPC has three major strategies:

- A) Development of intellectual assets.
- B) Partnering with member companies and outside organizations to achieve maximum impact.
- C) Direct dissemination of programs and products

Top objectives/goals relative to optimizing the use of therapeutics:

Replace component management with a systems approach to pharmaceutical therapy based on:

1. Integrating total patient care,
2. Recognizing the total cost/benefit over time,
3. Aligning incentives,
4. Developing more accurate measures for integrated care.

Foster appropriate use of pharmaceuticals through:

1. Timely and accurate diagnosis,
2. Initiation of treatment for diagnosed conditions,
3. Rapid adoption of "state-of-the-art" therapies,
4. Patient compliance with treatment regimens

Quick Reference Of Listed Projects

Organization	Title	Key words	Page
Academy of Managed Care Pharmacy	On-line Drug-Drug Interaction Initiative	drug-drug interactions, online drug utilization review	35
American College of Cardiology	CERTs - Duke University Medical Center	clinical trials, research, guidelines, quality indicators, performance, outcome, quality cycle	36
American College of Clinical Pharmacy	Pharmacotherapy Self-Assessment Program (4th edition)	pharmacotherapy, self-assessment, home study	37
American College of Clinical Pharmacy	Updates in Therapeutics	on-line, drug therapy, education	37
American College of Clinical Pharmacy	Pediatric Medication Education Text	pediatrics, drug information, patient education	38
American Heart Association/American Stroke Association	The Cholesterol Low Down	cholesterol, prevention, diet, exercise, AHA, risk factors, education, treatment	39
American Heart Association/American Stroke Association	Heart of Diabetes	diabetes, prevention, diet, exercise, AHA, risk factor, education, treatment	40
American Heart Association/American Stroke Association	Heart Profilers	secondary prevention, diet, exercise, AHA, risk factors, education, treatment	40
American Heart Association/American Stroke Association	Get With The Guidelines	guidelines, secondary prevention, quality indicators, performance, outcome, quality improvement, hospital implementation	39
American Pharmacists Association	Maximizing the pharmacist's role in risk management.	pharmacist, pharmacy	41
American Society of Health-System Pharmacists	Clinical Practice Guidelines for the Sustained Use of Sedatives and Analgesics in the Adult Critically Ill Patient	guidelines, sedation, analgesia, critical care, drug therapy, monitoring	42
American Society of Health-System Pharmacists	Clinical Practice Guidelines for the Sustained Use of Neuromuscular Blocking Agents in the Adult Critically Ill Patient	guidelines, neuromuscular blocking agents, intensive care, critical care, drug therapy, monitoring	43
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Use of HMG-CoA Reductase Inhibitors in the Prevention of Atherosclerotic Vascular Disease	drug therapy, monitoring, 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors, statins, cholesterol, atherosclerotic events, primary prevention, secondary prevention	44
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Low Molecular Weight Heparin for Adult Outpatient Treatment of Deep Vein Thrombosis	outpatient, low-molecular-weight heparin, safe, effective, deep vein thrombosis, evidence, unfractionated heparin	45

Quick Reference Of Listed Projects

Organization	Title	Key words	Page
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Use of B-Blockers for the secondary prevention after acute myocardial infarction	B-blockers, secondary prevention, acute myocardial infarction, post-myocardial infarction bradycardia, AV nodal conduction delays, pulmonary disease, contra-indications	46
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Strict Glycemic Control in Patient with Diabetes	hyperglycemia, type 1 diabetes mellitus, type 2 diabetes mellitus, nephropathy, retinopathy, neuropathy, risk reduction, macrovascular oral agents, monotherapy, insulin, hemoglobin A1C	47
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Strategies for Identifying and Preventing Pneumococcal Resistance	vaccination, drug therapy, pneumococcal, resistance, prevention	48
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Strategies for Preventing and Treating Multidrug-Resistance Tuberculosis	treatment, drug therapy, resistance, prevention, multidrug-resistance, tuberculosis	49
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Treatment of Attention Deficit Hyperactivity Disorder	treatment, attention deficit hyperactivity disorder, pediatric, children, adolescents, monitoring, drug therapy	49
American Society of Health-System Pharmacists	ASHP – AHA Medication Safety Issue Briefs		49
American Society of Health-System Pharmacists	Medication Safety Officer	medication, safety, pharmacy, medicine, human factors, research, education, interdisciplinary, hospitals, health systems	50
American Society of Health-System Pharmacists	General Principles for the Purchase and Safe Use of Computerized Prescriber-Order Entry Systems	CPOE, physician order entry, computerized, prescriber, safety, medication, pharmacists, hospitals, health systems	51
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Strategies for Preventing and Treating Osteoporosis.	osteoporosis, low bone mineral density, microarchitectural deterioration of bone tissue, calcium, vitamin D, bisphosphonates, SERMS, calcitonin, and estrogen	51
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Safe Use of Niacin in the Management of Dyslipidemias	niacin, potential toxicities actively monitor, niacin products, discourages self-treatment with niacin	52
American Society of Health-System Pharmacists	ASHP Therapeutic Statement on Preferential Use of Metronidazole for the Treatment of Clostridium difficile-Associated Disease.	oral metronidazole, treating clostridium difficile-associated disease (CDAD), oral vancomycin, equally efficacious	53

Quick Reference Of Listed Projects

Organization	Title	Key words	Page
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Use of Aspirin for Prophylaxis of Myocardial Infarction.	myocardial infarction, aspirin, risk factors, coronary artery disease, primary prophylaxis, MI, smoking, diabetes mellitus, hypertension.	54
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Recognition and Treatment of Depression in Older Adults.	depression, older adults, under recognized, under diagnosed and untreated, risk factors, drug therapy, public awareness, educating, antidepressant pharmacotherapy	55
American Society of Health-System Pharmacists	ASHP Therapeutic Statement on the Use of Second Generation Antipsychotics Medication in the Treatment of Psychotic Disorders.	second-generation antipsychotic, treatment, psychotic disorders, tolerability, improved outcomes, mental illnesses, functioning, continual treatment, psychosocial and supportive interventions	56
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Optimal Use of Insulin in Hospitalized Patients	hyperglycemia, diabetes, hospital, oral agents, insulin, infection	57
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on the Safe Use of Oral Nonprescription Analgesics	breast-feeding, oral nonprescription analgesics, aspirin, ibuprofen, acetaminophen, alcohol, herbals and salicylates	57
American Society of Health-System Pharmacists	ASHP Therapeutic Position Statement on Smoking Cessation	smoking, public health, cancer, tobacco, tobacco-cessation programs	58
American Society of Health-System Pharmacists Research and Education Foundation	Patient Care Traineeship Programs	anticoagulation, antithrombotics, asthma, critical care, diabetes, cardiovascular risk, dyslipidemia, oncology, pain management, pharmacist	59
American Society of Health-System Pharmacists Research and Education Foundation	Asthma Patient Care Traineeship	asthma, asthma management, inhaler, nebulizer, bronchospasm, pharmacy, pharmacist-managed, traineeship	60
American Society of Health-System Pharmacists Research and Education Foundation	Oncology Patient Care Traineeship	oncology, cancer, tumor, pharmacy, pharmacy-managed, traineeship	61
American Society of Health-System Pharmacists Research and Education Foundation	Pain Management Traineeship Program	pain, pain management, morphine, pharmacy, pharmacist-managed, traineeship	62
American Society of Health-System Pharmacists Research and Education Foundation	Diabetes Patient Care Traineeship program	diabetes, diabetes mellitus, glucose, pharmacy, pharmacist-managed, traineeship	63

