

APhA Foundation History

*by George Griffenhagen**

The following article was prepared in 2003 to recognize the 50th anniversary of the APhA Foundation with the cooperation of William Ellis, Samuel Kalman, and Michael Schwartz. A limited number of spiral-bound copies were printed in March 2003 and when the supply was exhausted the text was placed on the APhA Foundation website. Samuel Kalman then prepared a summary that was published in the September/October 2005 issue of the *Journal of the American Pharmacists Association*.

Michael Schwartz provided a Preface in the original publication which reads in part: "Beginning as an arm of the American Pharmaceutical Association in 1953, the APhA Foundation has grown in size, stature, and accomplishments. It is appropriate at this 50-year milestone to record its journey and thus make it available to all its stakeholders and other interested parties now and for the future." The original text with references is now published here so that it will be available in print for historians.

The Formative Years

Henry Armit Brown Dunning was largely responsible for raising the funds in the 1920s to construct the American Institute of Pharmacy as headquarters for the American Pharmaceutical Association (APhA) in Washington, D.C. During these fund raising activities, he was often frustrated by the fact that some expected financial support was not forthcoming because APhA could not offer donors maximum federal tax exemption.

As president of the Baltimore pharmaceutical manufacturers, Hynson, Wescott & Dunning, this 1897 graduate of the Maryland College of Pharmacy had acquired a great deal of experience in fund raising. It was in his capacity as a member of the APhA Council (now Board of Trustees), that Dunning sought legal advice in 1951 to determine how the American Pharmaceutical Association might obtain tax exempt status under the newly revised Internal Revenue Code.

Dunning contacted Baltimore attorney W. Gibbs McKenney who recommended that the Association might consider forming another corporation that could be known as the "American Pharmaceutical Foundation," or perhaps the "American Institute of Pharmacy," a name that Dunning had previously given to the APhA headquarters building. McKenney continued: "it would be more logical to examine the possibility of creating the new institute as a separate entity which would operate on a parallel basis with the APhA rather than as an agency within the APhA."¹

However, these recommendations were placed on "hold" for a year and a half since APhA was caught up in activities associated with the 1952 celebration of its centenary, during which time the proposed Foundation was never publicly mentioned. It was not until January 1953 that the APhA Council authorized the creation of the APhA Foundation to "accept bequests and gifts from various sources to be used for the advancement of the science of pharmacy and pharmaceutical education, for study and research, for

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Pharmacist Henry Armitt Brown Dunning (1877-1962) may be considered as the “father” of the APhA Foundation, and served as the 1953-1961 president.

the publication of scientific information, and for the improvement and promotion of the public health through the dissemination of information.”²

The APhA Foundation was incorporated in the District of Columbia on 6 May 1953. The incorporators (Karl Bambach, executive vice president of the American Drug Manufacturers Association; Robert P. Fischelis, APhA secretary; and Thomas A. Foster, pharmacist director of the U.S. Public Health Service) met in Washington, D.C., 7 August 1953, for the sole purpose of adopting the Bylaws that recorded, “members of this Corporation shall consist of the Board of Trustees of the Corporation of not less than twelve nor more than thirty members including the nine elected members of the APhA Council, [and] the members of the APhA House of Delegates.” The Bylaws also called for both an annual meeting of Foundation members in addition to an annual meeting of the Foundation

Board of Trustees.

The organizational meeting of the Foundation was held on 22 August 1953, during the APhA annual meeting in Salt Lake City,³ with all but two members of the APhA Council in attendance. Dunning (in absentia) was elected president; R. Q. Richards was elected vice president; Hugo H. Schaefer was elected treasurer; and Robert P. Fischelis was elected secretary and executive director. The first executive committee consisted of Walter M. Chase, Bernard V. Christensen, and Glenn L. Jenkins, in addition to the above officers. All other members of the APhA Council—Martin E. Adamo (in absentia), Henry H. Gregg, Ernest Little, George A. Moulton, and W. Arthur Purdum were elected as members of the 12-member Foundation Board of Trustees with their term of office determined by drawing lots. The only other business was the authorization of Fischelis or Schaefer to open a bank account at the Second National Bank of Washington, D.C.

However, the formation of the APhA Foundation did not in itself obtain the tax exemption that was anticipated. There is no evidence that the newly formed Foundation initiated a fundraising campaign until 1956; when they did, potential contributors requested a copy of the Internal Revenue Service “Letter of Exemption.” In response to such requests, Dunning wrote, “our tax attorney has assured us that tax exemption under Section 501(c)(3) is beyond any question of doubt. Recognition by the Commissioner of Internal Revenue of tax exemption is merely a matter of convenience rather than a matter of necessity. The fact that such a letter has not [yet] been issued does not affect the deductibility of a contribution.”⁴

To the dismay of Dunning and the other Foundation officers, on 28 December 1956, the Internal Revenue Service refused to give the Foundation tax exemption status under section 501(c)(3) “until such time as the Foundation has actually continued to operate in carrying out its stated purposes.” Fischelis quickly proposed that the matter be placed on the agenda of a meeting of the APhA Council “since the Foundation Board of Directors are all members of the APhA Council.” Instead, Foundation president Dunning, treasurer Schaefer, secretary Fischelis, and APhA’s accountant held a meeting in January 1957 in the offices of attorney McKenney in

Baltimore. The group noted that the Foundation needed to develop its own identity, such as creating its own letterhead instead of using the APhA letterhead. It was also recommended that three activities (Library, Museum, and the APhA scientific journal) should be transferred to the Foundation. McKenney also advised Dunning that he should abstain from making a promised \$25,000 contribution "until the APhA Foundation could be viewed with greater certainty."⁵

One of the prerequisites for maintaining activity was to convene the first Foundation annual meeting since 1953. In Chicago, Illinois, on 30 October 1958, president Dunning explained the situation: "There has not been sufficient activity on the part of the Foundation to enable the Internal Revenue Service to classify the Foundation, and we are now in the process of activating it and hope to obtain the classification required in the near future to enable us to solicit additional funds."

Noting that the original 1953 Bylaws made all members of the APhA House of Delegates members of the Foundation, Dunning observed that, "It is difficult to assemble members of the House of Delegates on short notice for meetings which might be considered essential." Therefore, the Foundation Bylaws were amended in 1958 to limit membership of the Corporation to "members of the APhA Council."⁶

The Foundation also made its first grant in 1958. The American Society of Hospital Pharmacists (ASHP) Research Fund was the recipient of \$10,000 for grants to various institutions. The following year (1959), the Foundation awarded \$3,400 to ASHP for the study of the accreditation of hospital pharmacy internships in response to a 1959 APhA House of Delegates resolution calling for "practical experience obtained in a hospital pharmacy prior to licensure be recognized in all states on an equal basis." In his 1960 ASHP presidential address, Vernon Trygstad took note that a "goal for 1960 is to encourage state boards of pharmacy to recognize hospital pharmacy internships or organized work experience requirement for registration," and expressed "appreciation to APhA [not the Foundation] for the encouragement and assistance."⁷ The Foundation also made a grant in 1958 of \$750 to the Smithsonian Institution for pharmaceutical history research.

