

**FW: Collaborative practice agreement**

David Wuest

**Sent:** Tuesday, March 14, 2017 4:23 PM**To:** Pharmacy Board**Attachments:** BOP Letter of request 2-16~1.pdf (153 KB) ; COI Roseman Insurance exp ~1.pdf (12 KB) ; HPSO VGupta Liability Insu~1.pdf (94 KB) ; VGupta CV 2-16-17.pdf (445 KB)

For the book.

Dave

J. David Wuest R.Ph.

Deputy Secretary

(775) 850-1440

dwuest@pharmacy.nv.gov

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**From:** Vasudha Gupta [mailto:  
**Sent:** Thursday, February 16, 2017 11:03 AM  
**To:** David Wuest  
**Cc:** Paul Edwards; Darla Zarley; LARRY L. PINSON  
**Subject:** RE: Collaborative practice agreement

Dear Dave,

Thank you for providing all the information. As requested, please find the following items attached:

1. Letter of request to appear in front of the BOP
2. Copy of professional liability insurance through Roseman University
3. Copy of my personal professional liability insurance through HPSO
4. CV to provide additional information regarding my experiences practicing in the primary care setting.

I will plan to attend the duration of the BOP meeting on 4/12/17 and will be prepared to present at 1:30pm. I understand from our conversations that since my site is not considered a "medical facility" as stated per the law, I may not have a collaborative practice agreement (CPA) at this time at the Clinic. However, I was hoping that we could continue to have a discussion about how that could be made possible soon in the future.

The chief medical officer (CMO), chief executive officer (CEO) and the providers at First Person Care Clinic are enthusiastic about having a pharmacist at the clinic to provide direct-patient care and use my medication expertise to guide therapy decisions and implement care plans. I have previously practiced without a CPA and it creates a hindrance for me as well as the providers to work efficiently, as I would need to interrupt their work flow to address patient issues that I have the training and expertise to resolve. The CPA was eventually implemented at this site as the providers saw the value of the services that I was providing. Implementation of the CPA made the process of patient care much more efficient and improved therapeutic outcomes from both the provider and patient perspectives.

I am hoping that we can work together to identify ways to implement the CPA at my site. I look forward to continuing to have this discussion with you.

Best regards,  
Vasudha

**Vasudha Gupta, PharmD, BCACP, CDE**  
Roseman University of Health Sciences

College of Pharmacy  
Assistant Professor of Pharmacy Practice  
11 Sunset Way, Henderson, NV 89014  
Office: 702-968-1681

**ROSEMAN UNIVERSITY OF HEALTH SCIENCES MAIN CAMPUSES**

HENDERSON CAMPUS | 11 Sunset Way | Henderson | Nevada | 89014 | 702-990-4433  
SUMMERLIN CAMPUS | 10530 Discovery Drive | Las Vegas | Nevada | 89135 | 702-802-2841  
SOUTH JORDAN CAMPUS | 10920 S. River Front Parkway | South Jordan | Utah | 84095 | 801-302-2600

**Challenge. Rethink. Roseman**

[www.roseman.edu](http://www.roseman.edu)

**From:** David Wuest [<mailto:dwuest@pharmacy.nv.gov>]  
**Sent:** Tuesday, February 14, 2017 9:40 AM  
**To:** Vasudha Gupta <>  
**Cc:** Paul Edwards <[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)>; Darla Zarley <[dzarley@roseman.edu](mailto:dzarley@roseman.edu)>; LARRY L. PINSON <[lpinson@pharmacy.nv.gov](mailto:lpinson@pharmacy.nv.gov)>  
**Subject:** RE: Collaborative practice agreement

Vasudha,

I have checked with Board staff and the earliest you can appear is at the April 12<sup>th</sup> and 13<sup>th</sup> Meeting. The deadline for requests is March 20<sup>th</sup>. We need a letter requesting an appearance, along with items (a) through (k) of NAC 639.403, Section 1. If these dates work for you, please let me know ASAP and I will hold you a spot.

Sincerely,

Dave

J. David Wuest R.Ph.  
Deputy Secretary  
(775) 850-1440  
[dwuest@pharmacy.nv.gov](mailto:dwuest@pharmacy.nv.gov)

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**From:** Vasudha Gupta [<mailto:>]  
**Sent:** Monday, February 13, 2017 4:04 PM  
**To:** David Wuest  
**Cc:** Paul Edwards; Darla Zarley  
**Subject:** RE: Collaborative practice agreement

Hi Dave,

Thank you for sharing this information. Is it possible to be scheduled to appear in front of the Board during the March 1<sup>st</sup> meeting? Please let me know what documents need to be completed prior to coming.

