

## Message From the President



AMCP is now in the middle of Spring Semester, and time is flying!

Our top story begins with the 2006 Annual P&T Competition. VP Chris Hollman did a masterful job orchestrating the event: juggling eight teams of four, 15 judges, disseminating tons of case-related material, reserving space and equipment in the COP, booking a banquet at LaVita and purchasing awards for our winners [deep breath]. His effort led to our most successful competition ever. We also had a record number of first-time competitors, including many P1s and

P2s. Clearly, our chapter's future looks very bright.

This year's competition was different for me: I sat this one out and watched three teams present. I was highly impressed by the teams' approaches to the project; the effort they put into their presentations showed. I was also fortunate to watch this year's winning team: P1 Heather Fitzgerald, P2 Maggie Zasadzki, P2 Joe Roudis and P4 Annie Rakoczy. This April they will be representing UIC in the national competition at AMCP's National Meeting & Showcase in Seattle. They bring experience and swagger to the table; Joe and Annie are returning members from last year's National Championship team. Make sure you wish them the best of luck!

On March 30, a team from our AMCP chapter (Christina Bond, Janet Devine, Jamie Vora, Maggie Zasadzki, Stacy Szappan, Chris Hollman and I) will be presenting our findings, "Exploring pharmacy practice preparedness in response to the Medicare Modernization Act." This project study was funded by our generous friends at Novartis® Pharmaceuticals, and the event will be a memorable one. The presentation will then be put into poster form for the National Meeting & Showcase.

The National Meeting & Showcase in Seattle will truly be the highlight of the year. It combines learning forums with networking opportunities, student programming and fun social events. Known for its famous guest speakers, can't-miss industry exposition and wild and crazy hospitality suites, the convention offers students the chance to mingle with the professionals from all walks of managed care life. I have not missed a convention since the spring of my P1 year: Seattle will be my fifth national convention. Along with the pounds of pens, books and useless toys, I always manage to bring back new contacts' business cards and a new knowledge base.

I wish everyone a wonderful spring semester and a memorable time in Seattle for those attending the conference!

Rob Wittenberg

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## 2006 PHARMACY AND THERAPEUTICS COMPETITION BY CHRIS HOLLMAN

AMCP once again conducted its annual Pharmacy and Therapeutics Competition with top honors going to the team of Annie Rakoczy, Joe Roudis, Maggie Zasadzki, and Heather Fitzgerald, who will represent UIC at the national competition during the AMCP National Showcase this April 5-8 in Seattle. Second place went to the team of Jay Tran, Nazia Fatima, Tom Moran, and Dominic Chan with third place going to Tony Rondinella, Sherry Maher, Karen Goff, and Nauman Haider. Please congratulate them if you see them around the College of Pharmacy.

This year's teams were tasked with reviewing the manufacturer's dossier for formulary submission for Symbyax<sup>®</sup>, a combination of olanzapine and fluoxetine used to treat bipolar disorder. AMCP has attempted to standardize the formulary submission process by creating the Format for Formulary Submission, a format that allows pharmacy and therapeutics committees to request drug information from manufacturers in a standardized layout. By adopting the AMCP Format, P&T committees can attempt to eliminate some of the bias that may be interjected by the manufacturers by requiring them to adhere to standardized submission guidelines.

Thirteen judges taken from the ranks of faculty, industry, and several managed care firms also took time out of their busy schedules to help this year. Although we are generally judged on our grades in pharmacy school, the P&T Competition gives the judges a chance to see what students are capable of beyond the classroom. Students are also able to use the interaction with the judges as a networking opportunity as they begin considering internships, rotations, and residencies. Without the participation of the judges, the competition would not be as successful as it has been in recent years, and to them, we owe a debt of thanks.

Thanks must also be extended to Dr. Jack Salmon and Dr. Margaret Byun whose continued advisement of AMCP has led us to be one of the most successful AMCP chapters in the country. Thanks again to all who participated and to those that assisted me in making things run smoothly on competition day. We look forward to even more student participation next year!