However, available funds limited the activ-

ities of the Foundation. In what Hugo Schaefer described as "the first Treasurer's Report since the Foundation was organized" it is stated that by the end of 1959, "\$26,000 in unrestricted funds had been received . . . with a fund balance of \$4,815." On a positive note, Schaefer concluded, "Commitments allow for the expenditure of approximately \$100,000 a year for the next three years contingent upon the determination of the Internal Revenue Service as to our tax status as a 501(c)(3) organization."⁸

Taking on a New Life

With the election of William S. Apple as APhA secretary in 1959, the Foundation took on a new life. Under his leadership, the APhA Library, the APhA Museum, and the Drug Standards Laboratory were officially transferred in 1960 to the Foundation. This action provided the level of activity required by the Internal Revenue Service to recognize the APhA Foundation as a charitable, education, and scientific organization.⁹

The Certificate of Incorporation was amended in 1960 to note that "in the event of dissolution or termination of the Corporation, title to and possession of all the property of the Corporation shall pass forthwith to such organization dedicated to similar purposes" rather than specifically identify the American Foundation for Pharmaceutical Education as urged by Fischelis.

On 25 April 1961, the U. S. Treasury Department officially advised the Foundation that they had been accepted as an Education, Charitable and Scientific organization as described in section 501(c)(3) of the Internal Revenue Code, and on 28 September 1961, the Foundation received Certificate of Exemption #802-10297-06. Thus, the Foundation became exempt from federal income tax, and contributions from corporate and individual donors were deductible for federal income tax purposes.

The American Foundation for Pharmaceutical Education had already made a \$13,000 contribution to the Foundation in 1959 earmarked for career opportunities in pharmacy. This permitted Apple to announce in 1960 the formation of the National Advisory Commission on Careers in Pharmacy to assist the centralized recruitment activity at APhA headquarters.



The Foundation took on a new life under the direction of William S. Apple who announced in 1960 that the APhA Library, Museum, and Drug Standards Laboratory were being transferred to the Foundation.

All major national pharmaceutical associations joined, and Marjorie Coghill was hired to coordinate the activities of the recruitment efforts.¹⁰

As a result of the favorable IRS action, the major activity took place in 1961. At the 22 April meeting in Chicago, the Foundation approved the creation of Research Achievement Awards, announcing that,

the APhA Foundation is administering seven annual achievement awards which are designed to recognize outstanding individuals for particularly meritorious contributions in their chosen field of pharmaceutical research. The awards have been made possible through the financial generosity of Abbott Laboratories; Lederle Laboratories; Eli Lilly and Company; Merck Sharp and Dohme; Parke, Davis and Company; Smith, Kline and French Foundation; and The Upjohn Company.

The Foundation presented the first awards at the

1962 APhA annual meeting.

On 1 May 1961, the APhA Foundation launched a Prescription Insurance Study with a \$7,500 grant that was supplemented by funds received from fifteen state pharmacy associations, the American College of Apothecaries, and Smith Kline and French Laboratories. The project was conducted under the direction of Joseph D. McEvilla who took a year's leave of absence from the University of Pittsburgh, and worked out of APhA headquarters, examining out-of-hospital pharmaceutical service coverage of existing major medical contracts.¹² An October 1961 progress report concluded that APhA should offer its "cooperation to individual carriers of health insurance in writing a rider for prescription service to cover problems peculiar to each carrier's own policies."¹³ The project was completed in May 1962,¹⁴ and the following year, APhA proclaimed that "the APhA Foundation three-year study of pre-paid prescription plans helped bring about the February 1, 1963, launching of the nation's first Blue Cross pilot study in the pre-paid prescription field."¹⁵

In September 1961, the APhA Foundation reported that it was a sponsor of "a pharmacy manpower study and a scientific laboratory."¹⁶ The "pharmacy manpower study" was conducted by David A. Knapp during the summer of 1961 with a \$3,000 Foundation grant to evaluate and survey pharmacy manpower for replacement needs and to overcome distribution problems. Knapp concluded that there was "an alarming lack of pharmacy manpower information."¹⁷ The Foundation pilot study data was employed by the Public Health Service to conduct the Pharmacy Manpower Studies of 1962 that resulted in the development of a roster of 133,997 licensed-resident pharmacists in the U.S. and Puerto Rico.¹⁸

Following the transfer of the Drug Standards Laboratory to the Foundation in 1960, the Foundation became its fiscal agent.¹⁹ In 1961, the Foundation was joined by the American Medical Association (AMA) and the U.S. Pharmacopeial Convention (USPC) as sponsors of the Drug Standards Laboratory, each contributing \$25,000 annually.²⁰ This arrangement continued—with increasing demands on financial support—until 1974 when APhA sold the *National Formulary* to USPC, and the Foundation approved the sale of the equipment of the Drug

Standards Laboratory to the U.S. Pharmacopeial Convention.²¹

With these 1961 initiatives, activities of the APhA Foundation finally received recognition as a separate entity. During the same period, the Foundation's fund balance had increased from \$64,000 in 1960, to \$109,000 in 1961, and to \$354,000 in 1962. Following the death of H. A. B. Dunning on 26 July 1962, the Foundation received a \$100,000 bequest "as a restricted fund to be known as the H.A.B. Dunning Maintenance Fund . . . to be used for the general purposes of the Foundation."²²

The Custodian of Funds

After their ambitious 1961 program, which was managed mainly by APhA staff, the APhA Foundation turned its major attention during the next twenty years (1962-1982) to making grants to outside individuals and groups for a variety of activities.

In 1964, APhA (encouraged by the American Council on Pharmaceutical Education and the American Association of Colleges of Pharmacy) recommended that the Foundation approve a grant not to exceed \$10,000 to study a new approach for a survey of pharmacy, and the Foundation approved. Glenn Sonnedecker undertook the project in September 1964 entitled "National Study of Pharmacy as a Professionalized Occupation."²³

In 1966, Maven J. Myers was awarded a Foundation research grant of \$2,500 (plus an additional \$1,000 in 1967) to develop a statistical formula that would permit practicing pharmacists to relate published data to ascertain the professional fee required. The final report concluded that the professional fee "is a single sum which is added to the acquisition cost of the medication. This sum should adequately cover the cost of providing prescription services and produce a justifiable income for the pharmacist."²⁴

In 1967, the Foundation made a \$2,500 grant to the University of California to study the organizational structure of California pharmacy, with Robert L. Day as lead investigator. The results (published in August 1968) led to the creation of a non-profit continuing education corporation by twelve of the nineteen northern

California county pharmaceutical associations. In 1970, the APhA Foundation authorized \$500 to reprint and distribute the report to assist other state associations.

In 1968, the Foundation awarded \$5,000 to the American Council on Pharmaceutical Education to meet its expenses, and a supplemental \$10,000 was granted in 1969. The American Council on Pharmaceutical Education had been formed in 1932 to maintain standards in pharmaceutical education, but ran into a cash shortfall in 1968.

In 1969 the Foundation awarded \$2,500 to the Delaware Pharmaceutical Society to develop an educational program to encourage use of the Delaware Formulary that had been created "to provide a compilation of drugs for use by physicians and pharmacists which will ultimately reduce patient costs."²⁵

In 1970, the Foundation made a \$675 grant to Dan N. Hansel of Purdue University to prepare a Veterinary Medicine Formulary Prescribing Guide. As a result, APhA published in 1973 a *Comparative Guide of Veterinary and Human Pharmaceuticals* by Dan N. Hansell and John D. Scheu.²⁶ Also in 1970, the Foundation made a grant of \$5,000 as seed money for the 31st International Congress of Pharmaceutical Sciences held in Washington, D.C., 7-12 September 1971.

The next Foundation grant was not made until 1975, when \$10,000 was awarded to the Ohio State University for "A Multi-Site Implementation and Evaluation of the Uniform Cost Accounting System [UCAS] for Pharmacy," with Bruce R. Siecker as project director.²⁷ An additional \$20,200 grant was provided to Northeast Louisiana University Institute of Pharmaceutical Sciences where Siecker had transferred so that he could proceed with the second phase of UCAS.²⁸ The resulting 600-page publication entitled *UCAS: Uniform Cost Accounting System for Pharmacy* described "UCAS as a systematic means of compiling accounting in a pharmacy so that measurement will be consistently, comprehensively, and uniformly accomplished."²⁹ The publication was introduced in April 1979 by Siecker who was then on the APhA staff.

