



SOCIETY OF AIR FORCE PHARMACY

AIR FORCE PHARMACY MANPOWER 101

Have many of you out in the field wondered how the number of personnel on staff is calculated and how to request more?

There are five “flavors” of personnel at MTF pharmacies: officers (O), airmen (A), civilians (C), contractors (K), and volunteers. Volunteers vary dramatically by number and type from MTF-to-MTF and are not considered in manpower calculations. The other four flavors depend on three things: how many people your pharmacy earns based on workload; how many you are authorized in the long-term program (fiscal year defense program-FYDP), as reflected in the annual program objective memorandum (POM); and, finally, how many are then assigned to your pharmacy (active duty) or hired (civilians and contractors).

Manpower earned starts with complete and accurate documentation and reporting of workload. It is of utmost importance that everybody properly documents what they are doing!

Out-patient prescriptions (POE, refill, and new civilian), in-patient medication orders (IV and unit doses), and clinical appointments (both pharmacist-run clinics and MTM, etc., in AFMH) all count in the calculations.

Workload numbers reported are fed into the official pharmacy manpower standard to calculate earned manpower. The current standard was developed by AF manpower experts with extensive input from AF pharmacists and technicians and included observations and measurements at several MTF pharmacies (in-patient, out-patient, and ASU). These manpower experts measured all the tasks you perform to deliver the pharmacy benefit. Often asked is why some workload or other (e.g., bulk issue) is not counted/reported for the manpower calculations. The answer is that it actually is counted. Most of the tasks personnel perform in the pharmacy directly correlate to the number of prescriptions/medication orders filled. That is, as the number of the prescriptions increases, the other work-

load (e.g., stocking shelves) increases in lock-step. The manpower experts measured all this other work and adjusted the equations in the standard to account for it. Thus, all workload is accounted for in the standard and you do get credit for it.

The manpower standard is applied to your MTF pharmacy via a series of equations for out-patient and in-patient workload. Results of the equations, plus approved variances (e.g., for satellite pharmacies), are added up to generate total required full-time equivalents (FTE). As described earlier, earned manpower is based on current workload (workload counts represent 12-month averages). MTF manpower is calculated



Author: Mike Davison

IN THIS ISSUE:

- ◇ **AIR FORCE PHARMACY MANPOWER 101, COVER, PG 2**
- ◇ **PHARMACY PRACTICE MANUAL UPDATE, PG 2**
- ◇ **THAT’S A GOOD IDEA, PG 3**
- ◇ **RECAP: JOINT FEDERAL PHARMACY SEMINAR 2019, PG 4-5**
- ◇ **SAFP EXECUTIVE TEAM MESSAGE, PG 6**
- ◇ **SAFP COIN REDESIGN, PG 8**
- ◇ **SAFP MIDYEAR 2019, PG 9**
- ◇ **SAFP PACIFIC SEMINAR, 2019, PG 9-10**

NEWSLETTER TEAM:

MAJ JIN KIM
MAJ ADAM COOPER
CAPT MIRANDA DEBELEVICH
CAPT KYLE SMITH

Looking for CE? We can help!

THE NEWSLETTER TEAM HAS MOVED CE OPPORTUNITIES ONLINE!

Visit af-pharmacists.org or see Page 7 for CE Links and instructions on how to complete the continuing education provided.

AIR FORCE PHARMACY MANPOWER 101, CON'T

using the basic equations, but there are alternate equations used for pharmacies supported by central refill operations (i.e. PPJRC and WHASC). Based on the manpower table in the standard, total earned FTEs are broken out into specific AFSCs, ranks, and skill levels. The surest way to increase the number of staff you earn is by accurately and completely documenting and reporting the work you do.

Now that we know what you earn, it's time to determine how many of those positions we can allocate to you as official authorizations in the long-term program. During the first year pharmacy was allowed to use the then interim staffing model (FY12), the AFMS corporate structure allowed AF pharmacy to grow by 7 FTE. Since then, however, we have been held to zero growth, despite earning in some years as many as 30+ more FTEs. The good news is that while pharmacy maintained manpower levels, almost every other AFMS product line had to endure cuts—Bringing fact-based decision-making to the fight really helped!

Every year the manpower standard is used to rebalance manpower around MTF pharmacies. Those with declining workload lose manpower while those experiencing growth get more (but only up to the number we “harvest” from those with declining workload). Since there are never enough pharmacist and technician authorizations to fill all earned requirements, gaps have to be prioritized. Readiness comes first, followed by pharmacies with the strongest recent growth.