Chris Hollman  
AMCP Vice-President



**2006 Champions: Heather Fitzgerald, Maggie Zasadzki, Annie Rakoczy & Joe Roudis with P&T Organizer Chris Hollman**

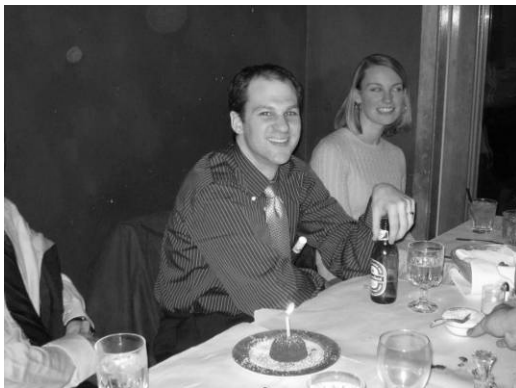
## Thank you to all that made this year's P&T competition a success!

<u>Judges</u>	<u>Teams</u>	
Margaret Byun - UIC Sandra Durley - UIC Brent Eberle - Navitus Azzah Jeddy - WHI Paul Miner - Novartis Maggie Rausa - Caremark Jack W. Salmon - UIC Glen Schumock - UIC Ryan Sekula - Caremark Lydia Shenouda - Caremark John Strezewski - Aon JoAnn Stubbings - UIC Maria Tanzi - UIC Mitzi Waski - UIC	James Kotek Michelle Jung Amy Herman Angela Yim	Joe Roudis Annie Rakoczy Maggie Zasadzki Heather Fitzgerald
	Kayte O'Brien Megan Szmajda Stacy Szappan Shannon Murphy	Tony Rondinella Sherry Maher Karen Goff Nauman Haider
	Taofik Brown Agnes Cha Bess Kim John Lee	Rachel Bartlett Vela Chen Zeina Samara Goran Miljevic
	Jay Tran Nazia Fatima Tom Moran Dominic Chan	Bethany Betker Philip Gorz Jamie Joseph Shivani Thaker

Special thanks to Ben Besahlske, Karen Eckmann, Jeff Hingtgen, Jamie Vora, and Rob Wittenberg who helped out on competition day!

**TOP LEFT: (Left to Right)** Taking 3rd place: Tony Rondinella, Sherry Maher, Karen Goff & Nauman Haider with Chris Hollman.

**TOP RIGHT: (Bottom Row, Left to Right)** Taking 2nd Place: Tom Moran and Nazia Fatima. **(Top Row, Right to Left)** Jay Tran & Dominic Chan with Maria Tanzi & Maggie. **BOTTOM LEFT: (Left to Right)** Rob Wittenberg and Karen Eckmann. **BOTTOM RIGHT: (Left to Right)** AMCP Faculty Advisors: Mitzi Wasik, Jack Salmon and Margaret Byun.



## P-1 PERSPECTIVE ON P&T COMPETITION

BY JOHN LEE

If you have time to read this, then you probably don't need to. If your schedule is all laid out, you have all your ducks in a row, your FAFSA was completed in January – then you might want to read a more interesting article. However, if you're reading this with one eye and your lazy other eye on your drug cards... or in the midst of being barraged by medchem and pathophys – then these words are perhaps for you. If you feel rushed in any way, shape, or form, stressed from all the pressure of pharmacy school, unsure of what the future might hold... perhaps it's time to consider participating in P&T.

There are probably a billion reasons why not to participate in the P&T competition, and I assure you – each one has meandered through my mind: Why am I researching two drugs, I have to study renal physiology, etc., etc... All of which were pointless time consuming battles with myself. The nights of laboring through a dense dossier with no prior pharmacy experience proved to me that within this “professional exterior” exists a 5 year old prone to mental temper tantrums. As a P1 in P&T, I found myself against two fronts: myself (and inabilities) and the work that required to be accomplished. Ideally each front should be fought independently. After fretting and failing to formulate a tactical strategy for a couple of weeks, I took to a line from a movie (cliché I know): “too many minds” provides insecure footing and realized time was slipping away at an astounding pace.