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Organization	Title	Key words	Page
American Society of Health-System Pharmacists Research and Education Foundation	Pharmacy/Nursing Partnership for Medication Safety Research Grant Program	grants, pharmacy, nurses, research, medication safety	64
American Society of Health-System Pharmacists Research and Education Foundation	Junior Investigator Grant Program in Critical Care	grants, pharmacy, junior investigators, research, critical care, intensive care	65
American Society of Health-System Pharmacists Research and Education Foundation	Federal Services Junior Investigators Research Grant Program: Optimizing Chronic Drug Therapy in the Elderly	grants, pharmacy, nursing, physicians, junior investigators, research, chronic drug therapy, elderly, federal services	66
Arthritis Foundation	Engalitcheff Arthritis Outcomes Initiative	arthritis, biologics, outcomes research	67
Arthritis Foundation	Arthritis Foundation Quality Indicator Set (AFQuIP) project	quality, performance improvement, arthritis medications and care	68
Centers for Medicare and Medicaid Services	Demonstration Projects		69
Centers for Medicare and Medicaid Services	Research Data Assistance Center		69
Council for Affordable Quality Healthcare	Save Antibiotic Strength (SAS)	antibiotics, antibiotic resistance, physician information, consumer information, employer information	70
Council for Affordable Quality Healthcare	CAQH Cardiac Initiative (heartBBEAT for lifeSM)	beta-blockers, adherence; heart attack; myocardial infarction; physician information; patient information	71
Marshfield Medical Research Foundation	Increasing patient safety by improving compliance to clinical practice guidelines for diabetes management through electronically-generated reminders on patient interval reports and day sheets in a multi-specialty group practices setting. #32513	patient safety, diabetes management, practice guidelines, electronic prompts	72
National Committee for Quality Assurance	Testing Potential HEDIS Performance Measures	managed care, quality improvement, performance measures, databases	73
National Council on Patient Information and Education	Prescription Pain Medicine Safety	patient safety, drug information; pain medicines; medicine communication	75
National Council on Patient Information and Education	"Talk About Prescriptions" Month	medicine communication, patient safety, drug information	75
National Council on Patient Information and Education	"Be MedWise"	self-care, patient education, patient safety, OTC medicines	74
National Council on Patient Information and Education	Consumer Medicine Information (CMI) Initiative	drug information, patient education, patient safety, literacy, medicine communication	74

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Organization	Title	Key words	Page
National Pharmaceutical Council	Pain Management Series	pain, pain management, analgesia, quality of care, quality improvement, treatment, guidelines/treatment standards, pain assessment, chronic pain, non-malignant pain	76
National Pharmaceutical Council	NCCN pain management guidelines	pain, pain management, analgesia, quality of care, quality improvement, treatment, guidelines/treatment standards, pain assessment, chronic malignant pain, cancer pain	77
National Pharmaceutical Council	NCCN breast cancer therapies project	breast cancer, academic medical centers, community cancer centers, utilization	77
National Quality Forum	“Safe Practices” in Hospital Care	medical errors, patient safety, best practices, hospitals, quality	78
Pharmaceutical Research and Manufacturers of America	Improving Communication of Drug Risk Information to Prevent Patient Injury (“Risk Communication Workshop”)	drug safety, risk communication	79

PATHs Registry

Project Summaries

Academy of Managed Care Pharmacy

ID: AMCP-DDI

Status: Currently ongoing

Title: On-line Drug-Drug Interaction Initiative

Description: Drug-drug interaction system improvement

Key Words: drug-drug interactions, online drug utilization review

Partners: American Pharmacists Association, National Association of Chain Drug Stores, National Community Pharmacy Association, American Society for Automation in Pharmacy, US Pharmacopeia, Pharmaceutical Care Management Association

Desire Additional Partners:

Comments on Partners: Partners Description: drug database vendors

Contact: Marissa Schlaifer

(703) 683-8416 X303

mschlaifer@amcp.org

Year Added: 2004

Last Update: 2004

ID: ACC-001

Status: Currently ongoing

Title: CERTs - Duke University Medical Center

Description: The goal of this project is to enhance the state of knowledge about the quality of using therapeutics in cardiovascular disease, within a conceptual framework that will stimulate a more efficient approach to knowledge development and dissemination.

Key Words: clinical trials, research, guidelines, quality indicators, performance, outcome, quality cycle

Partners: Duke University Medical Center

Desire Additional Partners:

Comments on Partners:

Contact: Paula Thompson, MPH
(301) 493-2389
pthomps@acc.org

Year Added: 2003

Last Update: 2004

American College of Clinical Pharmacy

ID: ACCP/Pharmacy-001

Status: Currently ongoing

Title: Pharmacotherapy Self-Assessment Program (4th edition)

Description: Comprehensive, modular-based home-study program that updates and assesses pharmacotherapy knowledge in 19 therapeutic areas.

Key Words: pharmacotherapy, self-assessment, home study

Partners: American Society of Health-System Pharmacists

Desire Additional Partners:

Comments on Partners: Promote PSAP use by their members.

Contact: Kristin Povilonis

(816) 531-2177

kpovilonis@accp.com

Year Added: 2002

Last Update: 2003

ID: ACCP/Pharmacy-002

Status: Currently ongoing

Title: Updates in Therapeutics

Description: Web-based updates on more than 60 therapeutic topics in pharmacotherapy, psychiatry, oncology, and nutrition support. www.accp.com

Key Words: on-line, drug therapy, education

Partners: None

Desire Additional Partners:

Comments on Partners: Promote use by their members.

Contact: Peggy Kuehl

(816) 531-2177

pkuehl@accp.com

Year Added: 2002

Last Update: 2002

ID: ACCP/Pharmacy-003

Status: Currently ongoing

Title: Pediatric Medication Education Text

Description: More than 200 monographs written at 6th grade level in English and Spanish for use in patient education.

Key Words: pediatrics, drug information, patient education

Partners: None

Desire Additional Partners:

Comments on Partners:

Contact: Wendi Kishi
(816) 531-2177
wkishi@accp.com

Year Added: 2002

Last Update: 2002

American Heart Association/American Stroke Association

ID: AHACLD001

Status: Currently ongoing

Title: The Cholesterol Low Down

Description: The Cholesterol Low Down teaches families what they can do to manage their cholesterol, including diet, exercise and therapeutics.

Key Words: cholesterol, prevention, diet, exercise, AHA, risk factors, education, treatment

Partners: Pfizer

Desire Additional Partners:

Comments on Partners: The American Heart Association would be interested in collaborative activities to increase awareness and compliance with guidelines.

Contact: Pamela Garmon

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pamela.garmon@heart.org

Year Added: 2004

Last Update: 2004

ID: AHAGWTG001

Status: Currently ongoing

Title: Get With The Guidelines

Description: The Get With The Guidelines program is a rapid cycle quality improvement hospital-based program that helps improve patient outcomes. This program makes it possible for the healthcare provider team to consistently treat every patient in the hospital setting with the most updated guideline information.

