



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Pharmacy Informaticist Training

Announcement and Agenda

FY2014

Office of Information Technology (OIT)
Albuquerque, New Mexico

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1.0 General Information

1.1 Purpose of Training

This is a four-day course for pharmacists and other pharmacy staff who are responsible for Pharmacy Informatics within a health care setting.

1.2 Prerequisites

Indian Health Care System Pharmacists, Pharmacy Supervisors, and Pharmacy Managers directly involved with the implementation, use, and maintenance of the pharmacy information system.

1.3 Target Audience

- Pharmacists who have received no formal Pharmacy Informatics training (learned by trial and error)
- Pharmacists planning to get more involved in managing the Pharmacy Information System
- Pharmacists interested in learning more about Pharmacy Informatics

2.0 Learning Objectives

The course will cover topics important to pharmacy departments including electronic documentation of adverse drug reactions, and the interface with an electronic health record (EHR). Additional topics will include: processing prescriptions, paperless refills, hold and unhold, return to stock and reissue, copy, management reports, and some of the new development in the informatics field.

At the end of this intensive training, participants should be able to:

- Describe advantages to a health care organization associated with Information Technology (IT).
- Explain the importance of accurate IT setup and configuration and the need to respond quickly to errors.
- Describe how healthcare organizations can utilize safety strategies and reduce the risk of medication and other errors by implementing technology at different points along the medication use process.
- Examine the risk of medication and other errors and consequences in patient safety for improperly configured systems.
- Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role.
- Discuss need for a system to communicate errors and system messages to users.
- Discuss Meaningful Use requirements for Medication Reconciliation.
- Formulate best practices regarding processing simple and complex Inpatient medication orders to optimize accuracy in medication management and improve patient safety.
- Organize the process of ordering Outpatient/Discharge medications for patients being discharged and the ways that information technology simplifies the process.
- Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles.
- Explain the need to return unclaimed medications to stock in a timely manner.
- Describe strategies for preventing unclaimed medication from being filled.
- Describe the utility of computer programs to document patient education.
- State requirements by states and quality organizations regarding patient medication handouts and discuss how to use them.
- Discuss the Institute for Safe Medication Practices (ISMP) recommendations for Sound Alike/Look Alike medications.
- List abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP.

- Describe the consolidated mail order pharmacy (CMOP) process and explain how it can be a resource for Indian Health Service (IHS) outpatient pharmacy.
- Identify potential errors caused by use of information technology in medication administration and develop strategies to avoid them.
- Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility.
- Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations.
- Formulate a strategy to leverage health information technology, data management, and workflow to strive toward the patient-centered medical care model.
- Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders.
- Understand the importance of adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification.
- Develop bedside medication metrics to maximize patient safety benefits.
- Discuss and review Prescription Drug Monitoring Program – Controlled Prescription Export to states.
- Discuss need to have a properly configured Information Management system to assure medication accuracy, timely access to patient information and patient safety.
- Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function.
- Examine the need for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments.

3.0 Instructors and Facilitators

Disclosure Statement: Each of the faculty for this course has completed the disclosure process and has indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest.

Additionally, each has agreed to use generic or multiple trade names when referring to medications and will identify any "off-label" or experimental uses of medication.

Facilitators marked with an asterisk (*) will primarily provide technical assistance

3.1 Albuquerque Area

- Wil Darwin, Jr., Albuquerque Area Pharmacy Consultant*
- John Shumack, Senior Pharmacist and CAC., Jicarilla Service Unit

3.2 Oklahoma City Area

- Amy Rubin, PharmD, Oklahoma Area Clinical Applications Coordinator*
- Tracie Patten, PharmD, Oklahoma Area Pharmacy & Laboratory Consultant*
- Max Burchett, PharmD, Oklahoma Area., Pharmacy Informaticist*
- Jodi Trichinella, PharmD, Inpatient Pharmacy Director, Claremore Indian Hospital*
- Matt Olson, PharmD, Pharmacy Informaticist, Choctaw Nation Health Center*

3.3 Portland Area

- Katie Johnson, Pharm D, BCPS., EHR Integrated Care Coordinator and Manager, Regional Extension Center., Northwest Portland Area Indian Health Board*
- Cornelius Dial, RPh., Area Pharmacy Consultant and EHR Consultant., Portland Area Indian Health Service*