Thank you,  
Vasudha

**Vasudha Gupta, PharmD, BCACP, CDE**

Roseman University of Health Sciences  
 College of Pharmacy  
 Assistant Professor of Pharmacy Practice  
 11 Sunset Way, Henderson, NV 89014  
 Office: 702-968-1681

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**Challenge. Rethink. Roseman**

[www.roseman.edu](http://www.roseman.edu)

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**From:** David Wuest [mailto:[cwuest@pharmacy.nv.gov](mailto:cwuest@pharmacy.nv.gov)]

**Sent:** Monday, February 13, 2017 11:46 AM

**To:** Vasudha Gupta <[vasudha.gupta@roseman.edu](mailto:vasudha.gupta@roseman.edu)>

**Cc:** Paul Edwards <[pedwards@pharmacy.nv.gov](mailto:pedwards@pharmacy.nv.gov)>; Darla Zarley (<[darla.zarley@pharmacy.nv.gov](mailto:darla.zarley@pharmacy.nv.gov)>)

**Subject:** RE: Collaborative practice agreement

Vasudha,

As I stated in our telephone conversation, the use of a CPA is allowed only secondary to a hospital setting. Paul is available next week to discuss this with you. I have cc'd him on this email.

Also if you plan to practice at a non Board of Pharmacy licensed site, you are required to be approved by the Board. Here are the Regulations on off-site practice;

**NAC 639.403 Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy; exemption for pharmacists who administer immunizations. (NRS 639.070)**

1. Except as otherwise provided in subsection 2, a registered pharmacist may apply to the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy by submitting an application on a form prescribed by the Board. An application must be approved before a pharmacist may commence any practice pursuant to this section. The application must include, without limitation:

- (a) The name of the pharmacist;
- (b) A description of the services that the pharmacist intends to provide at the site;
- (c) The location at which the pharmacist will provide the services;
- (d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
- (e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
- (f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
- (g) The days and hours during which the pharmacist intends to provide the services;
- (h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
- (i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;
- (j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and
- (k) A description of the business plan for the services provided.

2. A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:

- (a) Pursuant to the provisions of NAC 449.15347;

- (b) Pursuant to the provisions of NAC 449.6138;
- (c) Pursuant to the provisions of NAC 449.722;
- (d) Pursuant to the provisions of NAC 449.74531;
- (e) Pursuant to the provisions of NAC 449.9905 and 639.4996;
- (f) Pursuant to the provisions of subsection 2 of NAC 639.465;
- (g) Pursuant to the provisions of NAC 639.690;

(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or

(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).

3. A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

**NAC 639.406 Hearing to approve or deny application from pharmacist. (NRS 639.070)**

1. Upon submission of an application pursuant to NAC 639.403, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

- (a) The information contained in the application;
- (b) The education, experience and expertise of the applicant;
- (c) The disciplinary history of the applicant, if any; and
- (d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

(Added to NAC by Bd. of Pharmacy by R180-07, eff. 9-18-2008)

Sincerely,

Dave

J. David Wuest R.Ph.  
Deputy Secretary  
(775) 850-1440  
[dwest@pharmacy.nv.gov](mailto:dwest@pharmacy.nv.gov)

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**From:** Vasudha Gupta [[mailto:](#)] ]  
**Sent:** Thursday, February 09, 2017 10:55 AM  
**To:** David Wuest  
**Subject:** RE: Collaborative practice agreement

Hi Dave,

Thanks again for speaking with me. I just went back to take a look at this. I remember having this conversation last year but can't remember how you might have explained how this should be interpreted.

As per the regulations below, the patients must be receiving care in a "licensed medical facility", which is not limited to a hospital setting. The way I'm interpreting this is that the setting could be any place that the patient is receiving care (part 1 of the law below) and part 2 seems to apply to even a community pharmacy that may be

"affiliated" with a medical facility, such as a physician's office, etc.

Could you please clarify if I'm missing something?

