APhA seeks member input on committees’ policy recommendations

The Policy Committees of the APhA House of Delegates—organizational affairs, public affairs, and professional affairs—have submitted their reports and recommendations for House consideration during the APhA Annual Meeting, April 19-24 in San Francisco.

The policy committee reports and recommendations have been referred to the appropriate House Reference Committees which in turn will report to the second session of the House of Delegates on April 24.

While APhA hopes you will be in San Francisco to take a personal role in the reference committee deliberations, the Association welcomes whatever written comments you have. They should be addressed in care of APhA to the chairman of the following House of Delegates Reference Committees: organizational affairs, public affairs, and professional affairs.

The recommendations of each of the policy committees appear below and on page 2 of the newsletter. The Association urges you to study their recommendations closely and is eager to hear your reaction to them. Written comments should be received no later than April 7.

Professional Affairs—PSROs, competency

The APhA Policy Committee on Professional Affairs recommends the Association adopt the following policies with respect to Professional Standards Review Organizations (PSROs):

1. The success of professional standards review in maintaining the quality and appropriateness of health care is dependent upon the active and intimate involvement of pharmacists in the development of review procedures and the review process itself.

2. Pharmacists should work through their state and/or local pharmaceutical associations in their participation with Professional Standards Review Organizations.

3. The Association should develop programs to assist state and local pharmaceutical associations in their participation with Professional Standards Review Organizations.

The Professional Affairs Committee also made the following recommendations in the area of continuing competence:

1. The Association advocates that pharmacists maintain their professional competence throughout their professional careers.

2. The Association supports a voluntary system to measure the competence of pharmacy practitioners on a continuing basis.

3. The Association supports programs designed to establish valid standards of competence for pharmacy practice and reliable means of measuring and evaluating such competence.

The Committee noted that the concept of shared responsibility of state boards and non-governmental accrediting agencies in assuring continuing competence involves a basic issue of professional practice: should the state have the power to license practitioners periodically based on measures of competency?

The Committee felt that three other issues must be settled before that question can be addressed: (a) determination of standards of practice and performance; (b) development of mechanisms to apply those standards; and (c) determination of the feasibility and effectiveness of a voluntary system of continuing competence.

The House of Delegates Reference Committee on Professional Affairs meets on April 22 at 2 p.m. in the Imperial Ballroom of the San Francisco Hilton.

Keller to address Annual Meeting

George M. Keller Jr., president of McKesson & Robbins Drug Co., will address the April 23 general session of the APhA Annual Meeting in San Francisco.

Keller will speak on industry-wholesaler-pharmacy relationships.

A 1942 honors graduate of Princeton University, Keller has served as president of Armour Dial and group vice president of Armour & Co. Prior to assuming his post with McKesson & Robbins, he was president and chief executive officer of the Keebler Company, a $200 million food processor.

Keller is also serving as the chairman of the Finance Committee for the Annual Meeting.

Keller joins a distinguished list of speakers already scheduled to address Annual Meeting participants. They are: HEW Secretary Caspar Weinberger; prominent author and health economist Victor R. Fuchs; and Swedish national pharmacy system director Rune Longgren.

Keller
Organizational Affairs—
criteria for specialties

The Association's Policy Committee on Organizational Affairs has made recommendations with respect to criteria for recognition of specialties in pharmacy:

1. The area of specialization in the practice shall be one in which there exists a significant and clear health care demand to provide the necessary public reason for certification.

2. The area of specialization shall be one for which specifically trained practitioners are needed to fulfill the responsibilities of the profession of pharmacy in improving the health and welfare of the public, which responsibilities may not otherwise be effectively fulfilled.

3. The area of specialization shall include a reasonable number of individuals who devote most of the time of their practice to the specialty area.

4. The area of specialization shall rest on a specialized knowledge of pharmaceutical sciences, which have their basis in the biological, physical and behavioral sciences, and not solely on the basis of managerial, procedural or technical services, nor solely on the basis of the environment in which pharmacy is practiced.

5. The area of specialization shall represent an identifiable and distinct field of practice that calls for special knowledge and skills acquired by education and training and/or experience beyond the basic pharmaceutical education and training.

6. The area of specialization shall be one in which schools of pharmacy and/or other organizations offer recognized education and training programs to those seeking advanced knowledge and skills in the area of specialty practice so that they may perform more competently.

