



Innovations in Telehealth Services During the COVID-19 Pandemic



Florida Pharmacy Association
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Christopher B. Sullivan, PhD

Introduction to Speaker



Your speaker for this session is:

Christopher B. Sullivan, PhD

Statement of Disclosure:

“I have no vested interest or affiliation with any corporate organization offering financial support of grant money for this continuing education program, or any affiliation with an organization whose philosophy could potentially bias my presentation. Nor does any immediate family member”



CPE Information



Florida Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider for continuing pharmacy education.

This activity offers 1.5 contact hours (0.15 CEU).

Learning Objectives



1. Describe the innovations in telehealth services driven by the pandemic.
2. Compare the innovative regulatory changes that stimulated the growth of telehealth services.
3. Relate physician reimbursement to the uptake of telehealth technologies.
4. Describe the business investment into telehealth services.
5. Explain the changes in patient expectations that enabled greater telehealth participation.
6. Identify the telehealth services that have begun to impact pharmacists.
7. Discuss future telehealth challenges facing pharmacists post-pandemic.

Pre-Presentation Question 1



Are Telehealth and Telepharmacy the same?

- A. Yes
- B. No
- C. Sometimes
- D. Maybe
- E. Don't Know

Pre-Presentation Question 2



Telehealth services during the COVID pandemic remained limited to two-way audio-video interactions between a doctor and patient.

- A. Yes
- B. No
- C. Sometimes
- D. Maybe
- E. Don't Know

Pre-Presentation Question 3



Under revised CMS rules, pharmacists were permitted to bill Medicare directly for medication therapy management over a telehealth connection.

- A. Yes
- B. No
- C. Sometimes
- D. Maybe
- E. Don't Know

Chat Room Discussion



Let's stop here and open the Chat Room for ideas regarding the following question:

- Is there anything *in particular* that you are expecting from this presentation?

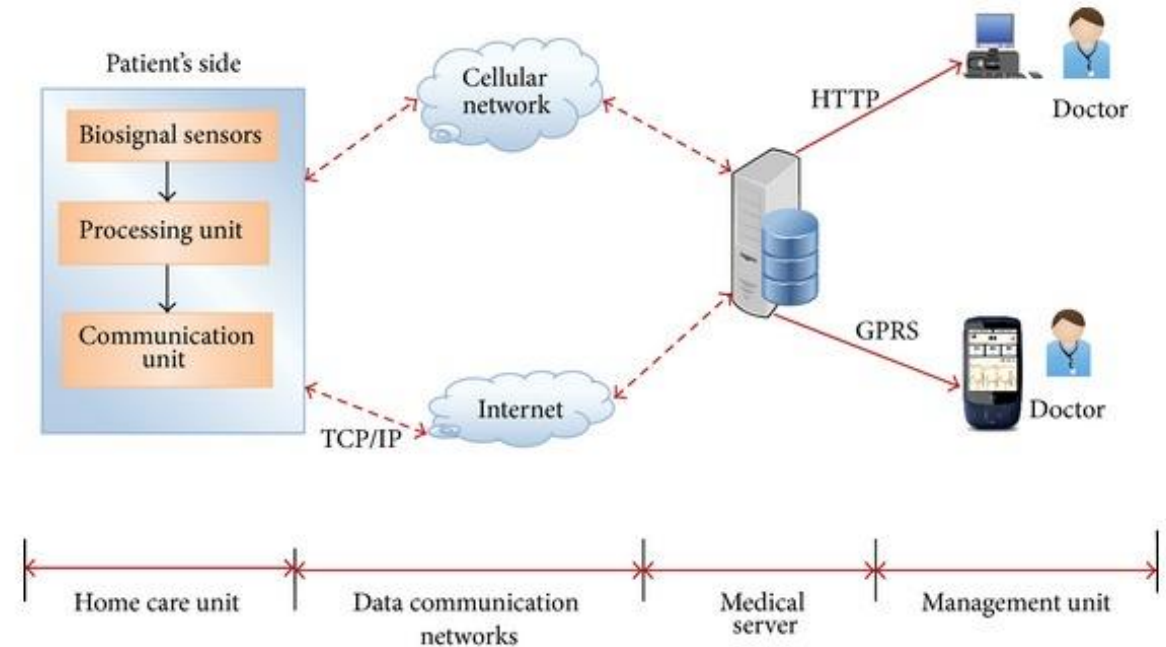
Feel free to send your answer using the chat icon. I'll try to keep up with them and read them back to everyone.

Definition of Telehealth



The Health Resources and Services Administration

- ...the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.



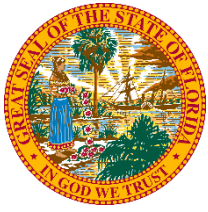
Criteria for Reimbursing Telehealth Services



“Telehealth services” include health care services physicians normally conduct in-person “when they are instead furnished using interactive, real-time telecommunication technology.”



