

The Benefits of Telepharmacy on Improving Medication Management

Differences Between Telemedicine and Telehealth

Although the terms “telemedicine” and “telehealth” are often used interchangeably, there is a distinction between the two. [Telemedicine](#) refers solely to the provision of healthcare services and education over a distance through the use of communications technology. Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit. Telemedicine technology is frequently used for follow-up visits, management of chronic conditions, medication management, specialist consultations, and a host of other clinical services that can be provided remotely via secure video and audio connections.

The term [telehealth](#), on the other hand, includes a broad range of technologies and services to provide patient care and improve health and the healthcare delivery system as a whole. Telehealth incorporates a broader scope of remote health services, including remote, non-clinical services; provider training; administrative meetings; and continuing medical education. In addition to clinical services, telehealth includes surveillance, health promotion, and public health functions.

In short, all telemedicine is telehealth, but not all telehealth is telemedicine. Both are part of the larger effort to expand access to care, make health

management easier for patients, and improve the efficiency of the healthcare delivery network.

Within the broad category of telehealth, there are many discipline-specific subsets. For example, there are telepsychology or telepsychiatry, telecardiology, teleradiology, teleICU, and teledermatology, which is one of the most common use cases for virtual care. Finally, there’s telepharmacy, which will be the focus of this white paper.

But whether we are talking about telemedicine or telehealth discipline-specific subsets, the goals are essentially the same: Make healthcare more accessible to people who live in rural or isolated communities; make services more readily available or convenient for people with limited mobility, time or transportation options; provide access to medical specialists; improve communication and coordination of care among members of the healthcare team and patients; and provide support for self-management of healthcare.

The Delivery of Telehealth

As noted, the delivery of telehealth services is accomplished using a number of platforms and devices and can be performed in several ways, including the following:

- 1. Video conferencing:** Clinicians are often conquering distance and providing access to patients who are not able to travel by providing appointments using real-time video communication platforms, including the use of video scopes. Video conferencing technology has been used to provide care for inmates, military personnel, and patients located in rural locations for quite some time. Also, suppliers of care and financing, such as Kaiser Permanente,¹ the Defense Department,² and the Department of Veterans Affairs,³ have been leveraging telehealth modalities to increase access to healthcare services and promote better care quality.
- 2. “Store and forward”.** This modality for delivering telehealth services refers to the capture, storage, and transmittals of patient health information for asynchronous healthcare delivery using data storage and transmission technology. Examples include CAT scans, MRIs, X-rays, photos, videos, and even text-based patient data which are gathered and sent to specialists and other members of the care team to evaluate and assist patients in their treatment.
- 3. Remote patient monitoring (RPM).** RPM involves the reporting, collection, transmission, and evaluation of patient health data through devices like wearables, mobile devices, smart apps, and internet-enabled computers. RPM technologies remind patients to complete tasks, such as weighing themselves, and transmit the measurements to their doctors. Wearables and other electronic monitoring devices are being used to collect and transfer vital sign data, including blood pressures, cardiac stats, oxygen levels, and respiratory rates.
- 4. mHealth.** Finally, there’s the category mHealth (i.e., mobile health), which is the use of smartphones and tablets for telehealth. More than 95% of Americans now own cell phones, of which more than 80% are smartphones.⁴ These and other mobile devices can be leveraged to promote better health outcomes and increased access to care. mHealth also refers to healthcare applications and programs used by patients on their smartphones, tablets, and laptops. Such applications and programs allow patients to track health measurements, set medication appointment reminders, and share information with clinicians. Users can access thousands of mHealth applications from asthma to diabetes management tools as well as weight loss and smoking cessation applications.

This is just a snapshot and a partial list of the available telehealth applications. What started off a few years back as a solution to address minor acute problems now plays a significant — and still growing — role across the care continuum.⁵

Benefits of Telehealth

The following are six significant benefits of telehealth.

