

# Tele-pharmacy

Improvise, Adapt, Overcome.

# Learning objectives

- Show how tele-pharmacy works
- Describe the tele-pharmacy regulatory environment
- Explain why tele-pharmacy is needed

# Tele-Pharmacy

Albion,  
Indiana



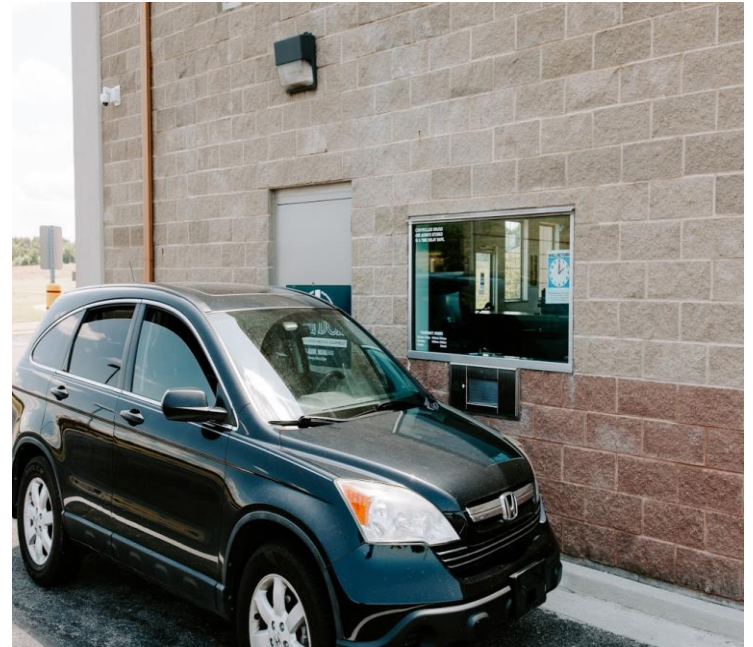
# Population 2,330

## **Albion is the county seat of Noble County**



# Tele-pharmacy in Albion, Indiana

**FIRST LOCAL PHARMACY SINCE 2006**





# How it works

**Supervising Pharmacy**



**Tele-pharmacy**



# Technician at Telepharmacy fills prescription



Taking images of the  
process

# Pharmacist at Supervising Pharmacy reviews images to verify accuracy



The screenshot shows a 'Pharmacist Dashboard' with a search bar and user profile 'ADAM DOE'. The main section is titled 'View Pending Prescription (North Pharmacy)'. It lists several prescriptions:

- LISINOPRIL 10 MG / HCTZ 12.5 MG (Rx 1418269)** - Dispensed 09-17-2014. TAKE 1 TABLET BY MOUTH EVERY DAY. prescriber: Greg Bender, qty: 30, days supply: 30.
- ZOLPIDEM 5 MG (Rx 1418269)** - Dispensed 09-17-2014. TAKE ONE TABLET ONCE DAILY IMMEDIATELY BEFORE. prescriber: Greg Bender, qty: 30, days supply: 30.
- ZOLOFT 50 MG (Rx 1418269)** - Dispensed 09-17-2014. TAKE 1 TABLET ONCE A DAY. prescriber: Greg Bender, qty: 30, days supply: 30.
- ZOLOFT 50 MG (Rx 1418269)** - Dispensed 09-17-2014. TAKE 1 TABLET ONCE A DAY. prescriber: Greg Bender, qty: 30, days supply: 30.

An 'Audit Logs' section shows an entry at 9:08 AM: 'Kent Safrankicki opened prescription.' At the bottom, there is a 'BACK TO DASH' button and a 'Require Consult' checkbox with 'REJECT' and 'APPROVE' buttons.

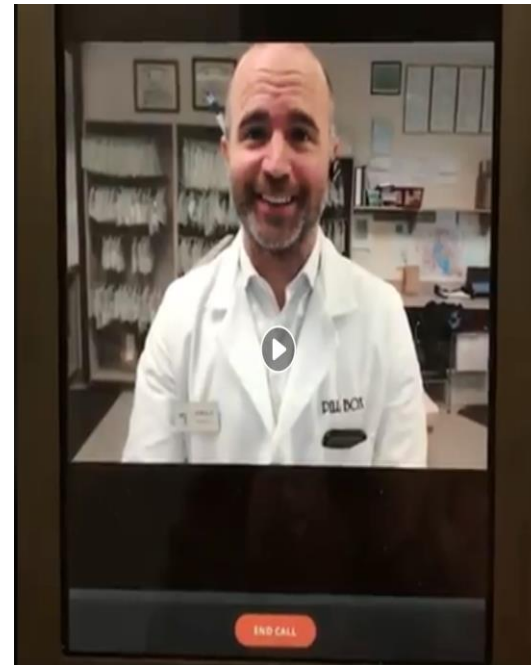
The detailed view of the pending prescription shows the following information:

- TAKE 1 TABLET BY MOUTH DAILY
- LISINOPRIL 10 MG / HCTZ 12.5 MG
- NDC#: 00025-1525-31 2 Refills
- DR. WENDI BECK QTY: 30.000 EA

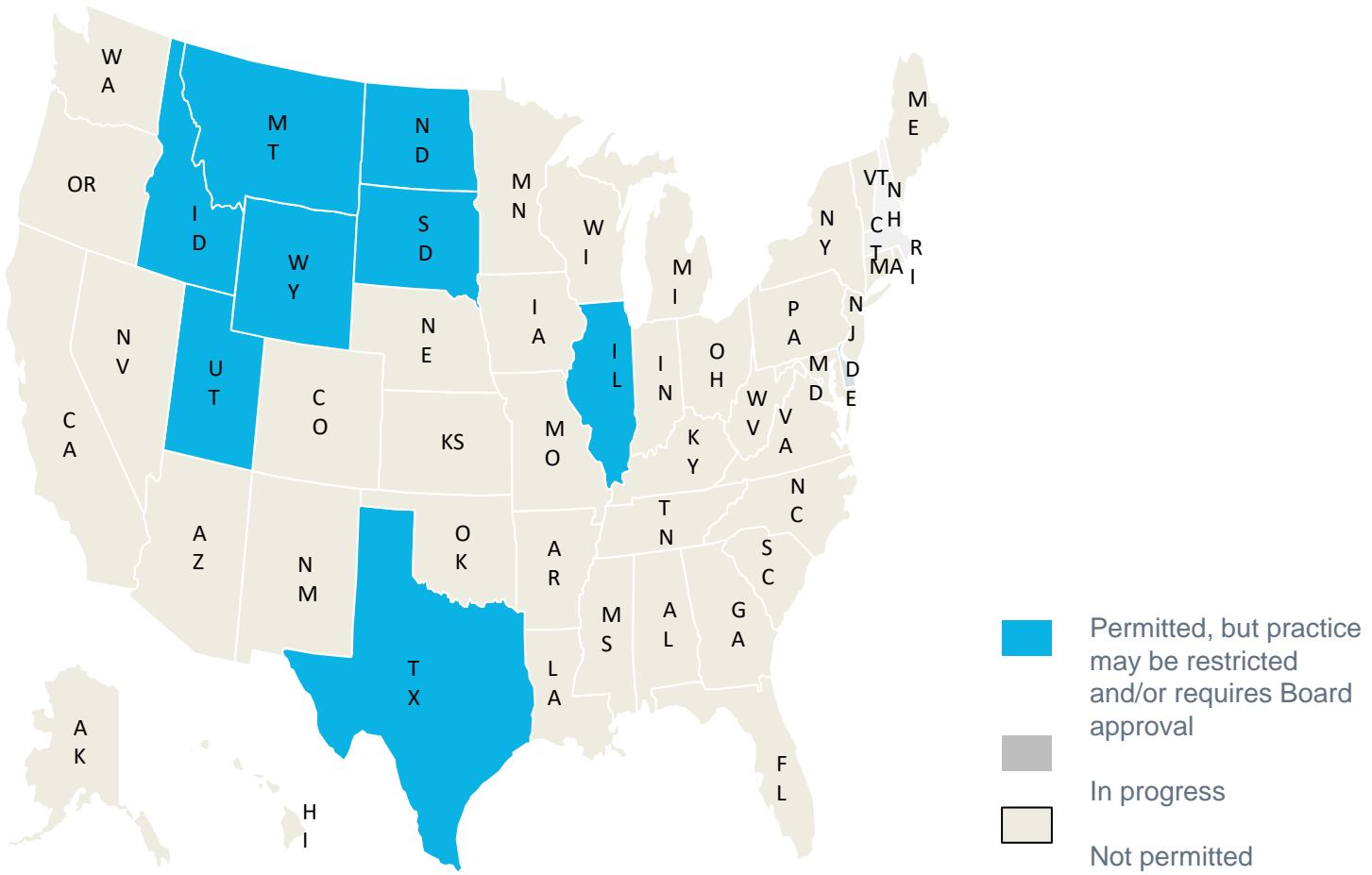
A photograph of a white pill container with three blue, diamond-shaped tablets inside is shown at the bottom right of the interface.