4.0 Detailed Agenda

4.1 Day 1

All times noted are Mountain Standard Time

Time	Topic	Tab
10 min. 8:00am	Introductions	
25 min. 8:30am	Resource and Patient Management System (RPMS) Basics: John Shumakc Content Covered in this session: <ul style="list-style-type: none"> • Demonstrate ability to navigate basic RPMS menus and conventions and explain basic keyboard shortcuts and recognize the list manager view and use it efficiently. • Discuss Pharmacy List-serv and process for obtaining technical assistance. • Identify procedure to get help and submit enhancement requests. 	Tab 2
45 min. 8:55am	Overview and Demonstration of RPMS EHR: Katie Johnson Content covered in this session: <ul style="list-style-type: none"> • Analyze medication and other patient-related information captured in patient care information systems. • Delineate the process of provider order entry and order completion by pharmacy and explain the pharmacist's role. • Appraise the need for standardization throughout the clinical information technology system, including use of a standardized menu structure. • Integrate the potential impact of the Institute of Medicine recommendations, available medication management technologies and patient safety into the practice of pharmacy Informatics. 	Tab 3
10 min. 9:40am	Break	
45 min. 9:50am	Pharmacy Best Practices Cornelius Dial and Katie Johnson <ul style="list-style-type: none"> • Outside prescriptions, OTC and Herbals supplement documentation • Transfer prescriptions 	

Time	Topic	Tab
80 min. 10:35am	<p>Medication Order Processing</p> <p>Erik Chosa</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Explain the need for pharmacists to use and update patient information screen. • Analyze pharmacist order entry functionalities including: entering a new prescription, processing a refill prescription, utilizing the renew function, and discontinuing an order. • Explain the impact of the Clinical Indication field on medication ordering and prescription processing. • Differentiate when to edit and when to discontinue/re-enter. • Analyze how the “Nature of Order” field impacts the facility and Computerized Provider Order Entry. • Examine the limitations associated with the utilization of the “Partial” function. • Formulate best practices for processing medication orders to optimize accuracy in medication management and improve patient safety. • Explain the importance of processing all pending orders completely and accurately including the impact it has on multiple disciplines in outpatient settings. 	Tab 4
65 min. 11:55a.	Lunch	
75 min. 1:00pm	<p>Prescription Processing in Pharmacy 7 Return to Stock Reissue Hold Suspense</p> <p>Todd Warren</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Explain the need to return unclaimed medications to stock in a timely manner. • Describe strategies for preventing unclaimed medication from being filled. • Discuss patient safety issues when orders are entered on wrong patient and define process to remove them properly from patient profiles. • Re-issue a medication that has been returned (first fill vs. refill). • Compare “Hold” and “Suspense” and explain the implications on billing, EHR medication management, and other pharmacy processes. • Explain the difference between medications placed on “hold” by pharmacy versus Order placed on hold by provider. • Issue medications that had been placed on “Hold” or “Suspense”, including pulling early from suspense. 	Tab 5
10 Min. 2:15pm	Break	

Time	Topic	Tab
80 min. 2:25pm	Pharmacy Visit Documentation CPOE Medications Rx Communication Chris Lamer Neill Dial Amy Rubin <ul style="list-style-type: none"> • Review recommended Pharmacy Documentation standards • Review EHR med ordering from provider prospective • Review various forms of Rx communication options <ul style="list-style-type: none"> – Notifications – Broadcast messaging – Chat 	Tab 6
60 min. 3:45pm	Completing Pharmacy Patches, Background Jobs, Menus and Keys, and IHS Parameters Bradley Bishop Content covered in this session: <ul style="list-style-type: none"> • Explain the need to maintain currency of a computer program and to have updates and bug fixes to assure proper function. • Discuss a process of applying updates and how to identify patches that affect Pharmacy. • Understand computer operating system task processes and explain how to schedule background jobs for pharmacy programs. • Describe need for system security and how use of menus assures data safety and integrity. • List menu options and keys needed by various staff. • Recommend a local menu structure to assist in pharmacy efficiency. • Describe a mechanism to identify current patch levels. • Identify pharmacy functions most used by staff pharmacists. • Review Pharmacy patches 1017 and 1018. 	Tab 7
4:45pm	End of day	

4.2 Day 2

All times noted are Mountain Standard Time

Time	Topic	Tab
10 min. 8:00am	Review previous days' training	

Time	Topic	Tab
120 min. 8:30am	<p>Drug File Preparation and Maintenance (Pharmacy Data Management – PDM)</p> <p>John Shumack and Carla Stearle</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Examine the need for complete and accurate support files in an information system. Determine the benefits from efficient functioning and the risks associated with errors. Defend the notion that time spent configuring the drug file properly will save time and effort in other uses of the medical information system. • Explain national standards as they relate to medications and drug files: consider ISMP recommendations for Sound Alike/Look Alike medications and abbreviations forbidden by national standards bodies such as The Joint Commission or ISMP and recommend an implementation plan. • Recognize how an order is constructed in the system (schedule, dosage form, etc.) and the interrelationship between supporting files. Defend the reasons for the way outpatient pharmacy quick orders are built and used. • Locked with APSPSS 	Tab 8
10 min. 10:30am	Break	
75 min. 10:40am	<p>Drug File Preparation and Maintenance (PDM) – Continued</p> <p>John Shumak and Carla Stearle</p>	Tab 8
65 min. 11:55am	Lunch	
60 min. 1:00pm	<p>Drug File Preparation and Maintenance (PDM) – Continued</p> <p>John Shumack and Carla Stearle</p>	Tab 8
20 min. 2:00pm	<p>Integrated Problem List (IPL)</p> <p>Jim Gemelas</p> <ul style="list-style-type: none"> • Discuss new functionality delivered with IPL • Review how pharmacists will utilize IPL • Review how sites can prepare for the transition to IPL 	Tab 9
40 min. 2:20pm	<p>Mailman Messages System Messages</p> <p>Neill Dial</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Discuss need for a system to communicate errors and system messages to users. • Identify specific messages that apply to pharmacy maintenance and assist in patient safety practices. • Take appropriate action based on the various system messages. • Explain reasoning behind and procedures to set up user parameters for MailMan. • Navigate within MailMan. 	
10 min. 3:00pm	Break	