In 1980, the Foundation made a \$20,000 grant provided by Smith, Kline and French to evaluate Project Rx-Alert, an automated drug recall information system developed by United



At the 22 April 1961 dinner meeting in Chicago, the Foundation Board approved the creation of Research Achievement Awards. Board members include (counter clockwise beginning at the far right) Louis Fischl, Linwood Tice, Howard Newton, Troy Daniels, Grover Bowles, Robert Gillespie, John Dugan, Ronald Robertson, Robert Fischelis, George Archambault, William Apple, Fitzgerald Dunning, John MacCartney, Leroy Weidle, Jr., and Hugo Schaefer.

Telecommunications Corporation. APhA conducted a large-scale test of Project Rx Alert in September 1980,³⁰ and announced the results at FDA headquarters in November with the program to be continued by Fisher-Stevens in their corporate headquarters in Totowa, New Jersey.³¹

To increase contributions so that more grants could be made, the Foundation asked APhA staff in 1970 to investigate the possibility of hiring an outside firm to develop a fund-raising program. As a result, in 1971 the Foundation authorized \$4,600 to retain the firm of Foley-O'Brien Associates to develop a plan and survey for a Foundation development program that would emphasize fund raising.³² The firm subsequently provided a laundry list of "proposed Foundation projects" that they had compiled from interviews with Foundation members. The report entitled "The Fund to Further Pharmacy Through Expanded Research, Planning and Development" was reviewed at the 1972 Foundation meeting, and APhA staff member James D. Hawkins was authorized to write Foley-O'Brien on 30 October 1972: "I would characterize the doubts in the minds of the Foundation members as related to Foley O'Brien Associates as uncertainty as to the depth and breadth of their personnel. . . . I believe this concern can be dealt with effectively by the Foundation which will

proceed with fund raising."

The Foundation Board recommended as early as 1970 the hiring of a secretary and fund raiser, and the following year, Foundation president Merritt Skinner urged the employment of a full-time secretary. But until 1990, various APhA staff members continued to serve as "administrative assistants" to the APhA Foundation.

For Practicing Pharmacists

With the Foundation fund balance (Total Liabilities and Net Assets) reaching over one million dollars in 1981, the Foundation launched several programs to provide direct assistance to practicing pharmacists. This included a \$1,000 grant in 1982 for Jesse E. Stewart, Marian R. Weiss, and Henri R. Manasse at the University of Illinois to develop a proposal to explore "Management Skills Needed in Community Pharmacy Practice." It was this study that subsequently recommended that the APhA Academy of Pharmacy Practice develop and implement "community pharmacy residency programs as a priority."³³

In 1984, the APhA House of Delegates adopted a policy that "APhA supports the development and implementation of resident programs in community pharmacy that would enable

pharmacists to acquire or enhance their practice skills necessary to meet the changing needs of their patients.” To implement this policy, the Foundation awarded \$11,100 in 1984 to support a three-year pilot program so that the APhA Academy of Pharmacy Practice could study and develop a project on residencies in community pharmacy.³⁴

The APhA Academy of Pharmacy Task Force on Community Pharmacy Residency continued its study in 1985,³⁵ and in 1986, the APhA Board of Trustees approved the implementation of an “APhA-sponsored Community Residency Program” that was supported by a Foundation grant of \$208,000 over a two-year period.³⁶ To solicit applications for the community pharmacy residencies, APhA published in 1986 a twenty-page booklet entitled *APhA Community Pharmacy Residency Program: Programmatic Essentials*, which was reprinted in 1988.³⁷

The community pharmacy residency program gained momentum. APhA selected five pilot sites at various practice settings including independent, chain, and HMO pharmacies for the Community Pharmacy Residency Program for 1986-1987.³⁸ Participants in the Community Pharmacy Residency Program endorsed APhA’s Programmatic Essentials,³⁹ and noted that “ongoing evaluation is essential to ensure that goals are met.” Thus Paul G. Grussing developed an evaluation form that was completed 1 April 1989.⁴⁰

There were eight residents selected for the 1988-1989 program in as many sites, and a “Residency Showcase” was held at the 1989 APhA annual meeting.⁴¹ There were seven residents in 1989-1990,⁴² and ten residents in 1991-1992 with grants received from Bergen Brunswig Corporation, Bristol-Myers Squibb, McKesson Foundation, and McNeil Consumer Products Company.

Concurrently with the development of the Community Pharmacy Residency program, the William S. Apple Memorial Program in Community Pharmacy Management was established in 1984 to honor the late William S. Apple supported by grants from Smith, Kline and French Pharmaceutical Company.⁴³ The program commenced as a pilot at APhA headquarters, 3-28 June 1985, attended by three pharmacists,⁴⁴ and the full program was inaugurated 21-26 July 1986, at the University of Texas at Austin. Twen-

ty pharmacists were presented with a “diverse array of management topics including financial management, personnel management, and communication techniques.”⁴⁵

Subsequent programs were held at the University of North Carolina, 6-12 June 1987;⁴⁶ at the University of Houston, 11-17 June 1988;⁴⁷ at the University of Tennessee School of Pharmacy in cooperation with the Memphis State University School of Business, 17-23 June 1989;⁴⁸ and at the University of California at San Francisco and the McLearen College of Business, University of San Francisco, 2-9 June 1990. In 1991, the Foundation accepted \$30,000 grant from SmithKline Beecham to support the continuation of the program whose name was changed to the “APhA/SmithKline Beecham Community Pharmacy Management Program to increase the visibility of the program sponsors,” but for several years it carried the subtitle “In Memory of Dr. William S. Apple.” The program was held 20-27 July 1991, at the University of Rhode Island College of Pharmacy;⁴⁹ at the University of Mississippi, 6-13 June 1992,⁵⁰ and at the University of Wisconsin in Madison, 24-31 July 1993;⁵¹ returning for another session 18-25 June 1994.⁵² The name of the program was changed to the APhA/SmithKline Beecham Community Pharmacy Management Program and again held at the University of Wisconsin, 24 June-1 July 1995. The program ended in 1997 with the last two sessions held at Drake University, 27 July-3 August 1996,⁵³ and 26 July-2 August 1997.⁵⁴

Another program directed at individual pharmacists was proposed by a 1982 APhA House of Delegates policy seeking assistance for impaired pharmacists.⁵⁵ To implement this policy, APhA sponsored in 1983 the pharmacists section at the annual, week-long University of Utah School of Alcoholism and Other Drug Dependencies held in Salt Lake City.⁵⁶ Programs continued in 1984 and 1985 when APhA published *Helping the Impaired Pharmacist: A Handbook for Planning and Implementing State Programs*.⁵⁷ In 1986, the Foundation made a grant of \$15,700 to LeClair Bissell, M.D., to support research on impaired professionals, including pharmacists. The following year the International Pharmacists Anonymous (IPA) was formed to “share experience, strength and hope with pharmacists and their families in recovery, to offer fellowship and peer support, and to provide a

source for colleagues in need of help.”⁵⁸ Subsequent programs at the University of Utah were led by Ronald L. Williams.⁵⁹ A Pharmacy Section for impaired pharmacists was co-sponsored by the APhA Academy of Students of Pharmacy in 1995.⁶⁰

Expanding Broad Support

In 1981 the Foundation authorized the solicitation of industry contributions for the creation of the Takeru Higuchi Research Prize.⁶¹ The award was conceived by Gordon Flynn and Michael Schwartz on a boat ride at the Lake of the Ozarks, and was officially announced at the 1981 APhA Academy of Pharmaceutical Sciences fall meeting with a full-day symposium attended by Higuchi’s wife, children, and hundreds of Higuchi’s students.⁶² In 1982, the Foundation made a \$2,000 contribution to support this award.⁶³

In 1983, the “Purposes of the Corporation” were expanded by adding, “. . . to make charitable gifts for the relief of persons or families of persons killed or injured as the result of any criminal act perpetrated in any pharmacy in the United States.” This resulted from a number of murders of pharmacists as their pharmacies were being robbed for drugs, but this expansion of the “Purposes of the Corporation” was never utilized for any grants.