The number of active duty officers and enlisted assigned to the pharmacy at any given time depends on where vacancies are, Air Force personnel rules regarding assignment processes (e.g., OCONUS vacancies are filled first), and how many people of specific ranks are available (e.g., new accessions) or otherwise in need of assignments. Contractor and civilian staffing mostly depends on local market conditions, but MTFs should communicate difficulties encountered with hiring and reach out to MAJCOM consultants for advice on how to improve hiring.

Looking to the future, an MHS-wide staffing model is currently in development that will incorporate the best ideas from each of the Services. The new model will include support for expanded clinical pharmacy services. Hope you all find this information is useful. Thank you for your continued excellence in delivering the high-quality pharmacy benefit our beneficiaries deserve.

2018 PHARMACY PRACTICE MANUAL



Author: Maj Julie
Carpenter

Earlier this year, the Pharmacy Practice SIG published the 2018 update to the Air Force's Pharmacy Practice Manual. It was a big project and I am so grateful for the many hands that helped in the review process. Periodic updates to this manual are vital to the success of pharmacy operations. The goal is to provide a standardized experience for the patient across all MTFs and this manual acts as a repository of corporate knowledge that can point all of us in the same direction. The manual is an invaluable resource to new Air Force pharmacists and technicians and an excellent reminder for our more seasoned folks about some of our best practices. This year we have added a chapter on Trusted Care and how it impacts pharmacy operations as well as a clickable table of contents and index to enhance search-ability and ease of use.

As with any institution, things change and this has never been more true than today. The transition to DHA and MHS Genesis will undoubtedly require huge updates to future versions of this manual. Please take the time to review the chapters and apply these processes to your practice. If you have any questions or see anything that needs updated, please contact me at julie.a.carpenter31.mil@mail.mil.

Download your copy of the 2018 USAF Pharmacy Practice Manual from the Kx at: <https://kx2.afms.mil/kj/kx2/Pharmacy/Documents/Pharmacy%20Practice%20Information%20Documents/Pharmacy%20Practice%20Manual/FINAL%20AF%20Pharmacy%20Practice%20Manual%202018.pdf>

THAT'S A GOOD IDEA!

FEATURING: HILL AFB E-PRESCRIPTION AUTOMATIC PROCESSING

You've thought about automatically processing electronic prescriptions, but it seems a little daunting or like a disaster waiting to happen. I'm here to tell you there is a light on the other side of that amber prescription bottle. What if you discovered that Lipitor prescription was ready for pick up already for that patient that walked in at 1658 on a Friday afternoon after a three hour drive? Here at Hill AFB, we typically receive 300-500 electronic prescriptions a day, which created the need for automatic processing. This greatly decreases our phone call work load and the amount of patients that report in person to activate electronic prescriptions. To manage this process, we have 2 designated work stations to type and batch electronic prescriptions. We also have these 2 positions annotated on our daily schedule and we have a specific color tote the electronic prescriptions are assigned to, ensuring they are not mixed with the waiting patients.

Next I will go into some steps for automatic electronic prescription processing. First, you want to make sure you sort all your prescriptions by the date you receive them in the ERX queue. After sorting your prescriptions, you want to scroll to the very last prescription on your ERX menu, this should be the FIRST prescription you received per date and time. Once you scroll down, you will then start to print the prescriptions by selecting them one by one. Use your "END" key to select each prescription, and type "I" for inquiry working your way up. (You can also hit F11 to select the whole page). Once you select inquiry, this is where you want to make sure you have a designated printer to send your electronic prescription hardcopies. Another option is the utilization of "CHCS Capture," which allows you to validate the prescriptions and capture the image directly into PharmAssist without printing the images. After you print your electronic prescriptions, ensure that no one places them out of order and you can begin to validate the electronic prescriptions waiting in the queue per the hardcopy. With multiple typers, we print 50-ish electronic prescriptions at a time and work from that stack to ensure that duplicates are not processed, that prescriptions for patients stay together, and to keep the bins in a loose order of what prescriptions need to be processed first. At Hill, we also assigned paper colors for each day of the week for electronic prescriptions just in case we are running a little behind so the fillers will know which prescriptions to fill first. For example, on Wednesdays we use pink paper to print that day's prescriptions, and switch to blue paper for printing on Thursdays.