Time	Topic	Tab
60 min. 3:10pm	Counseling and Patient Education and REMS Kristy Klinger and Mike Lee Content covered in this session: <ul style="list-style-type: none"> Define a pharmacy counseling visit and identify when one is required. Describe the utility of computer programs to document patient education and utilize the Patient Education module provided by EHR including education pick lists to document patient education. Facilitate documentation of the pharmacy education. REMS – FDA requirement 	Tab 10
45 min. 4:10pm	Autofinish Configuration and Print Formats Lori Moore Content covered in this section: <ul style="list-style-type: none"> How to configure Autofinish option Describe the utility of Autofinish How to configure Print Formats 	Tab 11
4:55pm	End of day	

4.3 Day 3

All times noted are Mountain Standard Time

Time	Topic	Tab
10 min. 8:00am	Review previous days' training All	
25 min. 8:30am	Multi-Division Drug File (MDF) Phillip Siebigtheroth Content covered in this session: <ul style="list-style-type: none"> Explain the function of the MDF. Determine potential problems due to incorrect setup. Describe proper setup and use of MDF to optimize patient safety. 	Tab 12

Time	Topic	Tab
60 min. 8:55am	Pharmacy Site Parameters EHR Parameters Amy Rubin, and Neill Dial <ul style="list-style-type: none"> • Explain the necessity to configure Information Management system in medication management to correlate to physical processes to assure that the system supports but does not supplant the process. • Evaluate package parameters relating to medications and medication use in both outpatient and inpatient settings to function for usability and workflow including: <ul style="list-style-type: none"> – IHS specific options – Uniform print format for EHR – Controlled substance orders – PharmEd Button • Determine best practices • Pharmacy VueCenteric GUI Templates 	Tab 13
10 min. 9:55am	Break	
90 min. 10:05am	Adverse Reaction Tracking Package Lou Feldman and Carla Stearle Content covered in this session: <ul style="list-style-type: none"> • Explain the need to create an integrated strategic plan when implementing technology in different parts of the adverse reaction tracking process. • Examine potential sources of potential error in the adverse reaction tracking process and with the use of current technology. • Evaluate the approach to training, implementation, and maintenance of the adverse reaction tracking process to ensure patient medication safety. • Design a method of adverse reaction tracking clean up. • Justify the argument for patient safety-related improvements in the process for tracking adverse reactions in many health-system pharmacy departments. • Support at least two examples of improvements to patient care and medication safety resulting from the cleanup of adverse reaction data. 	Tab 14
65 min. 11:45am	Lunch	

Time	Topic	Tab
60 min. 1:00pm	<p>Medication Reconciliation and Patient Wellness Handout Wil Darwin Jr Content covered in this session:</p> <ul style="list-style-type: none"> • Examine the Meaningful Use requirements for meeting the Medication Reconciliation Performance Measure. • Design the necessary components and required documentation for meeting the Medication Reconciliation Performance Measure. • Integrate the use of the Patient Wellness Handout in the Medication Reconciliation process. • Compare and contrast the Outside Medications functionality with Outpatient and Inpatient medications functionality. • Explain why Outside Medications are important in maintaining a complete medication profile. • Utilize the principles, practices, and techniques for documenting patient reported medications including outside prescription medications, herbals and over-the-counter Medications to support Outside Medication functionality. 	Tab 15
75 min. 2:00pm	<p>Pharmacy Management Reports Neill Dial Nick Sparrow Content covered in this session:</p> <ul style="list-style-type: none"> • Justify the need for management reports and prove their utility in maintaining and improving quality in the operation. • Prioritize reports required by various quality and regulatory bodies for outpatient and inpatient pharmacies. • Explain usage and maintenance requirements. • Explain and demonstrate extracting data from Controlled Substance Reports into Excel 	Tab 16
10 min. 3:15pm	Break	
60 min. 3:25pm	<p>CMOP Cindy Gillis and Todd Warren Content covered in this session:</p> <ul style="list-style-type: none"> • Best practices for CMOP • Describe the CMOP process and explain how it can be a resource for IHS outpatient pharmacy. • Explain the CMOP process used by VA and its application to IHS. • Propose changes to current policies and procedures to accommodate CMOP in local pharmacy practice. • Discuss the process of becoming CMOP ready, including drug file preparation. • Explain how to denote patients are enrolled in CMOP in RPMS and EHR. • Lessons Learned 	Tab 17

