



APhA Pharmacy-Based Cardiovascular Disease Risk Management

October 22, 2017

Sheraton Portland Airport Hotel, Portland, OR | Hosted by Oregon State Pharmacy Association

A NATIONAL CERTIFICATE TRAINING PROGRAM

APhA Pharmacy-Based Cardiovascular Disease Risk Management is an innovative and interactive certificate training program that explores the pharmacist's role in cardiovascular disease risk management. This practice-based activity is the first step for pharmacists interested in learning the essential skills to successfully assess risk, promote cardiovascular disease prevention, and encourage patient adherence to therapy.

Program Goals*

- **Educate pharmacists** on current evidence-based treatment goals and clinical management recommendations for dyslipidemia and hypertension.
- **Familiarize pharmacists** with important concepts related to healthful lifestyle changes that focus on cardiovascular disease prevention.
- **Ensure pharmacist** proficiency in blood pressure measurement technique and point-of-care lipid testing.
- **Introduce techniques** and skills for encouraging patient adherence to prescribed therapies for the management of hypertension.
- **Enhance pharmacist** experience in applying elements of motivational interviewing with respect to medication adherence and lifestyle modifications.

Certificate Training Program Components*

The activity is conducted in two parts: a web-based self-study and a live training seminar.

The live seminar will focus on these core areas:

- A case-based approach to cardiovascular disease risk assessment and treatment decisions, managing special situations, treating hypertension in a patient with diabetes, and lifestyle modifications and motivational interviewing.
- Skills assessments on blood pressure measurement technique, obtaining fingerstick samples for testing, and motivational interviewing. Participants will be conducting blood pressure assessments and obtaining fingerstick samples on other participants.
- A discussion regarding the role of the pharmacist and existing business models for cardiovascular disease risk management services.

For a complete list of learning objectives and for all APhA accreditation information and policies, please visit APhA's website, www.pharmacist.com/pharmacy-based-cardiovascular-disease-risk-management.

The self-study modules will focus on these core areas:

- **Module 1.** Cardiovascular Disease Risk Assessment — Assessment of factors that put patients at an increased risk for cardiovascular disease.
- **Module 2.** Lifestyle Modifications — Discussion of recommended dietary interventions, physical activity, weight reduction, and smoking cessation.
- **Module 3.** Dyslipidemia Management — Review of pathophysiology, explanation of the recommended approach to treatment, and extensive discussion of pharmacologic options for the management of dyslipidemia.
- **Module 4.** Hypertension Management — Review of pathophysiology, explanation of the recommended approach to treatment, and extensive discussion of pharmacologic options.
- **Module 5.** The Pharmacist's Role in Prevention and Management — Explanation of ongoing patient monitoring techniques and communication with prescribers to optimize patient self-management (including adherence and behavior change counseling).

Continuing Pharmacy Education Information

Continuing Pharmacy Education (CPE) Information and Activity Completion Requirements

Initial release date: 02/20/2015; expiration date: 02/20/2018

Activity Type: Practice-Based

Learning Level: 2 — Experience with the topic is recommended, but advanced expertise or specialty practice in the subject area is not necessary. This activity will focus on expanding the learner's knowledge and application of new and/or more complex information.

Target Audience: Pharmacists in all practice settings

There are no pre-requisites for this program

Faculty

Adriane Irwin, MS, PharmD, BCACP



The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of CPE.

Activity Completion Requirements

Successful completion of the self-study component involves passing the self-study assessment with a grade of 70% or higher and will result in 12 contact hours of CPE credits (1.2 CEUs). ACPE Universal Activity Number: 0202-9999-15-001-H04-P

Successful completion of the live seminar component involves attending the full live seminar, passing the final assessment with a grade of 70% or higher and completing a skills assessment. Successful completion of this component will result in 8 contact hours of CPE credit (0.80 CEU). ACPE Universal Activity Number: 0202-9999-15-002-L04-P

Once credit is claimed, Statements of Credit will be available online within 24 hours on participant's CPE Monitor profile at www.nabp.net. The Certificate of Achievement will be available online upon successful completion of the necessary activity requirements on the participant's "My Training" page on www.pharmacist.com

Activity Requirements - Course material and exams will be accessed online - In order to participate in this activity, registrants must have access to a computer with minimum system requirements: Internet connectivity with current version of internet browsers, such as Chrome, Firefox, Safari, or Internet Explorer (V8 and above); Adobe Acrobat Reader, Flash Player 8 or higher, Windows 95, Pentium 3 or equivalent processor, 64 MB of free memory (not 64 MB total), and Audio: Sound card and speakers or earphones. For full technology requirements, please visit www.pharmacist.com/pharmacy-based-cardiovascular-disease-risk-management.

Cancellation Policy

Cancellation Policy and Additional Fees:

Please note: Once the online program code has been redeemed, no refund will be issued. If the participant has redeemed the online program code, but fails to complete either the self-study or the live component of the program, the participant will not receive credit for participation in the program, will not receive a certificate of completion and will be required to register for a later program, pay an additional registration fee and retake the program at a later date.

Once the participant has redeemed the online program code, the participant shall be responsible for all activity thereafter. If a participant redeems a code more than once, the participant will be charged a fee for each additional code redeemed (\$125).

On the day of the seminar, participants who have successfully completed the live seminar will receive directions to complete their final exam outside of class. Please note: the test will need to be completed within a few days of the program.

Refunds, less a \$75 handling charge, will be issued for written cancellation requests received by OSPA no later than two weeks before the program date. If a cancellation is received within two weeks of the program date, or if online code has already been redeemed, no refund will be issued.

If the required minimum number of registrants is not met (ten), OSPA reserves the right to cancel the program, in which case, full refunds will be made to all registrants. Access codes to course materials will not be distributed prior to reaching the minimum registrations.

Registration Deadline: October 13, 2017





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Registration

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Registration fee includes: online course materials, on-site education session, breakfast and lunch.

Full payment is required to receive the course materials.

Note: Member rates apply to OSPA and OSHP

*Early Bird discounts apply if you register by October 2, 2017

Early Bird* *Regular Rate

Pharmacist:

<input type="checkbox"/> OSPA Member/ <input type="checkbox"/> OSHP Member	\$375	\$425	
<input type="checkbox"/> Non-member	\$475	\$525	TOTAL AMOUNT _____

TITLE	FIRST NAME	LAST NAME	DESIGNATIONS	NICKNAME/BADGE NAME
POSITION TITLE		PHARMACY/COMPANY NAME		
MAILING ADDRESS				
CITY		STATE	ZIP	
BUSINESS PHONE		CELL PHONE	HOME PHONE	
FAX NUMBER		PREFERRED EMAIL	PHARMACIST LICENSE NUMBER	

Special Needs

If you have any special requirements (i.e., vegetarian diet, food allergies, handicap access, etc.) that would necessitate advance planning on our part, please let us know here: _____

Method of Payment

Check payable to OSPA Amex Mastercard Visa Discover

CARDHOLDER'S NAME _____

CARDHOLDER'S CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE (REQUIRED FOR PAYMENT) _____ AMOUNT AUTHORIZED \$ _____

CREDIT CARD BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS FOR RECEIPT _____