Thanks,  
Vasudha

**NRS 639.2809 Implementation, monitoring and modification of drug therapy by pharmacist: Restrictions; notice; regulations.**

1. Written guidelines and protocols developed by a registered pharmacist in collaboration with a practitioner which authorize the implementation, monitoring and modification of drug therapy:

(a) May authorize a pharmacist to order and use the findings of laboratory tests and examinations.

(b) May provide for implementation, monitoring and modification of drug therapy for a patient receiving care:

(1) In a licensed medical facility; or

(2) If developed to ensure continuity of care for a patient, in any setting that is affiliated with a medical facility where the patient is receiving care. A pharmacist who modifies a drug therapy of a patient receiving care in a setting that is affiliated with a medical facility shall, within 72 hours after implementing or modifying the drug therapy, provide written notice of the implementation or modification of the drug therapy to the collaborating practitioner or enter the appropriate information concerning the drug therapy in an electronic patient record system shared by the pharmacist and the collaborating practitioner.

(c) Must state the conditions under which a prescription of a practitioner relating to the drug therapy of a patient may be changed by the pharmacist without a subsequent prescription from the practitioner.

(d) Must be approved by the Board.

2. The Board may adopt regulations which:

(a) Prescribe additional requirements for written guidelines and protocols developed pursuant to this section; and

(b) Set forth the process for obtaining the approval of the Board of such written guidelines and protocols.

(Added to NRS by 2011, 3077)

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**From:** David Wuest [<mailto:dwest@pharmacy.nv.gov>]

**Sent:** Thursday, February 09, 2017 10:34 AM

**To:** Vasudha Gupta

**Subject:** RE: Collaborative practice agreement

Dr. Gupta,

Please call me at the number below.

Thanks

Dave

J. David Wuest R.Ph.

Deputy Secretary

(775) 850-1440

[dwest@pharmacy.nv.gov](mailto:dwest@pharmacy.nv.gov)

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**From:** Vasudha Gupta [

**Sent:** Tuesday, February 07, 2017 12:10 PM

**To:** David Wuest

**Cc:** Darla Zarley

**Subject:** Collaborative practice agreement

Hi Dave,

I hope you're doing well. I'm emailing you because the COP and myself have identified a new practice site for me at First Person Care Clinic in Las Vegas and the site is on board with establishing a collaborative practice agreement. I was wondering if I need to submit the CPA to the BOP again **prior** to sending it out to the clinic's CMO. If not, then I will send the most updated version that was previously approved by the BOP to the new clinic, for all parties to sign and then send you a signed copy for your records. Please let me know how I should proceed.

Thank you,  
Vasudha

February 16<sup>th</sup>, 2017

Dear Members of the Board of Pharmacy,

I would like to submit this letter requesting to provide health care services to patients who are receiving primary care services at First Person Care Clinic (FPCC). As I would like to provide direct-patient care at FPCC, I am requesting an appearance in front of the Board to discuss how these services will be provided.

I am an Assistant Professor of Pharmacy Practice at Roseman University of Health Sciences and a Board Certified Ambulatory Care Clinical Pharmacist (BCACP) with training and expertise in cardiovascular risk reduction and management of other chronic disease states. I completed a 1-year post-graduate pharmacy residency, with a focus on chronic disease state management in 2012. I have since practiced as a clinical pharmacist in a primary care clinic providing direct-patient care for the last 5 years and have successfully set up multiple pharmacist-led clinics. I completed a pharmacy-based immunization delivery certification program in 2009, a medication therapy management certification program in 2013 both through American Pharmacists Association and became a Certified Diabetes Educator (CDE) in 2016. I regularly attend continuing education conferences to stay up to date on the appropriate management of chronic disease states.

I have never had any disciplinary actions by the Board of Pharmacy. Along with the College of Pharmacy's malpractice and professional liability insurance, I also carry my own insurance through Health Providers Service Organization (HPSO). Copies of both documents are attached.

Please find additional details below that were requested as part of NAC 639.403, items (a) through (k):

- a. Vasudha Gupta
- b. Patients will be referred to the pharmacist by their primary care provider (PCP) using the process described below in section d. New patients will be scheduled for 45 minute appointments and follow-up patients will be scheduled for 30 minute appointments. The time during these appointments will be used to gather relevant medical information from the patient, provide education regarding disease states and medications and emphasize goals of therapy for various disease states.