Time	Topic	Tab
20 min. 4:25pm	Outpatient Pharmacy RPMS Interfaces Max Burchett Content covered in this session: <ul style="list-style-type: none"> • Lessons learned with IVR • Lessons learned with ScriptPro and Parata 	Tab 18
4:44pm	End of day	

4.4 Day 4

All times noted are Mountain Standard Time

Time	Topic	Tab
10 min. 8:00am	Review of previous day's training All	
30 min. 8:30am	Inpatient Pharmacy Workflow Processes and Daily Tasks Robin Bartlett Content covered in this session: <ul style="list-style-type: none"> • Demonstrate the benefit of using the information system in managing and providing pharmacy services in inpatient facilities including clear reports and unambiguous medication orders. • Discuss the use of information system outputs in daily pharmacy work. • Formulate a strategy to leverage Health Information Technology, data management, & workflow to strive toward the patient-centered medical care model. • Review workflow pre-BCMA and post-BCMA. 	Tab 19
60 min. 9:00am	Inpatient Pharmacy Data Management Quick Orders EHR Parameters Latona Austin and Kendall Van Tyle Content covered in this session: <ul style="list-style-type: none"> • Examine the need for complete and accurate support files in an information system. Determine the benefits from efficient functioning and the risks associated with errors. Defend the notion that time spent configuring the drug file properly will save time and effort in other uses of the medical information system. • Recognize how an order is constructed in the system (schedule, dosage form, etc.) and the interrelationship between supporting files. Defend the reasons for the way inpatient pharmacy quick orders are built and used. 	Tab 20
10min. 10:10am	Inpatient Pharmacy Data Management Quick Orders EHR Parameters continued Latona Austin and Kendall Van Tyle	Tab 21

Time	Topic	Tab
45 min. 11:10am	Computer Generated MAR Jodi Tricinella Content covered in this session: <ul style="list-style-type: none"> • Define the term, Computer Generated Medication Administration Record (cgMAR) and explain how it is used in a facility pre BCMA and post BCMA. • Evaluate known workflow workarounds that can impede the effective use of cgMARs and propose strategies to avoid common pitfalls including colleague hand-holding. • Determine the process of generating cgMARs in inpatient facilities and create strategies to keep them current including use of cgMAR labels. • Determine potential errors caused by use of information technology in medication administration and develop strategies to avoid them including proper manipulation of medication orders to fit in the boxes. • Formulate and defend a strategy to implement cgMAR in facilities which have yet to implement. • Review cGMAR pre-BCMA and post-BCMA. 	Tab 22
60 min. 11:55am	Lunch	
25 min. 1:00pm	Inpatient RPMS Interfaces Max Burchett <ul style="list-style-type: none"> • Lessons learned Omnicell and Pyxis 	Tab 23

Time	Topic	Tab
90 min. 1:30pm	<p>Bar Code Medication Administration (BCMA)</p> <p>Mike Allen</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Lessons Learned with BCMA • Evaluate the current barcode symbology used in health care for positive patient and medication identification in a healthcare environment. • Develop bedside medication metrics to maximize patient safety benefits. • Recommend a strategy to prepare your caregivers for known workflow workarounds that impede the effective use of bedside medication scanning systems. Develop strategies to avoid common pitfalls. • Compare and contrast how different mobile technology platforms will impact nursing workflows with the implementation of bedside medication scanning. • Propose strategies for IT and nursing to work effectively to assist both nurses and care teams to cross the clinical communication chasm. • Justify adjusting daily workflow processes for pharmacy and nursing when using centralized bar code distribution technology to support bedside verification. Evaluate the effects on patient safety. • Propose a strategy to prepare ambulatory setting for BCMA implementation. 	Tab 24
10 min. 3:00pm	Break	
45 min. 3:20pm	<p>Inpatient Ward Stock</p> <p>Wil Darwin, Jr.</p> <p>Content covered in this session:</p> <ul style="list-style-type: none"> • Compare and Contrast both the risks and benefits of using health information technology in managing pharmacy inventory and ward stock stored throughout the facility. • Develop a strategy to identify items that are appropriate for distribution to non-pharmacy locations. • Identify the results of marking drugs as ward stock in pharmacy work reports. 	Tab 25
4:05pm	End of session	

5.0 Biographical Sketches

The IHS OIT, USET National EHR Training and Deployment Program and the IHS Pharmacy Professional Specialty Group (PSG) worked diligently to prepare the necessary deployment and training documents to facilitate this training. We hope that you find both the training and training documents informative and educational.

Disclosure Statement: As a provider accredited by ACCME, ANCC, and ACPE, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/ coordinators, planning committee members, faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. The course directors/coordinators, planning committee members, and faculty for this activity have completed the disclosure process and have indicated that they do not have any significant financial relationships or affiliations with any manufacturers or commercial products to disclose.

