A NARRATIVE ON THE HISTORY OF THE DEVELOPMENT OF TELEPHARMACY IN NORTH DAKOTA FROM THE BOARD OF PHARMACY'S PERSPECTIVE RECORDED BY EXCERPTS FROM BOARD MINUTES

The topic of telepharmacy was first broached at the January 3-5, 2000, at the North Dakota State Board of Pharmacy meeting– Marvin Malmberg, R.Ph., President

Galen Jordre, R.Ph., Executive Vice President of the North Dakota Pharmaceutical Association (NDPhA) was present to discuss some rural pharmacy initiatives, which some northern Minnesota Pharmacists have been working on. This scenario encompasses a video computer link between a remote dispensing site and a central pharmacy. A technician would be available at the remote site to prepare the prescription under the video review of the central pharmacist. The patient would also be present at the remote site to be counseled by the pharmacist before receiving the medication. This program is in pilot design in Minnesota and might work in North Dakota as well. Also discussed was the possibility that trained Pharmacy Technicians in North Dakota might serve to supervise the pharmacy during the time the Pharmacist might be gone from the pharmacy for short periods. There are several scenarios, such as supervising the pharmacy but not actually dispensing any medications until the Pharmacist returns or in the alternative, Pharmacy Technicians actually handing out the medications and keeping a log which would allow the Pharmacist to contact the patient by telephone immediately upon their return or as soon as possible to be sure that all the information that the patient needs is provided.

Board Members condescended to Executive Director Anderson preparing some satellite rules and Technician enabling rules for the Board's review at a future meeting and perhaps open discussion at the NDPhA Convention.

Our next exposure to telepharmacy came at our May 15-18, 2000, meeting, Marvin Malmberg, R.Ph., President

Pharmacist (Gary) Boehler presented a proposal for a Telepharmacy model, which could be used in the rural areas of ND to continue to make pharmacy services available to communities, which cannot replace their local pharmacist upon retirement.

Pharmacist Karen Fink of Jamestown Hospital asked that the board look at opportunities to support rural hospitals via a telepharmacy link.

Galen Jordre, Executive Vice President of the ND Pharmaceutical Association supported the concept of serving rural communities when possible.

The concept focused around a computer link with a main pharmacy staffed in the traditional manner and a computer, video and audio link with a remote site. The remote site would use the CPU at the main pharmacy and would be staffed by a registered

technician with one year or more of experience who would have inventory at the rural site and prepare the prescription while supervised via the video link. Once the pharmacist at the central site okays the prescription the counseling would be done by the pharmacist via the video and audio link. The consecutive prescription numbers and all prescription records would be maintained at the central pharmacy. Controlled Substances records would also be maintained at the Central Pharmacy.

It was moved by Pharmacist David Olig and seconded by Pharmacist Gary Dewhirst that the Board of Pharmacy do whatever is necessary to make the telepharmacy model happen. A pilot project of up to five sites is envisioned. All Board Members voted aye – motion carried.

After the May 2000 Board meeting, Executive Director Howard Anderson revised the Telepharmacy Rules and the next discussion occurred at the November 2, 2000, Board meeting. Pharmacist Patricia Churchill is President.

Executive Director Anderson presented the second revision of the Draft Tele-Pharmacy Rules. The first Draft revision had been published in the September 2000, Volume XIII, Issue No. 5 (page 11), with the intention of soliciting as much input as possible before the rules proceeded to hearing. The original Draft had also been sent to Mr. John Walstad, Code Reviser of the ND Legislative Council, for his review and suggestions. His comments and suggestions have been incorporated in this second draft. Pharmacists Lance Mohl and Bradley Morrison from Minot attended to express interest in the telepharmacy model and express concern that an investment in a telepharmacy would not be unduly terminated or that once an investment was made, five years might expire without any action. Assurance from the Board was that if the project was working out satisfactorily, the Board would develop a more permanent rule long before the five years were up. Pharmacist Al Schwindt voiced his wishes that the Tele-Pharmacy model be available for hospitals to use when patients are not located in an area which is not convenient to them to come directly to the pharmacy window. Pharmacist Schwindt also expressed his desire that we look for a telepharmacy assist in some of our rural hospitals, where the consultant or employed pharmacist may not be available full time and this could be supplemented by a telepharmacy consultation from a hospital that is staffed 24-hours a day.

Executive Director Anderson indicated that we wanted to keep these rules focused on helping to assist rural pharmacies that are closing, about to close or communities that have lost pharmacy services. It may be advisable to draft a section of this rule specifically for hospital pharmacies or to have a separate section in the Hospital Pharmacy Regulations that address telepharmacy in hospitals.

Pharmacist Dewhirst summarized the feeling of the group, that the weekly visits by the pharmacist were not necessary as long as a monthly inspection was done by visit. It was felt that a weekly visit to the rural site might be to onerous and might impede the ability of some of the central pharmacies to service rural sites.

There was considerable discussion about what constituted a service area and what areas would be allowed telepharmacies. The Board generally felt that Tele-pharmacy is not the first choice in pharmacy services. But, is an attempt to provide some limited pharmacy services to rural areas which would have nothing but mail-order otherwise.

It was the consensus of the group that the Board of Pharmacy should determine the service area on a case-by-case basis and that the Board's determination should be final in this regard.

Pharmacist Olig expressed, "This is not about *convenience* but about *access."*

Mr. David Peske of the North Dakota Medical Association was present and suggested we change the word "Ok" in Operations 4. to "approve." He also suggested that a statement be inserted somewhere in the rule to point out - *"the Board shall be the determiner of the project."*

Some discussion followed about which classes of pharmacy permits could have tele-pharmacies. This will be explored, delineating the pharmacy permit classes that could be allowed to have telepharmacies.