P&T was of course more than just a spectator sport; it demanded the influence of each person. But with members from each professional year, scheduling was a challenge. If anything, P&T has proven that time is valuable. Each of my uber-ly fantastic team members extended much grace with every meeting, sacrificing time with family, commuting, researching and a good chunk of their winter break for this project as well as their individual talents and personalities. Although it was in essence just a game - approval or not to approve would, if Pitt Street was an actual insurance company and not the address of AMCP, impact the lives of millions of people. Some P1's had extraordinary circumstances with regards to team placement, but they didn't gripe and complain even though they had every right to. It was encouraging to see them continue to participate even if it meant daily meetings the week before the competition. Yet in the waiting room before the presentation there was no team hostility, no air of competition. Instead, there was an atmosphere of “congratulations, you made it [to the end].” To me, it was just a glimpse of what graduation would be like in 2009 – no more curves, no more FAFSAs, no more Medchem or pathophys or drug cards – but more time to enjoy life as it was meant to be – but until then, P&T has given me a new outlook on the current situation - complain less and suck it up, pharmacy school is hard because lives are on the line.

The logo for the Academy of Managed Care Pharmacy (AMCP) features the letters "AMCP" in a large, stylized, serif font. The "A" and "M" are connected, and the "C" and "P" are also connected. The letters are white and set against a dark grey rectangular background.

Academy of Managed Care Pharmacy - UIC Student Chapter

**Check out the UIC AMCP website at  
[www.uicamcp.org](http://www.uicamcp.org)**

## **EXPLORING PHARMACY PRACTICE PREPAREDNESS IN RESPONSE TO THE MEDICARE MODERNIZATION ACT**

**BY JAMIE VORA**

It is almost impossible to go a day without hearing something about the Medicare Modernization Act (MMA). MMA, which will provide seniors and people with disabilities with a comprehensive prescription drug benefit plan, is set to make profound changes in all areas of pharmacy practice.

A group of AMCP students have joined together to obtain a better understanding of this complex MMA legislation and the impact to pharmacy practice and seniors. The results will be summarized and presented during an AMCP chapter meeting on March 30, 2006. In addition, a poster will be prepared for the AMCP Annual Meeting & Showcase on April 7, 2006. The students participating in this effort include Christina Bond, Janet Devine, Chris Hollman, Stacy Szappan, Jamie Vora, Rob Wittenberg and Maggie Zasadzki, with J. Warren Salmon, PhD as our faculty advisor.

In particular, this group is looking to see how well Centers of Medicare and Medicaid Services (CMS) communicated the program details to all areas of pharmacy practice, and how prepared and confident each area is in implementing the changes associated. In addition, this group would like to determine how well CMS has facilitated access to program information to seniors and the amount of CMS support provided. Finally, medication therapy management (MTMS) implementation and reimbursement will be researched.

The first area of analysis is to identify the specific areas of pharmacy practice that are affected. This group decided to investigate the following five areas: outpatient pharmacy, community pharmacy, independent pharmacy, managed care organizations (MCO), and long term care facilities. The goal is to determine the key differences and shared challenges across each of these five areas.

To facilitate and standardize the request for information, a survey was generated which included questions on the following categories: MMA pharmacist education, MMA patient education, technology, e-prescribing, MTMS, and reimbursement. Survey questions consisted of open ended and comparative rating scale questions.

Interviews were conducted from late November to early January. This group has interviewed numerous pharmacist and other professionals in the five practice settings via phone and e-mail. All responses have been categorized by the practice setting and individual or company name will not be included in the results.

At this point in time, the group is in the process of analyzing all the data received and preparing the findings. The next step is to share the results with the rest of the AMCP chapter, as well as all interested parties.

This project has been funded by an unrestricted educational grant provided by Novartis.

