

VIRTUAL

2020 Tri-State Health-System Pharmacy Summit

FRIDAY, OCTOBER 2, 2020



Sponsored by:

**Connecticut Society of Health-System Pharmacists
New Jersey Society of Health-System Pharmacists
New York State Council of Health-system Pharmacists**

Featuring:

5 CE Credit Hours of Presentations

2020 Tri-State Health-System Pharmacy Summit

WHO SHOULD ATTEND?

Pharmacists and pharmacy technicians in all practice settings, including hospital and community pharmacy, homecare, ambulatory care and clinical environments, managed care organizations, academia, industry and pharmaceutical benefit providers.

CONTINUING EDUCATION CREDITS:

The New York State Council of Health-system Pharmacists (NYSCHP) is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. The CE evaluations process is online through surveys that will be emailed out after the program. Attendance is verified with a CE code provided at the program and your name will also be checked against our online platform's attendance list. You will have 45 days to complete these surveys. It will take up to 60 days for the credits to be uploaded to MY CPE Monitor.



VIRTUAL LOGIN INFORMATION: Virtual attendees will be utilizing an online platform. Instructions for virtual attendance will be sent to registrants via email by Thursday, October 1, 2020.

Agenda

- 8:30 – 9:30 AM Tackle Everyday Challenges to Create the Best You
- Keynote Speaker
Doreen Guma, MA, FACHE, CPHRM, CPC, CLC
Certified Social & Emotional Intelligence Coach Founder,
Time to Play Foundation
- 9:30 - 9:45 AM **Break**
- 9:45 – 11:15 AM Topic: Treatment and Prevention of COVID-19
- Moderator:
Alla Paskovaty, PharmD BCPS AQ-ID
Medical Science Liaison-Vaccines- NYS Medical Affairs
Sanofi Pasteur US
- Speaker:
Eric Yager, PhD
Associate Professor, Microbiology Program Director, Pre-Pharmacy Program
Albany College of Pharmacy
Albany, NY
- Panelists:
Mark Macchia PharmD, MBA, RPh, FACHE
Director of Pharmacy
Mercy Medical Center
Rockville Centre, NY
- Nancy Palamara, PharmD**
Director of Pharmacy Services, Infusion Therapy & MS Services
Holy Name Medical Center
Teaneck, NJ

Navin Philips, PharmD, BS, DPLA
Director of Pharmaceutical Services
Hunterdon Medical Center
Flemington, NJ

John Papadopoulos, BS Pharm, PharmD, FCCM, BCCCP
Director of Clinical Pharmacy Services
Critical Care Pharmacist
Pharmacy Residency Program Director

Caitlyn Fraielli, PharmD, BCCCP
Staff Pharmacist
Hartford Hospital
Hartford, CT

Clinical Assistant Professor of Medicine
NYU Langone Health/Department of Pharmacy

11:15 - 12:15 PM

Lunch

12:15 – 1:30 PM

Topic: Technology and Digital Health

Moderator:

William Herlihy RPh, MBA
Pharmacovigilance, Pharmacist Supervisor
Morristown Medical Center, Atlantic Health System

Panelists:

Sara Weinstein, PharmD, BCPS
Ambulatory Care Pharmacist and Clinical Assistant Professor
Hunterdon Medical Center
Flemington, NJ

Ruchi Tiwari, PharmD, MS
Director of Pharmacy, Population Health
Mount Sinai Health System
New York, NY

Lisa S. Stump, MS, RPh, FASHP
Senior Vice President, Chief Information Officer
Yale New Haven Health and Yale School of Medicine
New Haven, CT

1:30 - 1:45 PM

Break

1:45 – 3:00 PM

Topic: Biosimilars Panel

Moderator:

Teresa Papstein, RPh, BCNSP
Interim Director of Pharmacy
Bridgeport Hospital Department of Pharmacy
Bridgeport, CT

Panelists:

Daniel T. Abazia, PharmD, BCPS, CPPS
Director of Pharmacy
Capital Health
Trenton, NJ/Pennington, NJ

Rosario (Russ) Joseph Lazzaro, MS, RPh
Assistant Director of Pharmacy, Ambulatory Services, Laura and Isaac Perlmutter Cancer Center
NYU Langone Health
New York, NY

Jon Blazawski, PharmD, BCOP
Oncology Pharmacist
Hartford Hospital
Hartford, CT

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VIRTUAL REGISTRATION:

Early Bird by September 21st: Member Pharmacists - \$100; Non-member Pharmacists - \$125; Residents - \$40; Students/Technicians - \$20.

After September 21st: Member Pharmacists - \$120; Non-member Pharmacists - \$140; Students/Technicians - \$30.

Cancellation Policy: Cancellation requests must be received in writing at the Society headquarters through which you registered. A \$25.00 administrative fee will be deducted from the registration fee for cancellations received by **Friday, September 18, 2020**. After **Friday, September 18, 2020**, there will be no refunds for cancellation.

Payments to the Tri-State sponsors are not deductible as charitable contributions but may be deductible as ordinary business expenses. Please speak with your tax advisor.

If you need special accommodations (per ADA) to enjoy this event, please contact the CSHP, NJSHP or NYSCHP by September 25, 2020.

Registration required by 12-noon on Wednesday, September 30, 2020.

How to Register:

Mail/fax a completed registration form with a check or credit card information to the office of the Society in the state in which you work or have a membership. Online credit card registration also is available.

CSHP: 591 North Avenue, Ste. 3-2 Wakefield, MA 01880 888/506-3784 office@cshponline.org
F: 781/245-6487 Online credit card registration: <https://cshponline.org/event-3801527>

NJSHP: 760 Alexander Rd, Princeton, NJ 08543 609/936-2205 swilliams@njha.com
F: 609/228-5434 Online credit card registration: www.njshp.org/Home.aspx

NYSCHP: 230 Washington Avenue Extension Albany, NY 12203 518/456-8819 office@nyschp.org
F: 518/456-9319 Online credit card registration: <https://www.nyschp.org/2020-tri-state-health-system-summit>

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FULL NAME AND CREDENTIALS: _____ NICKNAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AREA CODE/TELEPHONE: _____ / _____ EMAIL: _____

EMPLOYER OR PROGRAM:

MAY WE INCLUDE YOU (NAME, CREDENTIALS, EMPLOYER OR PROGRAM) ON THE LIST DISTRIBUTED TO EXHIBITORS AND SPONSORS?

___ YES ___ NO

I AM A MEMBER OF ___ CSHP ___ NJSHP ___ NYSCHP NABP E-PROFILE #: _____ BIRTH MONTH/DAY ___ / ___

CHECK ENCLOSED: \$ _____ OR CHARGE \$ _____ TO MY CREDIT CARD

CHECK ONE: ___ VISA ___ MC ___ AMEX CREDIT CARD NUMBER: _____

EXPIRATION DATE (MM/YY): ___ / ___ CVV CODE _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE): _____

SIGNATURE: _____ DATE: _____