Key Words: guidelines, secondary prevention, quality indicators, performance, outcome, quality improvement, hospital implementation

Partners: Hospitals, Health Systems, QIOs, Health Plans, Health Departments

Desire Additional Partners:

Comments on Partners: The American Heart Association would be interested in collaborative activities to increase awareness and compliance with guidelines.

Contact: Diane Porter

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Year Added: 2004

Last Update: 2004

ID: AHAHOD001

Status: Currently ongoing

Title: Heart of Diabetes

Description: The Heart of Diabetes works by first giving people the knowledge they need in managing their Diabetes, including diet, exercise and therapeutics.

Key Words: diabetes, prevention, diet, exercise, AHA, risk factor, education, treatment

Partners: Eli Lilly & Company, Takeda Pharmaceuticals North America, Inc.

Desire Additional Partners:

Comments on Partners: The American Heart Association would be interested in collaborative activities to increase awareness and compliance with guidelines.

Contact: Pamela Garmon

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Year Added: 2004

Last Update: 2004

ID: AHAHP001

Status: Currently ongoing

Title: Heart Profilers

Description: Through a series of online questions, Heart Profilers provides patients treatment options for a variety of cardiovascular disease risk factors, including condition specific therapeutics.

Key Words: secondary prevention, diet, exercise, AHA, risk factors, education, treatment

Partners: Nexcura, Guidant Corporation, KOS Pharmaceuticals

Desire Additional Partners:

Comments on Partners: The American Heart Association would be interested in collaborative activities to increase awareness and compliance with guidelines.

Contact: Martha Harry

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Year Added: 2004

Last Update: 2004

American Pharmacists Association

ID: APA-001

Status: Planned and will start within year

Title: Maximizing the pharmacist's role in risk management.

Description: Exploring use of a performance-based group of pharmacists and pharmacies to improve risk management initiatives.

Key Words: pharmacist, pharmacy

Partners: None

Desire Additional Partners:

Comments on Partners: Academia, industry, other health professional organizations

Contact: Susan Winckler

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Year Added: 2003

Last Update: 2003

American Society of Health-System Pharmacists

ID: ASHP-001

Status: Currently ongoing

Title: Clinical Practice Guidelines for the Sustained Use of Sedatives and Analgesics in the Adult Critically Ill Patient

Description: These Clinical Practice Guidelines focus on maintaining an optimal level of comfort and safety for critically ill patients. This document includes an evaluation of the literature published since 1994 comparing the use of these agents. This document is limited to a discussion of prolonged sedation and analgesia and excludes use for short-term (minutes to hours) procedures. The focus is on patients > 12 years of age.

Key Words: guidelines, sedation, analgesia, critical care, drug therapy, monitoring

Partners: This guideline is a joint effort. The developed is with the Task Force of the American College of Critical Care Medicine (ACCM) of the Society of Critical Care Medicine (SCCM), in collaboration with the American Society of Health-Systems Pharmacists (ASHP); in alliance with the American College of Chest Physicians

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with the guidelines. Published in: Am J Health-Syst Pharm:59:150-178. January 2002

Contact: Cynthia LaCivita, Pharm.D.
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-002

Status: Currently ongoing

Title: Clinical Practice Guidelines for the Sustained Use of Neuromuscular Blocking Agents in the Adult Critically Ill Patient

Description: These Clinical Practice Guidelines focus on maintaining an optimal level of comfort and safety for critically ill patients with regard to using neuromuscular blocking agents. This document includes an evaluation of the literature published since 1994 comparing the use of these agents.

Key Words: guidelines, neuromuscular blocking agents, intensive care, critical care, drug therapy, monitoring

Partners: This guideline is a joint effort. The developed is with the Task Force of the American College of Critical Care Medicine (ACCM) of the Society of Critical Care Medicine (SCCM), in collaboration with the American Society of Health-Systems Pharmacists (ASHP); in alliance with the American College of Chest Physicians.

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with the guidelines. Published in AM J Health-Syst Pharm:59:179-195. January 2002.

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Year Added: 2002/03

Last Update: 2004

ID: ASHP-003

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on the Use of HMG-CoA Reductase Inhibitors in the Prevention of Atherosclerotic Vascular Disease

Description: The position statement encourages pharmacists to become involved and support the use and encourages of 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors or “statins” to lower blood cholesterol and reduce morbidity and mortality in eligible patients at risk for atherosclerotic events. Statin therapy has been shown to reduce the risk of fatal and non-fatal myocardial infarction, unstable angina, and the need for revascularization procedures in hypercholesterolemic patients without known ASVD (primary prevention). In addition, statins have reduced all-cause mortality and stroke for patients with ASVD (secondary prevention).

Key Words: drug therapy, monitoring, 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors, statins, cholesterol, atherosclerotic events, primary prevention, secondary prevention

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with guidelines. The Therapeutic Position Statement will be published in early spring of 2003.

Contact: Cynthia LaCivita, Pharm.D.
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-004

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on Low Molecular Weight Heparin for Adult Outpatient Treatment of Deep Vein Thrombosis

Description: The outpatient use of low-molecular-weight heparin (LMWH) is a safe and effective means of treating acute deep vein thrombosis (DVT). The American Society of Health-System Pharmacists supports the use of outpatient LMWH therapy in appropriate patients, on the basis of clinical evidence indicating that (1) outpatient treatment of acute DVT with LMWH has been shown to be as safe and effective as traditional inpatient therapy utilizing unfractionated heparin, (2) outpatient treatment of acute DVT with LMWH has been associated with increased patient satisfaction compared to traditional inpatient therapy, and (3) outpatient treatment of acute DVT with LMWH is often more cost-effective than traditional inpatient therapy. Pharmacists should actively participate in developing, implementing and monitoring the success of outpatient DVT treatment programs using LMWH within their health-care systems.

Key Words: outpatient, low-molecular-weight heparin, safe, effective, deep vein thrombosis, evidence, unfractionated heparin

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness for treatment and prevention and compliance with evidence based medicine.

Contact: Cynthia LaCivita, Pharm.D.
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-005

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on the Use of B-Blockers for the secondary prevention after acute myocardial infarction

Description: ASHP supports the use of B-blockers for secondary prevention in patients surviving an acute myocardial infarction. Strong and consistent evidence derived from randomized controlled trials demonstrates that the administration of B-blockers to patients post-myocardial infarction reduces morbidity and mortality. Despite these findings, B-blockers are underused in clinical practice leading to increased mortality and rehospitalization rates of infarct survivors. ASHP recognizes that mortality among infarct survivors can be reduced through improved use of B-blocker therapy.

Key Words: B-blockers, secondary prevention, acute myocardial infarction, post-myocardial infarction bradycardia, AV nodal conduction delays, pulmonary disease, contra-indications

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with guidelines.

Contact: Cynthia LaCivita, Pharm.D.
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-006

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on Strict Glycemic Control in Patient with Diabetes

Description: The maintenance of strict glycemic control in patients with type 1 and type 2 diabetes mellitus has been shown to reduce the appearance and the progression of the chronic complications: nephropathy, retinopathy, and neuropathy. A strong trend towards a risk reduction in macrovascular disease in patients managed with strict glycemic control has also been demonstrated. Additionally, several compelling biochemical mechanisms by which hyperglycemia causes tissue damage have been proposed. The medication utilized for glycemic control in patients with type 1 disease is insulin. Type 2 patients may be managed with oral agents monotherapy, combination oral agents therapy, combination oral agent/insulin therapy or insulin monotherapy. ASHP supports the maintenance of reasonable glycemic control in all patients with diabetes mellitus. The glycemic goal for patients will vary depending of a number of factors including; 1) age of the patient, 2) predisposition to hypoglycemia, 3) ability to follow various treatment regimens. However in the vast majority of cases patients should be managed to achieve a hemoglobin A1C value of < 7% as is recommended by the American Diabetes Association.