## **LOOKING INTO THE FUTURE**

**BY MAGGIE ZASADZKI**

So far this has been an exciting year for AMCP. As the semester draws to an end we will soon start planning for another year full of speakers and events. Particularly exciting, is that next fall the AMCP annual educational conference will take place right here in CHICAGO! It is not too early to start thinking about attending the conference, especially since it is geared specifically for students. There will be a residency showcase, featuring the available managed care residencies. Some of these companies offer summer internships, so this will be valuable for all class levels. On the lighter side, the meeting will have receptions and hospitality suites which provide a more laid back opportunity to mingle.

A lot of the planning for next year will take place during the summer months. Again we plan to invite pharmacy professionals to share their career experiences during our Thursday meetings. If there are any topics or companies that any of you are specifically interested in hearing about, let us know! One event we hope to make happen next year is a field trip to one of the PBMs in the Chicago area. If you don't know what a PBM is you should be coming to our meetings!

Good luck with the rest of the semester and feel free to e-mail me with ideas or suggestions ([mzasad2@uic.edu](mailto:mzasad2@uic.edu)).

# WHAT'S GOOD FOR GENERAL MOTORS IS GOOD FOR...

BY J. WARREN SALMON

**By J. Warren Salmon, Ph.D., Professor of Pharmacy Administration; and Health Policy and Administration, College of Pharmacy and School of Public Health**

If by chance on your way back home, you had a stopover at the Detroit Metropolitan airport and found yourself sitting next to an auto executive talking about the “drug problem” in his firm, you might conjure up an image of assembly line workers high on pot, meth, ecstasy, or other illicit substances, BUT you’d be mistaken.

The “drug problem” in the auto industry is the **cost of pharmaceuticals**. Health benefit costs for employers have been skyrocketing for decades: pharmaceutical costs have climbed higher than other components of the medical price index for some years due to rising drug utilization and drug price increases. Spending on pharmaceuticals last year in the U.S. *increased less than 10%* for the first time in more than a decade, which the popular press heralded as an improvement (sic). While efforts by managed care entities may have tempered the rise somewhat, General Motors foots the health bill for 1.1 million workers, dependents and retirees (\$5.6 billion in 2005 outlays), which adds \$1600 to every vehicle it produces.

A generation ago in the early 1960s GM’s industry dominance was unchallenged, but now this corporation with \$193.5 billion in sales finds itself in a sea of icebergs, leading the *Economist* to analogize GM being transformed *from a titan to the Titanic*. High gas prices, foreign competition, the bankruptcy of its major parts supplier Delphi, a glut of SUVs, an SEC investigation, unmet pension obligations, and generous health benefits together indicate more than a tune-up is in order. Downsizing (or its feared bankruptcy) will be forthcoming, which may mean eliminating some of its 55 storied brands (the Oldsmobile division was first to go). Management is desperate to cut a deal with the United Auto Workers (UAW), whose union contract extends to 2007, on new health benefit co-pays and severance packages. Retiree costs are high since GM has 340,000 retirees with the ratio being one employee to 2.5 retirees.

Corporate leaders today across American industries are baffled about how to address the dual daggers of energy costs and drug costs, where both the oil and pharmaceutical industries have historically gouged the dependent manufacturing base of the economy for years. General Motors, the third largest corporation and a bulwark of the U.S. establishment since its consolidation at the turn of the last century, has run a loss since the 4<sup>th</sup> quarter of 2004. Its CEO announced fourteen factory closings and layoffs of 30,000 workers, which will surely hit hard Michigan, Ohio, and other rust belt Midwestern states already struggling with revenue shortfalls and ballooning welfare tabs.

Health benefits for its workers cost General Motors more than the steel it puts into its vehicles. While GM is notorious for pressing its suppliers for cuts to enhance its own bottom-line, execs there have been unable to get its health bills under control. (Its biggest parts supplier, Delphi is in bankruptcy court and requires a bailout from GM). In past *very good* years of the booming national car economy, GM was able to squeeze out maybe a 5 to 8 percent profit level, compared to oil and pharma companies clearing more than 25% in profits. Faced with a \$3.3 billion loss last year, GM management should be quite disturbed with its industry’s prospects.