Upon an assessment of the patient's current clinical health status, a plan will be created and discussed with the PCP to help patients reach their therapeutic goals. If the PCP agrees to the care plan, the changes would be communicated with the patient by the pharmacist and implemented by the PCP. These recommendations could include modifying therapy to reach therapeutic goals or avoid adverse effects, as well as ordering labs to assure safe and effective pharmacotherapy.

The pharmacist would utilize the information from the labs to create an assessment and plan, which will be discussed with and agreed upon by the primary care provider prior to discussion with the patient. At follow-up appointments, the patient's progress towards their disease state goals will be assessed and then any necessary changes in therapy would again be discussed with and implemented by the PCP and communicated with the patient by the pharmacist. After each patient appointment, the pharmacist will document relevant findings of patients' health status as well as the care plan that was agreed upon by the PCP in the EHR via progress notes.

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- c. First Person Care Clinic located at 1200 S 4th St #111, Las Vegas, NV 89104
- d. Patients will be identified and referred to the pharmacist by the PCP. Appointments for these patients will be scheduled by the Medical Assistant (MA) based on the clinical pharmacist's availability. Patients may be referred for any reason identified by the PCP, including providing a comprehensive patient-centered visit focused on the management of chronic disease states to achieve and maintain desired therapeutic goals, educating patients regarding self-management of disease state and about their medications, address any drug-related problems, and utilize the most safe and cost-effective medication treatments. All of this will be done in collaboration with and with the approval of the PCP.
- e. Not applicable as no pharmacies will be involved.
- f. The pharmacist will be provided access to an electronic health record (EHR) in order to provide patient care.
- g. The pharmacist will provide patient care on Tuesdays and Wednesdays each week from 8am till 6pm.
- h. Appointments to meet with a pharmacist will only be available during the specified times on Tuesdays and Wednesdays. Providers may refer patients at any time to schedule an appointment to meet with the pharmacist on the days the pharmacist is available. Patients meeting with the pharmacist will be made aware that the pharmacist is only available on certain days of the week and that, in case of an urgent situation when a pharmacist is not available, they should contact their PCP. If not urgent, patients may call the office and have the medical assistant communicate a message to the pharmacist via the EHR, which will be addressed and responded to by the pharmacist on a day when they are available in the office.
- i. All documentation related to the patient's care will be completed in the EHR only and any paper notes recorded will be disposed of properly in a confidential, secure bin located in the office.
- j. No services provided will be affiliated with or related to a licensed pharmacy.
- k. As no monetary exchanges will occur, between Roseman University College of Pharmacy/myself and FPCC or the patients, a business plan is not needed.

Please let me know if you need any additional information. Thank you for considering my request.

Best regards,

Vasudha Gupta, PharmD, BCACP, CDE  
Roseman University of Health Sciences - College of Pharmacy  
Assistant Professor of Pharmacy Practice  
Email  
Office: 702-968-1681



**VASUDHA GUPTA, PharmD, BCACP, CDE**  
**Assistant Professor of Pharmacy Practice**  
**Roseman University of Health Sciences Henderson, NV**

**EDUCATION**

*05/2011*      Doctor of Pharmacy  
University of Rhode Island College of Pharmacy – Kingston, RI

**PROFESSIONAL WORK EXPERIENCE**

*01/2016-Present*      Assistant Professor of Pharmacy Practice  
Roseman University of Health Sciences – Henderson, NV

- Clinical Practice: First Person Care Clinic (Chronic cardiovascular disease state management)

*08/2012-08/2015*      Assistant Professor of Clinical and Administrative Sciences  
California Northstate University College of Pharmacy – Elk Grove, CA

- Director of Interprofessional Education (IPE) (*09/2015-12/2015*)
- Experiential Education Area Coordinator (EEAC) – North Valley
- Clinical Practice: Sacramento Family Medical Center (Chronic cardiovascular disease state management) – Developed and maintained a collaborative practice agreement

*11/2012-05/2015*      Per-diem relief community pharmacist (approximately 15 days/year)  
Kim Leader Pharmacy – Sacramento, CA

*07/2011-07/2012*      PGY1 Ambulatory Care Residency  
Residency Director: Dr. Sarah M Thompson, PharmD, CDOE  
Coastal Medical, Inc. – Providence, RI

