

JFPS 2023

Joint Federal Pharmacy Seminar

DALLAS | OCTOBER 29-31



CALL for POSTERS

DALLAS | OCTOBER 29-31, 2023



**Deadline for Submissions:
Tuesday, July 18, 2023**



APhA is the official education provider and meeting manager of JFPS2023.



About JFPS2023

The Joint Federal Pharmacy Seminar (JFPS) is a national education-based conference for federal pharmacists and pharmacy technicians, developed by the American Pharmacists Association (APhA). JFPS 2023 will be held October 29–31, 2023, in Dallas. Abstracts are due by **midnight ET on Tuesday, July 18, 2023.**

2023 Call for Poster Abstracts

The theme and focus of JFPS 2023 is **A Unified Force for Patient Care**; poster abstracts, however, can be submitted on any topic. APhA is seeking abstracts for the JFPS 2023 poster program that present **innovations in pharmacy practice** and **pharmacy-focused scientific research** on issues relevant to federal pharmacists and pharmacy technicians. JFPS2023 will offer both a live and a virtual poster gallery:

- **Accepted poster presenters will:**
 - Display their printed poster on a 4' x 6' posterboard in the Meet the Researchers poster session, on either **October 29 or October 30, 2023**
 - Upload their poster to the virtual poster gallery by **September 19, 2023**
 - Record a 5-minute audio presentation to accompany their poster by **September 26, 2023**. Recordings are required if the authors cannot present in person.
- If the poster presenter is unable to attend JFPS 2023 in person, their abstract will be published if the poster and accompanying audio recording are uploaded to the virtual gallery by **September 26, 2023**.

Abstract Submission Process

Abstracts must be submitted by **Tuesday, July 18, 2023**, using the JFPS 2023 online submission system, using your pharmacist.com username and password. To access the system, go to: <https://www.abstractscorecard.com/cfp/submit/loginSSO.asp?EventKey=XLJGIZST>

Note that you must use your pharmacist.com username/email to submit an abstract. **Emails will only be sent to the email address of your pharmacist.com account.**

If you need to create an account:

Go to pharmacist.com, click on Login, then Create an Account. You do not have to be a member to create an account. **Enter the email that you will use for notifications for JFPS 2023.**

The abstract submitter will receive a confirmation email showing the details of their submission. Presenting authors and coauthors will be copied on the confirmation email.



Abstract Submission Due Dates

- Abstract submissions due: **Tuesday, July 18, 2023**
- Abstract authors notified of poster status: **August 2023**
- Poster uploads due: **Tuesday, September 19, 2023**
- Poster recordings due: **Tuesday, September 26, 2023**
- Meet the Researchers sessions (for onsite attendees): **Sunday, October 29 or Monday, October 30, 2023.**

Poster Presenters

Poster presenters must be pharmacists or pharmacy technicians who are:

- Uniformed members of the Public Health Services, Veterans Administration, or Department of Defense
- Civilian pharmacists or technicians assigned to federal agencies
- Retired or reserve members of the Army, Navy, Air Force, Coast Guard, Veterans Administration, or Public Health Service

Abstract Categories

Submit abstracts to one of the following 3 categories:

- 1. Contributed Research:** Abstracts present the findings of original research on issues relevant to practicing pharmacists and pharmacy technicians. Research with patients requires IRB approval. (If research is not completed at the time of submission, select the "Project in Progress"* option.)
- 2. Innovative Practice Report:** Practitioners who have implemented a new idea or strategy for the delivery of patient care, or a creative application of existing techniques or services, are encouraged to share their innovation with colleagues. This includes process improvement projects that show improved patient outcomes. Ideas and practices that are new to the region, system, or practice setting may be considered. (If practices in this category do not have outcomes ready to report at the time of submission, select the "Project in Progress"* option.)
- 3. Encore Presentation:** Submissions to this category must meet all submission and evaluation criteria for original papers, with the exception that the paper has been previously presented at a local, state, or national meeting within 12 months of the submission deadline. Submission requires the original presentation citation.

***Projects in Progress:** Projects in progress must have been started and in the process of collecting data or in the process of implementing an innovative practice or process improvement. Completed data or initial outcomes must be presented at JFPS 2023.



Abstract Topics

Submit abstracts to one of the following 5 topics:

1. Automation/Technology
2. Clinical Pharmacy
3. Hospital Inpatient Services
4. Pharmacy Operations
5. Readiness
6. Other/Emerging Topics

Financial Disclosures and Use of Logos

Financial disclosures for all poster authors will be collected during the online abstract submission process. Authors must disclose all financial relationships within the prior 24 months. A financial disclosure statement must be included on all accepted and displayed posters.

