



# North Dakota Society of Health-System Pharmacists

Newsletter: May 2016, Volume 4, Issue 4

## Events

### ☐ June Education Meeting

14 Jun 2016 12:00 PM (CDT)  
•ND BTWAN system, conference call

### ☐ July Networking Meeting - Pediatrics

12 Jul 2016 12:00 PM (CDT)  
•ND BTWAN system, conference call

### ☐ August Education Meeting

09 Aug 2016 12:00 PM (CDT)  
•ND BTWAN system, conference call

Be sure to watch your email inbox for specifics regarding topics and available CE credit for the upcoming education meetings! This information will also be available at <http://www.ndshp.org/events>.

### 2016 NDSHP Summit & Reverse Expo Summary:

In order to continue growth and adapt to our member's needs, NDSHP held its inaugural Summit & Reverse Expo March 3<sup>rd</sup> 2016. The reverse expo portion of this event allowed industry representatives the opportunity to meet with pharmacy leadership throughout the state. The "reverse" part of the expo is a novel concept in which pharmacy leadership served as exhibitors, while industry representatives had the opportunity to move throughout the room and present their products. The summit portion of the event provided NDSHP the opportunity to hold a town hall type discussion about the findings from North Dakota's Pharmacy Advancement Initiative (PAI) results. Attendance at this event was phenomenal. With inpatient pharmacy managers, directors, clinical coordinators, and other health system pharmacists, over 80% of the hospital beds in North Dakota were represented at the event. Feedback from this event was overwhelmingly positive. NDSHP once again thanks everyone for their participation in this event. Cole Helbling, NDSHP Past-President

### A Fresh Look at the ND Pharmacy Convention:

The 131<sup>st</sup> Annual North Dakota Annual Pharmacy convention marked my first pharmacy convention since becoming a licensed pharmacist in the state of North Dakota. It was a fantastic experience and I wanted to take a moment to reflect on the weekend.

To start, I was very impressed by the involvement and progressive practice across the state. This was made evident by sessions on recent legislative changes, student involvement in the community and clinical practice, and discussion about supporting the training of future pharmacists and technicians. Additionally, the awards presented at the banquet Friday and Saturday night, which highlighted pharmacists and pharmacy teams who exemplify best practice, were remarkable. Congratulations to all involved in these initiatives which help patients in our community every day.

Prior to moving to the North Dakota area, I do not believe I had a full appreciation for the pride and loyalty to the state. The excitement to support each other and camaraderie was evident! Many pharmacist and student attendees trained at NDSU and are now lifelong friends. The silent auction was a hit, and the majority of the items contained green and gold. While I'm a Minnesotan at heart, I'm excited to become involved in this pharmacy community and embrace the North Dakota pride. Go Bison!

If you have not had a chance to make the annual convention in the past, I would highly recommend putting it on the calendar now. Thank you to all who organized, presented, and made the conference such a welcoming event for all to learn from one another and to rekindle old friendships. I hope to see you all there next year!

Jodi DeGrote, PharmD, BCCCP  
Pharmacist at Sanford Hospital, Fargo, North Dakota

# Awards



## NDSHP PHARMACIST OF THE YEAR

This year's recipient of the NDSHP Pharmacist of the Year Award is Dawn Mayer, PharmD. She graduated from the NDSU College of Pharmacy in 1998 and completed a PGY-1 Pharmacy Residency at St Alexius Medical Center in 1999. Following the completion of her residency, she joined the pharmacy team at St. Alexius as a Clinical Pharmacist focusing on anticoagulation management. In 2003, she was promoted to the position of Clinical Pharmacy Coordinator. During her years as a pharmacist and leader she has been involved in advancing the anticoagulation management program, improving the Medication Reconciliation process within the organization and in the community, and coordinating the Pharmacy Residency and pharmacy student education program. She's been an integral part of the Pharmacy and Therapeutics Committee, Medication Use preparedness for the Joint Commission and numerous other areas of pharmacy practice. Dawn is very respected and appreciated throughout CHI-St Alexius Health for her exceptional work leading and facilitating multidisciplinary process improvement teams that involve the medication use process. She has an exceptional talent for keeping focus on key issues, problem solving, and follow through. Her strong commitment to the profession and the patients she serves is very evident.