It is not as though U.S. automakers could not have foreseen their financial woes on the horizon. The American public has preferred cars from Japan, Germany, Korea, and maybe even China now—where lower costs, durability, design, and fuel efficiency have been key determinants of sales. GM has yet to roll a gas-electric hybrid off its assembly lines, and the company still turns out more gas-guzzling SUVs and trucks than cars. Waiting on Bush’s incentives for more ethanol subsidies and for “flexible fuel vehicle technology” may be akin to denying the probability of civil war in Iraq, which the majority of Americans now believe is inevitable. Realism—past, present and future—must return to public policy, as well as to corporate functioning.

Toyota this year will overtake GM as the world’s largest auto manufacturer, and sell more vehicles in the U.S. Then the #3 maker, Ford Motor Company will lay off a similar number of its employees, totaling 60,000 unemployed auto workers in need of retraining programs, perhaps funded by the feds. This significant decline of well-paid jobs is actually a national trend that incidentally hits African Americans hardest.

If Bush’s management of the budget deficit and debt were better handled, government aid could be counted on for the auto industry. Ford reportedly is seeking a Carter-like deal of federal loan guarantees like Lee Iacocca secured for Chrysler in the 1970s, but Bush says no way. The federal Pension Benefit Guaranty Corporation sank over \$10 billion of taxpayers’ money into United Airlines’ and U.S. Airways’ pension recovery. Northwestern and Delta both in bankruptcy have yet to press for similar bailouts, but the American auto firms may also line up to get out of paying their pension obligations.

(cont’d on next page)

Previously given their generous health benefits, GM, Ford and Chrysler together pumped \$85 billion into the health sector; autoworkers' "Cadillac benefits" have seen health providers do very well financially. The United Auto Workers (UAW) contracts specified *no premiums, and no deductibles*, with just low co-pays for doctor office visits and pharmaceuticals. Automakers were early on strong supporters of managed care and led the nation in getting into pharmacy benefits management firms in the late 1980s. Salaried GM employees rather than union members have recently felt the typical benefit burden shifted to their pocketbooks. Still, this salaried group paid \$10 per generic script and \$25 for brand drugs in 2005. The UAW union contract gets renegotiated in 2007 and until then union concessions may come as a "jobs versus benefits" compromise. UAW dues paying members have already slipped to below 300,000 nationwide. The union needs funding to support its organizing down South at the new foreign-owned plants.

A little bit of history may shed some light on how automakers came to give such generous health benefits, *or rather Labor unions won them*: John L. Lewis, the flamboyant leader of the United Mine Workers of America (UMWA), sent hundreds of organizers to help create some of the nation's leading labor unions in the Congress of Industrial Organizations (CIO), including the United Auto Workers (UAW), the Communication Workers of America, and the United Steelworkers with a strong advocacy on behalf of America's workers. Perhaps Lewis' greatest legacy was the creation of the UMWA Welfare and Retirement Fund in a contract with the federal government. The UMWA Fund would change permanently health care delivery in the coal fields of the nation. The UMWA Fund built eight hospitals in Appalachia and established numerous clinics. Earlier Lewis had defied President Franklin Roosevelt's wage freeze during World War II and engineered the addition of tax-free employee health benefits that strengthened the nascent non-profit Blue Cross Blue Shield insurance firms.

In the same vein for workers welfare through health insurance, later in the 1950s and 1960s UAW President Walter Reuther pushed for "first dollar coverage" to prevent the postponement of seeking care along with comprehensive care packages. Management at that time saw broad health insurance both removing the uncertainty of disease and bankruptcy for employees, as well as leading to worker productivity enhancement. Managed care was equally embraced by the UAW and automakers, along with full RX benefits as well as mental, dental, chiropractic, podiatric and other coverage--the "Cadillac health benefits" that management seek to erode now.