- 1. Reduces impact of primary care shortage and scarcity of specialists.** Telehealth is allowing patients at smaller, less well-resourced hospitals to gain access to specialists based at larger regional facilities. Telehealth is being widely deployed in rural communities and underserved urban areas to improve healthcare availability.⁶
- 2. Supports provider-to-provider communication.** A significant development is the use of digital and telecommunications platforms among and between care providers. Care teams are enabled through telehealth technologies to more easily share information and collaborate in the treatment of patients. Primary care physicians are also using telehealth platforms to consult with specialists and other providers to promote access for their patients in low provider availability areas.
- 3. Lower Cost of Care.** The cost savings from telehealth has been significant for many organizations. For example, patients enrolled in a telemedicine program at Geisinger experienced 44% lower readmissions over 30 days and 38% lower over 90 days compared to those not enrolled in the programs.⁷ As another example, at Frederick Memorial Hospital, a telehealth program for chronic care patients living at home cut emergency room visits in half, dramatically reduced hospitalizations, and cut overall treatment costs by about 50%.⁸ The American Telemedicine Association finds that telemedicine is currently reducing the cost of

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— Massachusetts General Hospital

managing chronic conditions by about 10% while hospital in-home programs are seeing about 19% savings.⁹

- 4. Improves patient satisfaction.** Patient approval for telehealth may trump in-person provision of care, particularly for patients who live far away from the hospital, have demanding work schedules, or have numerous family obligations.

According to a telehealth study¹⁰ at Massachusetts General Hospital published in the *American Journal of Managed Care*, nearly 80% of study participants said it was easier to schedule a convenient appointment time for telehealth follow-up visit than for a clinic visit. Sixty-two percent of patients in that same study said that the quality of care via telehealth was the same as in-person visits and 21% said that the quality of telehealth visits was superior to in-person visits. Patients also recorded meaningful connections with their providers even when using video visits. Nearly 65% said they had strong personal connections with their providers using telehealth and overall patient satisfaction with telehealth was high. Seventy percent rated their telehealth visits a nine or a 10 on a 10-point satisfaction scale. Furthermore, The Los Angeles County Department of Health

Services began using e-consults in 2012 and found e-consults reduced wait times for 12 different specialties by an average of 17% in just three years.¹¹

- 5. Higher employee productivity.** This point is of particular interest to self-insured employers.¹² Less time getting to and waiting at doctor's offices and emergency rooms means more time in the office to get work done. An immediate impact of telehealth is eliminating the travel time and costs to and from clinics. In addition, time spent waiting at healthcare facilities adds up quickly and takes even more time away from work. Research suggests that,¹³ on average, patients can save more than three hours per office visit when the visit is replaced by telehealth and eight hours per emergency room visit.
- 6. Reduce exposure to others.** Getting appointments to see primary care physicians can take days or weeks. This is sometimes even longer, particularly when scheduling an appointment with specialists. With telehealth, consumers have access to more immediate care, including specialists, allowing illnesses to be identified earlier for faster treatment and recovery. Earlier diagnosis and treatment also help reduce the risk of spreading contagious conditions within office environments.

Telehealth Adoption

Overall telehealth adoption has increased more than three-fold over the past four years and, according to *Harvard Business Review*,¹⁴ 84% of U.S. patients said they would use telemedicine services were they to be available to them. In a

survey,¹⁵ 22% of physician respondents said they have experience with video visits. Among those who have used the technology, 93% said they believed that telehealth improved patient's access to care and nearly three quarters said that it allows both parties to more efficiently use their time.

About 76% of hospitals in this country have fully or partially implemented computerized telehealth systems.¹⁶ That is up from only about 35% in 2010. Sixty-one percent of hospitals have fully or partially implemented remote patient monitoring, up for about 45% in 2015. In the United States alone, the telehealth market is expected to exceed \$16.7 billion by 2025¹⁷ and the global telehealth market is expected to reach nearly \$94 billion by 2026.¹⁸



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Why is telehealth taking off and why now?

Telehealth has been talked about for decades, but the use in healthcare systems and provider organizations has only increased in the past few years. Here are five contributing factors.

- 1. Lower technology costs.** A decade ago, platform licensing and equipment costs were huge barriers to organizations that wanted to launch telehealth initiatives. Teledermatology and teleradiology were early telehealth adopters because the platforms required to review images and render an opinion were not as costly. Furthermore, both specialties were sparse in rural areas. Giving access to them via telehealth filled an important patient access need. But technology that enabled providers and patients to interact in real-time were expensive to implement, and reimbursement was scarce to none. The result was sluggish adoption.

But new, lower cost solutions were made available in the last few years. Platforms such as AmWell, Vidylo, Doctor on Demand, MDLive, and others arrived on the scene. Today, many services can be rendered without the use of special telehealth equipment. Most providers and patients use mobile devices and tablets with applications installed, removing the previous need for specialized — i.e., costly — equipment.