*05/2008-06/2011*      Intern Pharmacist at St. Vincent’s Hospital Worcester, MA

*06/2009-08/2010*      Intern Pharmacist at Shaw’s Osco Pharmacy Providence, RI

**TEACHING**

**DIDACTIC TEACHING EXPERIENCE – Roseman University\***

*Fall 2016-Current*      PHAR 523 Integration of Patient Care - **Course Co-coordinator**  
Patient Counseling Part 1 (5 contact hours)  
Patient Counseling Part 2 (5 contact hours)  
Audience: 130 P2 Roseman University COP students

PHAR 512 Therapeutic Disease State Management: Hypertension (10 contact hours)

Audience: 130 P2 Roseman University COP students

*Spring 2016*

PHAR 522 Therapeutic Disease State Management: Men's and Women's Health

Pregnancy & Lactation and toxicology of pregnancy and lactation (6 contact hours); Men's Health (6 contact hours)

Audience: 130 P2 Roseman University COP students

Capstone: Therapeutic Disease State Management: Men's and Women's Health (2 contact hours)

Audience: 130 P3 Roseman University COP students

**DIDACTIC TEACHING EXPERIENCE – California Northstate University\***

*Summer 2015*

PHAR 800s APPE Experiential Education Supplemental Summit Review of Diabetes, Hypertension and Hyperlipidemia (3 contact hours)

Audience: 80 P4 CNUCOP students

*Summer 2014*

PHAR 800s APPE Experiential Education Supplemental Summit Review of Hyperlipidemia (3 contact hours)

Audience: 80 P4 CNUCOP Class of 2015 students

*Spring 2014*

PHAR 800s APPE Experiential Education Supplemental Summit Review of Hyperlipidemia (3 contact hours)

Audience: 80 P4 CNUCOP Class of 2014 students

*Fall 2013 – 2015*

**Co-coordinator** – PHAR 881R Diabetes and Ambulatory Care Elective Course - 30 contact hours/year

Audience: 15-30 P3 CNUCOP students

PHAR 743 Drug Information and Literature Evaluation

Evidence-based drug information responses (3 contact hours)

Audience: 120 P2 CNUCOP students

*Fall 2013*

PHAR 724 Cardiovascular Pathophysiology and Pharmacology Endocrine and lipid labs (3 contact hours)

Audience: 100 P2 CNUCOP students

*Summer 2013*

PHAR 800s APPE Experiential Education Supplemental Summit Review of Anticoagulation (3 contact hours)

Audience: 70 P4 CNUCOP students

*Spring 2013*

PHAR 725 Renal and Gastrointestinal Pharmacology  
Pharmacology of Irritable Bowel Syndrome (3 contact hours)  
Audience: 100 P2 CNUCOP students

PHAR 752 Cardiovascular Pharmacotherapy  
MTM: Antiplatelets, anticoagulants, antithrombotics (2 contact hours)  
Audience: 100 P2 CNUCOP students

PHAR 856 Infectious Disease Pharmacotherapy  
Skin and soft tissue infections (3 contact hours)  
Audience: 100 P3 CNUCOP students

*Fall 2012*

PHAR 800s APPE Experiential Education Supplemental Summit  
Review of Anticoagulation (3 contact hours)  
Audience: 15 P4 CNUCOP students

PHAR 800s APPE Experiential Education Supplemental Summit  
Review of Drug information (3 contact hours)  
Audience: 15 P4 CNUCOP students, 3 hour session

*Fall 2011*

PHP/BPS 409 Infectious Disease Pharmacotherapy  
Outpatient Respiratory Tract Infections (3 contact hours)  
Audience: 100 P2 University of Rhode Island students

\*Additional teaching and facilitation activities listed in the appendix

### **PRECEPTING**

*08/2012-12/2016*

Roseman University of Health Sciences College of Pharmacy  
Ambulatory Care APPE

- Primary preceptor for APPE students at Dignity Health Medical Group
  - Total APPE students: 4
  - Total PGY1 residents: 2 (not primary preceptor)

*08/2012-12/2015*

California Northstate University College of Pharmacy  
Ambulatory Care APPE

- Primary preceptor for APPE students at Peachtree clinic and Sacramento Family Medical Center
  - Total APPE students: 27
  - Total PGY1 residents: 2

*09/2011-07/2012*

University of Rhode Island College of Pharmacy  
Ambulatory Care APPE

- Primary preceptor for APPE students at Coastal Medical

- Total students: 10

## SCHOLARSHIP

### PEER-REVIEWED PUBLICATIONS

**Gupta V**, Hincapie AL, Frausto S, Bhutada N. Impact of a web-based intervention on the awareness of medication adherence. *Res Social Adm Pharm*. 2015.

