



The Credential

The Mark of Excellence in Geriatric Care

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YOUR HELP IS NEEDED NOW TO PASS THE “INDEPENDENCE AT HOME ACT”

Yes, it’s really true! S.1131 in the U.S. Senate and H.R. 2560 in the U.S. House of Representatives – known as the “Independence at Home Act” – are the only bills that legislate chronic care demonstrations that recognize the role of **pharmacists** in managing the complex medication regimens of older, chronically ill.

Specifically, chronically ill Medicare beneficiaries who enroll in an “Independence at Home” (IAH) program will be eligible to receive medication monitoring and management by “**a pharmacist who is board certified in geriatric pharmacy by the Commission for Certification in Geriatric Pharmacy or possesses other comparable board certification demonstrating knowledge and expertise in geriatric pharmacotherapy.**” In fact, all clinicians in IAH programs — physicians, nurses, nurse practitioners, pharmacists — must all be credentialed in geriatrics.

Notably, this is not a Medicare medication therapy management (MTM) benefit, but rather is a very narrowly focused program for a very specific population of highest costs and a fairly high level of functional impairments.

The Act would establish a new Medicare pilot program in 26 states to provide coordinated, primary care medical services in the homes of high cost Medicare beneficiaries with chronic illness, to help them live independently as long as possible.

The Act also:

- Provides funding for coordinated-care programs by health care teams
- Reduces duplicative services and generates savings through coordination of care
- Recognizes the specialized pharmacotherapeutic skills required by a geriatric pharmacist and identifies the Commission for Certification of Geriatric Pharmacy as the certifying body.
- Creates a clear and identifiable goal to measure success for each “Independence at Home (IAH) Program” to demonstrate at least 5% savings annually

As part of its Campaign 2011 initiatives (2011 is the year that baby boomers first turn 65 and enroll in Medicare), the American Society of Consultant Pharmacists (ASCP) worked diligently to ensure that pharmacists were included in this ground-breaking bill. Now it’s your turn in what may well

be **a once in a lifetime opportunity** to help advance this legislation to make the “Independence at Home Act” part of congressional health care reform legislation this year.

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CGPs CONVENE BREAKFAST MEETING IN ORLANDO

Almost 100 board-certified geriatric pharmacists (CGPs) gathered in an exclusive session just for CGPs during ASCP's Midyear Conference and Exhibition - Focus on Residents and Nursing Facilities - in Orlando, Florida, at the Walt Disney World Dolphin on May 8, 2009.

CCGP's Secretary/Treasurer Eldon Armstrong moderated the session and gratefully acknowledged Forest Pharmaceuticals for their generous support of this CCGP breakfast meeting. Armstrong highlighted CCGP's concerns regarding the Board of Pharmaceutical Specialties (BPS) initiative for recognition of an ambulatory care pharmacy practice specialty in that there may be considerable overlap in the content and skills of the board-certified geriatric pharmacist and the new BPS ambulatory care certification. Armstrong stated: "While chronic conditions can occur at any age, the large majority of ambulatory patients who fit the descriptions in the ambulatory care certification are older adults, for whom the special skills of geriatric management are critical ... a pharmacist may be knowledgeable about principles of pharmaceutical care or disease management, but the application of this knowledge to older adults requires a different set of skills and knowledge that goes beyond management of individual diseases."

Armstrong noted that CCGP along with the American Society of Consultant Pharmacists asked BPS to consider the following questions before approving the new certification:

- How will the patient population for this certification be defined and will the majority of that population be older persons?
- If so, how will the principles and practice of geriatric care be included in the certification process?
- How will this new credential complement the Certified Geriatric Pharmacist credential?
- How will this new certification be communicated to the population that it intends to serve?
- How does this certification advance the profession in a way that consumers, caregivers, and purchasers of health care will understand its value?

A response from BPS was not expected until after conclusion of the public hearings.

In a presentation entitled "Obama Healthcare Impact on LTC", Richard Stefanacci, DO, MGH, MBA, AGSF, CMD, reviewed the top issues: 1) medical home; 2) pay for performance (P4P); 3) health information technology; 4) competitive effectiveness analysis; 5) home and community

based waivers; 6) bundling of acute A and subacute A; and 7) Federal Part D Plan.