Before you actually begin to type the prescription you want to do a "PRI" check to make sure the prescription is not too soon to fill. However, if the script is too soon, then continue to validate and process the prescription. You want to double check for edits before you place the prescription in a noncompliant status in CHCS to avoid the prescription having to be retyped in the future. Make sure you cancel the prescription in PharmAssist and make note of when the medication is eligible for pick up in the status trail. This way you have proper tracking and the technician dispensing the patient's other medications can speak to the prescription's status and when it can be filled.

Finally, I will cover our process for electronic prescriptions requiring doctor calls or clarification. If we receive a prescription that requires a doctor call, we still validate it, but we list the purpose of the call in the sig. We also place the prescription in a problem status in PharmAssist, annotating the reason for the call because our Main pharmacy, which is in a separate building, receives all patient calls, and the status trail is how we communicate with the Main Pharmacy. When the provider or nurse calls back, we are able to edit the prescription image in PharmAssist from either pharmacy, and then we communicate with each other as to where that prescription is batched so that it can be placed in a bin for processing. This process saves a significant amount of time by foregoing the tedious task of looking for a filed hardcopy to make an edit on the prescription.

For any other questions or concerns, please reach out to myself, TSgt Kiara Augustin, or to any of the technicians at Hill AFB Pharmacy.

RECAP: JOINT FEDERAL PHARMACY SEMINAR 2018

Air Force Pharmacy Team members, there was a lot of information passed at this year's Joint Forces. Below are a few of the highlights:

Technology*

There is continuing talk about having all PharmAssist stations require a CAC. It appears there will be a workaround to place stations in "Kiosk Mode" that will not require a CAC. All functions within PharmAssist should function while in "Kiosk Mode". The only difference between "Kiosk Mode" and CAC enabled is the latter will have the ability to access the internet, shared drives, etc. This shouldn't be much different than how most MTFs currently operate.

Pyxis 3500 converting over to Pyxis ES. This is not just a software update, but rather an entire reboot of Pyxis. Emails have gone out to continue maintenance contracts. Make sure you are responding to these emails. The CHCS Drug Mapping project is being done partly to help input medications into Pyxis ES.

Genesis comes with the ability to have a perpetual "Quantity on Hand". This can also assess the average daily use of medications, which may be used to modify stock levels according to usage. As with anything, the inputs into Genesis determine how accurate this is.

Genesis does not allow claims to be overridden. Pharmacy or provider submits PA/MN form to ESI for adjudication. There will be some exceptions for ESI rejections such as for OTCs, deployment meds, and diabetic supplies. Providers will see if a medication considered for prescribing is "preferred", "non-preferred", or "non-formulary".

Prep work for Genesis occurs approximately 1 year prior to site implementation. CHCS does not push refills to Genesis, which requires CHCS to stay on board as a legacy system until refills have been completed out of the system.

Q-Flow Standardization – Local Systems Flights need to be involved in procurement due to AFMOA changes. POC is Maj Karl Bituin.

All other technology questions should be directed to Lt Col Justin Lusk.

Controls*

Three states (NY, OK, AZ) are currently requiring some or all prescriptions for controlled medications to be electronic prescriptions. CHCS functionality does not and will not allow for acceptance of electronically prescribed controlled prescriptions. Allowing and/or mandating prescriptions for controlled substances appears to be an ongoing trend. If you are in a state that mandates, or is considering mandating, electronic prescribing for controlled substances, please contact the respective state Board of Pharmacy for direction and to provide input. While this is visible to AF Pharmacy leadership, there are currently no countermeasures in place.

Due to the response of the opioid epidemic, there has been a 20% reduction in opioid manufacturing in 2018. 2019 will see an additional 10% reduction.

Greater than or equal to 50 Morphine Milligram Equivalent (MME) doubles the risk of overdose compared to 20 MME.

(continued on page 5)

DHA*

DHA took over pharmacy operations on 1 October 18. DHA will take over all MTFs on a rolling basis. Approximately 50 MTFs in DoD will fall under the DHA umbrella by October 2019, and the remaining U.S. MTFs by October 2020. OCONUS MTFs will see this change by October 2021.

Pay will be standardized for GS. This update will likely increase pay.

Antibiotic Stewardship

DURs for both bedded and non-bedded facilities must be accomplished for compliance.

Among other benefits, a decrease in antibiotic use decreases C. diff infections

USP 797/800

Both chapters due to become effective 1 Dec 19. Compliance to both chapters will likely be taxing on all MTFs, and particularly to inpatient sites and compounding sites.