In 1984, the Foundation awarded \$93,000 in 1984 to support a “Pharmacy Commission on Third Party Programs” that had been established by the APhA Board of Trustees in cooperation with the National Council of State Pharmaceutical Association Executives. NCSPA had just completed a survey of forty-two state associations revealing that “the inadequacy of the dispensing fees constitute the heart of discontent.”⁶⁴ The Commission, chaired by Luther R. Parker, held a series of regional meetings to prepare a strategic plan for APhA,⁶⁵ and two years later the Commission recommended that APhA design guidelines for establishing a model claims processing system and a model agreement for preferred provider organizations.⁶⁶ However, this approach had already been tried by the National Pharmacy Insurance Council in 1969-1973 with Ralph Engel as director,⁶⁷ and failed “to resolve any significant third party payment problem confronting pharmacists.”

In 1985, the Foundation awarded \$15,000

over a three-year period to the Curricular Resources Center (CRC)⁶⁸ at the request of the American Association of Colleges of Pharmacy. The objective was the development of curricular resources that could be used by all schools of pharmacy in offering a nontraditional Doctor of Pharmacy (Pharm.D.) degree.⁶⁹

In 1986, the Foundation awarded \$5,000 to University of Oklahoma for a project by Gary A. Holt to study the relationship between pharmacists personality traits and employment satisfaction. Although the final report was never published, it concluded that pharmacists preferred employment in independent pharmacies over chain pharmacies, and that female pharmacists enjoyed pharmacy practice more than male pharmacists.

In 1986, the Foundation agreed to contribute \$5,000 per year to support a William S. Apple Distinguished Lecturer at each APhA annual meeting as a tribute to the APhA chief executive officer⁷⁰ following his death on 17 December 1983.⁷¹ But the following year, the Foundation was advised that it often takes two or three times this amount to obtain distinguished speakers, so it was decided to terminate the Apple Distinguished Lecture and use these funds to publish and distribute a booklet on selected papers of Apple.⁷² A portrait of Apple painted by artist Annette Polan and completed 10 March 1990, was made possible by individual contributions of \$9,120, and was turned over to the Foundation. A \$7,000 grant was received from A. H. Robins Company in 1990 to support the installation of lighting in the Board Room to enhance the portrait of Apple and the portrait photographs of all APhA past presidents.

In 1987, the Foundation awarded \$30,000 to the University of Florida for Howard J. Eng and William C. McCormick to study the Florida Self-Care Consultant Law (Florida Pharmacist Prescribing Law) that had been enacted by the state legislature on 1 May 1986.⁷³ The study concluded that “Florida pharmacists now have the opportunity to use their training in order to provide enhanced patient care.”⁷⁴ Also in 1987, the Foundation made a grant of \$20,000, and approved \$10,000 to support attendance of graduate students at the Japan-United States Congress of Pharmaceutical Sciences held in Hawaii.⁷⁵

On 4 November 1987, a special meeting of the Foundation was held in Washington, D.C., to

consider support for a proposed American Pharmaceutical Institute as a public policy forum under the direction of Michael Pollard, and agreed to provide a \$300,000 three-year grant.⁷⁶ Pollard explained that in addition to the “generous grant from the APhA Foundation, we will ask the pharmaceutical industry for support . . . and I also believe that there are some good possibilities for financial support from insurance companies.”⁷⁷ Paul E. Friedman, president of Syntex Corporation, was named chairman of the twenty-three-member API board,⁷⁸ and the API’s By-laws and Certificate of Incorporation proclaimed that the mission “shall be to serve the public interest by establishing and maintaining a national center to address economic, scientific, and social issues affecting the practice of pharmacy and the delivery of pharmaceutical services.” Robert Helms became executive director in April 1989 replacing Michael Pollard, and the 1989 API annual report announced that “planned activities for 1990 would concentrate on efforts to study pharmaceutical benefits in third-party insurance plans.”⁷⁹

However, John Gans reported that “sufficient funding was not secured to retain the API staff beyond August 1990, and executive director Robert Helms had resigned.” Members of the API Board of Directors agreed that it would be a mistake to abandon the original concepts of the American Pharmaceutical Institute, so Gans told the APhA Foundation Board on 5 March 1991, “Its purpose needs to be re-examined. We have developed a preliminary plan to bring together representatives of the API Board, the pharmacy profession, insurers, and the Health Care Financing Administration with the goal of sharpening the focus of the mission of API.” But without funds or grass-roots support, this was the end of the American Pharmaceutical Institute.

In 1989, the Foundation made a \$45,000 grant, and another \$51,200 was added in 1990, for the Board of Pharmaceutical Specialties to conduct the role deliberation studies for Pharmacotherapy and Nutrition Support Pharmacy Practice.⁸⁰ In 1991 the Foundation provided a supplemental grant of \$50,000 to continue the role delineation study. In 1997, the Foundation made an additional grant of \$8,000 to help underwrite the Board of Pharmaceutical Specialties strategic planning session 24 October 1997, in Chicago to determine the future markets for

TAKERU HIGUCHI RESEARCH PRIZE AND ENDOWMENT FUND

Academy of Pharmaceutical Sciences
American Pharmaceutical
Association Foundation



In 1981 the Foundation co-sponsored with the APhA Academy of Pharmaceutical Sciences the Takeru Higuchi Research Prize to recognize the highest international accomplishments in pharmaceutical sciences.

board certified pharmacist specialists, define other certification programs, and identify the impact of health care changes on pharmacy specialization.

Also in 1989 the Foundation made a grant of \$30,000 to Purdue University for "A Multi-center Study of Prescribed Errors in Community Pharmacy Practice" to be conducted by Michael T. Rupp and Stephen W. Schondelmeyer. The project was based on earlier studies that "reinforced the need for the pharmacist's checks and balances during the process of providing pharmaceutical care in the community setting" and expressed the "need for research to document the clinical significance of prescribing errors."⁸¹ The final report concluded that "there exists a real and significant need for communication between prescribers and pharmacists" and "pharmacists can create significant economic value by performing cognitive activities."⁸²

In an effort to publicize these activities, 1967 Foundation president Rudolph Blyte urged more publicity for these activities, and the Foundation authorized the expenditure of up to \$750 for the preparation and distribution of a booklet describing the activities of the Foundation and to explain how "members and other interested parties might contribute and leave funds to the Foundation." But no action was taken in spite of 1970 Foundation president Merritt Skinner's appeal to develop a brochure outlining background, purpose, and aims of the Foundation. Finally in 1987 the Foundation authorized a brochure "to provide more visibility on Foundation activities." The booklet, authored by George Griffenhagen, became a reality in 1989 providing the first history and activities of the APhA Foundation.