John Shumack, Pharm.D.

Deputy Chief Pharmacist, Dulce Health Center, Albuquerque Area IHS.

CDR John Shumack is a Commissioned Officer in the United States Public Health Service. He received his Doctor of Pharmacy from Duquesne University in Pittsburgh, PA. CDR Shumack recently graduated from the University of Illinois at Chicago with a Post-Masters Certificate in Health Informatics. He began his IHS career in 2005 as a pharmacist at Crownpoint Hospital, Navajo Area and began working at Dulce Health Center in 2007. At Crownpoint Hospital, he started his role in informatics as the Clinical Applications Coordinator during the initial setup of their Electronic Health Record. CDR Shumack has continued in that role after transferring to Dulce Health Center and also serves as acting site manager.

Michael Allen, MIS, RPh**Pharmacy Consultant, Office of Information Technology, IHS/USET**

CAPT Allen is a commissioned Officer in the USPHS. He came from a family of pharmacists and holds a BS degree from Idaho State University. He has a Master of Information Systems degree from University of Phoenix. He started with USPHS after working in retail pharmacy for a few years and was assigned to IHS. He served as a Deputy Chief Pharmacist and Site Manager at the Northern Idaho Clinic (Now Nee Mee Poo Health) in Lapwai, Idaho. He then served as the Deputy Chief Pharmacist and Acting Chief Pharmacist at Keams Canyon Hospital (now Hopi Health Center) in Arizona. He served next as the Assistant Chief Pharmacist and Assistant Site Manager at Uintah and Ouray Service Unit in Utah. He then served as the Clinical Applications Coordinator, Pharmacist, and Pharmacy Informaticist at Sells Service Unit near Tucson, Arizona. He was assigned to the new San Simon Health Center and opened the pharmacy there. He currently serves in IHS Office of Information Technology as a Pharmacy Informaticist, member of the BCMA Deployment Team, and Federal Lead for Performance Measures. He also served as a member of the IHS Pharmacy PSG for approximately ten years and was a POS specialist. He currently lives in Tucson and enjoys the temperate winters.

Erik Chosa, RPh**Billings Area Clinical Applications Coordinator / Pharmacy Consultant**

He has been a pharmacy preceptor for the University of Michigan and the University of Montana for many years. In June 2004, Erik took over the acting Deputy Chief position. He then accepted the permanent Deputy Chief position in April of 2006. He has been working with the EHR since 1998 when the Hospital became the first site in all of IHS to test the system. He has completed the “RPMS EHR for Inpatient” program taught at the Albuquerque Area Office and the “Anatomy and Physiology of Clinical Reminders” course. Erik has also assisted in the implementation of the EHR at the Crow/Northern Cheyenne Hospital. He is currently the Area Pharmacy Consultant/Area Clinical Applications Coordinator for the Billings Area Office.

Kristy Klinger, PharmD, CDE**Whiteriver Health Heart Project Coordinator, Whiteriver Service Unit**

CDR Kristy Klinger has been in the Indian Health Service since 2002. She received her Doctor of Pharmacy from the University of the Sciences in Philadelphia. CDR Klinger is stationed in Whiteriver, AZ. She is a member of the IHS National Patient Education Protocols and Codes Committee. CDR Klinger currently serves as the Whiteriver Healthy Heart Project Coordinator and is a Certified Diabetes Educator.

Tyler Lannoye, PharmD**Chief Pharmacist, Spirit Lake Health Center in Fort Totten, ND**

LCDR Tyler Lannoye is a Commissioned Officer in the United States Public Health Service and has worked with the Indian Health Service since 2007. LCDR Lannoye received his Doctor of Pharmacy from the University of Montana. His first assignment was at Rosebud Hospital in the Great Plains Area where he served as a staff pharmacist and Chief Pharmacist for five years. He is currently employed as the Chief Pharmacist at the Spirit Lake Health Center in Fort Totten ND. LCDR Lannoye serves as the National Pharmacy Consultant for the Great Plains Area.

Wil Darwin, Jr., PharmD, CDE, NCPS**Area Pharmacy Consultant, Albuquerque Area IHS**

Commander Wil Darwin is a Commissioned Officer in the United States Public Health Service and has been with the Indian Health Service since 1997. Commander Darwin completed his Doctor of Pharmacy at the University of New Mexico Health Science Center, School of Pharmacy. Immediately after finishing school, he participated and completed a general pharmacy practice residency within the ABQ VA Health System. He was stationed at the Acoma-Canoncito-Laguna Service Unit, Indian Health Service in Acoma, New Mexico for 14 years. He is currently stationed at the Albuquerque IHS Regional Area Office and is tasked with dual roles as the Area Pharmacy Consultant and the Area Electronic Health Record Clinical Application Coordinator for the region. His pharmacy clinical responsibilities are various clinical outcomes-based programs and disease state management services. In addition to his clinical skills, he has assisted with healthcare administrative responsibilities and oversight including clinical quality outcome measures, Joint Commissioned accreditation survey processes, and National IHS Headquarters works.