Most recently, Dawn has been instrumental in leading the pharmacy department in the recent build and transition to the Epic electronic health record. Since the transition to CHI-Health, her collaborative work has expanded to working nationally with other pharmacy teams who use Epic within CHI to globally improve the system for the safe, reliable, and efficient use of this tool. She has also been appointed to represent this region on the CHI National Medication Use Evaluation team that works toward process improvement in the medication formulary across all of CHI. She has quickly become recognized by the CHI pharmacy teams across the nation for her knowledge, professionalism, and leadership.

Dawn lives in Bismarck with her family.



Dawn Mayer receiving her award from Carolyn Seehafer at the 2016 ND Pharmacy Convention

## NDSHP BEST PRACTICES AWARD

The recipient of this year's NDSHP Best Practice Award is Monte L. Roemmich, PharmD, BCPS. He graduated from NDSU in 2006, completed an ASHP Accredited PGY1 Residency at Innovis Health in 2007, and obtained board certification in pharmacotherapy in 2011. He has been working as a pharmacist at MeritCare/Sanford Health since 2007. This recipient and his team of pharmacists and student pharmacists initiated a new Ambulatory Pharmacy Practice in an Internal Medicine Medical Home Clinic at Sanford Health Fargo in 2013. There are three key areas of this practice that should be highlighted:

**First: Transition Care Management** The pharmacist and APPE students make follow-up phone calls to patients within 48 hours of discharge from the hospital. This greatly improves transition in care for these Internal Medicine patients, aiding in the effort to reduce readmissions and stops the line of unanswered medication questions following a hospital discharge. Pharmacists are also involved in post-hospital appointments. The pharmacists see all patients that have been discharged from the hospital prior to the post-hospital provider appointment. Significant reimbursement has also been obtained to support their pharmacy practice by doing what we truly are – pharmacist providers.

**Second: Refill authorizations** An identified area of need was conquering medication refill requests to the Internal Medicine Clinics. A Medication Refill Protocol was initiated and currently this pharmacy practice is receiving and authorizing 1000-1300 faxed refill requests each month. Turn-around time for refill authorizations greatly decreases, increasing successful medication refills and increased patient compliance.

**Third: Diabetes Management by Pharmacy** This ambulatory pharmacy practice has received 188 diabetes consults since August 2013 and is initiating and titrating diabetes medications per collaborative agreement. The Average A1C Reduction is -1.52 for patients who meet the inclusion/exclusion criteria of the collaborative agreement.

This practice is notable for its involvement of student pharmacists. Hired student interns are utilized in the procedure of the Medication Refill Protocol and APPE Students are instrumental in the Transition Care Management practice. They are getting hands-on experience and have great accountability with their role in these processes. This team has truly ingrained the last stanza of the Oath of a Pharmacist: "I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists." The team is doing this every day in their practice, and the best part about this: patient care is being hugely positively impacted.

Monte would tell you that it has not been an easy road to develop this practice. Certainly there have been hills and valleys. He and his team have conquered these and stayed true to advancing pharmacy practice for the benefit of patient care... and NOW this is a BEST PRACTICE.

Monte and his wife Kathryn live in Fargo with their two children, Olivia and Elijah.



Monte Roemmich receiving his award from Carolyn Seehafer at the 2016 ND Pharmacy Convention

## PHARMACY PRACTICE LITERATURE AWARD

This year's recipient of the Pharmacy Practice Literature Award is Carlina Grindeland, PharmD, BCPS. She is originally from Blaine, MN and graduated with her Doctor of Pharmacy from North Dakota State University in 2014. She completed a PGY1 ASHP Accredited Pharmacy Practice residency at Sanford Health in Fargo, ND in 2015 and subsequently attained board certification in Pharmacotherapy (BCPS) in December 2015.

She has worked as a pharmacist primarily on the Oncology and Pediatrics teams for Sanford Health since July 2015 and is a rising star among her peers. Related to the nomination for this award, she has gained acceptance of a very noteworthy manuscript, which will contribute significantly to both medical and pharmacy-related literature.

