Telepharmacy: Controversy and Promise

Taylor Steckler¹

Journal of Pharmacy Technology
2016, Vol. 32(6) 227–229
© The Author(s) 2016
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/8755122516670415
pharmatech.sagepub.com

Abstract

Telepharmacy involves pharmacist provision of clinical services at a distance and often includes electronic health record integration, audio-video connections, and increased patient access to pharmaceutical care. With the rapid expansion of this field comes critical questions that need to be answered by forward-thinking people in the profession. These issues include centralized checking workflows, potential reductions in patient counseling, and increased technician independence and responsibilities. If these points can be addressed with the needs of patients at the forefront, telepharmacy is poised to significantly advance access to care.

Keywords

pharmaceutical care, pharmacoeconomics, community practice, electronic information, health care policy

A growing buzzword in the pharmacy community is “telepharmacy.” At its most basic level, telepharmacy involves pharmacists performing clinical services at a distance, connected by electronic health records, audio-video links, or static images. Telepharmacy is growing in popularity largely because of its ability to increase patient access to care. Additionally, a broad variety of services can be provided, from patient counseling to medication reconciliation.¹ If a patient can connect to the Internet, he or she can receive pharmacist consultations and recommendations from anywhere. The other major selling point for expanding telepharmacy services is its potential to free up pharmacists to provide more clinical services. By having remote pharmacists checking prescriptions, on-site pharmacists can spend more time “in front of the counter,” with patients.

Proponents of the practice of telepharmacy feel that it is the optimal way to provide patient care to rural and other medically underserved areas across the country. They believe that the need for telepharmacy is great considering the difficulties in attracting pharmacists to these areas, which are often filled with especially vulnerable populations. Telepharmacy technology allows smaller towns to pool their resources to bring highly trained pharmacists to an underserved area. Once there, practicing in a telepharmacy ensures their professional satisfaction by providing a substantial number of patient interactions while still allowing them to take time off as needed.² Other potential benefits of telepharmacy include restoring access to health care, improving rural physician-pharmacist relationships, and improving economic development in medically underserved communities.¹

The opposition fears that telepharmacy will ruin the profession, or at least the business of running a pharmacy,

especially when neighboring towns are home to a “traditional” pharmacy. Those owners fear that telepharmacies in nearby towns will decrease prescription volume at their store, thereby reducing its viability as a business. Critics of telepharmacy also worry about the increased responsibilities placed on pharmacy technicians as the most senior employees inside of the pharmacy. In addition, patient acceptance of technology and highly variable state laws regarding telepharmacy are large hurdles that need to be overcome to permit its diffusion across the nation.¹ More research is needed in these areas to assuage their concerns. While these matters will need to be resolved before telepharmacy can truly flourish, there is still time for forward-thinking people in the profession to learn about the issues, form their opinions, and ensure telepharmacy is disseminated safely and efficiently.

While the intent of telepharmacy is to increase patient access to care, the potential for misuse of the technology is high. There is fear that large pharmacy chains could use lax telepharmacy regulations to create large call centers, with pharmacists checking via video and counseling on wireless headsets. This is not the pharmacy of the future and certainly not best for the patient. Amid this concern, some states, like Iowa and Wyoming, have rules that require managing pharmacists to be located in a pharmacy.^{3,4} These regulations will help preserve the intent of telepharmacy and pharmacist-patient relationships. However, some states,

¹The University of Iowa College of Pharmacy, Iowa City, IA, USA

Corresponding Author:

Taylor Steckler, The University of Iowa College of Pharmacy, 115 S Grand Ave, Iowa City, IA 52242, USA.
Email: taylor-steckler@uiowa.edu

like Illinois, have more lenient laws that allow managing pharmacists to be in another state, not located in a pharmacy, and not even licensed in Illinois.⁵ Additionally, companies like PipelineRx and Comprehensive Pharmacy Services are offering home-based pharmacists for verification of hospital orders.^{6,7} While this is legal under the rules and regulations of some states, one cannot help but wonder how home or office-based telepharmacy operations could unintentionally hurt patient relationships and the profession. In addition to concerns over security of protected health information, having pharmacists at home could lead to a loss of individual pharmacist-patient relationships and a consolidation of the pharmacist workforce.¹ This logical extension of some telepharmacy regulations would certainly increase patient access, but should only proceed if quality pharmacist-patient relationships can be preserved.

Another major predicament facing telepharmacy involves patient counseling. Using telepharmacy software, declining counseling can be as easy and thoughtless as pressing a button that says "NO." This differs from "traditional" retail pharmacies where patients have to sign a sheet of paper or decline counseling face-to-face. Because it is easier and seemingly less rude, there is a high likelihood that patients will decline consultation more often with telepharmacy. Furthermore, selecting "YES" for counseling on a screen seems like an interruption to the pharmacist. The patients cannot see that the pharmacist is waiting to counsel them and assume he or she is busy with other pharmacist duties. Therefore, they may be more likely to select "NO." No matter the factors at play, it is unacceptable to have patients walk out of a telepharmacy with a new medication and no pharmacist interaction. This leads to a mindset that pharmacists are not needed, especially if no pharmacist is seen during the patient's visit to the pharmacy. This needs to be addressed, either by state boards of pharmacy or individual store owners, to make a policy that all new prescriptions require some face-to-face interaction with a pharmacist. This is crucial because telepharmacies allow pharmacist-patient interactions to occur in communities where pharmacist services had previously not been feasible. Access to a pharmacist provides residents the opportunity to build a connection with a knowledgeable health professional. It is up to pharmacy managers and regulators to ensure that patients see its value. Even if a patient is picking up a new prescription and has perfect understanding of the medication, providing that face-to-face interaction demonstrates pharmacist value and helps establish beneficial relationships.