Michael Lee, PharmD, NCPS, BCPS**Chief of Pharmacy, Claremore Indian Hospital,**

CDR Michael Lee is a Commissioned Officer in the United States Public Health Service and has practiced in the Indian Health Service since 1998. CDR Lee is certified as a National Clinical Pharmacy Specialist and Board Certified Pharmacotherapy Specialist. He received his BS in Pharmacy from Southwestern Oklahoma State University and Doctor of Pharmacy from The University of Oklahoma. CDR Lee has had assignments in Claremore, OK and IHS Headquarters serving as clinical pharmacist, Clinical Coordinator, Residency Director, Assistant Chief Pharmacist Inpatient and Director of Pharmacoeconomic and Therapeutics Research. CDR Lee currently serves as Chief of Pharmacy at Claremore Indian Hospital.

He is a member of the Muscogee Creek Nation.

Cornelius (“Neil”) Dial, RPh**Portland Area Indian Health Service., Area Pharmacy and EHR Consultant**

In his 21 years working for the Indian Health Service, CDR Dial has served at the Clinic, Service Unit, and Area level. He started his IHS career as a Junior COSTEP at the Ft. Thompson Health Center on the Crow Creek reservation in the Aberdeen Area. He has worked in Albuquerque Area as a staff pharmacist and Deputy Chief Pharmacist. He returned to Gallup Indian Medical Center (Navajo Area) as the Pharmacy Clinical Applications Coordinator / Pharmacy Package Administrator. He then accepted a position with Nashville Area as Area Clinical Applications Coordinator. Since 2009, he has worked in the Portland Area as the Area Pharmacy and EHR Consultant. He is also Chair of the IHS Pharmacy Specialty Group Committee, serves on the National Pharmacy Council. CDR Dial hails from North Carolina and is a graduate of the University of North Carolina – Chapel Hill.

Katie Johnson, Pharm D, BCPS**Northwest Portland Area Indian Health Board, EHR Integrated Care Coordinator and Manager, Regional Extension Center**

CDR Katie Johnson graduated pharmacy school in 2004 from the University of Kansas. She began working for Indian Health Service upon graduation and completed a pharmacy practice residency at Warm Springs Health and Wellness Center before moving to Whiteriver Indian Hospital in 2005. In Whiteriver she held different positions, from a clinical pharmacist to Clinical Applications Coordinator as EHR was implemented throughout the service unit in the outpatient, inpatient, and emergency room/urgent care settings. In 2011, she took a position as EHR Integrated Care Coordinator at the Northwest Portland Area Indian Health Board where she works as a CAC and manages the Regional Extension Center for NPAIHB.

Philip Siebigteroth, PharmD,**Chief Pharmacist, Sault Ste. Marie Tribal Health Pharmacy, Saint Ignace, MI**

LCDR Philip Siebigteroth is a Commissioned Officer in the United States Public Health Service, and has been in the Indian Health Service since 2008. LCDR Siebigteroth received his Doctor of Pharmacy from the University of Michigan College of Pharmacy. He is a prior Navy pharmacist, and was stationed at the National Naval Medical Center in Bethesda, MD and at the Naval Hospital in Guantanamo Bay as a staff pharmacist, division officer, and pharmacy department head. LCDR Siebigteroth currently serves on the IHS Pharmacy Professional Specialty Group.

Clint Krestel, PharmD Navajo Area Pharmacy Consultant

LCDR Clint Krestel is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2003. He received his Doctor of Pharmacy degree from Midwestern University – Chicago College of Pharmacy in 2000. From 2000 – 2003 Clint was a staff pharmacist at a San Juan Regional Medical Center in Farmington, New Mexico. In 2003 Clint started working at Northern Navajo Medical Center as a contract pharmacist. In 2005 he was assigned Acting Inpatient Pharmacy Supervisor duties, and was approved as the Inpatient Pharmacy Supervisor in 2006. Clint is originally from the Chicago Suburbs but now resides in Farmington, NM with his wife and young daughter. He enjoys the outdoor opportunities the area provides, but also loves to travel with his family.

Matthew D. Olson, PharmD, NCPS Choctaw Nation Health Services Authority

LCDR Olson completed his pre-pharmacy coursework at Purdue University and earned his PharmD degree from Creighton University in Omaha, Nebraska. He began his pharmacy career by completing a pharmacy practice residency at the Choctaw Nation hospital in Talihina, Oklahoma. Post-residency, he has served as a staff pharmacist and inpatient pharmacy manager. Currently, in addition to his pharmacy staffing responsibilities, he serves as the Choctaw Nation health system's pharmacy informaticist and residency program director. He lives in Bixby, Oklahoma with his wife, daughter, two sons, three dogs, and one cat.