Enter Pharmaceutical Care

The new era of pharmaceutical care had a dramatic effect on the functions as well as organization of the APhA Foundation. This era was introduced in 1990 by Linda Strand and C. Douglas Hepler who defined "pharmaceutical care" in terms of "the pharmacist assuming responsibility for a patient's drug therapy, making decisions and playing an active role in assuring appropriate therapy."⁸³

To meet this new challenge, the APhA Foundation appointed a 1991 Task Force to review its mission and structure, and the following

year the Foundation adopted the recommended mission statement reading: "The Mission of the APhA Foundation is to advance the knowledge and practice of pharmacy to optimize therapeutic outcomes through pharmaceutical care." August P. Lemberger questioned the mission statement on 24 August 1992, noting that it "forecloses the traditional function of the Foundation as a repository of gifts." So in 1993, the mission statement was expanded to read: "Develop research priorities and supporting projects which facilitate practice towards a continuum of pharmaceutical care; communicating the value of pharmaceutical care to the general public; [and] support awards recognizing exemplary scientific and professional contributions to pharmaceutical care."

Organizational changes included a number of Bylaw changes in 1992: The name of the Board of Trustees was changed to Board of Directors; the Board was reduced to seven members and the Executive Committee was eliminated; an Advisory Committee was created; and the Corporation members would include anyone making a minimum annual contribution, subsequently set at \$25.

The next step towards integrating the concept of pharmaceutical care into the Foundation activities was the convening of an Invitational Conference on Patient Outcomes of Pharmaceutical Interventions on 13-15 November 1994, in Washington, D.C., funded by a \$40,000 Foundation grant. Chaired by Francis B. Palumbo, president of the APhA Academy of Pharmaceutical Research and Science, thirty academicians, experts in pharmaco-economics, and practitioners met to determine research methodology, drug use review criteria, training needs, and the allocation of resources to support pharmaceutical care research and practice.⁸⁴ The 150-page proceedings, entitled *Patient Outcomes of Pharmaceutical Interventions*, was published and offered for sale by APhA in May 1995.⁸⁵

In 1994, the Foundation committed \$10,000 towards a demonstration project to determine the impact of continuity of care between practice settings, which was also supported by the American Society of Hospital Pharmacists and the American Society of Consultant Pharmacists. The first Pharmaceutical Care Showcase was held by the Foundation at the 1994 APhA annual meeting in Seattle with four par-

ticipants.⁸⁶ Samuel H. Kalman, in his capacity as administrator of the APhA Foundation, described this activity as “the event at which pharmaceutical care made a transition from concept to reality.”⁸⁷ The Pharmaceutical Care Showcase was repeated at the 1995 APhA annual meeting with eight participants.⁸⁸

In 1994, the Foundation also authorized \$10,000 to launch the APhA Foundation Incentive Grants for Practitioner Innovation in Pharmaceutical Care to help seven pharmacists to make original contributions to pharmacy practice at the grass roots level.⁸⁹ Supported by a grant from Astra Merck Inc., the program was expanded to twenty pharmacists in 1995,⁹⁰ and has become a mainstay of annual support of pharmaceutical innovations in the delivery of pharmaceutical care.⁹¹ Since 1995, more than \$150,000 has been awarded to individual practitioners to design, implement, and evaluate programs and services that enhance the pharmacist’s contribution to patient health. In related activities, funds were maintained by the Foundation for the Pharmacy World Congress in 1991, and the project to update the APhA Flagpole Memorial in 1993 received \$23,045 (\$13,600 from industry and \$9,445 from individuals) that was maintained by the Foundation.

In 1994, the Foundation made a grant of \$15,000 to support a review of the first annual report of the Medicaid Drug Use Review (DUR) Program as authorized by the Omnibus Budget Reconciliation Act of 1990 (OBRA ‘90). The review was conducted by Earlene Lipowski and Ted Collins who examined how DUR activities are enhancing the quality of medication use in Medicaid populations.⁹² The results of the survey provided state Medicaid DUR directors recommendations on the format and content of future annual reports that will “provide evidence of the impact on drug use and patient outcomes.”⁹³

Also in 1994, the Foundation awarded \$5,000 to assist the Institute for Safe Medication Practices (ISMP), a patient advocacy group founded in 1975 by pharmacists Michael R. Cohen and Neil M. Davis, in their efforts to help health professionals avoid medication errors by educating them about the circumstances and causes. A supplemental grant of \$15,000 permitted Michael R. Cohen to record the experiences on the Medication Errors: Reporting Program.⁹⁴ The resulting book was subsequently published

by APhA in 1999 under the title of *Medication Errors* that was described as “explaining the recurring, preventable systemic causes of medication errors.”⁹⁵

In 1995, the Foundation awarded \$10,000 to a team of investigators at the University of Iowa to study the impact of continuity of pharmaceutical care on patient outcomes as patients move from the ambulatory-care, acute-care, and long-term care settings. The project, headed by Elizabeth A. Chrischilles and Angela Kuehl, was also jointly funded by the American Society of Consultant Pharmacists and the American Society of Health-System Pharmacists, each of which provided \$10,000.⁹⁶ Elizabeth A. Chrischilles was subsequently named as a science advisor to a 1998 project called SCRIPT (Study of Clinically Relevant Indicators for Pharmacological Therapy) to develop and test a core of valid, reliable performance measurements for medication management.⁹⁷

Commencing in 1996, the Foundation offered Pharmaceutical Care Scholarships to pharmacists to attend “two live seminars, each followed by an implementation period during which participants can call on the program’s network of experts for ideas, trouble-shooting, and technical support.” The scholarships were funded by a grant from Novartis Pharmaceuticals Corporation.⁹⁸ The program continued through 1998⁹⁹ when it was replaced by the Advanced Practice Institute.¹⁰⁰

A recommendation of the 1991 Foundation Task Force to publish a newsletter came to fruition in 1994 when the Foundation received an initial grant from Marion Merrell Dow, Inc., and subsequently regular grants from Merck & Co., Inc. to underwrite the production of the Foundation’s newsletter. In the Spring of 1994, the Foundation launched *Pharmaceutical Care Profiles* with the following introduction: “Welcome to the inaugural issue of the official newsletter of the APhA Foundation, *Pharmaceutical Care Profiles*. Publication of this newsletter, which will appear quarterly, marks the completion of a two-year transition for the Foundation.”

A continuing feature of the newsletter consisted of profiles of pharmacists who provided pharmaceutical care to ambulatory patients in their communities. The new periodical and other activities of the Foundation earned special attention by APhA, which noted that “the Foundation

is becoming a grass roots organization.”¹⁰¹

The first “Pharmaceutical Care Networking Directory” was published as part of the Fall 1994 issue of the *Pharmaceutical Care Profiles*, and supplemented in the Fall 1995 issue. This was followed by a second edition in the Fall 1996 issue, and the Winter 1997 issue with 125 contacts listed. The “Pharmaceutical Care Networking Directory” was moved to the Internet on 9 March 1998.¹⁰²

The first Foundation Annual Report was published in 1994, and has been published annually as a saddle-stitched sixteen-page booklet covering reports of officers, updates on projects, list of award recipients and members, and until 2001 a comprehensive Financial Report.

In 1992, a Foundation Task Force recommended the establishment of a “Fund Raising Plan.” Board member Michael Schwartz emphasized that the purposes for fund raising must be clearly stated. “Types of fund raising plans of Foundation would typically include: (1) annual gift program (general membership); (2) major gifts (wills, trusts, and other deferred giving methods); (3) endowments; and (4) capital projects.” Michael Schwartz and August Lemberger were then appointed as an *ad hoc* committee in 1994 to prepare guidelines for grant selections. The guidelines were developed based on a similar document employed by the American Society of Consultant Pharmacists (ASCP) and was submitted to the Foundation in 1994 whose response was that “it was well done and now needs to be tested.” Then in 1995, a document entitled “Grant Application Guidelines” was placed in use describing “Purpose,” “Eligibility,” “Use of Grant Funds,” “Disbursement of Funds,” “Special Requirements,” and “Application Procedure” to be submitted to the Grant Review Committee of the Foundation. The Grant Application Guidelines were revised in 1998.