# Patient picks up Prescription at Telepharmacy and Pharmacist counsels with video chat



# Telepharmacy regulations, 2008





# Tele-pharmacy Regulations are fragmented



Pharmacy technician  
certification  
hours/experience



Special rules around  
controls



Limits on number of  
remote sites or  
technicians



Security  
requirements



Mileage restrictions



Technology  
requirements


# Steps to implementing regulations

1. Look for statutory authority – if no statutory authority, must engage legislature
2. Have Board Rules Committee draft rules
3. Board notices rules to the public
4. Public comment period
5. Administrative rules review process & approval
6. Implementation




# Tips to drafting regulations


Look into what other states have for regulation



visit a retail telepharmacy location which is in operation



Understand the landscape in your state



Ensure statutes leave room for administrative rules

# Why do we need tele-pharmacy?

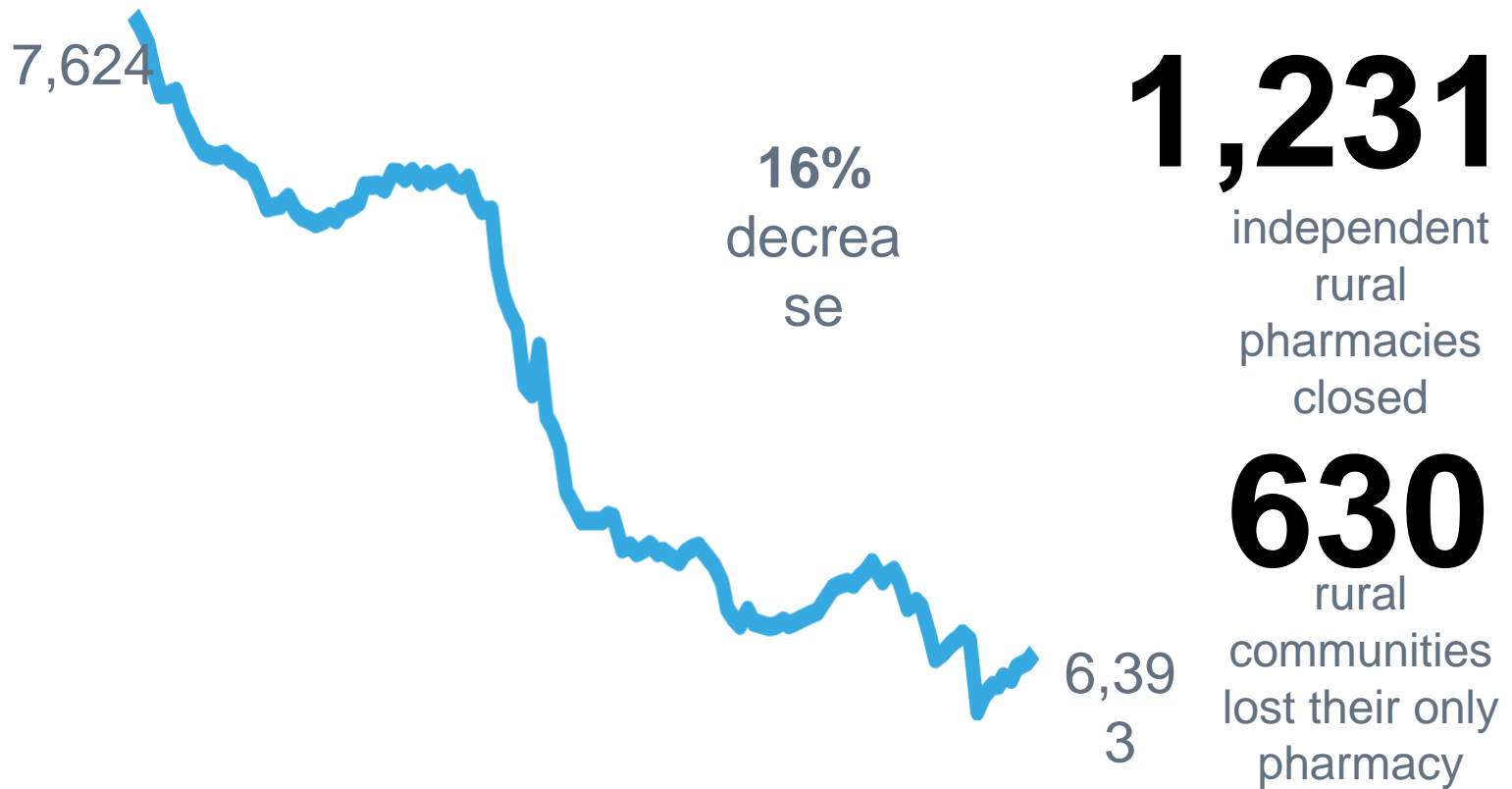
- Pharmacy Benefit Managers (PBMs) continue to take a larger slice the drug plan benefit
- Profit per prescription for community pharmacies declines every year
- PBMs steer patients to PBM-owned pharmacies
- 630 rural communities nationwide that had at least one retail pharmacy in 2003 had Zero retail pharmacies in 2018 \*