### ***The Citation for this award:***

Grindeland CJ, Mauriello CT, Leedahl DD, Richter LM, Meyer AC. Association between updated guideline-based palivizumab administration and RSV hospitalizations. *Pediatric Infectious Disease Journal*. [Published ahead of print February 2016]

There are several important areas to highlight related to this manuscript. Completing a sequential period analysis during a 1-year residency is relatively "unheard of." This study will not only impress pharmacists but also a wide community of pediatric physicians and guideline-writers who direct the use of palivizumab.

The accepting journal should also be highlighted. The *Pediatric Infectious Disease Journal* has an impact factor of 2.72, which is higher than *Pharmacotherapy* at 2.66, *AJHP* at 1.88, and many pediatric journals.

Nationally, it is without question that this accomplishment puts this recipient among the top pharmacy residency graduates of 2015. Her peers, mentors, and leaders have been impressed by this exceptional work completed by a pharmacy resident.

It is quite clear that she takes pharmacy practice to the next level with evidence based medicine and is compelled to dedicate her career to advancing pharmacy practice for the care of her patients.

Carlina lives in Fargo, ND with her husband Jeremy. In their spare time they are active in their church worship ministry, singing and playing music, running, going to the lake, and she has a side photography business.



Carlina Grindeland receiving her award from Cole Helbling at the 2016 ND Pharmacy Convention

## NDSHP AWARD OF EXCELLENCE IN MEDICATION USE SAFETY

The recipient of this year's Award of Excellence in Medication Use Safety is Wendy Baisch, PharmD. She is a pharmacist who has gone above and beyond in her commitment to creating a culture centered on patient safety. She currently serves as the Patient Safety Officer for Mercy Medical in Williston, North Dakota. In this role, she has been key in establishing protocols and practices throughout her facility, centered on medication safety.

She has been instrumental in introducing the patient safety program, SafetyFirst, to help Mercy Medical become a highly reliable organization with no serious safety events by 2020. She is present in morning safety huddles and updates huddle boards with medication safety tips. Her participation in these events has made her a visible and integral part of the health care team, where she is able to assist with medication questions and medication reconciliation.

Her passion for patient safety is evident to all who know her. She is diligent in her investigation of patient errors by actively performing root cause analysis on events of harm. She provides data to providers and other staff members on medication errors and monitors staff compliance use of smart pumps.

She leads the Safety Coach program and encourages other staff members to be safety coaches by mentoring their peers.

Her work has also led to the implementation of a Joint Camp for total knee replacement patients. Patients are educated prior to surgery on the medications that they will receive, preparing them for what to expect during their stay. Since its inception, Mercy Medical has seen a steady increase in patient satisfaction scores and feels this is a direct correlation to the dedication and commitment that Wendy has demonstrated time and time again.

Wendy is respected by pharmacy staff, nursing staff, providers and administration for her commitment to medication safety.



Wendy Baisch receiving her award from Dave Sandberg

# JOIN US

## **Membership Renewal**

All current NDSHP members should have received an email regarding membership renewal. If you have not yet renewed or updated your membership, please log in to your profile at <http://www.ndshp.org/Sys/Profile> and renew today!

## **Congratulations to Our NEW Officers!**



Cole Helbling, PharmD, BCPS  
Past-President



Carolyn Seehafer, PharmD  
President



Erik Christenson, PharmD  
President-Elect



Amber Olek, PharmD  
Secretary/Treasurer



Maari Loy, PharmD, BCPS, MBA  
Member-At-Large

**Cole Helbling, PharmD, BCPS** has just completed his term as NDSHP president.

Cole Helbling, PharmD, BCPS is the inpatient pharmacy manager at Essentia Health St. Mary's in Detroit Lakes, MN. He graduated from NDSU in 2011 and completed his PGY1 Pharmacy Practice Residency at Sanford Health in Fargo in 2012. He acquired his Board Certification in Pharmacotherapy in 2013. Upon completion of his residency, he continued his pharmacy career at Sanford Health. From 2012 to 2016 he held positions within Sanford with a focus in internal medicine. He served as a preceptor for acute care and ambulatory care PGY1 residency program and IPPE/APPE students. He served as the co-chair on the Heart Failure Committee and served as a pharmacy representative on the SCIP (Surgical Care Improvement Project) Committee and Diabetes Improvement Project Committee. As of June 2016 Cole moved into the inpatient pharmacy manager role at Essentia Health St. Mary's in Detroit Lakes, MN. Cole is past-president of the North Dakota Society of Health-System Pharmacists.