Key Words: hyperglycemia, type 1 diabetes mellitus, type 2 diabetes mellitus, nephropathy, retinopathy, neuropathy, risk reduction, macrovascular oral agents, monotherapy, insulin, hemoglobin A1C

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with the guidelines.

Contact: Cynthia LaCivita, Pharm.D.
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-007 **Status:** Planned and will start within year

Title: ASHP Therapeutic Position Statement on Strategies for Identifying and Preventing Pneumococcal Resistance

Description: Supports collaborative efforts with pharmacists and other health care providers in identifying and preventing Pneumococcal Resistance

Key Words: vaccination, drug therapy, pneumococcal, resistance, prevention

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2002/03
Last Update: 2004

ID: ASHP-008 **Status:** Planned and will start within year

Title: ASHP Therapeutic Position Statement on Strategies for Preventing and Treating Multidrug-Resistance Tuberculosis

Description: Supports collaborative efforts with pharmacists and other health care providers in preventing and treating multidrug-resistance tuberculosis

Key Words: treatment, drug therapy, resistance, prevention, multidrug-resistance, tuberculosis

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness on strategies for identifying and preventing multidrug-resistance tuberculosis.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2002/03
Last Update: 2004

ID: ASHP-009

Status: Planned and will start within year

Title: ASHP Therapeutic Position Statement on the Treatment of Attention Deficit Hyperactivity Disorder

Description: To increase the awareness with pharmacists on the treatment of Attention Deficit Hyperactivity Disorder, including the appropriate use of medications and monitoring.

Key Words: treatment, attention deficit hyperactivity disorder, pediatric, children, adolescents, monitoring, drug therapy

Partners: None

Desire Additional Partners:

Comments on Partners: Identification of knowledgeable outside reviewers, possible commentaries or editorials to accompany the final document.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2002/03

Last Update: 2004

ID: ASHP-010

Status: Currently ongoing

Title: ASHP – AHA Medication Safety Issue Briefs

Description: The American Society of Health-System Pharmacists, Center on Patient Safety, and the American Hospital Association Collaborated on a series of six Medication Safety Issue Briefs. This series was published in the AHA publication Hospitals and Health Networks. The intended audiences are hospital administrators. The topics were as follows: Creating a Culture of Safety; Using Automation to Reduce Errors; Asking Consumers for Help; Using a System-wide Approach; Crucial Role of Therapeutic Guidelines; and Finding and Using Resources.

Key Words:

Partners: American Hospital Association, American Society of Health-System Pharmacists. Funding provided by McKesson HBOC

Desire Additional Partners:

Comments on Partners:

Contact: Kasey K. Thompson
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kthompson@ashp.org

Year Added: 2002

Last Update: 2004

ID: ASHP-011

Status: Currently ongoing

Title: Medication Safety Officer

Description: The goal of this project is to develop a job description for a health system Medication Safety Officer. It is envisioned that the health system Medication Safety Officer would coordinate, and oversee all aspects of safety and quality in the medication-use process. The project includes three distinct phases. In Phase I ASHP educational design experts conducted a task analysis of individuals currently working as hospital / health system Medication Safety Officers. Experts from medicine, pharmacy, human factors, and epidemiology will analyze data from the task analysis to design an idealized job description. In phase II research will be done to test the effectiveness of someone performing the proposed tasks in a hospital / health system setting to determine if safety is, in fact, improved. In Phase III education will be developed to train individuals to become health system Medication Safety Officers.

Key Words: medication, safety, pharmacy, medicine, human factors, research, education, interdisciplinary, hospitals, health systems

Partners: ASHP Research and Education Foundation

Desire Additional Partners:

Comments on Partners: Primarily in the research, and educational development phases. Interdisciplinary collaboration on this project is key to its success

Contact: Kasey K. Thompson
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Year Added: 2002

Last Update: 2004

ID: ASHP-012

Status: Currently ongoing

Title: General Principles for the Purchase and Safe Use of Computerized Prescriber-Order Entry Systems

Description: The American Society of Health-System Pharmacists Center on Patient Safety developed a list of suggestions and questions to consider before purchasing a computerized prescriber-order entry (CPOE) system. This list, while not exhaustive, is intended as a tool to support the immediate need to act on this issue.

Key Words: CPOE, physician order entry, computerized, prescriber, safety, medication, pharmacists, hospitals, health systems

Partners: None

Desire Additional Partners:

Comments on Partners: We are currently seeking feedback on this document in the interest of strengthening its value for hospitals and health systems to use as tool when considering the purchase of a prescriber order entry system.

Contact: Kasey K. Thompson
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Year Added: 2002

Last Update: 2004

ID: ASHP-013

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on Strategies for Preventing and Treating Osteoporosis.

Description: This document supports the use of appropriate pharmacotherapy for the prevention and treatment of osteoporosis. Osteoporosis is a serious health disorder characterized by low bone mineral density and microarchitectural deterioration of bone tissue, leading to bone fragility. The document will focus on medications that have been shown to increase bone mineral density and prevent fractures. Appropriate drug selection depends on several patient specific factors. Many patients at risk for osteoporosis or who have sustained an osteoporotic fracture remain undiagnosed or untreated.

Key Words: osteoporosis, low bone mineral density, microarchitectural deterioration of bone tissue, calcium, vitamin D, bisphosphonates, SERMS, calcitonin, and estrogen

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and compliance with regard to treatment and prevention of osteoporosis.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-014

Status: Planned and will start within year

Title: ASHP Therapeutic Position Statement on the Safe Use of Niacin in the Management of Dyslipidemias

Description: ASHP Therapeutic Position Statement are concise statements that respond to therapeutic issues of concern to health care providers and health care consumers. The revision of this document will be developed through the guidance of the ASHP Commission on Therapeutics and must be approved by the ASHP Board of Directors. The focus of this document is to revise and update the current document that supports the use of niacin products under the supervision of a qualified health care provider for the treatment of dyslipidemias in adults. Niacin is proven safe and effective in the management of most lipid disorders but requires ongoing monitoring by a health care provider to detect potential toxicities. Health care providers should teach patients how to minimize niacin's bothersome adverse effects and encourage long-term adherence. Because a variety of nonprescription niacin products with various potentials for toxicity are available, pharmacists should actively monitor patient selection of niacin products and discourage patient self-treatment with niacin. In addition, pharmacists should work in conjunction with patients and their primary care providers to ensure adequate monitoring for toxicity and effectiveness of therapy.

Key Words: niacin, potential toxicities actively monitor, niacin products, discourages self-treatment with niacin

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-015

Status: Currently ongoing

Title: ASHP Therapeutic Statement on Preferential Use of Metronidazole for the Treatment of Clostridium difficile-Associated Disease.

Description: ASHP supports the use of oral metronidazole as the preferred antimicrobial agent for the treating Clostridium difficile-associated disease (CDAD). Oral metronidazole and oral vancomycin appear to be equally efficacious for the treatment of CDAD in most situations. Oral vancomycin should be reserved for the most severe cases. Asymptomatic carriers of C. difficile should not be treated for CDAD.