\* <https://rupri.public-health.uiowa.edu/publications/policybriefs/2018/2018%20Pharmacy%20Closures.pdf>

# What community pharmacies charge patients and are reimbursed is determined **by a competitor**

- If medication is covered by insurance, the patient's price is set by the PBM, not the pharmacy
- PBMs own or are affiliated with competing retail, mail-order, and/or specialty pharmacies
- PBMs often require or incentivize patients to use the PBM-owned pharmacy

# Independent Rural Pharmacies 2003-2018



# 3 PBMs control as much as 89% of the market: 238 million lives out of 266 million lives<sup>1,2</sup>

- Take-it-or-leave-it contracts
- A lack of transparency in reimbursement pricing
- Underwater reimbursements without recourse
- Retaliatory audits
- Network exclusion
- Prior authorization headaches
- No process for appeals or remedy for unfair practices
- Retroactive fees are unpredictable and often untraceable

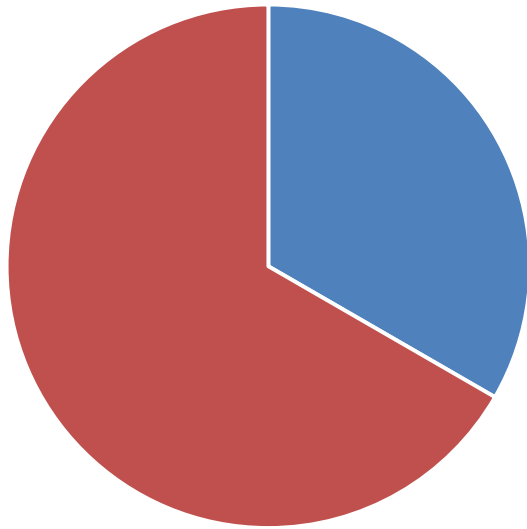
1: Mathematical calculation based on number of covered lives CMS/Caremark, UnitedHealth and ESI self-reported.

2: From testimony of PCMA CEO Mark Merritt before the U.S. House of Representatives Energy & Commerce Committee Subcommittee on Health, December 13, 2017



# How big is the adherence problem?

2/3 of Americans with prescriptions are non-adherent



**\$300B**

U.S. healthcare expenses directly related to non-adherence avoidable costs

# Patients desire convenience



One out of three  
patients fail to fill  
their initial  
prescriptions

**95%** of  
patients

patients filled initial  
prescriptions  
when offered at  
doctor's office

# Access to health care impacts one's overall physical, social, and mental health status and quality of life

Patients visit their pharmacist more than any other healthcare provider

Provider	# visits
Primary care physician	4
Other healthcare providers	9
Pharmacist	35



Source: Pharmacists as Influencers of Patient Adherence, August 21, 2014, Joseph Moose, PharmD, and Ashley Branham, PharmD, BCACP

# Bringing pharmacists back to Rural America

- At the time of the 2010 Decennial Census, almost **60 million** people, about **19 percent** of the population, lived in rural areas of the United States.
- “Telepharmacy helps create a new patient-pharmacist relationship that wasn’t possible before.”
  - ~ Angela Falk, Pharm.D., Sav Mor Pharmacy, an independent pharmacy with fifteen locations spread across Illinois

**Better  
Education  
+ Better Access**

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**Better  
Outcomes**



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