It should be obvious that health insurance is not synonymous with health promotion. Auto factories still house cigarette machines and allow smoking on the assembly line. While some new efforts to discourage unhealthy habits and establishing gyms on the premises have begun, effective disease state management programs to seek the best adherence and to change unhealthy habits, along with pressing providers for cost cuts, may be necessary to stem future rises.

On the other hand, GM has been profitable abroad. Both GM and Ford compete better outside the U.S. because "foreign governments pick up much of workers' health care and retirement bills." Since such a situation isn't foreseeable in the near future for the U.S., the automakers, in order to return to profitability, must force caps on health benefits and ease out of their retirement obligations. Chrysler shed 46,000 jobs after its restructuring and now current workers pay annual deductibles for PPOs ranging up to \$1000.

At this time when Americans' faith in government and corporate leadership is waning, it is a lot to ask autoworkers to endure substantial change in their quality of life. The path will be both painful and contentious. However, as witnessed in the health sector (with 45 million of our population uninsured, and perhaps an equal number underinsured, mainly without a prescription benefit plan), the so-called "free market" can be brutal.

TIME magazine in October wrote: "It was part of the American dream, a pledge made by corporations to their workers: for your decades of toil, you will be assured of retirement benefits like a pension and health care. Now more and more companies are walking away from that promise, leaving millions of Americans at risk of an impoverished retirement".

The days of generous benefits and assured pensions are ending with the decline of union jobs, which have declined 66 percent over the last several years. Union membership is now barely 13 percent of the American workforce. Health care costs remain the top concern of corporate CFOs and CEOs in a March 2005 survey by CFO Magazine. Eleven percent of employers expect soon to eliminate health coverage for retirees, as Motorola has. Such seismic changes in employee benefits will ripple throughout the health care delivery system for years to come, in addition to plaguing communities and state governments.

As the newsletter goes to press, this week's Wall Street Journal headlined "Behind GM's slide: Bosses misjudged new urban tastes". Corporate management, whether corrupt as recently dozens of CEO court cases reveal, or just making bad decisions on strategic directions, should bear more measure of accountability for the damage inflicted upon their firms' employees and families.

*Dr. Salmon has a file box of journal and news articles related to corporate benefit trends, the auto industry and these changes impact on health providers for nay student's research interests. References upon request.*

## UPCOMING EVENTS

AMCP holds weekly meetings every Thursday during lunch in room 134-3 (unless otherwise noted).

Meeting schedule for the rest of the semester is as follows:

March 30, 2006	Medicare Project Presentation
April 13, 2006	Vishal Goyal: Ortho Biotech
April 20, 2006	AMCP Elections
April 27, 2006	Nisha Mathew Journal Club

### Conferences:

18th Annual Meeting & Showcase, April 5-8, 2006, Seattle, WA.

2006 Educational Conference, October 4-7, 2006 in Chicago, IL.

## A WORD FROM THE EDITOR

Welcome to the second issue of the AMCP Student News for the 2005-2006 academic year. I hope many of you enjoyed our last issue and found it informative. I also expect that it will keep you up to date on many of the happenings occurring within the AMCP student chapter. If you have any questions, comments or suggestions, please do not hesitate to email me at [m Patel21@uic.edu](mailto:m Patel21@uic.edu). You can also stop by our weekly meeting in Room 134-3 on Thursdays or visit our website at [www.uicamcp.org](http://www.uicamcp.org) for more information.

I would like to take this opportunity to thank all the writers for their submissions. This newsletter would not have been made possible without the dedication of its student chapter.

Mona Patel

The University of Illinois Student Chapter of the Academy of Managed Care Pharmacy in an effort to maintain the quality of its student programming is accepting donations. All proceeds will be used to fund field trips, speakers, the Pharmacy and Therapeutics competition, and newsletters. Donors will be recognized in the upcoming newsletter.

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