



# The Credential

*The Mark of Excellence in Geriatric Care*

Vol. 11, No. 3

3rd QTR 2009

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To contact the commissioners, send an  
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## YOU MUST CONTACT YOUR SENATORS & REPRESENTATIVE ABOUT HEALTH CARE REFORM!

Consider what Congress is talking about:

- A. Patient Safety Research Center to improve patient safety and outcomes and decrease medical errors, and grants to eligible entities to implement medication management services provided by licensed pharmacists
- B. Community health teams to support patients' medical homes, i.e. pharmacist-delivered medication management services, including medication reconciliation
- C. Inclusion of training on medication problems in the elderly in geriatric education centers' training of direct care staff and family caregivers
- D. Preventing potentially preventable hospital readmissions
- E. Patient-centered medical home pilot programs, including medication management services
- F. Independence at home pilot program (based on VA's Home-Based Care Program) that provides health care to high cost beneficiaries in their homes using interdisciplinary teams, including pharmacists
- G. Recognizing certified diabetes educators as providers under Medicare

A - C are some of the provisions in the Senate's Health Education Labor and Pensions (HELP) Committee's Affordable Health Choices Act.

D - G are some of the provisions in the House's HR-3200, America's Affordable Health Choices Act of 2009.

Never before has the topic of appropriate use of medications in the elderly been discussed in Congress as much as it is being discussed today. Stephanie Hammonds, PharmD, updated attendees of the 2009 Legislative Conference of the American Society of Consultant Pharmacists on September 23, 2009, on what's going on with health care reform legislation and what legislators are planning. Hammonds serves as a Congressional Healthcare Policy Fellow in the office of the Chairman of the Senate HELP Committee. In her position, she has been able to draft legislative provisions to enhance the clinical pharmacists' role in helping to manage the care of chronically ill patients. Her position is sponsored by the School of Pharmacy at the Medical College of Virginia/Virginia Commonwealth University, the American College of Clinical Pharmacy, and the American Society of Health-System Pharmacists.

A startling comment from Hammonds was "where are pharmacists on health care reform?" She noted that messages and visits from physicians and nurses to legislators far outnumber messages and visits from pharmacists. She also noted that physicians and nurses speak more frequently to the public health issues of health

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## 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 6.)

**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.

### HEALTH CARE REFORM

*Continued from Page 1*

care reform, and that pharmacists would be better served by putting our messages in the context of advancing public health.

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) has worked diligently to ensure that pharmacists are included in health care reform. For more information about health care reform from ASCP's Legislative Conference, visit <http://www.ascp.com/advocacy/briefing/reform.cfm>. Please do your fair share to advance this national debate. Our colleagues at ASCP make it 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 zip code.

Or you can call the US Capitol Switchboard at 202-224-3121 and ask to be connected to the offices of your Senators and Representative, or call their local offices in your home state.

**As a board-certified geriatric pharmacist, you must contact your senators and representative about health care reform!** If you have any questions, please contact Kathy Gavett, ASCP's Government Affair Manager at [kgavett@ascp.com](mailto:kgavett@ascp.com).

## ATTEND YOUR ANNUAL MEETING AND RECEPTION IN ANAHEIM

### Who?

All Board-Certified Geriatric Pharmacists (CGPs)

### What?

The Annual Meeting and Reception of the Commission for Certification in Geriatric Pharmacy (CCGP)

### Where?

Anaheim Convention Center, Anaheim, California

### When?

Thursday, November 19, 2009, from 5:00 pm – 6:00 pm

### Why?

You and your CGP colleagues will meet the new and current members of the Board of Commissioners and Exam Development Committee, and hear reports of CCGP's accomplishments in 2009 and plans for 2010. Plus, the reception is an excellent time for networking and socializing among your board-certified geriatric pharmacist peers.

The CCGP Annual Meeting and Reception is held in conjunction with the 40th Annual Meeting and Exhibition of the American Society of Consultant Pharmacists (ASCP), November 18-20, in Anaheim, California. Come join ASCP's 40th birthday celebration of serving seniors for 40 years. For more info, visit [www.ascp.com/annual](http://www.ascp.com/annual).



## 52 PHARMACISTS ACHIEVE BOARD-CERTIFICATION IN GERIATRIC PHARMACY

Between April 1 and June 30, 2009, 52 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 CE Program (PDP).