Vaccinations

There is a Shoulder Injury Risk from Vaccine (SIRVA) with any vaccination caused by injections being too high or too deep, and several types of injuries can occur. One method to decrease the risk is to ensure you are at the same level as the patient when administering vaccinations (e.g. If patient is seated, be seated when administering)

A decision on whether to continue recommending Prevnar coming around January 2019.

* - If there are discrepancies between this article and other sources, other sources are assumed to be more correct! Thank you for your time.

Author: Maj Adam Cooper



THE NEW 2019 SAFP EXECUTIVE TEAM!!!

Immediate Past President: Lt Col Jennifer Baker

Current President: Maj Emily Dietrich

President-Elect: Maj Jin Kim

Vice President: Maj Stela Striligas

Pharmacist Secretary/Treasurer: Capt Chase Ballinger

Technician Secretary/Treasurer: TSgt Lacey Harris

Pharmacist Director-At-Large: Maj Andrea Russell

Pharmacist Director-At-Large: Lt Col Matt Cowan

Technician Director-At-Large: SMSgt Levi Robertson

Advisory Board Member: Col Melissa Howard

Advisory Board Member: CMSgt Oluwasina Awolusi

***Bolded names indicate newly elected**

SAFP Support Functions:

Social Media Managers: Primary: SSgt Cherokee Sandoval Alternates: MSgt Matthew Amiot, SrA Desirae Moore

SAFP Website Managers: Maj Brian Welch, SSgt Joel Polintan, TSgt Andrew Netz

SAFP Newsletter Team: Maj Jin Kim, Maj Adam Cooper, Capt Miranda Debelevich, Capt Kyle Smith

A SPECIAL MESSAGE FROM YOUR EXECUTIVE TEAM

Greetings Society of Air Force Pharmacy Members!

We are so honored and humbled to serve as members on the 2019 Society of Air Force Pharmacy Executive Team ! We would like to send sincere thanks to our board members who dedicated their time to the Society for the past year or more, and those who continue to support us through 2019. Lt Col Jennifer Baker, Lt Col (ret) Robert Berkheiser, Major Izabella Villalonga, CMSgt Daniel McCain, your leadership was paramount to the multitude of successes that our Society members achieved, from the Midyear Conference hosted by Keesler AFB, to the Newsletter publications, and the continuing education provided that was key to providing safe and reliable patient care. As we move into 2019, and brace for more change in light of the DHA realignments, we would like to reiterate our purpose in embracing and support-

(cont. on page 7)

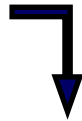
(cont. from page 6)

ing the functions within our profession. The Society's purpose is to render loyal and dedicated services to our patients, the pharmaceutical profession, and the Air Force Medical Service. The Society is organized and operated for educational and scientific purposes to promote and develop pharmacy or medically related education programs. The Society shall also, through appropriate mechanisms, further the practice of pharmacy with in the Air Force and assist members in fulfilling continuing education requirements to achieve the highest standards of practice. This year, we will further these charges by sponsoring two professional conferences with a total of almost 40 live continuing education hours across two continents! The Society is also primed for how we should evolve to meet member's needs as operations are redefined over the next few years. Here's to 2019!

FREE CONTINUING EDUCATION

Instructions:

- Must have an APhA account (can be a non-paying member)
 - To setup a free account:
 - Visit www.Pharmacist.com
 - Click "Join or Renew"
 - Click "Join Now"
 - Follow instructions
- Use the links provided below
- Select "Enroll Now"
- Earn your CE ☺



Role of the Pharmacist in Specialty Care

<http://elearning.pharmacist.com/products/5450/role-of-the-pharmacist-in-specialty-pharmacy-home-study>

Patient Case Studies: Asthma

<http://elearning.pharmacist.com/products/4954/patient-case-studies-asthma>

Preventing Pneumococcal Disease in High Risk Patients: An Emphasis on Cigarette Smokers

[preventing-pneumococcal-disease-in-high-risk-patients-an-emphasis-on-cigarette-smokers](http://elearning.pharmacist.com/products/4954/preventing-pneumococcal-disease-in-high-risk-patients-an-emphasis-on-cigarette-smokers)

A Letter From the SAFP 2018 President

Greetings Air Force Pharmacy Team!