**Carolyn Seehafer, PharmD** is our new NDSHP president.

Carolyn Seehafer is currently the Director of Pharmacy at Trinity Hospitals in Minot, ND. Carolyn received her Doctorate of Pharmacy degree from North Dakota State University in Fargo, ND in 2003. She then went on to complete a PGY1 residency at St. Alexius Hospital in Bismarck, ND in 2004. Upon completion of her residency Carolyn accepted an offer to join Trinity Health and has been employed there for the past 13 years. Initially working as a clinical/staff pharmacist she assisted with the overall decentralized pharmacist expansion plan of the department. She provided education to nursing staff on numerous occasions and was a member of various committees within the hospital. She was then promoted to the Pharmacy Supervisor position in December of 2009 and subsequently stepped into the Director of Pharmacy position in September of 2010. For the past 13 years Carolyn has been one of the hospital experiential preceptors at Trinity Health for North Dakota State University for both APPE and IPPE pharmacy students. In addition, Carolyn is a preceptor of the pharmacy management rotation for the Trinity Hospital PGY1 pharmacy residency program, which was started back in 2012. Carolyn is involved with many hospital committees, which include Medication/Patient Safety, Medication Events task force, Pharmacy & Therapeutics, Diversion committee, Ethics committee, Cancer Care committee, Trauma committee, Antimicrobial stewardship committee, Anticoagulation committee and the Stroke committee. She is also an active member of the state's Quality Health Associates care coordination initiative, with most recent project being the national action plan for prevention of adverse drug events through effective medication therapy management and care coordination.

Carolyn is an active member in both national and state pharmacy associations. She is a member of the American Society of Health Systems Pharmacists and actively participates as a poster reviewer at ASHP midyear as well as is registered to be a reviewer for the American Journal of Health System Pharmacy. She is currently President for the North Dakota Society of Health System Pharmacists. In addition Carolyn is acting President for District II of the North Dakota Pharmacists Association.

**Erik Christenson, PharmD**, is NDSHP's new president-elect.

I'm a North Dakota native hailing from the small town of Harvey, North Dakota. I married my high school sweetheart, Sarah, and we have three wonderful children, Hannah (20), Lauren (18) and Isaac (10). We are very proud of our children. You will have to excuse Lauren however, as she will be attending UND this coming fall. Sarah and I share mutual interests in church, prison ministry, following our children's activities and home remodeling. For sake of clarity, Sarah does not share my passion for farming. We have lived in the community of Rugby for the past 16 years. "Go Panthers!"

Professionally, I took a position at Heart of America Medical Center in Rugby in the summer of 2000 after I completed my pharmacy practice residency at MeritCare in Fargo, ND. I worked as a staff/clinical pharmacist for 5 years at Rugby. At that time I was looking to expand my clinical practice so I then took a job at Trinity Hospital and worked as a staff/clinical pharmacist. I continued to be an active member of the Rugby community during this time and after three years working at Trinity the CEO of Heart of America Medical Center offered me the Director of Pharmacy position. I accepted this position in the spring of 2008. Over the past 8 years we have taken our pharmacy department from one pharmacist and one technician to a department of four pharmacists, five pharmacy technicians and one clerk. We have added numerous services to our community including, pharmacy warfarin management, a retail pharmacy, a 340B program, a hospice pharmacy program, diabetic shoes, vaccination administration and antibiotic stewardship to name a few.

My passion for pharmacy can be expressed in one word "community". I fully believe in the potential for pharmacy practice in rural communities.

Thank you,  
Erik Christenson

**Amber Olek, PharmD**, is continuing in her position as NDSHP's secretary/treasurer.

Hello! I am currently a clinical/staff pharmacist working at CHI St. Alexius Health in Bismarck, ND. I graduated from NDSU in 2011 and completed a PGY-1 Pharmacy Residency here, at St. Alexius. Primarily, my clinical coverage is for our medical and oncology patients. I serve as co-preceptor for our APPE Oncology Rotation and also precept our PGY-1 Residents. Lately, my focus has been on working to improve our chemotherapy process. We are collaborating with nursing staff and the Oncologist group to identify areas of improvement and work toward enhancing patient safety.