Key Words: oral metronidazole, treating clostridium difficile-associated disease (CDAD), oral vancomycin, equally efficacious

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-016

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on the Use of Aspirin for Prophylaxis of Myocardial Infarction.

Description: The effectiveness of aspirin as an antiplatelet agent in preventing myocardial infarction (MI) has been demonstrated in clinical trials in various patient groups.¹ However, despite adequate evidence of benefit, many eligible patients remain untreated with aspirin.^{2,3} ASHP supports the long-term use of aspirin as an adjunct to modifying controllable risk factors for coronary artery disease for the following indications: (1) primary prophylaxis of MI in asymptomatic men older than 50 years of age with risk factors for coronary artery disease (i.e., hypercholesterolemia, smoking, diabetes mellitus, hypertension, family history of early onset coronary artery disease),⁴ (2) stable⁵ or unstable⁶ angina, and (3) secondary prophylaxis of MI. ASHP supports the role of pharmacists in communicating to appropriate patients that modification of controllable risk factors for coronary artery disease (smoking, hypercholesterolemia, and hypertension) together with aspirin prophylaxis is the primary method of reducing the likelihood of MI.

Key Words: myocardial infarction, aspirin, risk factors, coronary artery disease, primary prophylaxis, MI, smoking, diabetes mellitus, hypertension.

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-017

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on the Recognition and Treatment of Depression in Older Adults.

Description: Depression in older adults is an under recognized, under diagnosed, and under treated health problem. ASHP supports collaborative efforts to ensure appropriate diagnosis and treatment of depression in older adults. ASHP encourages pharmacists to work with other health care providers to optimize the management of depression in older adults by increasing the public's awareness of depression as a public health problem and what it all entails.

Key Words: depression, older adults, under recognized, under diagnosed and untreated, risk factors, drug therapy, public awareness, educating, antidepressant pharmacotherapy

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-018

Status: Currently ongoing

Title: ASHP Therapeutic Statement on the Use of Second Generation Antipsychotics Medication in the Treatment of Psychotic Disorders.

Description: ASHP supports the use of second-generation (“atypical” or “novel”) antipsychotics for the treatment of individuals with psychotic disorders. ASHP believes the second-generation antipsychotics offer patients equal efficacy, better tolerability, and improved outcomes than older antipsychotics. ASHP encourages health professionals to consider these agents as first-line treatment for psychotic disorders. ASHP recognizes that schizophrenia, schizoaffective disorder, and other psychotic disorders are serious mental illnesses that can significantly affect the perceptual, affective, cognitive, and behavioral functioning of individuals with these conditions. The successful treatment of these disorders typically requires long-term treatment with antipsychotic medications, the use of adjunctive pharmacologic treatments and ongoing psychosocial and supportive interventions.

Key Words: second-generation antipsychotic, treatment, psychotic disorders, tolerability, improved outcomes, mental illnesses, functioning, continual treatment, psychosocial and supportive interventions

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review or dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2003

Last Update: 2004

ID: ASHP-019

Status: Planned and will start within year

Title: ASHP Therapeutic Position Statement on Optimal Use of Insulin in Hospitalized Patients

Description: This document will focus on the optimal use of insulin in hospitalized patients and address the importance of glycemic control for patients with diabetes, as well as patients in whom diabetes has not previously been diagnosed. Hospitalized patients with poor glucose control are more likely to develop infections and have longer inpatient stays.

Key Words: hyperglycemia, diabetes, hospital, oral agents, insulin, infection

Partners: None

Desire Additional Partners:

Comments on Partners: ASHP would be interested in collaborative activities to increase awareness and individuals that could serve as external reviewers.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2004

Last Update: 2004

ID: ASHP-020

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on the Safe Use of Oral Nonprescription Analgesics

Description: This is a revision of a current therapeutic position statement (TPS) which was approved by the ASHP Board of Directors on November 14, 1998, and published in AJHP in 1999. The document still provides valuable guidance; however, it needs to be updated to include current references and additional information on breast-feeding and concomitant use of oral nonprescription analgesics, coadministration of aspirin and ibuprofen, cautions and dosing recommendations on the use of acetaminophen and alcohol, and herbals that contain salicylates.

Key Words: breast-feeding, oral nonprescription analgesics, aspirin, ibuprofen, acetaminophen, alcohol, herbals and salicylates

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review of dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2004

Last Update: 2004

ID: ASHP-021

Status: Currently ongoing

Title: ASHP Therapeutic Position Statement on Smoking Cessation

Description: This is a revision of a Therapeutic Position Statement that was approved by the ASHP Board of Directors on November 14, 1998, and published in AJHP in 1999. There is need to readdress this topic because of the negative effect that smoking has on public health and because health care providers have not actively embraced tobacco-cessation programs

Key Words: smoking, public health, cancer, tobacco, tobacco-cessation programs

Partners: None

Desire Additional Partners:

Comments on Partners: Experts to collaborate in document development, review of dissemination of information.

Contact: Cynthia LaCivita, PharmD
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Year Added: 2004

Last Update: 2004

American Society of Health-System Pharmacists Research and Education Foundation

ID: ASHPF-001

Status: Currently ongoing

Title: Patient Care Traineeship Programs

Description: This traineeship is a 5-day experienced-based certificate program designed to train pharmacy practitioners to establish and maintain specialized services for the management of patients undergoing long-term anticoagulant therapy. The program is intended to provide individualized, intensive didactic and clinical training for selected candidates. It offers trainees an opportunity to observe and participate in the activities of an established anticoagulation management service in a health system. For full program information including applications, please refer to our website at www.ashpfoundation.org.

Key Words: anticoagulation, antithrombotics, asthma, critical care, diabetes, cardiovascular risk, dyslipidemia, oncology, pain management, pharmacist

Partners: Each traineeship has an industry sponsor and training sites. The list below outlines our partners:
Antithrombotic Pharmacotherapy Traineeship-Sponsor is Bristol-Myers Squibb, eight training sites; Asthma Traineeship-no current sponsor, four training sites; Critical Care Traineeship-Sponsor is Eli Lilly & Co., three training sites; Diabetes Traineeship-Sponsor is Aventis, four training sites; Cardiovascular Risk/Dyslipidemia-Sponsor is AstraZeneca, no current training sites
Oncology-Sponsor is SuperGen, four training sites; Pain Management-Sponsor is Endo Pharmaceuticals, three training site.

Desire Additional Partners:

Comments on Partners: We need partners to help us promote the program to interested pharmacists or institutions that are interested in establishing such a service or clinic.

Contact: Amy Olin
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Year Added: 2002/03

Last Update: 2004

ID: ASHPF-002

Status: Currently ongoing

Title: Asthma Patient Care Traineeship

Description: This traineeship is a 5-day, experience-based certificate program designed to train pharmacy practitioners to establish and maintain specialized services for the management of patients with asthma. The program is intended to provide individualized, intensive self-study, didactic, and clinical training for selected candidates. The traineeship prepares participants to design patient-specific pharmacotherapy; solve drug therapy problems; and develop protocols, policies, and procedures for the treatment of patients who have chronic and acute asthma. It offers trainees the opportunity to observe and participate in the activities of an established asthma patient care service in a health system. For full program information including applications, please refer to our website at www.ashpfoundation.org.