7. The area of specialization shall be one in which there is an adequate educational and scientific base to warrant transmission of knowledge through teaching clinics and a body of professional, scientific and technical literature immediately related to the specialty.

The House of Delegates Reference Committee on Organizational Affairs meets on April 23 at 9 a.m. in the Imperial Ballroom of the San Francisco Hilton.

Public Affairs—fees must be equitable

The APhA Policy Committee on Public Affairs has made the following recommendations with respect to pharmacist professional fees in federally supported health care programs.

1. Prompt and equitable adjustments of pharmacist professional fees in federally supported health care programs must be undertaken concurrently with implementation of HEW’s “Maximum Allowable Cost” regulations, or any similar regulations.

2. It is essential that federal regulations governing pharmacist professional fees in federally supported health care programs require review and equitable adjustments on a regularized, periodic basis.

The committee also made the following recommendation with respect to Professional Standards Review Organizations:

“APhA should support amendment of the Social Security Act to make pharmacists eligible for membership in Professional Standards Review Organizations (PSROs).”

The committee said that limiting PSRO membership to physicians as now required by federal regulations was detrimental to the public health.

“Whether the environment be a hospital, long-term care facility, health maintenance organization or community pharmacy,” the committee said, “pharmacists have an important and critical role to play in establishing and implementing a drug utilization review system.”

In its final recommendation, the committee recommended that the “existing National Drug Code System be revised to provide for a uniform identification number for the same drug entity, dosage form, strength and quantity in addition to a manufacturer identification number.”

The House of Delegates Reference Committee on Public Affairs meets on April 22 at 9 a.m. in the Imperial Ballroom of the San Francisco Hilton.

Nursing Home project
sets six April sessions

The APhA Pharmacy Training for Nursing Homes project has scheduled six regional programs for April. The workshop sessions are designed to improve the drug-monitoring skills and quality of services offered by pharmacists in long-term care facilities.

The April meetings are:
April 4-5: West Virginia University Medical Center, Morgantown (Region III).
April 6: California Pharmaceutical Association, Sheraton Inn, Fresno (Region IX).
April 10: Maryland Pharmaceutical Association, Friendship Airport Holiday Inn, Baltimore (Region III).
April 12: California Pharmaceutical Association and Nevada State Pharmaceutical Association, Caesar's Palace, Las Vegas (Region IX).
April 13: Utah Pharmaceutical Association, University of Utah School of Pharmacy, Salt Lake City (Region IX).

Pharmacists, nurses, administrators and other health care professionals interested in participating in the workshops should contact their local or state pharmaceutical association.
CE authority Knox leads Annual Meeting seminar

Alan B. Knox, professor of continuing education at the University of Illinois at Urbana-Champaign, will head the faculty for the Seminar for Continuing Education Personnel at the APhA Annual Meeting, April 19-24 in San Francisco.

Nationally recognized for his work in adult and continuing education, Dr. Knox will be prepared to discuss with pharmacy CE personnel concepts and techniques which may be used to develop and strengthen CE activities for pharmacists.

Much of what Dr. Knox will have to say about life-long self-directed education recognizes the need for pharmacists to become more responsible for their own continuing education, and at the same time, places more responsibility on CE personnel for identifying or developing appropriate learning resources and methods—and making them available to pharmacists.

In discussing the pharmacist's role in CE, emphasis during the Annual Meeting seminar will be placed on how the pharmacy practitioner may identify his own needs for additional information or skill improvement by recognizing what types of demands his practice generates.

In this respect, seminar participants will have an opportunity to assess a case study which utilizes patient medication profiles in conducting a “pharmacy audit”—a concept now being explored as a method of need appraisal.

Dr. Knox will conclude the seminar by leading a discussion on (1) the role of CE personnel in national, state and local associations and schools of pharmacy in facilitating self-directed continuing education; and (2) activities which may be followed during ensuing months.

The faculty for the continuing education program is being selected from the pharmacy CE community.

In brief: HEW reviews 3,000 comments on MAC

Some brief notes of interest on your Association and the profession:

HEW has received more than 3,000 comments on its proposed Maximum Allowable Cost regulations, including the Association’s (see APhA Weekly, Feb. 15). Most observers expect at least some changes in the structure of the proposed regs . . . Dr. Theodore Cooper may yet be in line to become HEW’s next Assistant Secretary for Health. The Ford Administration reportedly is leaning toward nominating him for the post . . . House Ways and Means Committee Chairman Al Ollman (D-Ore.) predicts the Congress will pass National Health Insurance legislation before the 1976 presidential campaign recess—over the President’s veto, if necessary. . . . Mario Obledo, new California Secretary of Health and Welfare, is the first pharmacist ever appointed to a cabinet-level post in the state. . . . The Pharmaceutical Society of the State of New York has announced that it will seek enactment this year of pharmacy-ownership legislation . . . .