I have been the NDSHP Secretary/Treasurer for the past 3 years. I've enjoyed seeing the organization grow and being a part of that change. There is still a lot of work ahead, and I hope to continue to play an active role in enhancing pharmacy practice in our state!

**Maari Loy, PharmD, BCPS, MBA** is the Member-at-Large of NDSHP.

Maari Loy, PharmD, BCPS, MBA is the Member-at-Large of the North Dakota Society of Health System Pharmacists (NDSHP). Maari graduated from North Dakota State University (NDSU) College of Pharmacy, Nursing and Allied Sciences in 2010 and completed her Post-Graduate-Year-One Pharmacy Practice Residency at Sanford Health Medical Center – Fargo in 2011. Maari is a Board Certified Pharmacotherapy Specialist and obtained her Master in Business Administration from NDSU.

Maari is a pharmacist at Sanford Health Medical Center – Fargo. She worked as a Critical Care Pharmacist until 2012. She continues to be a pharmacist at the medical center and works closely with the Critical Access Hospitals within the Sanford Health Network. Maari is involved in Research Pharmacy, Medication Safety, Meaningful Use projects, Electronic Medical Record implementations and precepting pharmacy students and residents.

Maari is an active member of the North Dakota Society of Health System Pharmacists, the North Dakota Pharmacists Association, and the American Society of Health System Pharmacists. Elevating pharmacy practice within North Dakota and this region is a passion for Maari. Strong and consistent pharmacy services within a hospital or health system are an important building block in the care of each patient.

She and her husband Phillip live in Fargo and have two children, Mabel and Jalen.

# THE PHARMACY CAREER YOU'VE DREAMT OF...



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### ***Career Center***

We are excited to announce that NDSHP has a new page on our website - a [Career Center](#)! We have heard this need from our members, and are pleased to provide this service.

There are a few options:

1. Employers can purchase ads to place on this careers page. Contact [admin@ndshp.org](mailto:admin@ndshp.org) for further details and fees.
2. Employers and employees can post on the forum topics on the Careers page, at no cost. You can also subscribe to the forum if you are interested in career postings. You will receive an automatic email message about a new post if you are subscribed.
3. Our newsletter is also an excellent place to post careers. If you are interested in this option, please email [admin@ndshp.org](mailto:admin@ndshp.org) for further details. Our next newsletter will be sent out in August.

Please let us know if you have questions!

