

Telepharmacy booming in North Dakota

By [Sarah Green](#)

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Eight years ago, 27 pharmacies in rural communities in North Dakota were on the verge of closing.

“At that time, the pharmacists were one of the only health care professionals in their area — and they were retiring,” said Charles Peterson, dean of the College of Pharmacy, Nursing, and Allied Sciences at North Dakota State University. “The communities were not able to replace their pharmacists.”

Officials from the school got together with pharmacists and the state pharmacy board to [come up with a plan](#) to make sure residents in rural areas had access to pharmacy services.

“We came up with telepharmacy as a possible solution, and it worked beautifully,” Peterson said. “We did a pilot study in 2002 to see if it would work as a good solution. It worked so well that within six months the state board of pharmacy incorporated it into the state’s rules.”

Today, the state has 72 telepharmacy sites, arranged in a “hub and spoke” model, that provide services to underserved communities, Peterson said, many with populations between 500 and 1,000 residents.

A key to allowing pharmacies to open satellite locations, staffed by pharmacy technicians, was changing a regulation limiting the number of pharmacies an individual could own — similar to most states, he said. The state board of pharmacy agreed to allow an individual to own a primary location and up to four satellite locations.

They also instituted certain rules for telepharmacies:

- Audio-video equipment links pharmacy technicians with licensed pharmacists. Technicians must take a photo of each order to send to the pharmacist, allowing them to see the manufacturers packaging, the patient’s label and an example of a pill from the order. The photo must be archived in case of a future dispute.
- Federal rules require pharmacists to offer a consultation with each order, which customers are allowed to decline. North Dakota law requires all patients who use telepharmacies to consult with pharmacists through an audio-visual link. Customers are not allowed to opt-out.
- Technologists must have at least one year experience filling prescriptions before they may work in a telepharmacy, a stricter standard than anywhere else, Peterson said.

Studies have shown that error rates in telepharmacies are equal to or slightly less than errors made in traditional pharmacies, Peterson said.

The model is gaining national attention.

“We’re excited about the program, and we are looking to help any state interested in implementing a similar program,” he said. “We’ve studied it and have been published in a number of publications. The proof really is in the community — you talk to people, and the patients love it, they say they wouldn’t live without it.”

Kansas ramping up

Kansas is one state that could soon join North Dakota in adopting telepharmacies.

The Kansas Board of Pharmacy has new regulations addressing telepharmacies under review, said Debra Billingsley, the board’s secretary.

A task force has met for the past several years to determine what regulations would best allow the expansion of telepharmacies without hurting existing brick-and-mortar businesses.

“We started hearing from rural communities, even hearing from some physicians or patients in small towns that didn’t have a pharmacy any longer,” she said. “Many of them told us that they had an elderly population, making it even harder for people to get to a pharmacy 30 miles away.”

The new regulations are now being reviewed by state agencies; once the Department of Administration and the Attorney General’s office approve the regulations, a public hearing will be conducted. Billingsley expects the regulations to be finalized by the end of the year.

A separate task force recently began meeting to address telepharmacy operations in hospitals.

The Via Christi Health System based in Wichita is now using a telepharmacy system to approve medications in Manhattan’s Mercy Regional Health Center, which Via Christi owns.

Mark Gagnon, director of ePharmacy for Via Christi, said the arrangement allows a pharmacist in Wichita to review medication orders after the Manhattan pharmacy staff goes home at 8 p.m.

Under Kansas law, a licensed pharmacist has seven days to review a medication order for drug interactions, patient allergies or duplicated treatments, Gagnon said. In hospitals without 24-hour access to pharmacists, nurses review the orders for possible problems.

A patient allergic to penicillin, for example, could be mistakenly prescribed the drug. By the time a pharmacist receives the order several days later, that patient could have already experienced a serious reaction and been transferred to another hospital.

“Studies have shown that having a pharmacist in the process is critical to patient safety,” Gagnon said. “It also frees the nurse up to do what they do best, which is taking care of patients, instead of pharmacy-related duties.”

In addition to the Manhattan hospital, Via Christi expects to expand their ePharmacy system to another of its hospitals, Mt. Carmel Regional Medical Center in Pittsburg, in 2010.

Eventually, once the regulations are in place, the hospital would like to provide access to its ePharmacy system

to other facilities, including the state’s critical access hospitals in rural areas, Gagnon said.

“It’s going to be a big change in language of who can do what, and where you can be located,” he said. “It’s going to expand the opportunity to do new things. It’s going to be tricky to keep up with it from a legislative standpoint, as the technology continues to grow.

“By utilizing the technology and ultimately providing good pharmacy care so the patient gets better, we’ll get better outcomes and improve patient safety. That will be the key goal.”

-Sarah Green is a staff writer for KHI News Service, which specializes in coverage of health issues facing Kansans. She can be reached at sgreen@khi.org or at 785-233-5443, ext. 118.

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