The next step in the process was a telepharmacy rule hearing, which was held at our January 8-11, 2001 meeting. This was the first session in which Dan Halvorson and Alexander Black of IsoRx became involved and gave a presentation to the Board. Pharmacist Larry Taylor, proprietor of Maddock Drug, was present and helped to arrange the IsoRx presentation. You will see in the minutes that Pharmacist Taylor was intimately interested in telepharmacy and looking at the possibility of establishing the first telepharmacy site in North Dakota. *Pharmacist Patricia Churchill is President.*

TELEPHARMACY RULE HEARING

At 1:00 PM President Churchill called the Tele-Pharmacy Hearing to Order as advertised. The meeting began with the demonstration by Dan Halvorson and Alexander Black of IsoRx Inc. (4130 Linden Ave, Ste 305 Dayton OH 45432 telephone (937)254-9980) Mr. Black and Mr. Halvorson had computer hardware and software set up and a video display that demonstrated how the audio and video link would work in a telepharmacy situation. Their system worked over regular telephone lines, though this required the audio and video feeds to be on separate lines. Their system would allow for a picture of the prescription, medication dispensed and the original bottle to be stored in the computer by the prescription number for future access. The pharmacy technician could then enter the data, prepare the prescription under the supervision of the pharmacist on the other end of the audio/video link and the patient could be consulted before the medication was dispensed.

Galen Jordre, executive vice president of the ND Pharmaceutical Association, asked the question about the qualifications of the pharmacy technicians. Discussion followed. The

intention is that the pharmacy technician would have one year of dispensing experience after registration as a pharmacy technician.

Pharmacist David Weber was present as an observer and had no comments.

Pharmacist Larry Taylor, owner of Maddock Drug, expressed that he thought the telepharmacy rule was needed and that he thought it can work. He has been in conversations with IsoRx Inc. and was the individual who arranged the demonstration for the Board. He indicated that he was the only pharmacist in his county (Benson) and it was 40 miles to the next pharmacy, that there were 500 people in the city, with 600 in the outlying area. He also indicated that he would like to see the Rule developed so that the central pharmacy could move. That means that the pharmacist, when he is at the telepharmacy, could then operate as the central pharmacy and the original home pharmacy could be the satellite pharmacy with the technician remaining there. Neither the Board members nor any of the others present had a problem with operating in this manner. In fact, this will allow the pharmacist to visit the remote sites on a weekly basis, while keeping all of the service intact.

It was the consensus that the remote pharmacy could serve as the central site if all other provisions of the Rule were in place.

Pharmacist Rick Detwiller indicated that with the present Rule, the 1,250 square foot physical requirements might cause some restraints in situations where a community had a practitioner clinic but wanted the telepharmacy services. In some of those instances it may be expense to build new construction, but there may be less space than the 1,250 square feet available in a clinic site. He expressed an interest that the option for the Board to make variations in the building standards be included in the rule.

Executive Director Anderson asked; If we allow telepharmacies in rural health clinics, we will inevitably get the question of whether we will allow a nurse in those rural health clinics to dispense. Upon polling those present at the hearing, all present indicated that we should not allow dispensing by a nurse. Certainly, Nurse Practitioners and Physician Assistance who are authorized to prescribe and dispense could perform that task, if medication was available to them. However, their dispensing would be on behalf of their medical services in the clinic and not for the pharmacy.

Ken Strandberg, director of the Pharmacy Technician Program at Wahpeton, stated that he felt the minimum technician requirements should include graduation from an accredited technician program, before registration or allowing telepharmacy services by that technician. He also indicated that a VA Study suggested that Technicians were the source of some medication dispensing errors. Pharmacists do not catch all errors and multitasking increases the potential for errors.

Executive Director Anderson expressed that we would not want to make this overly restrictive, as finding technicians in some of these rural areas could be very difficult to begin with. Technicians who have proven themselves capable of preparing the final

prescription for dispensing and in whom the pharmacist has confidence, should not be precluded simple because they have not been through a formal technician program.

It was agreed that should a technician not be a graduate of a formal technician program (ASHP Accredited), they -- the Pharmacist/Pharmacy -- would need to apply to the Board, giving specifics such as the technician's experience. The rule will say that they had to be a graduate of an approved program, or apply specifically to the Board for approval. It was moved by Pharmacist Dewhirst and seconded by Pharmacist Hanel, to approve the rule as drafted, based on the changes recommended today – pending the Attorney General's approval as to the legality and the expiration of the comment period will be open for another thirty days. On vote by roll call, all Board Members voted aye – the motion carried. The rule will be adopted pending the Attorney General's approval as to the legality and the expiration of the thirty day comment period.

Subsequently at the Board of Pharmacy's April 17-18, 2002, meeting – Pharmacist David Olig, President.

Plans were presented for a Telepharmacy in Killdeer, North Dakota. After review of the plans it was moved by Pharmacist Schlittenhard and seconded by Pharmacist Churchill to approve the Pharmacy Design Plans, pending full application for the Class K Pharmacy Permit to the Board. Four board members voted aye – nays none – motion carried.

Plans were reviewed for a Telepharmacy in Rolette, North Dakota, to be established by Larry Taylor, PharmD of Maddock. It was moved by Pharmacist Hanel and seconded by Pharmacist Churchill to approve the Pharmacy Design Plans, pending full Application for the Class K Pharmacy Permit. Four board members voted aye – nays none – motion carried.

This marks the first approval of a telepharmacy by the Board of Pharmacy in North Dakota.

Howard Anderson
Executive Director
North Dakota Board of Pharmacy
February 2006