In 1992 the Foundation began to exhibit at APhA annual meetings, and to provide each Foundation member a ribbon or stick-on logo for their annual meeting badge. A total of \$1,050 was raised by taking some 500 souvenir photographs at an APhA Foundation exhibit. The Foundation’s first annual fund raiser was entitled “An Evening of Comedy and Fun” at the 1996 APhA annual meeting in Nashville; \$4,600 was raised from the event that featured the Arkansas Drug Store Cowboys and the NCSPA

E. Youth Choir and Marching Band.¹⁰³ Foundation exhibits and fund raisers became a regular feature at APhA annual meetings.

The Foundation staff began to expand in 1996. Benjamin M. Bluml was hired in February 1996 to serve in the joint capacity as APhA division of pharmacy affairs scientific program manager and as Foundation director of practice-based research initiatives.¹⁰⁴ Martha M. Senerchia was also hired in 1996 as an assistant, serving until 12 December 1997, when she resigned pending her marriage and movement to Cleveland, Ohio.¹⁰⁵ APhA staff member Naomi U. Kaminsky served as manager of scientific affairs from 1996¹⁰⁶ until her retirement on 29 May 1998.¹⁰⁷

William M. Ellis became executive director designate in 5 May 1997, and became the first full-time executive director of the APhA Foundation on 1 January 1998.¹⁰⁸ Ellis had previously served as executive director of the Pennsylvania Society of Health-System Pharmacists from 1986 to 1997 and helped establish the Center for Proper Medication Use of which he served as the first executive director from 1992 to 1997. Samuel H. Kalman became senior director for administration¹⁰⁹ until his retirement on 31 December 1998.¹¹⁰

Heidi N. Cohen served as coordinator of the Quality Center from 1997¹¹¹ until she resigned on 4 August 1999, to attend law school; Cynthia K. Wicht joined the staff on 21 January 1998;¹¹² and Jennifer Rumbaugh joined the staff on 29 February 2000.¹¹³ Dan Garret, who had previously served as North Carolina Association of Pharmacists executive director, joined the staff on 9 July 2001, as senior director for medication adherence programs.¹¹⁴ Other staff members included Daniel G. Albrant, Harlan F. Lang¹¹⁵ and Melissa Stegun.¹¹⁶

The Touchstone Document

With the increasing focus on pharmaceutical care, there was a need to assure the quality of pharmacy services that was beginning to be provided across diverse practice settings. This resulted in a defining event in the history of the APhA Foundation.

The APhA House of Delegates recommended in 1995 that “APhA should appoint a task force charged with the development of qual-

ity assessment measures used for the evaluation and continuous improvement of the quality of pharmaceutical care services.”¹¹⁷ In an effort to implement this recommendation, APhA submitted a proposal in October 1995, to the Family of E. Claiborne Robins “to endow the “Robins Center for Quality Improvement in Pharmacy Practice,” but it was not accepted. Then in May 1996, the APhA Board of Trustees approved the formation of three Strategic and Tactical Analysis Teams (STATs) to provide standards for the quality of pharmacy services.¹¹⁸ This was followed by plans to create a “Center for Quality and Accountability in Pharmacy Practice” within the framework of APhA, and the support of Wyeth-Ayerst was sought for financial support.¹¹⁹

Meanwhile, APhA announced the creation of the American Center for Pharmaceutical Care based on a model developed by the Iowa Center for Pharmaceutical Care.¹²⁰ To supplement this program, APhA in conjunction with the APhA Foundation announced scholarships funded by Sandoz,¹²¹ and the initial training centers were announced by APhA for March and April 1997 with seminars in Arkansas, Michigan, Washington, and Wisconsin.¹²² When APhA sought the support of the APhA Foundation in a telephone conference with the Foundation Board on 14 February 1997, for the implementation of an APhA “Center for Quality and Accountability in Pharmacy Practice,” it was declined since the Foundation was already considering the implementation of a Quality Center.

However, the APhA Foundation Board agreed to underwrite a joint retreat with the APhA Board of Trustees to “examine the relationship between APhA and the Foundation.” Michael Schwartz, who was engaged as the facilitator of the retreat, pointed out that there must be a delicate balance between a foundation and the association that created it. “Overlaying the issue of balance,” Schwartz pointed out, “is the fact that most associations hold a 501(c)(6) tax status [as is the case with APhA]. They are created to serve the interests, needs, and wants of a particular trade or profession; member service is their primary function. In contrast, association foundations hold the 501(c)(3) tax status which is reserved exclusively for charitable purposes.”¹²³

Schwartz proceeded to interview “key individuals in order to make an external assessment of the current status of the Foundation.” The



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APhA Board of Trustees reviewed the preparatory statement at their 20-22 May 1997, meeting, in which Schwartz pointed out that William M. Ellis would be joining the staff on 5 May 1997, to spend eighty percent of his time “on a new initiative in APhA, the Quality Center, [and] 20 percent of his time as executive director designate of the Foundation.” Based on his interviews, Schwartz concluded that, “No one appears to be clear on the mission of the Foundation relative to the APhA mission,” and emphasized that “The Quality Center represents a new opportunity for APhA and/or the Foundation. Whether this Center should be based in the Foundation is at issue.”¹²⁴

The retreat was convened on 22-24 June 1997, at Airlie Center in Warrenton, Virginia, attended by the APhA Board of Trustees Executive Committee, the APhA Foundation Board of Di-



The Foundation launched Project ImPACT: Hyperlipidemia in March 1996 to demonstrate that pharmacists can assist in the management of patients with lipid disorders. Results of the study were presented at the 1998 APhA annual meeting.

rectors, members of the APhA Financial and Insurance Trust (FIT), invited guests, and staff. In opening statements, Foundation president Jacob W. Miller predicted, "I believe we will look back on this retreat and remember it as a significant event in the history of the Foundation," while Foundation secretary John A. Gans emphasized that, "Mission is clearly one of the areas where we must maintain the 'delicate balance' between APhA and the Foundation."¹²⁵

The retreat participants proceeded to approve a new Foundation Mission statement reading: "To enhance the quality of consumer health outcomes that are affected by pharmacy, the APhA Foundation will positively affect consumer health outcomes through research, public education, issue forums and awards and recognition programs."

Participants then turned their attention to the development of a letter of understanding called the "APhA/APhA Foundation Touchstone Document . . . to establish a practical mechanism for coordinating the planning and implementation of projects consistent with the mutual goals of APhA and the APhA Foundation." Among the identified expectations were: "APhA accepts the APhA Foundation's autonomy with the under-

standing that APhA will have input and influence in its future," while the Foundation will recognize APhA as "a resource to the APhA Foundation for volunteer involvement and staff support, program assistance, and concept development."¹²⁶

The Quality Center had already been established by APhA in March 1997 with Ellis to become director of the Quality Center when he joined APhA staff on 5 May 1997.¹²⁷ As a result of the June 1997 retreat, the APhA Board of Trustees voted on 8-10 August 1997, "to place the activities of the Quality Center within the APhA Foundation."¹²⁸ The official transfer took place on 1 January 1998,¹²⁹ the day that William Ellis became executive director of the Foundation. Thus, in November 1997, APhA was still speaking of "the recent formation of the APhA Quality Center" and illustrated a "Quality Center" logo before the name "Foundation" was added to the text "American Pharmaceutical Association."¹³⁰ The first official report of Ellis as Foundation executive director was accompanied by the new Foundation Quality Center logo.¹³¹