Key Words: asthma, asthma management, inhaler, nebulizer, bronchospasm, pharmacy, pharmacist-managed, traineeship

Partners: Merck & Co. sponsors the administration of the program. Four experienced pharmacists provide training sites and serve as faculty for the program.

Desire Additional Partners:

Comments on Partners: We need partners to help us promote the program to interested asthma and pulmonary services or institutions that are interested in establishing such a service.

Contact: Amy Olin
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foundation@ashp.org

Year Added: 2002/03

Last Update: 2004

ID: ASHPF-004

Status: Currently ongoing

Title: Oncology Patient Care Traineeship

Description: This traineeship will be a 12 day experience-based certificate program designed to train pharmacy practitioners to establish and maintain specialized services for the management of patients undergoing therapy for cancer and it's related diseases. The program is intended to provide individualized, intensive self-study, didactic and clinical training for select applicants. Participants will study four major areas of cancer care and then select 2 others to focus their training. For full program information including applications, please refer to our website at www.ashpfoundation.org.

Key Words: oncology, cancer, tumor, pharmacy, pharmacy-managed, traineeship

Partners: Supergen is sponsoring the major development of the training materials and will sponsor the first administration of the program.

Desire Additional Partners:

Comments on Partners: We need partners to help us promote the program.

Contact: Amy Olin

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foundation@ashp.org

Year Added: 2002/03

Last Update: 2004

ID: ASHPF-005

Status: Planned and will start within year

Title: Pain Management Traineeship Program

Description: This traineeship is a 12 day, experienced-based certificate program designed to train pharmacy practitioners to establish and maintain specialized services for the management of patients with pain. It also will train pharmacists to actively participate in pain management teams. The program also reviews the newly established JCAHO guidelines for pain management services in an institution. It offers trainees an opportunity to observe and participate in the activities of an established management service for patients with pain.

For full program information including applications, please refer to our website at www.ashpfoundation.org.

Key Words: pain, pain management, morphine, pharmacy, pharmacist-managed, traineeship

Partners: Endo Pharmaceuticals is the sponsor for the final development of the materials for the program. They will also sponsor the first administration of the traineeship.

Desire Additional Partners:

Comments on Partners: We will need 2-4 experienced sites to serve as training sites and expert pharmacists in those sites to serve as faculty. We will also need partners to help us promote the program.

Contact: Amy Olin
(301) 657-3000 X1417
foundation@ashp.org

Year Added: 2002/03

Last Update: 2004

ID: ASHPF-006

Status: Planned and will start within year

Title: Diabetes Patient Care Traineeship program

Description: This program is a 5-day, experience-based certificate program designed to train pharmacy practitioners to establish and maintain specialized services for the management of patients with diabetes. The program is intended to provide individualized, intensive didactic and clinical training for selected candidates including physical assessment techniques and patient education.

For full program information including applications, please refer to our website at www.ashpfoundation.org.

Key Words: diabetes, diabetes mellitus, glucose, pharmacy, pharmacist-managed, traineeship

Partners: Aventis is the sponsor for the ongoing program.

Desire Additional Partners:

Comments on Partners: We will need 1 experienced site to serve as a training sites and expert pharmacists in this site to serve as faculty. We will also need partners to help us promote the program.

Contact: Amy Olin
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Year Added: 2002/03

Last Update: 2004

ID: ASHPF-007

Status: Currently ongoing

Title: Pharmacy/Nursing Partnership for Medication Safety Research Grant Program

Description: The ASHP Foundation is offering a research grant program designed to support the collaboration of pharmacists and nurses in the conduct of research designed to study new processes and design characteristics that will improve the safety and effectiveness of the medication-use system in hospitals and health systems. The research team must be multidisciplinary in nature. The co-primary investigators for the project must be a pharmacist and nurse practitioner. \$80,000 total is available for one to three grant awards. Grants are awarded to provide funding for specific projects conducted by pharmacist/nursing research teams that address collaboration in the medication-use system to foster improvements in patient care and not intended for long-term support of research programs. Applications and additional information may be obtained by visiting the ASHP Foundation Web site: www.ashpfoundation.org and clicking on “Funding Opportunities”.

Key Words: grants, pharmacy, nurses, research, medication safety

Partners: Omnicell sponsors the program through the ASHP Foundation.

Desire Additional Partners:

Comments on Partners: We would like to partner with other organizations to promote the availability of the program to federal healthcare professionals.

Contact: Amy Olin
(301) 657-3000 X1417
foundation@ashp.org

Year Added: 2002/03

Last Update: 2004

ID: ASHPF-009

Status: Planned and will start within year

Title: Junior Investigator Grant Program in Critical Care

Description: The ASHP Foundation is offering a research grant program that will provide funding for projects designed to improve patient care and medication outcomes for critically ill patients. The research team must be multidisciplinary in nature. The principal or co-principal investigator for the project must be a licensed pharmacist practicing in the critical care area. The pharmacist must be a junior researcher within 5 years of his/her post doctoral degree, residency or fellowship or have professional experience greater than five years post doctoral degree/training, with less than two externally funded (must not be federally funded) research projects as a principal investigator. Three to five research projects will be funded from this grant program. A total of \$25,000 is available and will be divided among the three to five recipients. Applications and additional information may be obtained by visiting the ASHP Foundation Web site: www.ashpfoundation.org and clicking on "Funding Opportunities".

Key Words: grants, pharmacy, junior investigators, research, critical care, intensive care

Partners: Eli Lilly & Co. sponsors the program through the ASHP Foundation.

Desire Additional Partners:

Comments on Partners: We would like to partner with other organizations to promote the availability of the program to federal healthcare professionals

Contact: Amy Olin
(301) 657-3000 X1417
foundation@ashp.org

Year Added: 2003

Last Update: 2004

ID: ASHPF-010

Status: Currently ongoing

Title: Federal Services Junior Investigators Research Grant Program: Optimizing Chronic Drug Therapy in the Elderly

Description: Research grant program custom-designed to meet the needs of practitioners in the federal services (Department of Defense, Veterans Affairs, and U.S. Public Health Service). Four to six grant awards are available in the \$10,000 to \$25,000 range for each award. Projects should focus on optimizing drug therapy in elderly patients that are federal healthcare beneficiaries. Grants available to junior investigators within 5 years of their terminal degree or less than 2 externally funded research projects. Investigators should be physicians, pharmacists or nurse practitioners (licensed prescriber).

Key Words: grants, pharmacy, nursing, physicians, junior investigators, research, chronic drug therapy, elderly, federal services

Partners: Novartis Pharmaceuticals sponsors the program through the ASHP Foundation.

Desire Additional Partners:

Comments on Partners: We would like to partner with other organizations to promote the availability of the program to federal healthcare professionals.

Contact: Amy Olin
(301) 657-3000 X1417
foundation@ashp.org

Year Added: 2004

Last Update: 2004

Arthritis Foundation

ID: AF-001

Status: Currently ongoing

Title: Engalitcheff Arthritis Outcomes Initiative

Description: The Arthritis Foundation, Maryland Chapter and the Center for Education and Research on Therapeutics at the University of Alabama are partnering to advance the knowledge of drug treatment issues in arthritis. The goal of the Engalitcheff Arthritis Outcomes Initiative is to improve the quality of life and health care outcomes of people with arthritis by fostering research to increase understanding about the efficacy and safety of new biologic agents.

