

Chief Pharmacy Officer Report

August 2, 2006

Surgeon General Richard Carmona, 17th Surgeon General of the United States, completed his four year term as Surgeon General (SG) on July 30, 2006. The Commissioned Officers Association (COA) and COA Foundation sponsored a going away event for SG Carmona and his wife in Rockville, Maryland on August 1, 2006. Between 200 and 300 officers and guests were on hand for the event. The Carmona's have now returned to Tucson, Arizona. RADM Kenneth Moritsugu, Deputy SG, has assumed the role of Acting SG until a new SG is nominated by the White House.

On July 27, 2006, U.S. Surgeon General Richard H. Carmona issued a comprehensive scientific report which concludes that there is no risk-free level of exposure to secondhand smoke. The report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, finds that even brief secondhand smoke exposure can cause immediate harm. The finding is of major public health concern due to the fact that nearly half of all nonsmoking Americans are still regularly exposed to secondhand smoke.

RADM Craig Vanderwagen, Acting Chief Medical Officer for the Indian Health Service, was sworn on July 26th as the Assistant Secretary for Public Health Emergency Preparedness. The Office of Public Health Emergency Preparedness (OPHEP) serves as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. The OPHEP also coordinates interagency activities between HHS, other Federal departments, agencies, offices and State and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies.

The new Chief Professional Officer of the Health Services category was announced in July 2006. CAPT Michael Milner, a Physician Assistant and Regional Health Administrator (RHA) for HHS Region I replaces outgoing CPO CAPT Linda Morris Brown.

Transformation of the Commissioned Corps continues. The Secretary of HHS is expected to meet with Operating Division/Agency heads in August to discuss the recommendations of the Transformation work groups. RADM Robert Knouss is heading up transformation activities and is in the process of hiring 12 additional staff to be assigned to OCCO and OCCFM as leads for implementation of different aspects of transformation. The Chief Professional Officers (CPOs) are finalizing a report to RADM Knouss discussing the role of the CPOs and Professional Advisory Committees (PACs) in the transformation implementation process.

Deployment Readiness continues to be an important issue. Currently, approximately 75 percent of Commissioned Corps Officers and 76 percent of the pharmacy category meet basic readiness requirements. Senior Health Officials (SHOs) for HHS deployments and the SHO Executive Assistants (EAs) have been designated for all regions. The five Rapid Deployment Force (RDF) teams are 80 percent rostered and all have received training.

Six of the Incidence Response Coordination Teams (IRCT) are fully staffed and four are partially staffed. The five Applied Public Health and five Mental Health Teams are approximately 90 percent staffed. Officers assigned to Tier 3 should be prepared to deploy to augment RDF teams or to fill other missions not requiring full RDF team deployments. Officers should keep current with weather reports and monitor the status of Tropical Storm Chris (which is proceeding West Northwest toward the United States).

The Federal Pharmacy Chief Pharmacists met with American Pharmacists Association (APhA), the APhA Foundation and Board of Pharmaceutical Specialties on July 24, 2006. The APhA provided a legislative update and discussed the Federal Pharmacy Forum program to take place on March 16, 2006 (the day before the APhA Annual Meeting). The Federal Bureau of Prisons working with APhA and the Office of Force Readiness and Deployment (OFRD) to designate OFRD as a provider of Pharmacist Immunization Training (thanks to CAPT Chris Bina). The first APhA Immunization Training will take place at the Federal Bureau of Prisons Pharmacist Meeting in Fort Worth, TX on August 18th. Additional trainings for PHS pharmacists will be announced in the coming months.

Promotion results for commissioned officers for Promotion Year (PY) 2006 were released on June 30, 2006. The promotion success rates to TG-O6 rate was 40% for physicians, dentists, scientists and veterinarians and 32% for all other categories. For TG-O5 the promotion success rate was 45% for all categories. For TG-O4 the rate was 100% for the medical category and 80% for all other categories. The difference in rates by category reflects an analysis of billets and current officers at TG-O6. For the pharmacy category 26 officers were promoted to TG-O6; 47 officers were promoted to TG-O5 and 67 officers were promoted to TG-O4. More promotion statistics are provided below. Officers who were not promoted and who were ranked in the lowest quartile will receive a file review and counseling on ways they might improve their chances for promotion (more information on this process will be available in August and September).

Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers. The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI). As of May 23, 2005, all health care providers, including pharmacists, can apply for their National Provider Identifier (NPI). The NPI will replace health care provider identifiers used in standard health care transactions today. All HIPAA-covered entities except small health plans must begin using the NPI no later than May 23, 2007. The Centers for Medicare and Medicaid Services (CMS) has announced that Medicare fee-for-service claims submitted using the NPI will be accepted beginning January 3, 2006 if they are also submitted with a legacy Medicare number. Beginning October 1, 2006, claims may be submitted using the NPI alone, but the legacy Medicare numbers will also be accepted. As of May 23, 2007, legacy numbers will no longer be accepted, and the NPI will be the only identifier providers can use to be reimbursed for their services. To apply for a NPI, go to <https://nppes.cms.hhs.gov/>.