The Foundation Board of Directors met with the APhA Board of Trustees 24-25 January 1998, to review the progress of each organization and to revisit the Touchstone agreement

between the two groups. This practice continued each year as a January retreat with the APhA Board of Trustees.¹³²

Among the first activities of the Foundation's Quality Center was the awarding of over \$100,000 in research funds to three teams of researchers as part of the Foundation's Pharmacy Service Quality Research Initiative.¹³³ A \$34,331 grant was made to Jay Currie and Julie Kuhle of Iowa for "Quality Assessment for Documentation of Pharmaceutical Care;" a \$34,917 grant was made to Jill DeWitt Acosta and Stephen W. Schondelmeyer of Minnesota for "Two Perspectives on Satisfaction: Patients and Pharmacists;" and \$43,000 was awarded to Neil McKinnon and C. Douglas Hepler of Florida for "Performance Indicators for Continuous Quality Improvement in Pharmacy."¹³⁴ These were made possible by an initial grant from Wyeth-Ayerst Global Pharmaceuticals as part of the Foundation's Pharmacy Service Quality Research Initiative to support research that establishes quality measures and benchmarks in community pharmacy practice.¹³⁵ Bayer Quality Network also provided a \$15,000 grant to develop an Internet-based continuing education program for Pharmacists on Quality Improvement.¹³⁶

A single issue of *Profiles in Pharmacy Quality* was published by the APhA Foundation Quality Center in April 1998, as Volume 1, Number 1, and was distributed as part of the April 1999 issue of *Pharmacy Today*.

The most recent, and certainly the most visible, activity directly associated with the Foundation's Quality Center are the Pinnacle Awards, co-sponsored by the Health Care Quality Alliance, and supported by an unrestricted grant from Wyeth-Ayerst Global Pharmaceuticals.¹³⁷ These awards are presented for exemplary leadership in the improvement of quality in the medication use process by an individual, by group practice/health-systems/health care corporation, and by a voluntary health agency/organization/association. The first awards were presented on 23 June 1998, at a special ceremony in Washington, D.C.¹³⁸ The second year awards were presented 14 June 2000, at the Canadian Embassy in Washington, D.C.;¹³⁹ the 2001 awards were presented at the French Embassy on June 12;¹⁴⁰ and the 2002 awards were presented at the Embassy of the Russian Federation on June 12.¹⁴¹

Project Impact Plus

"The APhA Foundation begins 1998 with a stronger sense of purpose and a sharpened focus." This how Foundation Executive Director Ellis described this new era in the newsletter, now under the new title of *APhA Foundation Focus*. But even before 1998, the Foundation had initiated several programs that came into full fruition in 1998 and during the following years. Furthermore, the Foundation fund balance (Total Liabilities and Net Assets) more than doubled at the end of 1997 with the receipt of over three million dollars when the APhA Financial and Insurance Trust ceased operations in November 1997.¹⁴²

It was Project IMPACT (IMprove Persistence and Compliance with Therapy), introduced in March 1996, that subsequently became the cornerstone of the Foundation's "stronger sense of purpose and sharpened focus." As early as 1986 APhA had become an active member of the National Cholesterol Education Program which was developing programs to increase the importance of lowering elevated blood cholesterol levels.¹⁴³ The following year, James M. McKenney asked "What clinical services could practicing pharmacists provide to patients with high blood cholesterol?" His response included a discussion of cholesterol screening by pharmacists and monitoring drug therapy.¹⁴⁴ He then reported on an evaluation of cholesterol screening in the community pharmacy,¹⁴⁵ and co-authored with Stephanie A. Zarus a publication entitled *Current Strategies in the Management of Dyslipidemia: Enhancing Patient Care* published by the Philadelphia College of Pharmacy and Science in 1995.

Dyslipidemia (hyperlipidemia) was therefore considered an ideal area in which the APhA Foundation could demonstrate the value that pharmacists can bring to the patient care process. Thus in March 1996, the Foundation launched Project IMPACT, supported by a grant from Merck Human Health Division, to document that pharmacist intervention using the Cholestech LDX Analyzer could manage patients with lipid disorders. In January 1996, some 300 pharmacists requested applications to become part of Project IMPACT.¹⁴⁶ The first step was to train thirty-two pharmacists at the 1996 APhA annual meeting on the use of this new chole-

terol analyzer.¹⁴⁷ “We want pharmacists to be familiar with the necessary groundwork so that they can be well positioned to participate in programs such as Project ImPACT,” reported project director Benjamin Bluml.¹⁴⁸

Project ImPACT proceeded as a patient care project in 26 sites with a total of 574 patients of which 397 completed the entire study. Preliminary results indicated that pharmacists can demonstrate that they can, in collaboration with patients and physicians, effectively identify patients with lipid disorders who require treatment and support them in their efforts to improve persistence, compliance, and treatment.¹⁴⁹ Marialice Bennet of the Ohio State University assisted as a consultant to conclude the final phase of data collecting in Project ImPACT.¹⁵⁰

The results of the two-year study were released at the 2000 APhA annual meeting showing a twofold to fourfold improvement in patient outcome compared with those achieved in the existing health care delivery system, and suggested that a similar approach can be applied to asthma, osteoporosis, congestive heart failure, and hypertension.¹⁵¹

The 29 pharmacy practice sites made poster presentations at the 1998 APhA annual meeting documenting the outcomes that interventions using the Cholestech LDX Analyzer in the management of patients with lipid disorders produces.¹⁵² Project ImPACT: Hyperlipidemia was described on a Foundation video tape recorded in September 1998.

Another project that saw its origin before 1998 was the Pharmaceutical Care Scholarships launched in 1996. In 1999 they were converted to the Advanced Practice Institute with a three-day program 23-25 July 1999, at the University of Florida College of Pharmacy where fifty-four practitioners participated in an intensive, advanced learning and skill development experience for pharmacists practicing in ambulatory care settings.¹⁵³

The second annual Advanced Practice Institute was also held at the University of Florida College of Pharmacy in 2000. Forty-two participants learned new ways to help patients with diabetes, asthma, heart disease, and problems with general medication use.¹⁵⁴ The first two Institutes were supported by grants from Novartis Pharmaceuticals, which also placed a full page advertisement in the January-February 2000 is-

sue of the *Journal of the American Pharmaceutical Association*.

The third Advanced Practice Institute was conducted 16-18 November 2001, at the Harrison Conference Center in Lake Bluff, Illinois, where thirty-six participants focused their attention on diabetes management. This program was made possible by grants from Takeda Pharmaceuticals North America and Eli Lilly and Company. An eight-page newsletter entitled the *Advanced Practice Institute: Diabetes* identifying 35 participants was included in the March 2002 issue of *Pharmacy Today*. The 2002 Advanced Pharmacy Institute returned to the Harrison Conference Center in Lake Bluff, Illinois, November 8-10, 2002, with a focus on diabetes management.¹⁵⁵

Three new programs were launched in 1999. One was a new demonstration project called Project ImPACT: Osteoporosis to identify women at risk for developing osteoporosis. A regional demonstration project, supported by grant from Merck & Co., Inc., was initiated in the fall of 1999 including seventeen pharmacies in Richmond, Virginia.¹⁵⁶ Over 250 women were screened for their risk of developing osteoporosis using ultrasound to measure bone mineral density. Those found to be high risk (71) or moderate risk (87) were referred to their physician for further evaluation. The pharmacy staff then checked for adherence to drug regimens and continued to determine the patient's progress in the increase of bone density.¹⁵⁷

Also in 1999, the Foundation approved a \$14,500 grant to the University of Iowa for “Quantifying and Categorizing Drug Therapy Problems Identified by Pharmacist in Patients Enrolled in Project ImPACT: Hyperlipidemia” with Randy P. McDonough as the primary investigator. The conclusion was that “pharmacists participating in Project ImPACT who are providing comprehensive drug therapy management are capable of finding drug therapy problems related to hyperlipidemia and other conditions.”¹⁵⁸