The \$3 million collaboration will fund five 4-year grants that are selected through a national peer review process. The first grant was awarded in November 2002 and a second was awarded in 2003.

Key Words: arthritis, biologics, outcomes research

Partners: University of Alabama at Birmingham CERTs, Brigham and Women's Hospital, Harvard Medical School

Desire Additional Partners:

Comments on Partners: Academic institutions and health care agencies and other organizations with an interest in the efficacy and safety of arthritis biologic agents are encouraged to collaborate with the awardees and applicants.

Contact: Jan Thompson

(410) 654-6570

jathomps@arthritis.org

Year Added: 2003

Last Update: 2004

ID: AF-002

Status: Currently ongoing

Title: Arthritis Foundation Quality Indicator Set (AFQuIP) project

Description: This project is designed to develop, validate and foster implementation of a core set of indicators to be used as the basis for arthritis care quality measurement and performance improvement. Indicators were developed for Osteoarthritis, Rheumatoid Arthritis and NSAID utilization for both diseases. RAND coordinated a comprehensive literature search on existing quality measures and/or care guidelines. A Technical Advisory Panel (expert panel) met in April 2002 to participate in a structured group process to review and rank 110 potential indicators based on their supporting evidence and expert opinion. This process resulted in approximately 50 indicators. In September 2002, a Policy Advisory Committee, comprised of key stakeholders in the AFQuIP project, met to foster increased interest, support and implementation avenues for the measurement set. Currently, the Arthritis Foundation and NCQA are collaboratively seeking funding for further development of a sub-set of the arthritis indicators and development of back-pain measures for potential inclusion in the HEDIS measurement set. The AFQuiP measures have been shared with NCQA, AMA and JCAHO for consideration as part of another project to identify quality measures for pain. AFQuIP measures were also released to the CMS for a provider office quality measurement project and to the Foundation for Accountability, which is interested in developing a consumer quality measurement set for arthritis care.

Key Words: quality, performance improvement, arthritis medications and care

Partners: Attendees at the September 2002 meeting to discuss implementation included: representatives of Rand, the UAB CERTS, American College of Rheumatology, American Academy of Orthopaedic Surgeons, American Association of Family Physicians, American Medical Association, American College of Physicians-American Society of Internal Medicine, Association of Rheumatology Health Professionals, National Committee for Quality Assurance, Foundation for Accountability, Agency for Healthcare Research and Quality, CDC, AARP, and others.

Desire Additional Partners:

Comments on Partners: Professional, health services and other organizations interested in arthritis care quality and performance improvement

Contact: Mary Waterman

(202) 537-2257

mwaterman@arthritis.org

Year Added: 2003

Last Update: 2004

Centers for Medicare and Medicaid Services

ID: CMS-001

Status: Currently ongoing

Title: Demonstration Projects

Description: CMS conducts and sponsors a number of innovative demonstration projects to test and measure the effect of potential program changes. Our demonstrations study the likely impact of new methods of service delivery, coverage of new types of service, and new payment approaches on beneficiaries, providers, health plans, [and] states, and the Medicare Trust Funds. Evaluation projects validate our research and demonstration findings and help us monitor the effectiveness of Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP).

Key Words:

Partners:

Desire Additional Partners:

Comments on Partners:

Contact: Marcel Salive
(410) 786-0297
msalive@cms.hhs.gov

Year Added: 2004

Last Update: 2004

ID: CMS-002

Status: Currently ongoing

Title: Research Data Assistance Center

Description: <http://www.cms.hhs.gov/researchers/resdac.asp> The Research Data Assistance Center (ResDAC) provides free assistance to academic and non-profit researchers interested in using Medicare, Medicaid, SCHIP, and Medicare Current Beneficiary Survey (MCBS) data for research. Primary funding for ResDAC comes from a CMS research contract.

Key Words:

Partners: RedDAC is a consortium of faculty and staff from the University of Minnesota, Boston university, Dartmouth Medical School, and the Morehouse School of Medicine.

Desire Additional Partners:

Comments on Partners: ResDAC offers a number of services for researchers with all levels of experience using or planning to use CMS data. Services include technical data assistance, information on available data resources, and training.

Contact: Marcel Salive
(410) 786-0297
msalive@cms.hhs.gov

Year Added: 2004

Last Update: 2004

Council for Affordable Quality Healthcare

ID: CAQH-01

Status: Currently ongoing

Title: Save Antibiotic Strength (SAS)

Description: SAS is a program on both the national and local levels to educate Americans and to provide physicians with the information and tools they need to appropriately use antibiotics and reduce antibiotic resistance. Seven local pilot programs disseminate educational materials to physicians and consumers and collect data from health plans to measure levels of antibiotic use for treatment of pharyngitis to see if these efforts are fostering improvement.

Key Words: antibiotics, antibiotic resistance, physician information, consumer information, employer information

Partners: National: U.S. Centers for Disease Control and Prevention (CDC) and the Alliance for the Prudent Use of Antibiotics; Local: CAQH member plans in San Diego, California, Norfolk, Virginia, Connecticut, Georgia, Pennsylvania, New Jersey and New York are working with state health departments, academic medical centers and local chapters of national medical societies and specialty associations.

Desire Additional Partners:

Comments on Partners: National medical societies and specialty associations, including local chapters.

Contact: Barbara Souder

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bsouder@caqh.org

Year Added: 2003

Last Update: 2004

ID: CAQH-02

Status: Currently ongoing

Title: CAQH Cardiac Initiative
(heartBBEAT for lifeSM)

Description: The heartBBEAT for lifeSM is a national effort to develop and disseminate educational materials to physicians and patients to promote the long-term use of beta-blockers after heart attack. Using health plan data, measures have been designed that will assess long-term patient adherence to beta-blockers at various intervals after a heart attack in order to assess the impact of the initiative.

Key Words: beta-blockers, adherence; heart attack; myocardial infarction; physician information; patient information

Partners: American Heart Association, American College of Cardiology, American College of Physicians, American Academy of Family Physicians, Duke University

Desire Additional Partners:

Comments on Partners: Assistance from additional national medical societies and specialty associations, including local chapters, in disseminating information.

Contact: Barbara Hoffman
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bhoffman@caqh.org

Year Added: 2003

Last Update: 2004

Marshfield Medical Research Foundation

ID: MMRF-001

Status: Currently ongoing

Title: Increasing patient safety by improving compliance to clinical practice guidelines for diabetes management through electronically-generated reminders on patient interval reports and day sheets in a multi-specialty group practices setting. #32513

Description: The principal objective of this study is to determine if a simple, low-cost, electronically-generated prompt, containing a set of diabetes management directives, delivered to primary care physicians and their care teams at a patient visit could significantly increase compliance with established clinical practice guidelines for selected laboratory tests that have been demonstrated to be clinically important in diabetes management.

Key Words: patient safety, diabetes management, practice guidelines, electronic prompts

Partners: None

Desire Additional Partners:

Comments on Partners:

Contact: John Schmelzer, PhD

(715) 389-3009

schmelzer.john@marshfieldclinic.org

Year Added: 2003

Last Update: 2003

National Committee for Quality Assurance

ID: NCQA-001, 9999

Status: Currently ongoing

Title: Testing Potential HEDIS Performance Measures

Description: Testing measure specifications on medication management in the elderly.