Jane Huff, RPh, CGP, Chair of the CCGP Board of Commissioners, congratulated each CGP on “demonstrating a level of knowledge, training, experience, and skills that is deemed essential to provide comprehensive pharmaceutical care to the nation’s senior population.” “We are especially pleased with this growth in light of the national dialog in Congress about appropriate use of medications in the elderly in the context of health care reform. “

This class represents the continuing growth in the number of pharmacists to over 1,800 who have earned the Certified Geriatric Pharmacist credential since the beginning of CCGP in 1997. CGPs are clearly in sync with the aging of Americans and well positioned for health care reform. [see related story on page 1]

### CONGRATULATIONS TO:

Mireille Awad*	Ahab Elmadhoun*	Nancy A. Martino*	Hema N. Shah
Jennifer M. Billings	Richard B. Foley*	Nissa Mazzola	Deborah A. Simcox*
Susan C. Bishop	Stacy L. Gould	Neemet McDowell	Soliman A. Soliman, Sr.
William E. Brewer	Alpinder Grewal	Stephen M. Moerlein	Kathryn N. Spinniken*
Catherine M. Brown*	Lisa M. Hart	James D. Nash	Regina Staples
Bonnie W. Burroughs	Denise Harwin	Anna T. Orzechowski	Randi K. Stouffer
Samantha Calabrese	Kai Wai E. Hu	Rodney R. Paul*	Michael A. Tenoglia
Sarah Chao*	Sapna Kamdar	Bradley S. Payne	Christopher J. Thomas
Kelly K. Chillingworth	Helen R. Kerr*	Patricia A. Pracsovics*	Carmen Vezina
Judith A. Chioli*	Laurae Kloschinsky	Corina A. Reyna*	Patty J. West*
Shou-Ben Clough	Joanne M. Leclair*	Fred A. Robillard	<b>*recertified</b>
Thomas Demundo	Stephen P. Loh*	Jennifer L. Rue	A complete directory of CGPs
Melissa R. Dutchak	Kate E. Marcum	Melody Ryan*	can be found at <a href="http://www.ccgp.org">www.ccgp.org</a> .
Mark Edlund	Tonya S. Martin	Trisha M. Seys Ranola*	

## WHAT’S THE ANSWER TO THIS QUESTION?

Test your knowledge about this senior and her unique medication-related needs.

### Question #102:

An 83 year-old woman has been diagnosed with pernicious anemia. She has an abnormal Schilling test, vitamin B12 level < 200pg/ml, elevated methylmalonic acid, and elevated homocysteine.

Which of the following is the most appropriate cyanocobalamin regimen?

- 100mcg IM monthly
- 1000mcg IM monthly
- 1000mcg IM daily for one week, then 1000mcg IM monthly
- 1000mcg po daily for 1 month, then 1000mcg po weekly

As a board-certified geriatric pharmacist yourself, use this question to compare your knowledge and practice to current standards to see if you are remaining up-to-date.

It’s a question from CCGP’s Self-Assessment Examination (SAE), a booklet of 150 questions developed by a volunteer group of CGPs, and a second booklet that provides the answers, test scoring information, and explanations of all answers.

The answer and explanations to Question #102 can be found on page 7.

### The Credential

A quarterly publication of The Commission  
for Certification in Geriatric Pharmacy

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## MEET INCOMING BOARD CHAIR, TOM LACKNER



*Thomas Lackner*

Thank you for reading this issue of *The Credential*. I'm Tom Lackner, the incoming Chair of the Commission for Certification in Geriatric Pharmacy (CCGP). I've been a board-certified geriatric pharmacist (CGP) since 1997 at the inception of CCGP, and have served as a CGP member of the Board of Commissioners for several years. I've been a member of the

American Society of Consultant Pharmacists (ASCP) since 1989, during which time (1989 to 1999) I was employed by Pharmacy Corporation of America/PharMerica in positions of Consultant Pharmacist, Regional Director of Consulting Pharmacy, Vice President of Clinical Services, and Director of Research and Education. Since 1999, I've been a faculty member at the University of Minnesota College of Pharmacy, where I've combined my interest in clinical research in geriatrics while continuing to provide consulting pharmacy services to ambulatory and institutionalized seniors in outpatient, long term care, and transitional care settings as part of an interprofessional care team. During the coming year, I look forward to partnering with all of you as board-certified geriatric pharmacists in achieving our common goal of evidence-based, patient-centered care of seniors in all settings. Please don't hesitate to contact me (lackn001@umn.edu) with any suggestions and comments you have regarding the CGP and how it can best meet your practice and personal needs.

The CCGP was founded by ASCP to certify that pharmacists providing pharmaceutical care to geriatric patients (regardless of the setting) demonstrate a level of competence necessary to improve health outcomes of seniors. To accomplish this, the CCGP established a Board of Commissioners that consists of representatives from multiple healthcare sectors: active CGPs (who have experience in long term care, transitional care, assisted living communities, managed care, community pharmacy, and academia; a public/consumer representative (currently an AARP representative); a licensed physician (currently a Certified Medical Director); a payer representative; a representative of the ASCP Board of Directors; and the

Executive Directors of ASCP and the CCGP. (See the sidebar on page 1 for the current Board of Commissioners.) The CCGP Board positions us to identify, develop, and maintain a clinically relevant, practice based, psychometrically sound, and legally defensible certification examination, successful passage of which certifies the competence in knowledge and skills of pharmacists who provide care to seniors wherever they reside.