Regarding competitive effectiveness analysis, the Medicare Improvements for Patients and Providers Act of 2008 authorized the Institute of Medicine (IOM) to conduct studies on best practices, specifically to establish clinical decision-making protocols and standards on methodologies for conducting systematic reviews of clinical effectiveness research.

Stefanacci noted an example of such clinical effectiveness research in recently published data on combination therapy for Alzheimer's Disease. The results of one NIH-sponsored study of 382 patients over the course of 15 years (the mean time in the study for all patients was 2.5 years) supported the benefits of long-term combination therapy for patients with Alzheimer's Disease (AD). The patients were divided into three groups based on the treatment they received for the duration of the study: 1) no treatment; 2) cholinesterase inhibitor alone; 3) Namenda (memantine) + cholinesterase inhibitor. The effects of these three treatments on cognition and function were determined. Patients receiving combination therapy may experience significantly slower cognitive decline and less functional dependence compared with a cholinesterase inhibitor alone or no therapy.

Also reported were the estimates of an analysis of Part D retail pharmacy claims in 2007 that revealed that while 26% of all Part D enrollees reached the coverage gap (including 4% who reached catastrophic coverage), 64% of enrollees receiving Alzheimer's treatments reached the coverage gap (including 15% who reached catastrophic coverage).

For board-certified geriatric pharmacists, Stefanacci emphasized 3 things to remember going forward in practice and as healthcare reform evolves:

1. acquire geriatric medication management **expertise**
2. demonstrate and articulate **value**
3. develop **partnerships**

Claudia Schlosberg, JD, ASCP's Director of Policy & Advocacy, reviewed the exciting proposed legislation "Independence at Home Act" that specifically requires board-certified geriatric pharmacists to provide medication monitoring and management of medically complex Medicare beneficiaries living at home, and prompted attendees to contact their legislators to help get the legislation passed and incorporated into Congress' health care reform initiatives. For more information about the "Independence at Home Act", see page 1.

CE PATHWAY TO RECERTIFICATION TO CHANGE IN 2013

The Commission for Certification in Geriatric Pharmacy has announced improvements beginning in 2013 to the continuing education pathway to recertification of board-certified geriatric pharmacists (CGPs).

WHAT STAYS THE SAME: To recertify, an individual must be licensed to practice pharmacy and must recertify every five years via one of two methods: 1) pharmacists may take the computer-based board certification exam within six months prior to certification expiration, or 2) pharmacists may take the approved continuing education pathway for recertification, known as the CGP-Professional Development Program (CGP-PDP). CCGP continues its exclusive contract for the approved continuing education recertification pathway with the American Society of Consultant Pharmacists.

WHAT'S CHANGING is the CGP-PDP program, the continuing education pathway for recertification. The **current** CGP-PDP program consists of **two** elements:

- 50 hours of continuing education online at GeriatricPharmacy.com; and
- Two live day-long courses, "Clinical Update for the Senior Care Pharmacist" and "Geriatric Assessment for the Senior Care Pharmacist," which are offered in conjunction with the ASCP midyear and annual national meetings, and occasionally offered as stand-alone programs or in conjunction with ASCP regional and/or state chapter meetings.

The **new** CGP-PDP program will consist of only **one** element:

- 75 hours of continuing education online at GeriatricPharmacyReview.com

IF YOU WERE CERTIFIED OR RECERTIFIED PRIOR TO JANUARY 1, 2008, you are due to recertify **before** January 1, 2013. The CGP-PDP program for you will be the **current** program:

- 50 hours of continuing education online at GeriatricPharmacy.com; and
- Two live day-long courses, "Clinical Update for the Senior Care Pharmacist" and "Geriatric Assessment for the Senior Care Pharmacist," which are offered in conjunction with the ASCP midyear and annual national meetings, and occasionally offered as stand-alone programs or in conjunction with ASCP regional and/or state chapter meetings. These live courses are required once during the five-year certification period and will continue to be offered through November 2012. (For more information about the 2009 courses, see page 8.)

IF YOU WERE CERTIFIED OR RECERTIFIED AFTER JANUARY 1, 2008, you are due to recertify **after** January 1, 2013. The CGP-PDP program for you will be the **new** program:

- 75 hours of continuing education online at GeriatricPharmacyReview.com

New material will begin to be introduced on GeriatricPharmacyReview.com by June 2010. GeriatricPharmacyReview.com is a peer-reviewed online course focusing on geriatric pharmacotherapy and is based on the CCGP Detailed Content Outline for the board certification exam.