Because the “Meet the Researchers” session offers CPE credit, the poster presentations must comply with the policy set forth by the Accreditation Council for Pharmacy Education (ACPE).:

The Accreditation Council for Pharmacy Education’s Standards for Integrity and Independence in Accredited Continuing Education require that all continuing pharmacy education providers “... must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.” “Ineligible companies” are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Everyone in a position to control the content of an education activity is required to disclose “all their financial relationships within the prior 24 months.” Financial relationships are those in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, or other financial benefit. Financial benefits usually are associated with roles such as: employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committee or review panel, board membership, or any other activities in which remuneration is received or expected.

Ownership interests (e.g., ownership of stocks, stock options, or similar interests, excluding diversified mutual funds) also qualify as financial relationships.

How does this translate to your poster and use of logos?

- **NO logos for pharmaceutical companies**
- **OK to use logos for hospitals, universities, schools, or health care networks**
- **OK to use logos for community pharmacies (e.g., Walgreens, Kroger)**
IF they are also a provider of clinical care directly to patients



Copyright

The Author(s) grant to APhA in perpetuity the exclusive right to print, publish, reproduce, lease, copy, and distribute (either in print or electronic form) the abstract. APhA will have the exclusive right to register the abstract in its own name and to obtain any renewals of the copyrights that may be permitted by law. The Author(s) warrant that the abstract is original; that the Author(s) own and have the right to convey all the rights herein conveyed to APhA; and that all content therein does not infringe any copyright, violate any property rights, or contain any scandalous or unlawful matter.

Author(s) shall defend, indemnify, and hold harmless APhA, its officers, directors, employees, and agents, against all liability or loss sustained as the result of a claim by a third-party based upon or arising out of any act or failure to act of Author(s) or the alleged breach by Author(s) of any representation, warranty, or agreement herein, including for any claims based upon any intellectual property violations. The warranties, representations and indemnities will survive the termination of this Agreement. Author(s) hereby release and discharge APhA, its officers, directors, employees, and agents, from any and all claims, demands, and causes of action that Author(s) may have against it by reason of its exercise of its rights hereunder including, without limitation, any claims based on the right of privacy, the right of publicity, copyright, libel, or slander.

Abstract Review & Notification

Abstracts submitted by **Tuesday, July 18** will be reviewed by the JFPS 2023 Educational Programming Committee. All abstracts are subjected to a double-blind peer review. Each abstract will be evaluated according to the following criteria:

- **Relevance:** makes important contribution to federal pharmacy practice.
- **Originality:** new, innovative approaches to move the pharmacy profession forward.
- **Clear statement of question(s):** to be answered or objective(s) to be met.
- **Study/project design:** project design clearly stated, appropriate to achieve objectives, and variables controlled. Setting and patient population described.
- **Methods and data collection process/analysis clearly described:** Source(s) of data, how it is being collected. Data analysis/evaluation procedures target project outcomes and support project objectives. Compare different strategies.
- **Results:** findings are reported for each objective or research question. Include data in your results section. (Projects in Progress must report any initial findings.)
- **Implications of findings for pharmacy practice:** policy theory, or further research are discussed and should focus on tangible or significant results. Describe how innovation is adaptable to other practice sites/settings. (Projects in Progress will describe potential implications.)
- **Conclusions are appropriately stated, based on results:** (Projects in Progress will not include Conclusions on the abstract; however, conclusions should be included in the final poster presentation.)



Helpful Tips

- Be as specific, descriptive, and thorough as possible about project/study design, methods, data collection and analysis, results, and conclusion/implications
- Use complete sentences
- Include background information to justify why this program was created
- Define time periods; include dates, where applicable
- Describe patient population(s)
- Define acronyms
- Avoid the use of jargon
- Check spelling and grammar
- Do not identify facility or unit in the body of the abstract

Incomplete or poorly written abstracts will be rejected.

Remediation is not offered for this program.

If you are a student or resident, work with your preceptor or faculty advisor to ensure that your abstract submission meets all criteria outlined.

In August 2023, APhA will notify poster authors about the status of their abstract submission via the email provided during the submission process. **If you have not received notification by August 31, 2023 contact APhA.**

Poster Presentations

Accepted abstracts will be presented at JFPS 2023 as poster presentations in both the live onsite Meet the Researchers session and the virtual poster gallery.

Poster Awards

Posters are judged on Technical Merit, Originality, and Presentation. Award plaques will be awarded to poster presenters for first place in each topic area, and one overall best of seminar. Special recognition ribbons will be awarded to the highest scoring poster that did not win its category. Awardees will be announced at the Closing General Session.



Sample Abstracts

Contributed Research Paper

Title: ADHERENCE TO DAILY MIGRAINE PREVENTION IN THE MILITARY HEALTH SYSTEM

Objective: To describe the patterns and predictors of adherence to daily migraine prevention in the military health system.