Bouw J, **Gupta V**, Hincapie AL. Assessment of Student Satisfaction with a Student-Led Team-Based Learning Course: A Qualitative and Quantitative Analysis. *J Educ Eval Health Prof*. 2015;12:23.

**Gupta V**, Kogut S, Thompson S. Evaluation of Differences in Percentage of International Normalized Ratios in Range Between Pharmacist-Led and Physician-Led Anticoagulation Management Services. *J Pharm Pract*. 2015;28(3):249-55.

### *Research in progress*

Hincapie AL, Brown SA, **Gupta V**, Metzger A. Exploring the potential use of mobile technology on improving medication adherence in medically underserved patients. Submitted to *International Journal of Clinical Pharmacy*.

**Gupta V**, Viswesh V, Hincapie AL. Impact of Supplemental Experiential Summits during Advanced Pharmacy Practice Experiences on Student Perceptions of Preparedness to Provide Pharmaceutical Care.

Viswesh V, Yang H, **Gupta V**. Debates and evidence-based arguments in team-based learning to enhance student competencies (DEBATES). Submitted to *Am J Pharm Educ*.

### GRANT FUNDING

#### *Funded*

Measuring patients' preferences for reminder tools that improve unintentional medication non-adherence: a discrete choice experiment, \$10,000. 2014. Hincapie AL, Bhutada N, **Gupta V**, Kreys, E, Lu L. Role: Co-investigator

#### *Funded and completed*

Impact of a web-based intervention on the awareness of medication adherence, National Consumers League, \$8329. June 6, 2014. **Gupta V**, Hincapie AL, Bhutada N, Frausto S. Role: Principal Investigator

Impact of a web-based intervention on the awareness of medication adherence, National Consumers League, \$4700. October 9, 2013. **Gupta V**, Hincapie AL, Bhutada N, Frausto S. Role: Principal Investigator

#### **NATIONAL POSTERS**

Hincapie AL, Penm J, Vargas C, Avila M, Rover M, Morales F, Villa L, Chinthammit C, **Gupta V**. Evaluating the evidence a Medication Safety research: A Bibliometric Analysis of Latin America (LATAM) scientific research output (2000-2015). International Pharmaceutical Federation (FIP) World Congress, Buenos Aires. August 28-September 1<sup>st</sup>, 2016. (Poster)

Hincapie AL, Penm J, Vargas C, Avila M, Rover M, Morales F, Villa L, Chinthammit C, **Gupta V**. Systematic Review of Medication Errors in Latin America (LATAM). International Pharmaceutical Federation (FIP) World Congress, Buenos Aires. August 28-September 1<sup>st</sup>, 2016. (Poster)

Viswesh V, Yang H, **Gupta V**. Debates and evidence-based arguments in team-based learning to enhance student competencies (DEBATES). TBLC Poster Presentation. Albuquerque, NM. March 3-5, 2016. (Poster)

**Gupta V**, Hincapie AL, Bhutada N, Frausto S. Effectiveness of a Pharmacist's intervention on the awareness of medication adherence importance. American Pharmacists Association Annual Meeting, March 28<sup>th</sup>, 2015, San Diego CA. (poster)

Bouw J, **Gupta V**, Hincapie AL, Assessment of Students' Satisfaction with a Student-Led Team-Based Learning Course: A Qualitative Analysis. American Association of Colleges of Pharmacy Annual Meeting, July 27, 2014, Grapevine TX. (Poster)

**Gupta V**, Kogut S, Thompson S. Evaluation of Differences in Percentage of International Normalized Ratios in Range Between Pharmacist-Led and Physician-Led Anticoagulation Management Services. Presented at ASHP Midyear Clinical Meeting, December 2012, Las Vegas, NV. (Poster)

#### **NATIONAL ORIGINAL RESEARCH PRESENTATIONS**

**Gupta V**, Hincapie AL, Bhutada N, Frausto S. Impact of a web-based intervention on the awareness of medication adherence. So Simple, So Hard: Taking Medication as Directed. Presented results of the research project and participated in a panel discussion regarding local Script Your Future activities. Script Your Future, September 15<sup>th</sup>, 2015, Sacramento, CA. (podium presentation)

#### **LOCAL ORIGINAL RESEARCH PRESENTATIONS**

**Gupta V**, Hincapie AL, Bhutada N, Frausto S. Impact of a web-based intervention on the awareness of medication adherence. Script Your Future Coalition members meeting. December 15<sup>th</sup>, 2014, Sacramento, CA. (podium presentation)

### **BOOK CHAPTER PUBLICATIONS**

**Gupta V.** Hypertension. APhA Pharmacy Library. Pending peer-review. 2016.

**Gupta V.** Angiotensin receptor blockers and calcium channel blockers review of medications. Blueprints in Family Medicine. Pending peer-review. 2016.