I hope that everyone had an outstanding year in 2018, and I know that our career field made many advancements throughout the Air Force. It was a huge honor to serve as your President, and want to thank the entire board for the tremendous support to the Society of Air Force Pharmacy. I am proud of the achievements that the Society has made over the past year, and know that the new executive team will continue to make improvements to benefit our members. This past year we added five new award categories to the Annual SAFP Awards, had a very successful Mid-Year Conference hosted by Keesler, supported the Pharmacy Conference in Europe, and the Society is now sponsoring its' first PACAF Pharmacy Conference, which will be held in February 2019. I will continue to support the Society as the Immediate Past President over the next year, and I encourage you all to reach out to give any ideas on how we can better support our organization. Congratulations to the incoming executive team! I look forward to what the new team will develop in 2019!

Sincerely, Lt Col Jennifer Baker
Immediate Past SAFP President

YOU HAVE THE OPPORTUNITY TO PUT YOUR STAMP ON SOCIETY OF AIR FORCE PHARMACY HISTORY!!!

**THE SAFP COIN IS UP FOR REDESIGN, AND THE WINNING DESIGN
WILL BE REWARDED WITH A LIFETIME SAFP MEMBERSHIP!!!!!!**

THE CURRENT COIN IS SHOWN BELOW:



Please send your design ideas to Maj Emily Dietrich by 15 February 2019 for consideration.
Feel free to use the software that you feel most comfortable with!!

Mid-Year Conference 2019



Napa, CA ● Embassy Suites Napa Valley

13-16 May 2019

Registration: \$125 prior to 1 April 2019 | \$175 after 1 April 2019

Offering at least 17 hours ACPE approved continuing education for pharmacists and pharmacy technicians

Society of Air Force Pharmacy Pacific Seminar 2019



Taking Pharmacy Education To Places It's Never Gone Before



The ANA Crowne Plaza
Narita-shi, Japan
16-17 February 2019



SAFP Pacific Seminar 2019
Schedule of Events/
Registration Information may be found on the next page



For more information contact Lt Col Cowan or SMSgt Robertson at 673 MDG Pharmacy, Joint Base Elmendorf-Richardson, Alaska. Contact info: DSN: 317-580-6807 or Comm: 907-580-6807
Email: matt.j.cowan.mil@mail.mil; levi.robertson2.mil@mail.mil



SOCIETY OF AIR FORCE PHARMACY PACIFIC SEMINAR



Schedule of Events

Saturday, February 16th, 2019

7:00 a.m. - 7:45 a.m.	Check-in/Breakfast
7:45 a.m. - 8:00 a.m.	Seminar Introduction/Opening Statements
8:00 a.m. - 10:00 a.m.	Leading by Learning: Understanding the Temperaments of Your Team
10:00 a.m. - 12:00 p.m.	Clinical Pharmacy Part 1: Diabetes, Anticoagulation and Coding in Pharmacy
12:00 p.m. - 1:00 p.m.	Lunch Break
1:00 p.m. - 2:00 p.m.	Clinical Pharmacy Part 2: Vaccines and the Impact on Global Health
2:00 p.m. - 3:00 p.m.	Clinical Pharmacy Part 3: Review of Hypertension and Lipid Guidelines
3:00 p.m. - 4:00 p.m.	Military Members on the Move: Travel Medications and OTC Options
4:00 p.m. - 5:00 p.m.	Joint Force Operations: Army/Navy New Initiatives
6:00 p.m. - 7:30 p.m.	Reception (tentative)

Sunday, February 17th, 2019

7:00 a.m. - 8:00 a.m.	Breakfast
8:00 a.m. - 10:00 a.m.	Air Force Leadership Brief
10:00 a.m. - 11:00 a.m.	Readiness: Deployment Medication Review
11:00 a.m. - 12:00 p.m.	DHA Update: Presented by Mr. David Bobb R.Ph., M.S., J.D., Chief, Pharmacy Operations Division, Defense Health Agency (tentative)
12:00 p.m. - 1:00 p.m.	Pharmacy Case Law Update 2018: Presented by Mr. David Bobb R.Ph., M.S., J.D., Chief, Pharmacy Operations Division, Defense Health Agency (tentative)
1:00 p.m. - 1:30 p.m.	Seminar Closing Comments

* Schedule is subject to change. Breaks will be provided between sessions when possible.

Registration fee: \$250 paid online through the Society of Air Force Pharmacy at af-pharmacists.org

Continuing Education: Up to 12 hours accredited by the Tennessee Pharmacy Association

Per Diem Locality: \$271 for Narita, Japan

Lodging: ANA Crowne Plaza at 14,000 JPY (approximately \$125 USD) for single occupant room

Transportation: Free hotel shuttle to and from Narita International Airport to ANA Crowne Plaza

Recommended Airport: Narita International Airport

**REGISTER
HERE!**