Methods: The study employed a retrospective cohort design of administrative claims data to examine adherence among 1,144 new users of daily migraine prevention in the military health system. Adherence was measured as the proportion of days covered during the subsequent year following initiation of treatment. Patients were deemed adherent if they possessed enough medication to cover at least 80% of treatment days. The study also evaluated the factors associated with maintaining adherence to daily migraine prevention using multivariate logistic regression. Factors included both patient characteristics and the type of initial preventive medication prescribed.

Results: The number of new users adherent to daily migraine prevention declined swiftly, with only 50% of patients considered adherent after 3 months of treatment. This trend then stabilized, with 35% and 31% of participants maintaining adherence at 6 and 12 months, respectively. After controlling for other factors, age was the strongest predictor of treatment adherence. Characteristics of the initial preventive medication prescribed did not influence the likelihood that a patient would remain adherent to treatment.

Conclusions: The conclusion that two-thirds of all new users of migraine medications showed evidence of nonadherence within 6 months of initiating therapy suggests that adherence could be improved considerably. Pharmacists can play an important part in reversing this trend of nonadherence with regular patient education and careful monitoring after initiation of preventive treatment.

Courtesy of J. Devine, United States Air Force

Report on Project in Progress

Title: STUDY OF PATIENT SATISFACTION AND PERCEPTIONS OF THE PHYSICAL ENVIRONMENT IN A MILITARY OUTPATIENT PHARMACY WAITING ROOM

Objective: To determine which physical attributes or characteristics of a military outpatient pharmacy waiting room correlate with military beneficiaries' perceptions of waiting time and patient satisfaction.

Methods: A convenience sample of military health system beneficiaries obtaining a prescription at a military outpatient pharmacy will be selected at random to participate in the study. A pharmacy staff member or volunteer will ask beneficiaries to anonymously complete a self-administered questionnaire while waiting for their prescription(s) to be processed. The questionnaire, designed by the investigators, contains 17 questions measuring demographic information, patient assessment of waiting time, satisfaction with the pharmacy waiting experience, and preferences for physical attributes in a military pharmacy waiting room. The questionnaire has been pilot-tested and content validity has been assessed. Data collection will continue until 500 questionnaires are completed. Statistical analysis will be accomplished using SAS version 9.1.3 (SAS Institute, Cary, NC). Chi-square will be used to analyze the categorical differences by physical attribute and by patient category using an a priori significance level of 0.05. Additionally, descriptive statistics and correlation coefficients will be calculated for other study variables.

Results: NA (research in progress).
Conclusions: NA (research in progress).

Courtesy of R. Conrad and D. West, University of Arkansas for Medical Sciences

Innovative Practice Report

Title: TRANSFORMING TECHNICIANS' FUNCTIONS: IMPLEMENTATION OF A TECHNICIAN SCREENING PROCESS FOR MEDICATION REFILLS

Objective: To reduce the quantity of medication refill requests called into the Internal Medicine Clinic.

Methods: The Clinical Pharmacy Service identified a growing problem with the increasing numbers of call-in refill requests. Patients who had recent appointments were not having maintenance medications refilled. An experienced technician reviewed the prescription history of patients with upcoming appointments and identified maintenance medication with no remaining refills. If medication refills were needed, a copy of the current medication profile with recommendations and comments was given to the clinic to be furnished to the providers at the patient's appointment.

Results: This screening program identified adherence issues, duplication in therapy, medication errors, and recommendations for formulary changes and allowed providers a more effective review of maintenance medication issues. This mechanism enabled more appropriate consideration of refills and prompted the providers to discontinue any unneeded medications.

Conclusions: To date, the screening process has met with positive feedback from the providers and an increase of maintenance medications being refilled at appointments.

Courtesy of C. Stroll and M. Johnson, Evans Army Community Hospital



To be eligible for the JFPS 2023 poster award program, the following requirements must be met:

- The poster must be accepted for presentation.
- Poster presenters must submit a PDF or PowerPoint file of their final poster by **Tuesday, September 19, 2023** and an accompanying audio recording by **Tuesday, September 26, 2023**.
- The poster and accompanying audio recording must be displayed in the virtual poster gallery.

Abstract Publication

Accepted abstracts presented at JFPS 2023 will be e-published in a 2023 issue of the *Journal of the American Pharmacists Association (JAPhA)* at **www.japha.org**. APhA holds first right of refusal for material contained in abstracts when submitted for publication. Full manuscripts that expand on the abstracts should be submitted for publication in an APhA publication, usually *JAPhA* at **www.japha.org**. Encore presentations are not published in their entirety; only the title, authors, and original citation will appear.

More Information

For more information, please contact Ellyn Terry at **eterry@aphanet.org**.

Deadline for submissions: Tuesday, July 18, 2023