- 2. State approvals of telehealth.** State policy defines what can be considered telehealth for beneficiaries within that given geography, where and how telehealth is covered, and the types of technology services and providers eligible for reimbursement. There has been sweeping changes at the state level over the past several years in favor of telehealth. State boards of medicine and legislatures recognize the benefits of improved access, better care, and reduced costs and have changed their laws accordingly.



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As an example, more than 30 states have payment parity regulations that require commercial payers to reimburse telehealth services at the same rate as face-to-face visits.¹⁹ These laws do not legislate which types of services must be reimbursed, however, or under what conditions. Some follow Centers for Medicare & Medicaid Services (CMS) guidelines while others have established their own.

- 3. New codes and reimbursement changes.** When state legislatures and boards of medicine began embracing telehealth, coverage and reimbursement requirements became clearer and stronger. In 2018, CMS implemented new codes and telehealth coverage.²⁰ In 2019, the agency implemented new codes and incentives for RPM.²¹ As the adage goes, “Where Medicare goes, other payers follow.” Most commercial carriers began covering telehealth services several years ago but, again, the rules and requirements vary considerably. Still, the fact that nearly every commercial and federal payer — as well as the majority of state Medicaid payers — cover at least some

telehealth services has motivated many provider organizations to more aggressively pursue offering them.

Telehealth is currently reimbursed in limited circumstances. Part of that is related to our fee-for-service healthcare environment and the incentives around providing care. At the state level, there are many different policies on coverage, which makes the entire reimbursement space very difficult for the people implementing telehealth to navigate. From the patient standpoint, there is also significant confusion. One insurance company may pay for a service while another may not.

A 2019 NPR survey of more than 1,400 adult patients living in the rural United States found that, "About four in 10 video/email/text/app telehealth patients (41%) say they were charged by their health insurance for their most recent visit, and among those charged, more than one in five (22%) say their health insurance covered none of the bill, while only 14% say their health insurance covered all of the bill."²²

4. Value-based care. The healthcare field is gradually moving from fee-for-service to value-based delivery systems. Success in these new payment models, such as bundling, accountable care organizations (ACOs), and new physician payment models, requires flexibility to deploy telehealth, particularly as a part of care management programs. CMS has shown a willingness to provide waivers while Congress has expanded the ability of some ACOs to use telehealth, but only in limited circumstances.

5. Patient and provider satisfaction. As noted earlier, it's well-established that patients appreciate the convenience of telehealth options. In fact, Kaiser virtual visits have become so desirable by patients that 52% of the organization's more than a 100 million annual patient encounters with company physicians are now virtual visits. A study of Kaiser's video-based telehealth visit found that 93% of patients who responded to the survey said that the encounter met their needs.²³

Concerning provider satisfaction, video visits from a revenue perspective are more efficient than in-person visits. This means that each provider can see more patients during the same period of time. When the service is offered to patients with insurers that reimburse for telemedicine, practices can enjoy revenue growth without the need to add providers, office staff, or office space.

Furthermore, modern telemedicine technology can be used virtually anywhere at any time, giving practices the flexibility to expand office hours or add weekend operations without requiring the physical office to be staffed. Telemedicine also gives providers the option to work from home at least part of the time or see patients outside of traditional office hours. In fact, many providers find that telehealth technology helps them maintain a healthier work-life balance.

Challenges to Telehealth Adoption

What kind of headwinds or challenges has telehealth faced or will continue to face? Let's examine four of the most significant.

1. Reimbursement. The Center for Connected Health Policy identified reimbursement for telehealth as one of the largest barriers to widespread adoption.²⁴ Different payers have different policies. Reimbursable telehealth services under Medicare have been limited by law to professional consultations, office visits, and office psychiatry service services. Other restrictions include the technology used, typically live video, and location where services were provided, namely federally designated rural areas. Less than 1% of beneficiaries use telehealth compared to roughly 12% in the Department of Veterans Affairs' system.²⁵

That is finally changing. In 2019, the CMS physician fee schedule relaxed a few of those restrictions.²⁰ In addition, CMS finalized a law that will pay doctors for virtual visits and included new CPT codes for billing.²⁰ That includes reimbursement for services like brief communications, such as checking in with a patient more than seven days after a professional consultation; remote evaluation of patient-transmitted information provided asynchronously; interprofessional telehealth consultations, including phone and internet and shared views of the EHR; end-stage renal disease clinical assessments provided in all renal dialysis facilities and an individual's home; telehealth treatment of acute stroke; and remote psychologic monitoring.