# Clinical Pearl

## Updated Recommendations on Duration of Dual Antiplatelet Therapy

By Maren McGurran, PharmD Candidate 2017

Drake University

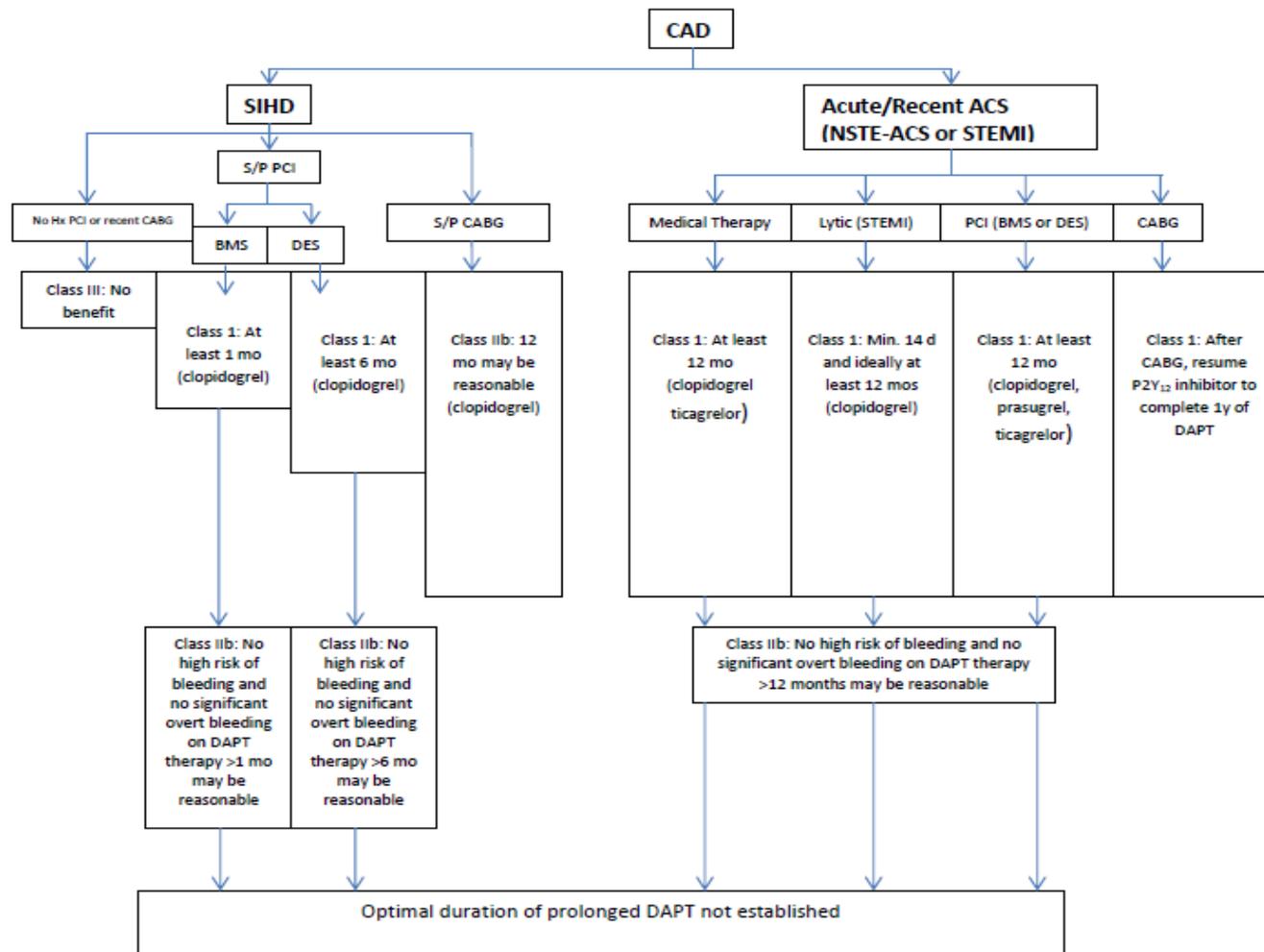
ACC/AHA recently released *2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients with Coronary Artery Disease*. This update was published to revise existing guideline recommendations in accordance with recently published study data pertaining to appropriate duration of dual antiplatelet therapy (DAPT).

This update summarized major findings from studies examining shorter-duration DAPT vs extended-duration DAPT. After analyzing these studies, the update sought to answer if shorter duration vs extended duration DAPT in the following areas:

- (1) Drug eluting stents in acute coronary syndrome or suspected stable ischemic heart disease
- (2) Drug eluting stent
- (3) Post-myocardial infarction (NSTEMI or STEMI), who are clinically stable,

Results in differences in mortality rate, decreased nonfatal myocardial infarction, decreased major adverse cardiac events, and/or increased bleeding.

After review of new literature the following treatment algorithm was established (Figure 1):



**Figure 1. Master Treatment Algorithm for Duration of P2Y12 Inhibitor Therapy in Patients With CAD Treated With DAPT**  
(Adapted from Bittl JA, et al. ACA pg 15)

Clopidogrel is the only currently used P2Y12 inhibitor studied in patients with SIHD undergoing PCI. Aspirin therapy is almost always continued indefinitely in patients with CAD. Patients with a history of ACS >1 year prior who have since remained free of recurrent ACS are considered to have transitioned to SIHD. In patients treated with DAPT after DES implantation who develop a high risk of bleeding (e.g., treatment with oral anticoagulant therapy), are at high risk of severe bleeding complication (e.g., major intracranial surgery), or develop significant overt bleeding, discontinuation of P2Y12 inhibitor therapy after 3 months for SIHD or after 6 months for ACS may be reasonable.