93 PHARMACISTS ACHIEVE BOARD-CERTIFICATION IN GERIATRIC PHARMACY

Between January 1 and March 31, 2009, 93 pharmacists successfully completed the Certification Examination in Geriatric Pharmacy for the first time, or recertified by either re-taking the examination or completing the Professional Development Program (PDP). Expanding the ranks of board-certified geriatric pharmacists inherently helps CCGP to expose more organizations, employers, and other healthcare professionals to the value of the credential in geriatrics.

As the leading organization responsible for credentialing all pharmacists involved in geriatric care, Chair Jane Huff stated: “CCGP is very pleased to congratulate this specialized group of individuals who are clearly committed to appropriate care of seniors. Their decision to differentiate their knowledge and skills in geriatrics is extraordinarily timely and strategic in light of all the national dialogue and policy-making around the unique needs of medically-complex seniors – like the Independence-at-Home Act discussed – and expansion of the eldercare workforce to care for an aging America.”

CONGRATULATIONS TO:

Nicole D. Allie*
Melissa D. Arrington*
Mark S. Autrey
Manisha K. Bajwa*
Alka Bhalla*
Shelley J. Bingham
Jami L. Butz*
Ruth Campbell
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Karl F. Thoele*
Teena Thomas*
Rashona V. Thomas*
Rita M. Thompson*
Shirley T. Travillian*
Jessica L. Visco*
Cheryl A. Waldbauer
Charlie E. Waters
Cathy L. Windross*
Brian D. Wolstenholme*
Peinie P. Young

*recertified

A complete directory of
CGPs can be found at
www.ccgp.org.

The Credential

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YOUR CGP: A TOOL TO FULFILL YOUR PURPOSE AND FIND YOUR SUCCESS

- BY E. ELDON ARMSTRONG, JR., RPH, CGP



E. Eldon Armstrong, Jr.,
RPh, CGP,
Secretary/Treasurer
of CCGP

A recent message from Judy Beizer, newly elected President of the American Society of Consultant Pharmacists (ASCP), provides an example of what leaders are supposed to do. That is, cast a vision for the future. She noted that her “platform” for success “wasn’t about me, but about what the organization and the profession needed.” It is important to know and live your purpose in all aspects of your life as both a person or an organization.

I applaud leadership, such as Judy’s, that is searching, and at the same time, leading us back to our **purpose** as an organization. ASCP is the founding organization of CCGP, and works independently of The Commission. CCGP operates to provide a tool for you in your service to the aging population in your community. That may be a community where you live and work as an independent geriatric specialist, or with a health team that expands your geriatric practice opportunities.

As you look for the vision or purpose for your life, your work is either a struggle or a “dessert”. One local football coach recently said that his view of “stressed” situations in the upcoming “big game,” was approached as the word spelled backwards, i.e. “desserts.” It was what he liked to do and stress was a part of it. What is your pharmacy life like today? Stressed or desserts?

I heard the famous investor, Warren Buffett, on TV recently. He described success as “getting all that you want” and happiness as “being content with what you have.” We have all defined our purpose and success differently, depending upon which self-help book or seminar we have accessed. You remember these ‘steps?’ “Consider

your dreams. Aim High. Clarify your values. Go for it! Be disciplined. Involve others. Never give up!”

The words of wisdom of Mr. Buffett indicate that being successful and fulfilling life’s purpose in your life are **not at all the same** issue. What is your purpose as a pharmacist serving the aging and frail populations inside our health care systems? Do you feel like a difference-maker?

The CCGP is established to provide you with a tool, *Certification in Geriatric Pharmacy*. Tools are part of meeting our goals for success, but also count toward being happy in living our life with greater purpose. I am happy to report that many of you are making it your basic practice tool. In my work I have found it to be respected by my peers, accepted by other health providers, and validated by the sense of joy that I feel when I make a positive and significant difference in the lives of real souls—not just in paper charts!

There are many of all ages who are lost in the “medication maze” created within our national health care systems. No matter where they reside, or their age, they are asking for education, guidance, and counseling, and for someone who can make a difference in the quality and, perhaps, the purpose of their lives.