Another point of controversy pertains to the responsibility of the technician. Pharmacists and owners have concerns with the amount of trust that is placed in the hands of telepharmacy technicians. Without a pharmacist present, technicians are the face of the pharmacy and are responsible for its integrity. While there is some broad oversight by the pharmacist and pharmacy owner, this is a new position for technicians to be

placed in. Despite these concerns, technicians are becoming more experienced in the nuances of pharmacy operations and customer service. Especially considering the new Pharmacy Technician Certification Board requirements for technician certification, technicians are going to become more confident and skilled than ever.^{8,9} With increased training and experience comes more responsibility, and telepharmacy operations are a logical fit for more advanced technicians. This is exemplified in the North Dakota telepharmacy rules and regulations, which require telepharmacy technicians to have at least 1 year of experience as a technician in North Dakota and have graduated from an approved technician education program.¹⁰ These requirements increase the likelihood that technicians will succeed in a telepharmacy setting while also improving patient safety. Determining the right fit is a key role of the pharmacy owner, but if a technician fits these or similar criteria, he or she should be skilled enough for the independence of a telepharmacy store.

As patient experience with telepharmacy increases and the technology improves, some questions will likely resolve and others will arise. It is a new opportunity for pharmacy to grow and merge with technology to benefit patients. Telepharmacies in rural or underserved areas can provide medication therapy management, dispense medications, and fulfill other health care functions for the community. Patients who had to drive long distances or endured lack of pharmacy services will have their lives improved by the advancement of telepharmacy across the nation. In addition to patient benefits, telepharmacy allows pharmacists to expand their role and reach more people than ever. As with any advancement in a new field, there will be growing pains. As potential issues arise, prompt action is needed by boards of pharmacy and progressive pharmacists. These questions need to be answered in a way that allows propagation of telepharmacy across the country while protecting the profession and these especially vulnerable patient populations. When people are ready, the technology is available and telepharmacy is poised to spread throughout the country.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

References

1. Peterson CD, Anderson HC. Telepharmacy. In: Tracy J, ed. *Telemedicine Technical Assist Documents: A Guide to Getting Started in Telemedicine* (Chapter 10). <http://medicine.missouri.edu/telehealth/uploads/getting.started.telemedicine.pdf>. Published 2004. Accessed August 16, 2016.

2. Young D. Telepharmacy project aids North Dakota's rural communities. *Am J Health Syst Pharm*. 2006;63:1776, 1779-1780.
3. General requirements for telepharmacy (IAC 657.9.5). <https://www.legis.iowa.gov/docs/iac/chapter/07-06-2016.657.9.pdf>. Published April 15, 2015. Accessed July 7, 2016.
4. Telepharmacy rules and regulations (WY Stat 33-24-156). http://pharmacyboard.state.wy.us/laws/Chapter_14_Pharmacy_Act.pdf. Published July 6, 2011. Accessed July 5, 2016.
5. Telepharmacy (ILAC 1330.510). <http://www.ilga.gov/commission/jcar/admincode/068/068013300E05100R.html>. Published April 23, 2015. Accessed July 7, 2016.
6. Erickson AK, Yap D. On the line: telepharmacy technology expands hospital pharmacists' reach. *Pharmacy Today*. 2016;22(4):4-5. [http://www.pharmacytoday.org/article/S1042-0991\(16\)00530-2/fulltext](http://www.pharmacytoday.org/article/S1042-0991(16)00530-2/fulltext). Accessed July 7, 2016.
7. Comprehensive Pharmacy Services. <http://www.cpspharm.com/>. Accessed July 7, 2016.
8. Pharmacy Technician Certification Board. PTCB announces certification program changes. <https://www.ptcb.org/about-ptcb/news-room/news-landing/2013/02/27/ptcb-announces-certification-program-changes#.V3-8Q-srLnB>. Published February 27, 2013. Accessed July 8, 2016.
9. American Society of Health-System Pharmacists, Pharmacy Technician Accreditation Commission. Accreditation standards for pharmacy technician education and training programs. <http://www.ashp.org/menu/Technicians/Technician-Accreditation/Accreditation-Standards-for-Pharmacy-Technician-Education.aspx>. Published April 12, 2014. Accessed July 8, 2016.
10. Rule exceptions (NDCC 61-02-08-04). <https://www.nodak-pharmacy.com/pdfs/Lawbook41316.pdf>. Published October 1, 2011. Accessed August 29, 2016.