

# *Tri-State Health-System Pharmacy Summit 2018*

**Friday, September 21, 2018**  
**DoubleTree by Hilton Hotel**  
**455 S Broadway, Tarrytown, NY 10591**  
**914-631-5700**

**[DoubleTree](#)**



## *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 ~ Exhibits**  
**Special Programs for Residents, Students and Our Industry Partners**  
**Residency Program Showcase ~ Exhibitor Forum**

# 2018 Tri-State Health-System Pharmacy Summit

## WHO SHOULD ATTEND?

Pharmacists, pharmacy technicians and pharmacy students 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 on line through surveys that will be emailed out after the program. Attendance is verified by a CE code provided at the program. 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.

## Agenda - Faculty

7:15 am	Exhibitor Set Up		
7:00 – 8:30 am	Registration and Continental Breakfast		
8:30 – 8:45 am	Welcome and Introductions		
8:45 – 9:30 am	Health Care Trends – Factors Impacting the Future		
	Keynote Speaker <b>David Chen, R.Ph., M.B.A.</b> Senior Director, Sections of Pharmacy Practice Managers Pharmacy Practice Sections ASHP Bethesda, MD		
9:30 – 10:30 am	Exhibitor Forum: Understanding Health System Customers and Value A special (non-CE) program for our industry partners	11:00 am – 1:00 pm	<b>Exhibit Hall, Lunch</b> <b>Residency Program Showcase</b> The Residency Program Showcase is an opportunity for students from the Northeast to meet with representatives from regional residency programs and learn about those programs.
9:30 – 10:55 am	Leadership	1:00 – 2:15 pm	Management of High Cost Drugs
	Topic: Advancing Pharmacy Practice with Strategic Clinical Leadership		Topic: Managing High Cost Drugs with “A Little Help From My Friends”
	Speaker: <b>Eric M. Tichy, Pharm.D., MBA, BCPS, FCCP, FAST</b> Associate Director, Clinical Pharmacy Services Yale-New Haven Health, New Haven, CT		Speaker: <b>Joseph Pinto, RPh, MS, MHA</b> Senior Director of Clinical Operations Mount Sinai Beth Israel Medical Center New York, NY
	Topic: Frontline Provider to Frontline Leader: Leveraging Clinical Skills To Be a Strategic Leader		Topic: Evolution of a Formulary Consult Service on Decreasing Pharmacy Costs
	Speaker: <b>Daryl Schiller, Pharm.D., BCPS-AQ ID</b> Pharmacy Director Nyack Hospital, Nyack, NY		Speaker: <b>Phu Huynh, Pharm.D., BCPS</b> Senior Clinical Specialist, Drug Information Department of Pharmacy Services Yale-New Haven Hospital New Haven, CT

# Agenda - Faculty

*Topic:*  
Inventory Management for Automated Dispensing Cabinets

*Speaker:*  
**Jong Pak, BS Pharm, Pharm.D.**  
Cardinal Health Innovative Delivery Solutions  
Director of Pharmacy  
East Orange General Hospital  
East Orange, NJ

1:00 – 2:30 pm

**Career Marketing Insights from Pharmacy Hiring Managers – What are we looking for in candidates for residency and your first job?**

This program will help prepare you to interview for a residency or pharmacist position. Please take advantage of this opportunity to hear from hiring managers and ask questions on what they are looking for when recruiting candidates.

*Speakers:*  
**Teresa H. Seo, Pharm.D., BCPS, FASHP**  
Manager, Pharmacy Services  
William W. Backus Hospital,  
Norwich, CT, Hartford Healthcare

**Douglas Bloomstein, Pharm.D.**  
Manager, Pharmacy Services  
Residency Program Director – AHS  
Morristown Medical Center  
Morristown, NJ

**Vickie Powell, BS, Pharm.D., MS, FASHP**  
Site Director, Pharmacy  
New York-Presbyterian Hospital  
Columbia University Irving Medical Center  
Morgan Stanley Children’s Hospital  
The Allen Hospital

*Moderator:*  
**Nicholas Tessier, Pharm.D., MBA, BCPS**  
Director of Pharmacy  
Hartford Healthcare Eastern Region

2:25 – 3:50 pm

Healthcare Informatics – Practical Applications

*Topic:*  
What You Must Know about Informatics to Thrive in a Data Dominated World

*Speaker:*  
**Thomas Carlough, Pharm.D.**  
Director of Analytics and Data Science  
Atlantic Health Systems  
Morristown, NJ

*Speaker:*  
**William Herlihy, RPh, MBA**  
Pharmacovigilance Pharmacist  
Morristown Medical Center  
Morristown, NJ

*Topic:*  
Keep the Users in Mind

*Speaker:*  
**Ginger Rouse, Pharm.D., BCPS**  
Clinical Pharmacy Specialist II, Medical Critical Care  
Yale New Haven Hospital  
New Haven, CT

*Topic:*  
A Balancing Act – Technology, Process and People

*Speaker:*  
**John Manzo, Pharm.D., FASHP**  
Senior Director, Clinical Systems  
NYU Langone Health, MCIT  
New York, NY

## Residency Program Showcase

Unable to attend the ASHP Showcase? Here’s your opportunity to meet with representatives of major health care facilities close to home. Note all participants at the Residency Program Showcase must also register for the Tristate Conference.

## ATTIRE

Business Casual

## HOTEL INFORMATION

### DoubleTree by Hilton Hotel

455 South Broadway  
Tarrytown, NY 10591  
[www.tarrytown.doubletree.com](http://www.tarrytown.doubletree.com)  
(800) 474-4260

## RESERVATIONS

914-631-5700 or [www.tarrytown.doubletree.com](http://www.tarrytown.doubletree.com)

## OPT OUT

Please note: If you do not wish to be included on the attendee list (name/credentials/affiliation only) that may be made available to other exhibitors, sponsors and attendees, contact CSHP to “opt out”.

# 2018 Tri-State Health-System Pharmacy Summit

## REGISTRATION

Early Bird by September 7th: Member Pharmacists - \$125; Non-member Pharmacists - \$150; Students/Residents/Technicians - \$25

After September 7th: Member Pharmacists - \$150; Non-member Pharmacists - \$175; Students/Residents/Technicians - \$35

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 September 7, 2018. After September 7, 2018, 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 9/14/2018.

### 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](mailto:office@cshponline.org)  
F:781/245-6487 Online credit card registration: [www.cshponline.org/attendeeregistrationform.html](http://www.cshponline.org/attendeeregistrationform.html)

**NJSHP:** 760 Alexander Rd, Princeton, NJ 08543 609/936-2205 [swilliam@njha.com](mailto:swilliam@njha.com) F: 609/228-5434  
Online credit card registration: [www.njsHP.org/Home.aspx](http://www.njsHP.org/Home.aspx)

**NYSCHP:** 230 Washington Avenue Extension Albany, NY 12203 518/456-8819 [office@nyschp.org](mailto:office@nyschp.org)  
F: 518/456-9319 Online credit card registration: [www.nyschp.org](http://www.nyschp.org)

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(PLEASE PRINT CLEARLY)

FULL NAME AND CREDENTIALS: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AREA CODE/TELEPHONE: \_\_\_\_\_ / \_\_\_\_\_ EMAIL: \_\_\_\_\_

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: \_\_\_\_\_