On the Medicaid side, most plans reimburse for telehealth, but they tend to limit which services are eligible for reimbursement and

only reimburse for services in healthcare facilities and live interactions versus asynchronous. Thirty-one states and the District of Columbia have enacted telehealth private payer laws that require payers to reimburse telehealth services the same as in-person services.²⁴ But, again, those specifics vary widely from state to state and payer to payer.

2. Cross-state licensure. As recently as 2014, most state medical boards required doctors to be licensed in the state in which they see patients, whether in-person or virtually, creating one of the biggest barriers to telehealth utilization. But the Interstate Medical Licensure Compact Commission offers an option to overcome this barrier, with the Commission developing an expedited process that allows doctors with a license in one state to practice in all states belonging to the compact.²⁸ To date, more than two dozen states and Guam have passed legislation adopting the compact.

3. Technology. Industry experts are pushing for a national rollout of 5G wireless networks, which will provide the lightning fast speed they say is required for real-time examination and diagnosis.²⁹

- 4. Security and fraud concerns.** There are big privacy and security risks in telehealth that can adversely affect patients' and clinicians' level of trust and willingness to adopt a system. Consider that a doctor must ensure they're in a location where no one can overhear a virtual visit. Failure to do so could violate HIPAA privacy and confidentiality requirements.

There are also concerns that telehealth devices may collect and transmit the information on activities like substance abuse or whether a house is unoccupied. Smartphone apps can share sensitive data, such as location, with advertisers and other third parties.

Telepharmacy

Telepharmacy is uniquely positioned to solve some of the most vexing problems associated with medication management.

Drug Therapy Monitoring

It's generally very challenging to keep on top of patients and perform drug therapy monitoring and some of its key components. Concerning medication order entry, screening, and verification, oftentimes, especially in hospital situations, there may be centralized pharmacists providing order entry from a telepharmacy perspective. Not only does this help from a quality perspective, but also from an efficiency standpoint. Also, for some hospitals, telepharmacy allows them the ability to staff their pharmacies around the clock.

For some entities performing prior authorization and refill authorizations, telepharmacy can take the form of a pharmacist working remotely with physician clinics and helping those clinics if they have collaborative practice agreements in place. This would permit them to authorize refills. If electronic prior authorizations or other prior authorizations are needed by patients, pharmacists can help take care of some of those issues. Again, they can do so via a telepharmacy solution.

Telepharmacy helps with formulary compliance and helping ensure patients are on the most cost-effective alternative medication. A patient may be on a tier two or three medication. The pharmacist can help switch them to a lower-cost alternative.

Telepharmacy also provides the ability for pharmacists and prescribers to interact more with each other. A pharmacist who can virtually interact with a prescriber in a real-time environment allows the pharmacist to be efficient and work in multiple clinics simultaneously. It also allows the pharmacist to focus on drug therapy problems or answer questions that the physician may have about prescribing factors and other matters that would benefit from pharmacist input.

Telepharmacy allows physicians to work more cost-effectively as well. For some physicians, it can be cost-prohibitive to hire a full-time pharmacist and embed them physically in their location. There can be economies of scale associated with telepharmacy to help keep some expenses down.

Admission, Discharge and, Post-Discharge Medication Reconciliation

Once patients are ready for discharge, counseling them to ensure they understand what medications they are supposed to be going home on and what medications they should stop taking when they get home is critical.

Patients often struggle with discharge counseling. They are often solely focused on getting home, which makes a post-discharge medication reconciliation an essential component in patient safety. Consider you discharge a patient and then follow up with that patient within 24 to 48 hours. There are important questions the patient will need to answer. Were there any issues they had with getting their medications? Were their prior authorizations required that you could have addressed in advance? The goal is to try to remove barriers for patients so that when they arrive home, they are on the right medications and not confused about their new regimen.

It is also important to communicate this information with the patient's primary care provider. This helps ensure that when that patient is seen in the clinic in a transition-of-care model, that physician already knows what's happening with that patient and hopefully issues have been resolved prior to being seen by that physician.

Adherence Management

Adherence management is about ensuring that patients take their medications as prescribed and understand why they are taking those medications. Embracing telepharmacy that uses technology to identify and resolve adherence-related problems can be a major benefit to patients.

Patients will be more adherent with their medication regimens if they understand why they're taking medications. Telepharmacy can help drive adherence and strengthen patient/prescriber relationships as well as ensure if issues arise, the infrastructure is in place to effectively address them.