Based on current, imminent, and future changes in healthcare, the demand for pharmacists who demonstrate expertise in geriatrics exceeds the current number of CGPs. This shortage is fueled by the lack of other healthcare providers trained in geriatrics, the expansion of the senior population as baby boomers age, a growing demand for CGPs by healthcare organizations, and more people recognizing the unique role of pharmacists in improving health outcomes. CCGP plays a critical role in advocating for the use of CGPs to best meet these needs and provides the means to do so. One example of how CCGP is working to increase the number of CGPs is that each commissioner encourages our fellow pharmacists who work with seniors to earn their own board-certified geriatric pharmacist credential to uniquely differentiate themselves from the vast majority of other pharmacists.

Another example of how CCGP is working to increase the number of CGPs is through the pilot CGP-In-Training Program, designed to increase the number of CGPs while maintaining the rigor of the board certification in geriatric pharmacy. College of pharmacy students participating in this program will receive a minimum of one year didactic and/or advanced pharmacy practice experience in geriatrics that addresses the activities of the certification exam content outline. Students accomplishing this requirement will be afforded the opportunity to become board-certified in geriatric pharmacy after completing one year (instead of two years) of pharmacy practice experience after graduation from pharmacy college. Consequently, these students will be better prepared to compete for current and future positions which require demonstrated competence in caring for seniors.

Finally, you can help us expand the number of pharmacists who are board-certified in geriatric pharmacy. Please tell your pharmacist friends and colleagues of the proliferating opportunities to position themselves in geriatric care.

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## DATES TO REMEMBER AND OPTIONS TO RECERTIFY

### 2009 Registration Deadlines to take the CGP Exam

(For registration form visit [http://www.ccgp.org/pharmacist/certification/register\\_form.cfm](http://www.ccgp.org/pharmacist/certification/register_form.cfm) )

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

### 2010 Registration Deadlines to take the CGP Exam

- Register by January 31, 2010, to take the exam by February 28, 2010.
- Register by April 30, 2010, to take the exam by May 31, 2010.
- Register by July 31, 2010, to take the exam by August 31, 2010.
- Register by October 31, 2010, to take the exam by November 30, 2010.

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](http://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 November 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>

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### Class Sizes are Limited, So Register Early!

For more information, visit [www.ascp.com/education](http://www.ascp.com/education)  
or call (703) 739-1300 ext. 119.

**NOTE:** See related article on page 2 "CE Pathway  
to Recertification to Change in 2013."

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

## ANSWER TO THE QUESTION

*Continued from Page 4*

### Answer and Explanation of #102:

The right answer is C. The SAE not only tells you the right answer, it also explains each correct and incorrect answer, and identifies the question's application to a disease-specific activity regarding hematologic disorders.

- (u) A. More frequent therapy is necessary initially to treat symptoms and replace stores of B 12.
- (u) B. More frequent therapy is necessary initially to treat symptoms and replace stores of B 12.
- (c) C. This regimen provides initial therapy for symptoms and maintenance therapy for replacement.
- (u) D. Difficulty in absorbing vitamin B 12 in pernicious anemia requires parenteral administration for initial therapy and daily high-dose maintenance therapy when given orally.

### Explanation Key:

C = correct

U = unsatisfactory

A = acceptable

H = potentially harmful

Interested in more questions about seniors and their unique medication-related needs? The SAE is a 150 multiple-choice exam that is self-scoring and is based on the current certification exam content outline. It provides explanations for each correct and incorrect answer, thereby helping you better understand the reasoning that supports the correct therapy. It identifies those areas where your knowledge base is strong and where improvements are needed. Clearly, the SAE is an excellent mechanism to ensure that you are staying up-to-date with current standards in geriatric pharmacotherapy. Visit <http://www.ccgp.org/pharmacist/self.htm> to take the Self-Assessment Examination (SAE) online or order a hard copy (\$85).

For more information on geriatric pharmacotherapy, visit [www.ascp.com/geriatrics101](http://www.ascp.com/geriatrics101).

## MEET TOM LACKNER

*Continued from Page 5*

Like yourself, they can differentiate themselves in the marketplace as experts in the unique medication-related needs of seniors by earning the CGP credential. With all the national and state dialogue and policy-making related to health care reform coupled with the aging of America, there's never been a better time for pharmacists to become board-certified geriatric pharmacists (CGPs). So please

encourage your pharmacist friends and colleagues to seek more information at [CCGP.org](http://CCGP.org) and at [ASCP.com/geriatrics101](http://ASCP.com/geriatrics101) and to earn their CGP. Together we'll expand the number of board-certified geriatric pharmacists who are available to ensure that medications are appropriate, safe, effective, and used correctly by the expanding senior population.