I am happy to serve you as a Commissioner who strives to meet our organizational purpose. Our purpose is to make the board-certified geriatric pharmacist (CGP) credential a great tool! We work to make it practical to attain and ensure affordability. All the while we strive at protecting its validity and promoting its recognition in the health care systems in which **you** walk and work each day.

Please communicate with any member of the Board of Commissioners anytime if you are making a decision about certifying or recertifying in living out your purpose in life to serve the aging and frail populations.

CALL FOR 2009 CGP AWARD NOMINATIONS – DUE SEPTEMBER 10

Nominate a deserving colleague today for the CCGP's Excellence in Geriatric Pharmacy Award! This award recognizes the Certified Geriatric Pharmacist who fosters the principles of good pharmacy practice, demonstrates excellence in geriatric patient care, and promotes the value and rigorous standards established by CCGP. Self-nominations are also encouraged. Qualifications of award nominees are:

- Nominee must be a Certified Geriatric Pharmacist
- Current CCGP Board member are not eligible for nomination.
- Nominee uses the CGP credential to advance patient care.
- Nominee made a significant contribution to the recognition of the CGP program by:
 - publishing articles;
 - successfully promoting the CGP designation in their own practice; and/or
 - promoting the CGP program within their organization.
- Nominee served CCGP through:
 - serving on committees or task forces;
 - making presentations on behalf of CCGP (talks, posters, etc.); and/or identifying and securing partners.

For more information, including the nominating process, visit <http://www.ccgp.org/pharmacist/award.htm>

CALL FOR NOMINATIONS FOR CCGP BOARD OF COMMISSIONERS DUE SEPTEMBER 21, 2009

The Commission for Certification in Geriatric Pharmacy (CCGP) is seeking nominations of board-certified geriatric pharmacists for election to a position on the CCGP Board of Commissioners. The newly elected Commissioners will serve a three-year term that commences December 1, 2009. Eligibility criteria of nominees include:

- Must be a board-certified geriatric pharmacist (CGP) with a minimum of 5 years experience in the practice of geriatric pharmacy
- Leadership interest and success as demonstrated by elected geriatric position, committee membership, or chair within a geriatric pharmacy organization; or current or previous pharmacy-related management position
- Ability to educate other practitioners and champion advantages of board certification in geriatric pharmacy
- Willing to provide necessary time and energy to the Commission
- Willing to consider leadership path to Board Chair
- Willing to participate in internal mentoring process
- Have a basic understanding of financial reports and budgeting process or willingness to acquire this basic understanding
- Willing to promote the value of board certification within own organization and regionally within other professional pharmacy organizations
- Willing to provide the Nominating Committee with the required documentation to support qualifications.

For information about the nominating process, visit <http://www.ccgp.org/about/BoCcallfornomination.htm>.

PREVIOUS AWARD RECIPIENTS

Joseph Gruber, RPh, FASCP, CGP	2001
Sandra Brownstein, PharmD, FASCP, CGP	2002
Stephen M. Aldridge, RPh, MAd, FASCP, CGP	2003
Mark A. Stratton, PharmD, BCPS, CGP	2004
Monica L. Mathys, PharmD, CGP	2005
Greg D'Amore, PharmD, RPh, PhC, FASCP, CGP	2006
Terrence E. O'Shea, B.S. Pharm, PharmD, CGP	2007
Mary Ann E. Zagaria, PharmD, MS, CGP	2008
YOUR NAME HERE????	2009

CALL FOR EXAM DEVELOPMENT COMMITTEE MEMBERS DUE SEPTEMBER 21, 2009

CCGP seeks volunteers for appointment to the Exam Development Committee (EDC). Self-nominations are encouraged. Newly elected EDC members will serve a three-year term that commences on January 1, 2010.

EDC members participate in item writing for the certification exam, evaluate the exam administration results, and serve as advisors concerning the examination and administration of the certification process. Volunteers must be Certified Geriatric Pharmacists. Application information is posted on CCGP.org.