Promotional materials for the APhA public education campaign will not be available until after the Annual Meeting in April . . . The American Diabetes Association reports that phenformin, an oral diabetes drug, may be linked to cardiovascular disease and hypertension . . . APhA associate executive director for scientific affairs Dr. Edward G. Feldmann will deliver the Bergy Lecture at the West Virginia School of Pharmacy on March 27 . . . The Association’s Section on Clinical Practice of the Academy of General Practice has grown to over 600 members . . . The Annual Meeting of the Iowa State Pharmaceutical Association is scheduled for April 6-9 in Des Moines . . . The Food and Drug Administration and Sen. Edward Kennedy (D-Mass.) are still at it, this time over FDA’s approval of post-coital emergency use of diethylstilbestrol. Kennedy applauded one manufacturer’s announced concern for the safety and effectiveness of DES. Remark Kennedy: “I think it is fair to say your standards are higher than FDA’s” . . . A forum for women in pharmacy will be held on the morning of April 23 during the Annual Meeting. A keynote address will be followed by workshop discussions. Specific information will be available at the APhA registration area of the San Francisco Hilton . . . HEW will soon make available to pharmacists and other health professionals information and professional education materials on sudden infant death syndrome, the mysterious and tragic killer that strikes thousands of infants yearly . . . Speaking of yearly, Annual Meet-
Firms should emphasize OTC label warnings on TV

A respected media analyst has called on drug manufacturers to make warnings on the labels of popular nonprescription drug products a more visible and more important part of their TV advertising.

Robert B. Choate, chairman of the Council on Children, Media and Merchandising, recently told FDA's Sedative/Sleep Aid Panel that consumer familiarity with nonprescription drug products may breed contempt for warnings on their labels.

Because sponsors of sleep aid products make labels an intricate part of their general promotions, Choate argued, the Panel should recommend that advertising give proper visibility to warnings and contraindications.

Choate said drug manufacturers saturated network TV with more than 3,800 commercials during the first half of 1974, with the makers of Excedrin P.M., No-Doz, Nytol, Sleep-Eze and Sominex spending almost $6 million to promote their products.

"Regrettably," Choate added, "OTC advertising of such products occurs on programs with the largest children's audiences."

Because of the obvious impact of such frequent and unbalanced advertising of OTC drug products, it is essential that pharmacists take an active role in counselling their patients on the use of such drugs. A thorough explanation of the label warning and contraindications should be included, since the patient is not provided such information in most manufacturers' advertising campaigns for popular nonprescription products.

—From Academy/GP, March 1975
Academy of General Practice

Speaker Fuchs' book acclaimed by Times

The New York Times has hailed Victor R. Fuchs' recently published Who Shall Live? as one of the most penetrating analyses of the nation's health care problems yet published.

Fuchs is a featured speaker at the APhA Annual Meeting in San Francisco, April 19-24.

Wrote Times reviewer H. Jack Geiger: "No one has done a better job of identifying and analyzing for the general reader the key problems (the costs of care, access to care, and the growth of technology) and the key areas (physician behavior, hospital management, and the drug industry)."

Fuchs' book is basically an economic analysis of the health care issues facing the country, the reasons why problems have evolved, and the probable consequences of the different national health care alternatives available to the country.

"In the clutter of books on health care," writes reviewer Geiger, "(Fuchs') is the most useful little volume in recent years for the general reader. Page for page, there is more fact, and more illuminating principle, than in many books 10 times its length."

Fuchs can be expected to share his insights and suggestions with participants at the Annual Meeting in San Francisco.

Fourth straight year for birth rate decline

The national birth rate continued to decline in 1974, though at lower rates than the past three years.

The National Center for Health Statistics at HEW reports that the 1974 fertility rate was 68.4 births per 1,000 women in the childbearing ages (15-44 years), about 1% lower than the rate for 1973. The average decline between 1970-73 was 7%.

Though the fertility rate was slightly lower in 1974, the number of births was slightly higher than in 1973.

The total fertility rate, which shows the implications of current levels of fertility for completed family size, was estimated to be 1,860 births per 1,000 women.