Tracie Patten, PharmD Oklahoma Area Pharmacy and Lab Consultant

CDR Tracie Patten, PharmD graduated from the University of Oklahoma in Oklahoma City, OK in 2000. She has been with Indian Health Service since 2000. Her assignments have included seven years at Lawton Indian Hospital located in Lawton, OK and two years at El Reno Indian Health Center located in El Reno, OK. LCDR Patten served as a Co-Clinical Applications Coordinator and was the pharmacy lead for converting to EHR at El Reno. Her current assignment is with the Oklahoma City Area Office as the Area Pharmacy Consultant.

Robin Bartlett, PharmD, MSP, CPC**Nashville Area Clinical Applications Coordinator, Area Pharmacy Consultant, IHS**

CDR Robin Bartlett is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2001. CDR Bartlett received her Doctor of Pharmacy and Master of Science in Pharmacy from the University of Florida College of Pharmacy. She has completed an IHS Pharmacy Practice Residency program at Cherokee Indian Hospital and has been assigned to Whiteriver Indian Hospital, Cherokee Indian Hospital, and Nashville Area Office as a pharmacist, clinical applications coordinator, and pharmacy consultant. CDR Bartlett currently serves as the Nashville Area Clinical Applications Coordinator and Area Pharmacy Consultant.

Amy Rubin, PharmD**Oklahoma City Area Office Clinical Applications Coordinator**

CAPT Amy Rubin began her career with the Commissioned Corps and the Indian Health Service in 1999 as an Assistant Chief Pharmacist in a small clinic. In 2002, she transferred to a hospital as a clinical pharmacist and soon moved into the Assistant Chief Pharmacist position. During this tenure, CDR Rubin was actively involved in many aspects of the operations of the hospital and was actively involved in many committees. She took on the task of preparing and coordinating the pharmacy for the conversion to Pharmacy 5/7 software. She also assisted in the design and set-up of the new ambulatory care clinic including working with architectures and Information Technology staff to develop a facility with the ability to support successful implementation of the RPMS EHR. Both of these activities led to the assignment as Acting CAC in November 2007 to lead the process of implementing RPMS EHR throughout the service unit (three facilities). She remained the Assistant Chief Pharmacist during this initial phases of implementation and performed in both capacities. In May 2008, she was selected as the full-time Service Unit CAC. The Service

Unit under her leadership was successful in implementing RPMS EHR at three facilities. In April 2009, CDR Rubin made the transition to the Oklahoma City Area CAC. In this capacity, she provides EHR support to all sites using EHR in the Oklahoma City Area. She is actively involved in the implementation of new sites. Additional duties include serving as the Meaningful Use Coordinator for the Area and supporting the Area Improving Patient Care Initiative.

Nicholas Sparrow, PharmD, BCPS**Chief Pharmacist, Acting Deputy Director, Peach Springs Health Center, IHS**

LCDR Nicholas Sparrow is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2009. LCDR Sparrow received his Doctor of Pharmacy from the University of Utah College of Pharmacy. He started his career with IHS in Claremore, Oklahoma where he was a PGY1 Resident. In 2011 he became board certified in Pharmacotherapy, and in 2013, his residency project was published in the International Journal of Clinical Pharmacy. After completing his residency he took a staff pharmacist position in Peach Springs, AZ where he was also an informaticist for the service unit. Currently he serves as the chief pharmacist and acting deputy director.

Carla Stearle, PharmD, BCPS**Office of Information Technology - Pharmacy Consultant**

CDR Carla Stearle serves as a Commissioned Officer in the United States Public Health Service and has been with the Indian Health Service (IHS) since 2004. She received her Bachelor of Science Degree in Biology from Penn State University in 2000 and her Doctor of Pharmacy degree from the University Of Maryland College Of Pharmacy in 2004. Carla completed a pharmacy practice residency at W.W. Hastings Cherokee Nation Indian Hospital in 2005 and remained at Hastings as a staff pharmacist until 2009. In 2009 she transferred to the Office of Information Technology as an Inpatient Pharmacy Consultant where she assisted in the deployment of the Electronic Health Record (EHR) in the inpatient setting. She is currently working as part of the e-Prescribing Federal Team and serves as the lead for the Adverse Reaction Tracking (GMRA) Package. She also serves as the lead for the Informatics Residency rotation for the IHS pharmacy residents.

Jodi Tricinella, PharmD, BCPS, NCPS**Inpatient Pharmacy Director, Claremore Indian Hospital**

LCDR Jodi Tricinella received her Doctor of Pharmacy degree from The University of Oklahoma Health Sciences Center College of Pharmacy in 2005. She is a Commissioned Officer for the Public Health Service and began her career in 2005 with the Indian Health Service. She completed an ASHP accredited pharmacy general practice residency at Claremore Indian Hospital in 2006. She is currently practicing in the Indian Health Service as the Inpatient Pharmacy Director at Claremore Indian Hospital, where she also works in the congestive heart failure, cardiovascular risk reduction, and anticoagulation clinics. Jodi is an Assistant Professor in the Department of Pharmacy Practice at Southwestern Oklahoma State University. She is a board-certified Pharmacotherapy Specialist (BCPS) and is nationally credentialed in the Indian Health Service as a Clinical Pharmacy Specialist (NCPS).