## **SERVICE**

### **NATIONAL PRESENTATIONS**

*4/12/2016*      **Gupta V,** Nguyen S. Food insecurity and its impact on healthcare: the pharmacist's role. American Association of Colleges of Pharmacy, Health Disparities and Cultural Competence SIG. April 12<sup>th</sup>, 2016. (Webinar)

### **LOCAL PUBLICATIONS AND PRESENTATIONS**

*05/01/2017*      Roseman University Faculty development day  
Pharmacist's Patient Care Process

*05/2016*      Diabetes: The disease, the signs and the symptoms. Published in "Vegas Inc Health Care Quarterly" in Spring 2016.

*12/2015*      CNU Faculty Development Seminar Series  
Presented the results of the research project "Impact of a web-based intervention on medication adherence". California Northstate University, Elk Grove, CA.

*02/2012*      Coastal Medical, Inc.  
Developed and delivered an in-service for Coastal Medical staff regarding scheduling for controlled substances and laws surrounding prescribing practices

### **ACCREDITED CONTINUING EDUCATION PRESENTATIONS**

*10/2014*      **Gupta V,** Crockell Y. "Introduction to precepting pharmacy students" – CAPE Accredited. Presented to Pharmacists at Oroville Hospital

*06/2012*      **Gupta, V.** "Pharmacotherapeutic management of symptomatic Irritable Bowel Syndrome" – ACPE Accredited. Presented to Rhode Island pharmacists for the "Last Chance Continuing Education" event.

### **NATIONAL & REGIONAL COMMITTEE SERVICE**

*10/2016*      American College of Clinical Pharmacy (ACCP)  
• Endocrine & Metabolism practice research network (PRN)  
    o Research committee

*09/2016*      Nevada Society of Health-Systems Pharmacy (NVSHP)

- Education committee

08/2016

American Association of Colleges of Pharmacy (AACP)

- Council of Faculties – Community of new and Junior Faculty Task Force (Practice and Experiential Subcommittee)
- Health disparities and cultural competence special interest group (SIG)

### **COLLEGE OF PHARMACY COMMITTEE SERVICE**

#### **Roseman University of Health Sciences College of Pharmacy**

09/2015 Community Health Improvement Programs (CHIPs)

08/2016 Assessment committee

01/2016-Present Sub-committee of curriculum committee

#### **California Northstate University College of Pharmacy**

09/2015-12/2015 **Chair** Interprofessional education (IPE) committee

08/2015-12/2015 Residency Advisory Committee (RAC)

08/2014-12/2015 Institutional Review Board (IRB) Committee

07/2014-08/2015 **Chair** of Clinical Faculty Search Committee for the San Diego Hub

05/2014-07/2014 **Vice Chair** – Clinical Faculty Search Committee for Palm Springs Hub

10/2013-05/2014 Clinical Faculty Search Committee member for multiple positions

08/2013-07-2015 **Chair** (2014-2015) Scholarship and Awards Committee

08/2013-07/2014 **Vice Chair** – Library and Learning Committee

08/2013-12/2015 Strategic Planning Committee

08/2012-12/2015 Script Your Future Faculty advisor and liaison

SYF Challenge 2014 – Finalists under the National Medication

Adherence Team Challenge

08/2012-07/2013 Admissions committee

### **COMMUNITY SERVICE**

2012-Present Community service activities listed in Appendix

### **PEER-REVIEWER**

09/2016 American Association of Diabetes Educators (AADE)

07/2016 Patient Education and Counseling (PEC)

07/2015 Journal of Pharmacy Practice (JPP)

06/2015 American Journal of Pharmaceutical Education (AJPE)

07/2014 California Pharmacist

10/2013 Research in Social and Administrative Pharmacy (RSAP)

### **HONORS AND AWARDS**

2015 Faculty Peer Award in Service

2012 The President's Volunteer Service Award