

North Dakota Telepharmacy Project Fills Need

By Carrie Vaughan, for HealthLeaders News, August 1, 2007

When a small-town pharmacist decides to retire or relocate, the community and local hospital face a huge obstacle: recruiting a replacement. Convincing a pharmacist to work in an area where they will be on call 24-hours a day, seven days a week and working with very little backup is not an easy sell, says Ann Rathke, telepharmacy coordinator at the College of Pharmacy, Nursing, and Allied Sciences at North Dakota State University. "We graduate about 80 students a year and they are very sought after," she says. "There is really no way they are going to be drawn to a small rural pharmacy whether retail or hospital when they can get a better [lifestyle] situation and better pay somewhere else." So more often than not, the local pharmacy closes, residents have to travel to a larger town for medications or order them by mail, and the hospital is forced to contract with pharmacists in nearby towns for part-time coverage.

In 2000, the North Dakota Board of Pharmacy discovered that 24 community pharmacies had recently closed and a dozen more were at risk, so the board along with NDSU and the North Dakota Pharmacists Association established the North Dakota Telepharmacy Project, says Rathke. The project began in 2002 and focused exclusively on retail pharmacy settings; however, by 2004 hospital pharmacists decided they wanted to get in on the action. "Hospital pharmacists got wind of this and said, 'You know, we have some problems on our end too, and we think your model--with some tweaking--could really help us out,'" says Rathke. Today, the project has a total of 57 telepharmacy sites, including 44 retail-based and 13 hospital-based.

The program connects a pharmacist to pharmacy technicians in remote locations through videoconferencing technology, a document imaging camera and other devices for privacy protection. The pharmacy technician prepares the medication order, then the pharmacist reviews the order via the videoconferencing technology, provides a mandatory consultation with the patient in a private room (for retail settings only), and dispenses the medication, Rathke explains. The hospital sites use the same equipment, but the pharmacist does not need to do the patient consultation. However, the pharmacist can consult with nurses and physicians when needed.

For hospitals, finding a relief pharmacist in small communities can be costly. This program eliminates that cost and improves patient safety, says Rathke. The program provides backup coverage for about seven or eight hospitals that have a pharmacist on staff. Those pharmacists generally work five days a week, eight hours a day, so this system provides coverage when they are sick or want to take a vacation, she says. The remaining hospitals work with a pharmacist in the community or a nearby community who is pulling double duty providing coverage for multiple settings. For example, one pharmacist has a retail pharmacy, and she covers the local hospital and a veteran's home, Rathke says. "She was being run ragged trying to service all three of these things, so now she can do all her professional work for the hospital or veteran's home or retail from one location." Many community pharmacists have installed the system at home as well, so they can review orders when needed, she adds.

"Even though technology is involved, it is not terribly costly and it is relatively simple," says Rathke. The equipment, installation and one year of connectivity costs about \$18,000 per site. The only ongoing expense is the connectivity, which runs about \$150 per month.

The telepharmacy project's next big goal--aside from adding more hospitals to the program--is to provide 24-hour pharmacy services, says Rathke. Within the next couple of years, the program hopes to add a central site with enough manpower so that a pharmacist would be available 24-hours a day, seven days a week to verify medication orders and do consultations for hospital staff. "In a lot of small hospitals, medications are being dispensed after hours by nonpharmacy staff and The Joint Commission, the Centers for Medicare & Medicaid Services and other regulatory and accrediting bodies are looking very seriously at this situation," Rathke says. "Telepharmacy provides a safe, cost-effective way of making it possible for there to be a medication order review by a pharmacist."

For more information on telepharmacy, see next week's story on Othello (WA) Community Hospital. The 25-bed critical-access hospital provides 24-hour pharmacy coverage to its patients through a telepharmacy project with Sacred Heart Medical Center in Spokane.

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