Key Words: managed care, quality improvement, performance measures, databases

Partners: CERTs HMO Research Network

Desire Additional Partners:

Comments on Partners: Partners with access to multiple managed care claims databases and medical records for testing and validating HEDIS measure specifications in various clinical areas, including medication management in the elderly.

Contact: Lok Wong
(202) 955-1784
wong@ncqa.org

Year Added: 2004

Last Update: 2004

National Council on Patient Information and Education

ID: NCPIE-001

Status: Currently ongoing

Title: Consumer Medicine Information (CMI) Initiative

Description: NCPIE is serving as convener/coordinator of the private-sector CMI Initiative to meet federally-mandated goals: by 2006, 95% of patients receiving new prescriptions must be given written CMI that meets criteria for usefulness.

Key Words: drug information, patient education, patient safety, literacy, medicine communication

Partners: Over 2 dozen medicine information stakeholders

Desire Additional Partners:

Comments on Partners: Organizations that help develop/produce written consumer medicine information (CMI), and/or that represent health care professionals who deliver written CMI; national consumer advocacy groups, health educators, health information designers, etc.

Contact: N. Lee Rucker
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rucker@ncpie.info

Year Added: 2004

Last Update: 2004

ID: NCPIE-002

Status: Currently ongoing

Title: "Be MedWise"

Description: Launched in 2002, "Be MedWise" is a public education campaign to promote the wise, appropriate use of non-prescription (over-the-counter) medicines. The campaign features electronic, print and broadcast media components, including the website <http://www.bemedwise.org>

Key Words: self-care, patient education, patient safety, OTC medicines

Partners: FDA, Office of US Surgeon General, APhA, McNeil Consumer & Specialty Pharmaceuticals, Procter & Gamble Health Sciences Institute

Desire Additional Partners:

Comments on Partners: Organizations that are committed to improving the safe, appropriate use of OTC medicines; trade groups, regulatory bodies, and other organizations that recognize the increasingly prevalent role of self-care in today's society, and who can provide resources to help educate consumers about their own responsibility in wise OTC use.

Contact: W. Ray Bullman
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bullman@ncpie.info

Year Added: 2004

Last Update: 2004

ID: NCPIE-003

Status: Planned and will start within year

Title: "Talk About Prescriptions" Month

Description: This national health observance, sponsored by NCPIE, is held each October to highlight the important role of health professional-patient communication in promoting the safe, appropriate use of medicines. The October 2004 observance will focus on the role of written consumer medicine information.

Key Words: medicine communication, patient safety, drug information

Partners: NCPIE Members

Desire Additional Partners:

Comments on Partners: Organizations dedicated to improving the usefulness of written consumer medicine information, and to helping empower consumers to "Talk About Prescriptions".

Contact: N. Lee Rucker
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rucker@ncpie.info

Year Added: 2004

Last Update: 2004

ID: NCPIE-004

Status: Currently ongoing

Title: Prescription Pain Medicine Safety

Description: "Prescription Pain Medicine: What You Need to Know," is a consumer brochure developed by NCPIE that explains various pain medicines, and provides tips for using prescription pain medicines safely.

Key Words: patient safety, drug information; pain medicines; medicine communication

Partners: Purdue Pharma LP

Desire Additional Partners:

Comments on Partners: The consumer brochure should be ready for distribution by mid-2004; partners to assist with dissemination would be welcome.

Contact: W. Ray Bullman
(301) 656-8565, x14
bullman@ncpie.info

Year Added: 2004

Last Update: 2004

National Pharmaceutical Council

ID: NPC-001

Status: Currently ongoing

Title: Pain Management Series

Description: NPC partnered with JCAHO on a two-phase project with the goal of contributing to the quality and safety of pain assessment, management and treatment for patients and consumers. The project's objectives are to (1) help establish the under-treatment of pain; (2) enhance dissemination of JCAHO's new pain management measurements and standards; (3) provide resources for organizations to implement and measure the use of evidence-based standards; and (4) to facilitate quality improvement efforts. Two monographs, "Pain: Current Understanding of Assessment, Management, and Treatments," and "Improving the Quality of Pain Management Through Measurement and Action," have been completed. Both monographs focus on non-malignant pain and were completed with the oversight of separate expert advisory panels. CE programs have been developed for pharmacists and physician assistants based on the first monograph, and additional programs are in development for physicians, nurses, and nurse practitioners.

Key Words: pain, pain management, analgesia, quality of care, quality improvement, treatment, guidelines/treatment standards, pain assessment, chronic pain, non-malignant pain

Partners: Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Desire Additional Partners:

Comments on Partners: May add other condition/disease or interest categories, such as minority health interests.

Contact: Jean Lee Gillespie

(805) 375-3910

jgillespie@npcnow.com

Year Added: 2003

Last Update: 2004

ID: NPC-002

Status: Currently ongoing

Title: NCCN pain management guidelines

Description: NPC worked to help NCCN develop their pain management guidelines for the treatment of chronic malignant pain (cancer-specific pain). As NCCN implements the guidelines, NPC receives feedback on the pharmaceutical use components and is assisting with input into guideline updates.

Key Words: pain, pain management, analgesia, quality of care, quality improvement, treatment, guidelines/treatment standards, pain assessment, chronic malignant pain, cancer pain

Partners: National Comprehensive Cancer Network (NCCN)

Desire Additional Partners:

Comments on Partners:

Contact: Jean Lee Gillespie
(805) 375-3910
jgillespie@npcnow.com

Year Added: 2003

Last Update: 2004

ID: NPC-003

Status: Currently ongoing

Title: NCCN breast cancer therapies project

Description: NPC is working with NCCN to better understand how newer breast cancer and adjuvant pharmaceutical therapies are being used in large academic medical centers versus community cancer centers, as well as utilization patterns and their rates of adoption.

Key Words: breast cancer, academic medical centers, community cancer centers, utilization

Partners: National Comprehensive Cancer Network (NCCN)

Desire Additional Partners:

Comments on Partners:

Contact: Jean Lee Gillespie
(805) 375-3910
jgillespie@npcnow.com

Year Added: 2003

Last Update: 2004

National Quality Forum

ID: NQF-001

Status: Currently ongoing

Title: “Safe Practices” in Hospital Care

Description: This NQF Consensus Project will establish a core set of evidence-based “safe practices” that can and should be widely implemented to reduce the likelihood of healthcare errors. Practices will be salient to consumers and purchasers as well as providers.

Key Words: medical errors, patient safety, best practices, hospitals, quality

Partners: All NQF member organizations (including consumer, purchaser, provider/health plan, and research/quality improvement organizations) are current partners.

Desire Additional Partners:

Comments on Partners: Additional partners welcome to participate in dissemination of the core set of practices and products/formats to stimulate implementation

Contact: Laura N. Blum, M.A.

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info@qualityforum.org

Year Added: 2002

Last Update: 2004

Pharmaceutical Research and Manufacturers of America

ID: PhRMA-001

Status: Currently ongoing

Title: Improving Communication of Drug Risk Information to Prevent Patient Injury (“Risk Communication Workshop”)

Description: Create a research and education agenda on safety risk communication for drugs and other medical products

Key Words: drug safety, risk communication

Partners: FDA, AHRQ, CERTs centers, risk communication experts (Dr. Baruch Fishhoff, et al), PhRMA members, advocacy groups

Desire Additional Partners:

Comments on Partners:

Contact: Jim Kotsanos/Alice Till

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202) 835-3564

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Year Added: 2002

Last Update: 2004