INDEPENDENCE AT HOME ACT

Continued from Page 1

YOUR HELP IS NEEDED STAT! PLEASE, urge your members of Congress to support and cosponsor S. 1131 and H.R. 2560, the “Independence at Home Act.” Of particular concern are members of the Senate Finance Committee who seem **averse** to supporting the “Independence at Home Act” and **predisposed** to authorize CMS to set up various chronic care demonstrations ... and whether or not CMS would include pharmacists in their chronic care demonstration(s) is yet another uphill battle for a later date.

“Obviously, YOU and CCGP want to work with ASCP to secure support for the “Independence at Home Act” now ... rather than lobbying CMS later and hoping they would include pharmacists in any demonstrations they might authorize,” said Jane Huff, CCGP Chair. “This is the most exciting federal development for board-certified geriatric pharmacists (CGPs) ever, so your help **right now** is truly critical to get this Act included in the health care reform package.”

Using ASCP’s Advocacy Center is really easy — just click this link <http://www.ascp.com/advocacy/center/>

You’ll be able to edit the draft message to personalize it as you see fit. Then simply click ‘send my message’ which will generate an email to your U.S. senators and representative based on your zipcode.

You can also call the US Capitol Switchboard at 202-224-3121 and ask to be connected to your Senator’s or Representative’s office. Ask them directly to support the Bill. Visit your Senator or Representative in their home office.

For a summary of the bill, click here

<http://www.ascp.com/advocacy/center/upload/Independence%20at%20Home%20Summary.pdf>

For a FAQ about the bill, click here

<http://www.ascp.com/advocacy/federal/congress/upload/Independence%20at%20Home%20Act%20FAQ.pdf>

For Talking Points about the bill, click here

<http://www.ascp.com/advocacy/upload/Independence%20at%20Home%20Talking%20Points.pdf>

For a copy of the bill, click here

<http://ascp.com/advocacy/federal/congress/upload/IndependenceatHomeAct.Final.2009.pdf>

To see the current sponsors of the bills, click here

<http://www.ascp.com/advocacy/federal/congress/IAHSponsors.cfm>

DATES TO REMEMBER AND OPTIONS TO RECERTIFY

2009 Registration Deadlines to take the CGP Exam

- Register by October 31, 2009, to take the exam by November 30, 2009.

Computer-based exams are now administered exclusively. Due to so few candidates for the paper-based exam coupled with rising costs for its administration, the paper-based exam is no longer offered.

Two Options to Recertify

CCGP requires all Certified Geriatric Pharmacists (CGPs) to recertify every five years. Recertification assures the public and the profession that CCGP-certified pharmacists undergo periodic evaluation to verify that their knowledge and skills are maintained at a level comparable to newly Certified Geriatric Pharmacists.

To recertify, an individual must be licensed to practice pharmacy and successfully complete one of two methods:

1. Achieve a passing score on the multiple-choice, 150-question CCGP Certification Examination; or
2. Earn 75 continuing education hours over five years through the Professional Development Program (PDP) for CGP Recertification. CCGP has designated the American Society of Consultant Pharmacists (ASCP) as the exclusive provider of the PDP for CGP Recertification. This program's content is directly related to the content map from which the exam questions are developed. In addition to the online study at GeriatricPharmacyReview.com, you are required to complete two live workshops: "Clinical Update for the Geriatric Pharmacist" and "Geriatric Assessment for the Senior Care Pharmacist." For a description of these courses visit <http://www.ascp.com/education/certification/> and scroll down to the recertification section.

CGP-PDP Workshop Information for 2009

Clinical Update for the Geriatric Pharmacist Workshop

November 17, 2009, Anaheim, CA, in conjunction with Senior Care Pharmacy '09,
ASCP's 40th Annual Meeting and Exhibition

<http://ascp.com/education/meetings/clinicalupdateworkshop.cfm>

Geriatric Assessment for the Senior Care Pharmacist Workshop

November 20-21, 2009, Anaheim, CA, in conjunction with Senior Care Pharmacy '09,
ASCP's 40th Annual Meeting and Exhibition

<http://ascp.com/education/meetings/geriatricassessment.cfm>

**Class Sizes are Limited,
Register Today!**

For more information, visit
www.ascp.com/education
or call (703) 739-1300.

**NOTE: See related article on page 3
"CE Pathway to Recertification to
Change in 2013."**



*Workshop attendees at a recent Geriatric
Assessment for the Senior Care
Pharmacist*