New medication counseling

Concerning new medication counseling, telepharmacy can be tied into many of the key components discussed earlier. It's a matter of ensuring patients understand why they're taking medications and addressing counseling issues that may have been overlooked when patients picked up medications or any other issues.

The Role of Telepharmacy in Addressing the United States' \$528 Billion Suboptimal Medication Management Problem

The total cost of under-, over-, and misuse of medications has been estimated at \$528 billion annually.³⁰ That's a pretty significant number. If we look at how much money is spent in the United States for prescription use alone, it's \$450 billion.³¹ For every dollar spent on drug utilization, we're spending \$1.17 to reverse the unintended effects of those medications.

As far as the return on investment for drug therapy in the United States, there are several areas of improvement that we must focus on. More money is spent on medications and the reversal of those medications than we are spending on heart disease and cancer combined. These costs are realized through drug-related treatment failures and new medication problems. These issues result in unplanned emergency visits, emergency department visits, hospital admissions, and long-term care admissions, ultimately resulting in roughly 275,000 deaths per year.³²

These are significant statistics, and the healthcare industry as a whole is looking closely at them to ensure that we're getting the best return on investment and that patients are using their medications correctly and understand how to use those medications.

Breaking Down Suboptimal Medication Management

As already established, the United States is spending almost \$530 billion a year on suboptimal medication management. These are related to drug therapy problems, such as adherence failure and new medical problems. More than about half of the events being caused by suboptimal medication issues lead to physician visits, and about a third result in additional medications or prescriptions for those patients. Other costs come from events such as emergency department visits, hospital admissions, and long-term care admissions. Long-term care costs comprise more than half of the \$530 billion cost mentioned above, approximately \$272 billion. An additional third of the costs comes from hospital admissions, approximately \$174 billion. Smaller percentages of the cost come from emergency department visits and physician visits. An even smaller percentage — but still noteworthy — comes from additional prescriptions.³⁰

The Root of the Problem

Costs associated with suboptimal medication are caused primarily by the prescriber and not necessarily nonadherent patients. While adherence is important and is something worth spending time on, analysis of available data indicates that costs are being driven more by suboptimal drug therapies. For example, dose too high, dose too low, inappropriate medication or a wrong drug for a patient or additional drug therapy needed. These suboptimal therapies resulted in about 64% of medication therapy problems or "medication misadventures." We're also looking at an additional 7% due to unnecessary drug therapy.

If we look at that overall cost, \$375 billion is being wasted to prescribers' suboptimal decisions, which is about 71% of that \$528 billion. Non-adherence is about 15% of that. While much focus is given to adherence, it is a fairly small piece the problem and more attention needs to be given to ensuring the patient is on the correct therapy.

What's Really Needed to Help Address Suboptimal Medication Management Problems?

Improving medication management begins with medication experts — trained clinical pharmacists with an understanding of comprehensive medication management — performing ongoing longitudinal care coordination of medication therapies. This can be accomplished using real-time, accurate medication data to understand what has been occurring with the patient at the point of prescribing. Accurate medication data is a tremendously valuable tool when in the hands of telepharmacists.

Comprehensive Medication Management

Comprehensive medication management (CMM) is defined as the standard of care that ensures each patient's medications — prescriptions, non-prescriptions, alternatives, over-the-counter medications, etc. — are individually assessed and it is determined that each is not only appropriate for the patient, but also effective for their medical conditions, safe given any comorbidities and other medications being taken, and can be taken by the patient as intended. CMM includes an individualized care plan that helps achieve the intended goals of therapy with appropriate follow up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and is actively participating in their treatment regimen, thus optimizing each patient's medication experience and clinical outcomes.

CMM also takes care transitions into consideration. Studies have validated that vulnerabilities exist during such transitions. Two literature reviews indicate that variations between medications that patients were currently taking prior to admission and their mission orders range from 30% all the way up to 70%.³³ A study of medication reconciliation errors and the risk factors of hospital admissions noted that 36% of patients had errors in their admission history, but the majority of these occurred during the medication history gathering. More than half of these patients had more than one unintended medication discrepancy at hospital admission. While 61% of these discrepancies had no harm potential, 39% of them had moderate to severe potential to cause harm.³⁴

Difference Between Medication Therapy Management (MTM) and Comprehensive Medication Management (CMM)

Medication Therapy Management (MTM)