Upcoming Meetings

August 14-16 – Federal Bureau of Prisons Annual Pharmacist Meeting, Ft. Worth, TX
October 22-26 – 2006 Combined Forces Pharmacy Seminar, Atlanta, GA
October 16 - Federal Pharmacy Chiefs Meeting with ASHP, Washington, DC
December 3-7 – ASHP Midyear Clinical Meeting, Anaheim, CA
March 16-19 – American Pharmacists Association, Atlanta, GA

New Pharmacists Called to Active Duty July 1–31, 2006

LSTEOD	AGENCY	RANK	NAME	POSTITLE	CITY	STATE
7/23/2006	IHS	ENS	CERNOHOUS, TIMOTHY M.	JUNIOR COSTEP	KODIAK	AK
7/21/2006	BOP	LT	MCKEE, CHARLES N.	SR PHARMACIST	FORREST CITY	AR
7/17/2006	IHS	ENS	THURBER, JAMES A.	SENIOR COSTEP	TUCSON	AZ
7/16/2006	IHS	ENS	RUBENSTEIN, ALISTER A.	JUNIOR COSTEP	ZUNI	NM
7/10/2006	FDA	ENS	WILLIAMS, TEGAN L.	JUNIOR COSTEP	ROCKVILLE	MD
7/9/2006	IHS	LT	MALEK, JENNIFER A.	PHARMACIST	GALLUP	NM
7/7/2006	IHS	ENS	KUROWSKY, JOHN D.	SENIOR COSTEP	TUCSON	AZ
7/5/2006	BOP	ENS	MOE, JAIME L.	SENIOR COSTEP	POCATELLO	ID
7/4/2006	BOP	LCDR	NGUYEN, KIMTHOA T.	SR PHARMACIST	BUTNER	NC
7/3/2006	IHS	LT	ARNOLD, STEPHANIE R.	RESIDENT	CLAREMORE	OK
7/3/2006	IHS	LT	VANLEW, HOLLY M.	RESIDENT	PHOENIX	AZ
7/2/2006	IHS	LT	POWER, JACOB A.	RESIDENT	WHITERIVER	AZ
7/2/2006	IHS	LT	ZACHERY, JASMYN K.	RESIDENT	WARM SPRINGS	OR
7/1/2006	IHS	LT	OLSON, MATTHEW D.	RESIDENT	TALIHINA	OK
7/1/2006	IHS	LT	VANTYLE, KENDALL M.	RESIDENT	SHIPROCK	NM
7/1/2006	IHS	CAPT	VERSHURE, DOROTHY S.	SR PHARMACIST	ABERDEEN	SD

PHS Pharmacist Promotion Statistics Promotion Year (PY) 2006

Promotion Success Rate

	<u>Promoted</u>	Not <u>Promoted</u>	Total <u>Eligible</u>	Percent <u>Successful</u>
TG O-6	26*	54	80	32%
TG O-5	47**	58	105	45%
TG O-4	67***	19	86	80%

* includes 2 EPP, ** includes 4 EPP, *** includes 1 EPP

Note: Officers who did not meet basic readiness or who were missing a COER were not promoted

Note: Promotion rates are higher in PY2006 than in PY 2005 (PY2005 TG-O6 was 25% and TG-O5 was 40%)

Board Scores

Board Score Averages for Promoted Officer's

	<u>Precept 1</u>	<u>Precept 2</u>	<u>Precept 3</u>	<u>Precept 4</u>
TG O-6	80.77	62.11	78.50	69.35
TG O-5	76.22	58.50	73.52	64.52
TG O-4	67.47	55.88	61.42	62.10

Note: Board scores averages were much lower than in PY 2005. For Precept 1 the average score was 17 points lower across all TGs, for Precept 2 it was 25 points lower, for Precept 3 it was 8 points lower and for Precept 4 it was 5 points lower.

	<u>High Score</u>	<u>Low Score</u>	<u>Average Score</u>	<u>Promotion Cut Off Score</u>
TG O-6	88.30	16.90	59.3	69.70
TG O-5	81.80	23.55	63.69	67.85
TG O-4	78.85	16.65	60.21	53.15

Note: Final scores are determined by multiplying each precept score by its weight and coming up with a final score and adding points for basic readiness (total score is based on 100 points).

Pharmacist Promotion Success Rate By OpDiv/Agency

	<u>TG O-6</u>	<u>TG O-5</u>	<u>TG O-4</u>
BOP	25% (3 of 12)	29% (5 of 17)	77% (10 of 13)
CDC	100% (1 of 1)	100% (1 of 1)	100% (1 of 1)
CMS	N/A	0% (0 of 1)	N/A
DHS	50% (1 of 2)	50% (1 of 2)	N/A
FDA	50% (7 of 14)	57% (13 of 23)	93% (25 of 27)
HRSA	0% (0 of 2)	75% (3 of 4)	100% (1 of 1)
IHS	24% (10 of 43)	40% (22 of 55)	74% (29 of 39)
NIH	100% (3 of 3)	100% (1 of 1)	N/A
OS	100% (1 of 1)	100% (1 of 1)	100% (1 of 1)
PSC	0% (0 of 1)	N/A	N/A
SAMHSA	0% (0 of 1)	N/A	0% (0 of 1)
TOTAL	32% (26 of 80)	45% (47 of 105)	78% (67 of 86)

Billets

TG O-6

85% (22 of 26) of pharmacy officers promoted to TG-O6 in PY 2006 were in an O-6 Billet
 63% (22 of 35) of officers up for TG-O6 AND in an O-6 billet were promoted to TG-O6
 11% (4 of 38) of officers up for TG-O6 AND in an O-5 billet were promoted to TG-O6
 0% (0 of 7) of officers up for TG-O6 AND in an O-4 billet were promoted to TG-O6

TG O-5

98% (46 of 47) of pharmacy officers promoted to TG-O5 in PY 2006 were in an O-5 or O-6 Billet
 75% (9 of 12) of officers up for TG-O5 AND in an O-6 billet were promoted to TG-O5
 48% (37 of 77) of officers up for TG-O5 AND in an O-5 billet were promoted to TG-O5
 6% (1 of 16) of officers up for TG-O5 AND in an O-4 billet were promoted to TG-O5