



EDITORIAL

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Telehealth pharmacy practice**Los servicios farmacéuticos telemáticos**Mary Ann Kliethermes¹, Douglas Scheckelhoff²

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The world continues to experience an unspeakable human toll from the COVID-19 pandemic, not only in the suffering of those who have become ill from the virus, but also the stress and sadness experienced by their families and healthcare workers who care for them. An encouraging occurrence, however, was the agility of the healthcare system to rapidly pivot and maintain needed patient care through telehealth modalities. The newfound experience with telehealth utilization has sparked a fresh interest in employing telehealth to address current healthcare challenges such as access to care and sub-optimal follow up and monitoring. Included is interest to use telehealth to address patient medication related needs and broaden access to medication optimization services from pharmacists providing pharmaceutical care.

Remote delivery of pharmacist patient care services is not new. In the United States the Veterans Health Administration has used telehealth to provide healthcare services for well over 20 years to military veterans who reside in their typically large geographical service areas. Their experience, using telephone or audio-video technology, demonstrate either no difference or a significant positive influence on clinical outcomes compared to usual care controls¹⁻⁵. Most outcomes reported were for chronic disease management, ranging from meeting blood pressure goals or blood sugar control to mental health disorders. Other notable results were high patient satisfaction, reduction in no-show visit rates compared to face-to-face scheduling, and benefits in return-on-investment. Since the pandemic the number of publications relaying telehealth experience has escalated, including an *American Journal of Health-System Pharmacy* telehealth theme issue for June 2022 that is currently available virtually on the American Society of Health-System Pharmacy (ASHP) website⁶.

Definition of telehealth

As with other terms and definitions used to describe elements of health care (medication management, adverse drug events, transitions of care) one consensus term or single definition does not exist to describe this modality. Besides telehealth the terms used are Telemedicine, Telepharmacy, virtual health, digital health, eHealth, telecare and mobile health. Unfortunately, each term and definition have their nuances that impede creation of a consensus term and definition. ASHP is adopting "telehealth pharmacy

practice" as an overarching term that best encompasses the many facets of virtual delivery of pharmacists' patient care services⁷.

Benefits of telehealth

A lesson we have learned in navigating the pandemic is that providing care via telehealth on a large scale is feasible and likely provides value. Burgeoning telehealth experience reports and evidence-based studies suggest that patients benefit because of expanded access to needed care, especially for those confined to their homes, residing in rural areas, people with transportation issues or with availability challenges due to work or family. Telehealth increases the options, convenience and the personal time cost needed to receive care, a benefit notable for people burdened with multiple conditions where healthcare visits can consume significant time in their daily lives. Patient satisfaction is improved, at least partially due to pharmacists having direct observation of challenges in the patient's own environment. The better understanding of the patient's unique needs results in better plans of care for self-management and safety around medications in their homes⁸.

The patient care work does not change for the pharmacist providing pharmaceutical care, only the format in how service is provided. By removing access barriers, telehealth enables the pharmacist to provide more reliable and vital patient touches for improved follow-up and monitoring. Team-based care is facilitated through telehealth by allowing multiple providers to concurrently participate in a patient visit or discuss a patient plan of care. Efficiencies can be realized by the removal of physical barriers to co-visits with other healthcare team members, especially when they or the pharmacist are in different geographical spots. As previously stated, telehealth



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can enable pharmacist's decision making in establishing or revising a plan of care through direct observation of the patient's home and social situation. Patient engagement improves as the patient now has greater responsibility in self-monitoring and reporting their health data such as their weight, blood pressure or diabetes control, which improves their knowledge and ultimately health outcomes⁹.

For payers, improved outcomes, improved coordination of care, elevated patient engagement and satisfaction are important metrics which telehealth can provide equivalently if not better for their beneficiaries. We know telehealth is not for every patient but have yet to fully determine which patient characteristics lend themselves to achieving their best care because of telehealth services. Currently the impact on cost savings using telehealth remains uncertain and requires exploration. However, positive cost savings has been reported by some payers^{9,12}.

Barriers to telehealth

Providing telehealth is not without challenges. Prior to the COVID-19 pandemic, telehealth was limited, and the extent of service delivery was highly variable due to uneasiness with this modality of care amongst payers who placed restrictive guardrails to using telehealth¹³. With the pandemic, payment coverage and restrictive rules were reduced to assure patient care was maintained during pandemic closure mandates. To sustain telehealth, especially those patient care services provided by pharmacists, it will be important to maintain current regulations and not to return to restrictive pre-pandemic rules and payment when the pandemic ceases.

Beside burdensome rules and regulations regarding provision and payment of telehealth services, similar barriers exist as to which practitioners can provide services and where they may provide telehealth care. Pharmacists are not universally considered a healthcare provider, thus often left out of conversations on the provision of telehealth services. Yet medication related problems remain a significant and costly blight within the healthcare enterprise¹⁴. Excluding any member of a patient's healthcare team in provision of care, creates siloed, poorly coordinated, and not optimal care. Telehealth opens the possibility of utilizing the best healthcare expertise availa-

ble regardless of their location to meet any patient's care needs. However, current licensure restrictions impeded the ability to practice in another state or country, and limits care to the location of the expert. Universal licensing is burdened with significant local requirement complexity and variability in rules and scopes of practice. In the current environment technology and its benefits has extensively outpaced healthcare practice rules and regulations.

Many advances in technology such as real-time data on physical monitoring, have significantly advance the care of patients, especially the complex patient. Users need to be aware when incorporating this telehealth technology, rigorous attention to patient safety, security, privacy, and interoperability connections is required, as when not optimal patients are exposed to a new set of risk including serious risks. Inequalities in patient technology access, insufficient provider technology infrastructure, and poor technology literacy among those providing and receiving care all are serious barriers that need to be solved to realize the benefits of telehealth. Investments in technology infrastructure and meticulous assessment of patient safety when employing telehealth modalities must be as important a discussion as those promoting telehealth benefits.

Telehealth is a beneficial modality as well to pharmacists practicing within the hospital setting. It enables pharmacists to remotely support hospitals unable to have 24 hours coverage, or without the needed local expertise for pharmacist services. A wide range of pharmacist services may be provided once the geographical barrier is removed. This includes services such as remote order verification, medication review, antimicrobial stewardship and presence on medical teams during inpatient visits done virtually.

Conclusion

Telehealth, because of the pandemic, has proven to be a feasible modality to provide quality care for patients with many different needs. It is heartening to note that in the many published telehealth reports and experiences, there is little to suggest that telehealth fails in the provision of care to patients. Telehealth is a promising tool in our available resources to optimally care for patients, that we should continue to use, research, and advance to achieve the best care of patients possible.

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