Class I evidence: Strong

Class IIb evidence: Weak

ACS indicates acute coronary syndrome; BMS, bare metal stent; CABG, coronary artery bypass graft surgery; CAD, coronary artery disease; DAPT, dual antiplatelet therapy; DES, drug-eluting stent; Hx, history; lytic, fibrinolytic therapy; NSTEMI-ACS, non-ST-elevation acute coronary syndrome; PCI, percutaneous coronary intervention; SIHD, stable ischemic heart disease; S/P, status post; and STEMI, ST-elevation myocardial infarction.

Increased Ischemic Risk/Risk of Stent Thrombosis (may favor longer-duration DAPT)	Increased Bleeding Risk (may favor shorter-duration DAPT)
<p><b>Increased ischemic risk</b></p> <ul style="list-style-type: none"> <li>· Advanced age</li> <li>· ACS presentation</li> <li>· Multiple prior MIs</li> <li>· Extensive CAD</li> <li>· Diabetes mellitus</li> <li>· CKD</li> </ul> <p><b>Increased risk of stent thrombosis</b></p> <ul style="list-style-type: none"> <li>· ACS presentation</li> <li>· Diabetes mellitus</li> <li>· Left ventricular ejection fraction &lt;40%</li> <li>· First-generation drug-eluting stent</li> <li>· Stent undersizing</li> <li>· Stent underdeployment</li> <li>· Small stent diameter</li> <li>· Greater stent length</li> <li>· Bifurcation stents</li> <li>· In-stent restenosis</li> </ul>	<ul style="list-style-type: none"> <li>· History of prior bleeding</li> <li>· Oral anticoagulant therapy</li> <li>· Female sex</li> <li>· Advanced age</li> <li>· Low body weight</li> <li>· CKD</li> <li>· Diabetes mellitus</li> <li>· Anemia</li> <li>· Chronic steroid or NSAID therapy</li> </ul>

**Table 1.** Clinical and Procedural Factors Associated With Increased Ischemic Risk (Including Stent Thrombosis) or Increased Bleeding Risk. (Adapted from Bittl JA, et al. ACA pg 16)

In summary, each patient’s therapy needs to be individualized based on their increased bleed risk vs increased ischemic risk, which would favor a shorter-duration DAPT or longer-duration DAPT, respectively (Table 1).

Furthermore, included in the update was a table used to calculate a “DAPT Score” (Table 2). A score of ≥2 is associated with a favorable benefit/risk ratio for prolonged DAPT while a score of <2 is associated with an unfavorable benefit/risk ratio. This table can be used to help providers assess the duration of therapy that is appropriate for each individual patient.

Variable	Points
Age ≥75 y	-2
Age 65 to <75 y	-1
Age <65 y	0
Current cigarette smoker	1
Diabetes mellitus	1
MI at presentation	1
Prior PCI or prior MI	1
Stent diameter <3 mm	1
Paclitaxel-eluting stent	1
CHF or LVEF <30%	2
Saphenous vein graft PCI	2

**Table 2.** DAPT Score; Adapted from (Adapted from Bittl JA, et al. ACA pg 17)

This study included information on what P2Y<sub>12</sub> inhibitor is most appropriate. This decision should also be made on a patient-to-patient basis. Studies found that, ticagrelor 90 mg twice daily, compared to clopidogrel 75 mg once daily, results in fewer ischemic complications and stent thrombosis; however, it does increase bleeding. Moreover, it is reasonable to choose prasugrel over clopidogrel for maintenance therapy if the patient is not at high risk of bleeding complications and does not have a history of stroke or TIA.

Therefore, ischemic risk vs bleed risk has to be evaluated, as do other patient factors such as cost and patient adherence.

Overall, the ACC/AHA update on the duration of DAPT stressed the importance of individualizing therapy based on patient-specific factors and weighing the benefits vs risks. Pharmacists should be prepared for differing lengths of DAPT and P2Y<sub>12</sub> inhibitors among patients with coronary artery disease.

Reference: Bittl JA, Baber U, Bradley SM, Wijeyesundera DN. Duration of Dual Antiplatelet Therapy: A Systematic Review for the 2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease. Journal of the American College of Cardiology 2016. doi:10.1016/j.jacc.2016.03.512.