Kendall Van Tyle, PharmD, BCPS**Pharmacy Informaticist, Northern Navajo Medical Center**

LCDR Van Tyle is Commissioned Officer in the United States Public Health Service. He holds a BS in Microbiology and worked as a clinical microbiologist for 10 years before graduating with a Doctor of Pharmacy degree from the University of Arizona in 2006. LCDR Van Tyle completed a PGY1 Pharmacy Residency with the Indian Health Service in 2007 at Northern Navajo Medical Center (NNMC) in Shiprock, New Mexico. He is currently the lead pharmacy informaticist, the director of the PGY1 pharmacy residency program, and a board-certified clinical pharmacist at NNMC. He also serves as one of the Navajo Area pharmacy technical consultants and is a member of the Navajo Area BCMA implementation team. He lives in Cortez, Colorado with his wife and four children.

Todd A Warren, PharmD, BCPS**Director, Department of Pharmacy, Rapid City PHS Indian Hospital**

Captain Warren, PharmD, BCPS has been the Pharmacy Director at Rapid City PHS Indian Hospital, in Rapid City SD, since May 2006. He served as the Chief Pharmacist (2003-2006) and a staff pharmacist (1997-2003) at the Wind River Service Unit in Wyoming. Todd also served as an Air Force pharmacist from 1991-1997. While in the Air Force, he completed a Pharmacy Practice Residency, served as a staff pharmacist and later Chief, Pharmacy Services at F.E. Warren AFB, Cheyenne, WY and then as a clinical pharmacist and later

Chief, Clinical Pharmacy Services at Wilford Hall USAF Medical Center, Lackland AFB, in San Antonio, TX. He graduated from the University of the Nebraska Medical Center, College of Pharmacy.

Cindy Gillis, DPh, NCPS, BCACP**Assistant Director of Pharmacy, Outpatient Director of Pharmacy, Claremore Indian Hospital**

CDR Cindy Gillis is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2005. CDR Gillis received her Bachelor of Science in Pharmacy from the University of Oklahoma. She obtained her Ambulatory Care Board Certification in 2012. She has served as the Outpatient Director of Pharmacy, Assistant Director of Pharmacy since 2010.

Latona Austin, PharmD, BCPS, BCACP, NCPS**Clinical Pharmacy Coordinator, Pine Ridge IHS Hospital**

CDR Latona Austin is a Commissioned Officer in the United States Public Health Service and has been with the Indian Health Service since 2003. CDR Austin received her Doctor of Pharmacy from the University of Wyoming. She is responsible for pharmacy informatics at Pine Ridge IHS Hospital and was instrumental in converting Pine Ridge IHS Outpatient Pharmacy from Viking to RPMS Pharmacy 5/7. CDR Austin served on the Pine Ridge IHS Inpatient EHR Implementation Team and is currently the BCMA Lead for Pine Ridge IHS Hospital. She was a member of the IHS PSG committee from 2007 through 2010.

Jim Gemelas, B.S. Pharm**Pharmacist & Clinical Applications Coordinator, Warm Springs Health & Wellness Center, IHS**

CAPT Gemelas is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service (off and on) since 1988. CAPT Gemelas received his B.S. in Pharmacy from the University of Pittsburgh College of Pharmacy. He has served at Fort Defiance Indian Hospital, Blackfeet Community Hospital and at the Warm Springs Health & Wellness Center. CAPT Gemelas currently serves in Warm Springs as a Clinical Applications Coordinator, Meaningful Use Coordinator and Pharmacy Residency Informatics Preceptor

Christopher Lamer, PharmD, CDE**Meaningful Use of EHR, Clinical Reporting System, Personal Health Record.,
Federal Lead, Office of Information Technology, IHS**

CDR Christopher Lamer is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 1998. CDR Lamer is a pharmacist and works as a clinical information consultant for the Office of Information Technology and Health Education programs. CDR Lamer is the IHS federal lead for Meaningful Use, the Clinical Reporting System (used for data mining and quality reporting), and the Personal Health Record (PHR). CDR Lamer is highly involved in the development of clinical programs, quality metrics, and health education materials.

Bradley Bishop, PharmD, MPH**Pharmacy Consultant, Office of Information Technology, IHS**

CAPT Bradley Bishop is a Commissioned Officer in the United States Public Health Service and has been in the Indian Health Service since 2001. CAPT Bishop received his Doctor of Pharmacy from the University of Tennessee College of Pharmacy and Master of Public Health from the University of Massachusetts-Amherst. He has been assigned to Sells, AZ, Tahlequah, OK, and Tucson Area Office as a pharmacist, chief pharmacist, clinical applications coordinator, and pharmacy consultant. CAPT Bishop currently serves as the National Pharmacy Consultant for IHS Office of Information Technology.