A third 1999 program was announced by the APhA Foundation in September to explore the feasibility of a multi-site national demonstration project on asthma management. This had been preceded by an Asthma Counselor Certificate Program offered by APhA in 1995,¹⁵⁹ and plans to include asthma management as part of the APhA Guide to Drug Treatment Protocols.¹⁶⁰

Participants in the new Foundation Asthma Quality Improvement Management program, supported by a grant from GlaxoSmithKline, placed emphasis on improving the health of children who suffer from asthma.¹⁶¹ Several of the pharmacies held monthly asthma education classes.¹⁶²

In 2000, the Foundation's Quality Center awarded \$35,000 to the Institute of Safe Medication Practices (SMI) to develop the nation's first Medication Safety Self-Assessment Guide for Community Pharmacy.¹⁶³ Co-sponsored by the National Association of Chain Drug Stores, the publication entitled *Medication Safety Self-Assessment Guide for Community/Ambulatory Pharmacy* was distributed to pharmacies nationwide to assess their practices and implement new processes that may reduce medication errors.¹⁶⁴ The Foundation also partnered with the National Wholesale Druggists Association (NWDA) in a campaign directed at supporting patient safety and improving medication use in hospitals, funded by Wyeth-Ayerst through the NWDA Healthcare Foundation's Barbara DiLascia Memorial Endowment in Women's Health.¹⁶⁵

In 2000, the Foundation announced its collaboration with the Healthcare Distribution Management Association to evaluate the evolving role of the pharmacist in improving medication use and the benefits of providing pharmacists with proper access to patient-specific health care information. Supported by a \$50,000 grant from the Institute for the Advancement of Community Pharmacy, an invitational conference of leaders of consumer advocacy organizations was held on 2 March 2001, in Bethesda, Maryland,¹⁶⁶ to review the draft of a "white paper" and receive suggestions on the type of information pharmacists need, methods to protect the confidentiality and security of patient-specific health care information, and the consumers' response to these pharmacists' efforts.¹⁶⁷ The final "white paper," concluded that pharmacists with proper access to patient-specific health care information can improve the quality of health care.¹⁶⁸

Awards and Communications

Also in 2000, the Foundation established the Jacob W. Miller Award to recognize an individual for active involvement, exemplary sup-

port, and/or outstanding leadership in carrying out the mission of the Foundation; it was funded with a \$50,000 endowment by Wyeth-Ayerst Pharmaceuticals. Long-time Foundation president Jacob W. Miller received the initial award in 2000.¹⁶⁹ Pharmacist John Beckner, director of pharmacy operations for the Ukrop's pharmacy chain in Richmond, Virginia, was selected as the 2001 recipient for his leadership in the implementation of both Project ImPACT Hyperlipidemia and Project ImPACT Osteoporosis.¹⁷⁰ Primary care physician Shane Kraus with Family Practice Specialists in Richmond, Virginia, received the 2002 award for helping to launch Project ImPACT Hyperlipidemia, and for serving as a spokesperson at two national press conferences and in a video news release.¹⁷¹

In August 2001, the Foundation's alliance with the American Heart Association facilitated the launch of AHA's "MyHeartWatch" program. This was preceded by earlier programs where the American Heart Association and its local affiliates were seeking assistance from pharmacists to maintain patient compliance.¹⁷² The new "MyHeartWatch" program was initiated under the direction of Tony Droppelman and Melanie Hedrick in Richmond, Virginia. At a special Internet-based kiosk, consumers were asked to complete a five-minute health risk assessment after which they would obtain health profiles, personalized tips, extensive reference information, and other health tools.¹⁷³

In 2001 the APhA Auxiliary dissolved and transferred their assets of approximately \$60,000 to the Foundation which agreed to continue the APhA Auxiliary Irene Parks student loan fund by making available "a minimum of one scholarship of at least one \$1,000," known as the APhA Auxiliary/Foundation Pharmacy Student Scholarship program.¹⁷⁴ The scholarship program is the first of its kind for the Foundation,¹⁷⁵ and was supplemented in the summer of 2001 with a \$20,000 gift of stock by Paul A. Pumpian.¹⁷⁶ Then on 6 September 2002, the Samuel H. Kalman Scholarship was established to supplement the APhA Auxiliary/Foundation Pharmacy Student Scholarship program. The first four \$1,000 scholarships were awarded for 2002-2003; two were named scholarships honoring Samuel Kalman and Paul Pumpian.¹⁷⁷

In 2001, the APhA Foundation received the National Council on Patient Information and



The 1999 Foundation Board of Directors included (seated left to right) Hazel Pipkin, Foundation president Jacob Miller, and Jane Jones. Standing (left to right) Foundation executive director William Ellis, Brian Isetts, Foundation secretary John Gans, Terry Baskin, and Steve Firman.

Education (NCPIE) prestigious Paul G. Rogers Medication Communicator Award in commendation for the success of Project IMPACT Hyperlipidemia.¹⁷⁸ The Foundation Board also decided in 2001 that the Board of Directors should include a non-pharmacist public member. Thus the first public member was Marie Michnich.¹⁷⁹

Communications with members as well as with the public continued to expand and become more sophisticated. In addition to keeping pharmacists advised on the progress of Project IMPACT Hyperlipidemia and other Foundation

programs, *APhA Foundation Focus* continued to feature "Pharmaceutical Care Profiles," and included an added feature of recording the death of notable pharmacists, something that is lacking from most other pharmacy journals. Commencing in July 1999, *APhA Foundation Focus* was bound into and distributed with APhA's *Pharmacy Today*.¹⁸⁰

Communications with members and contributors were further revised in 1997 when the *Executive Director's Letter* was "sent by e-mail and faxed to those without e-mail addresses."

Five-minute video annual reports were issued in 1998 and 1999. After using the APhA website for several years, the Foundation's own website became fully operative in 1999,¹⁸¹ and was re-designed in 2001 to make navigation easier and user friendly.¹⁸² On 20 December 2001, the *Executive Director's Letter* was streamlined into an "e-publication," and on 17 April 2002 the *APhA Foundation E-News* was introduced as a separate communication designed to keep contributors up to date on current Foundation activities.¹⁸³

An ambitious public relations program commenced in January 1998, when Merck and Cholestech Corporation agreed to fund a campaign to inform the public about Project IMPACT. News releases were sent to 10,000 newspapers, 6,500 radio stations, and a video was sent to 200 television stations which by September 1998 had an audience of over one million viewers.¹⁸⁴ On 12 April 1998 a CNBC television program was aired on April 12, 1998;¹⁸⁵ and on 15 September 1998 a press conference was held at the National Press Club in Washington, D.C.¹⁸⁶

A video news release on Project IMPACT was issued in 2000 which reached over two million viewers on TV stations,¹⁸⁷ and a three-minute video news release was issued in 2001 and distributed to 200 television stations.¹⁸⁸ In 2002, the Foundation released another public service announcement to some 1,000 television stations nationwide; the one-minute segment highlighted the pharmacist's role in providing patient care.

As 2002 drew to an end, the APhA Foundation Board identified as goals and objectives "Cardiovascular Risk Reduction" and "Diabetes Risk Reduction" with the emphasis on facilitating the relationship between patients and providers that improves the quality of medication-related health outcomes.

Thus the Foundation has evolved in less than five decades from an organization serving mainly as the custodian of funds for projects mostly conducted by outside individuals and organizations, to an organization that is in its own right impacting on pharmacy's ability to better serve the public health.

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