Medication therapy management (MTM) is a service born out of the passage of the Medicare Prescription Drug, Improvement, and Modernization Act, part of the Medicare Part D program.³⁵ This was originally an outpatient prescription drug benefit for Medicare beneficiaries. The legislation required that certain Medicare part D patients with chronic illness receive counseling in an effort to control costs and help them better manage the complex aspects of treating their conditions. According to an American College of Clinical Pharmacy leadership paper, MTM is defined as encompassing a range of services provided to individual patients intended to optimize therapeutic outcomes and detect and prevent costly medication problems.³⁶



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Essentially, MTM is a more medication-focused approach to optimizing drug therapy in which pharmacists are engaged to help ensure that an accurate and updated medication list has been provided to that patient. Activities performed during an MTM service may include looking for drug-drug interactions or duplications of therapy, assessing the regimen for less costly medications, and answering patient questions. MTM typically involves a once-annual comprehensive medication review followed by quarterly targeting medication reviews. More recently, MTM services have included medication refill synchronization programs to increase patient convenience while reducing opportunities for missed pickups, which in turn can help improve adherence. MTM is a fee-for-service model for Medicare part D and many commercial payers. The requirements for identifying eligible patients, billing, and documentation for services rendered vary by payer, as do reimbursement rates and pharmacist certification requirements.

In 2014, CMS began requiring that all new Medicare part D plans to incorporate MTM programs into their plan benefits structure.³⁷ Evaluations revealed a mixed outcome, with some studies finding favorable outcomes and others finding no difference between patients who received MTM versus those that did not.

For example, one major study found that MTM programs improve patient's adherence and quality of care for conditions such as congestive heart failure, chronic obstructive pulmonary, and diabetes.³⁸ But it's also indicated a significant performance variation across Medicare part D organizations. As a result, CMS came out with enhanced medication therapy management programs (EMTM) in 2017.³⁹ These programs have three key components: additional flexibility to allow more individual and risk-stratified interventions, prospective payments for more extensive MTM interventions and a performance payment in the form of increased direct premium subsidies for plans that successfully achieve a certain level of reduction in fee-for-service and fulfill quality and reporting requirements.

Comprehensive Medication Management (CMM)

CMM considers the whole patient as opposed to a medication-specific approach to medication management. It considers more than just the medication list. A CMM effort focuses on a patient's clinical and personal goals for therapy rather than relying solely on the knowledge of currently prescribed medications as the baseline for interventions. CMM services encompass a patient's condition, clinical history of interventions tried and failed, past problem lists, clinical notes, lab results, and everything that's identified within a patient's EHR.

With roots in the patient-centered medical home and accountable care (ACO) arrangements, CMM is aptly termed "comprehensive" because it considers each patient's overall condition: their history, co-morbidities, and specialty needs as well as their medications. CMM is fundamentally separate from the pharmacy dispensing role. The program is often set up within primary care or a group practice solution, exclusively for pharmacists to assess patients and deliver medication management services.

To enable this level of patient care, successful CMM programs have established broad, collaborative practice agreements between pharmacists and physician organizations. These written agreements enable pharmacists to address all of the patient drug therapy problems quickly and efficiently while adding, removing, and/or changing medications without physician approval in a manner that's also aligned within the clinical protocols within their collaborative practice agreement.

Conclusion

By reading this white paper, you have hopefully gained a greater understanding of and appreciation for the significant role telepharmacy can play and is playing in improving medication management. If your organization has yet to explore how it can leverage telepharmacy or only scratched the surface, now is the time to begin taking a more aggressive approach toward adding or expanding your usage.

While uncertainty concerning telepharmacy remains, in areas such as reimbursement and security, there is no denying that telepharmacy has the potential to greatly improve the provision of pharmacy services, as has been demonstrated by organizations nationwide. The effective use of telepharmacy is translating to clinical, operational, and financial benefits for organizations and, more importantly, improvements in patient safety and quality of care.

At Cureatr, we witness the value of telepharmacy firsthand every day. We're leveraging telepharmacy services to provide medication management support, supplying organizations and health systems with board-certified clinical pharmacists who assess patients, evaluate medication therapies, develop medication care plans, and handle follow-up and monitoring via our medication platform. The result is the delivery of CMM that optimizes patient outcomes and the coordination of care across providers and settings that helps ensure patients receive the most from their medication regimens.

Telepharmacy alone will not solve the suboptimal medication management problems facing providers today. But it will undoubtedly play a substantial and growing role in efforts to do so.

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