Telehealth means using interactive audio and video telecommunications equipment providing two-way, real time, interactive communication by a physician located at a different site from the recipient



Telehealth in Florida Statute



Florida Legislature, 2019 Telehealth Bill

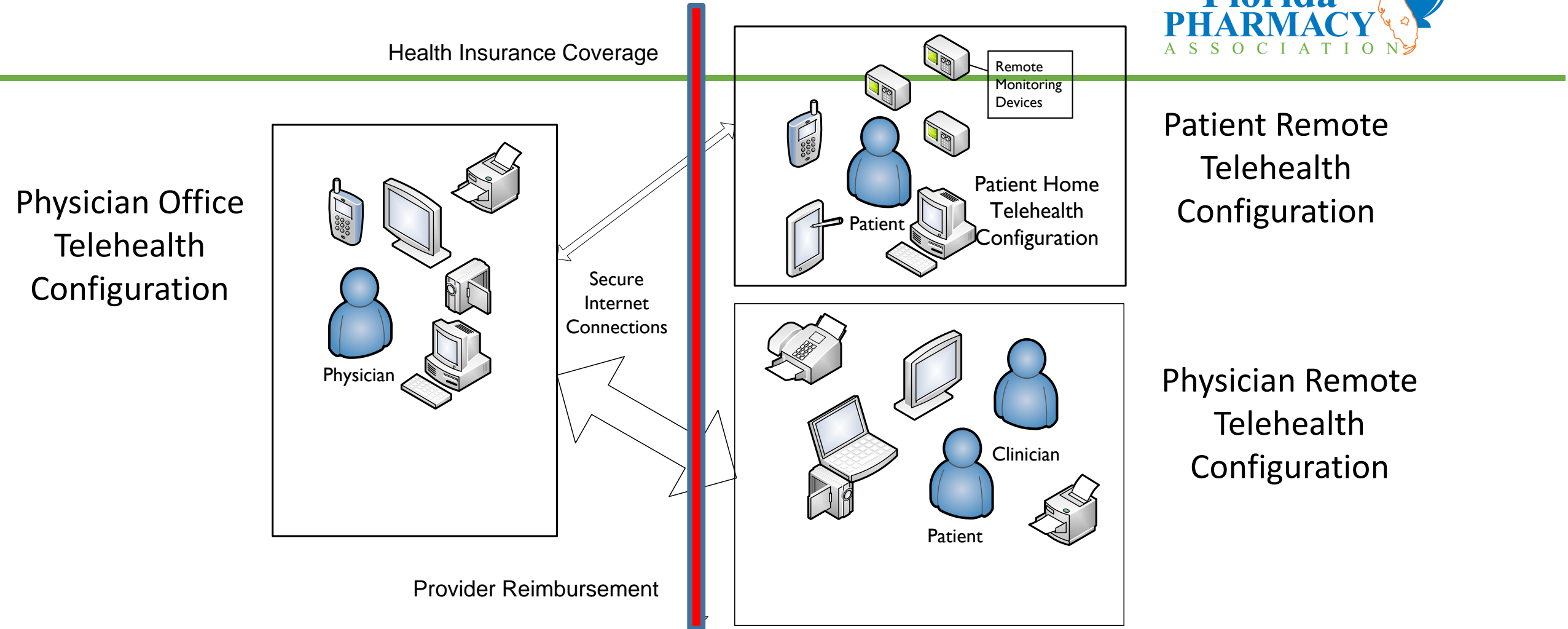
- "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including:
 - Assessment, diagnosis, consultation, treatment, and monitoring of a patient and transfer of medical data
 - Health-related education and public health services
- The term does **not include** audio-only telephone calls, e-mail messages, or facsimile transmissions.

Generally Accepted Telehealth Services



- **Synchronous**, live videoconferencing refers to an interactive consultation between a physician and patient.
- **Asynchronous** store and forward refers to the transmission of diagnostic images for review by a physician at a later time.
- **Remote Patient Monitoring** refers to the use of clinical devices to collect and send data to a home health agency or physician
- **Mobile Health** refers to the use of wireless devices over the Internet to obtain health information and support.
- **Telepharmacy** refers to a pharmacist using telecommunications technology to oversee aspects of pharmacy operations.

Telehealth Model of Engagement



Definition of Telepharmacy



Florida Board of Pharmacy

Florida's Board of Pharmacy does not address Telepharmacy

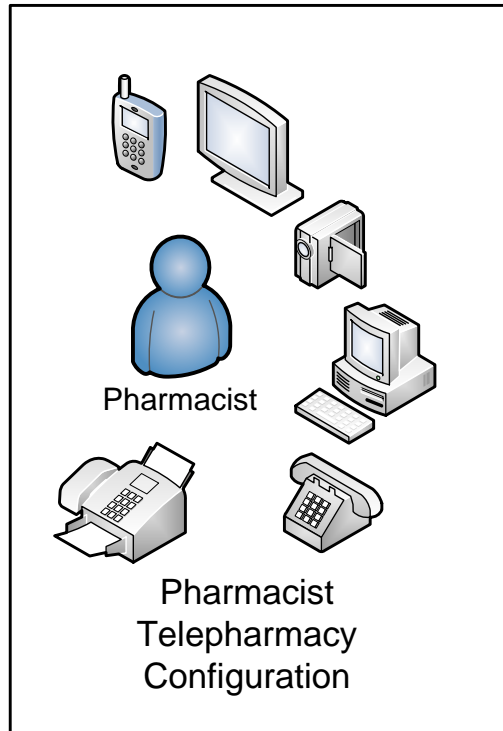
National Association of Boards of Pharmacy

“Practice of Telepharmacy” means the provision of Pharmacist Care Services by registered Pharmacies and Pharmacists located within US jurisdictions through the use of telecommunications or other technologies to patients or their agents at distances that are located within US jurisdictions.

Telepharmacy Model of Engagement



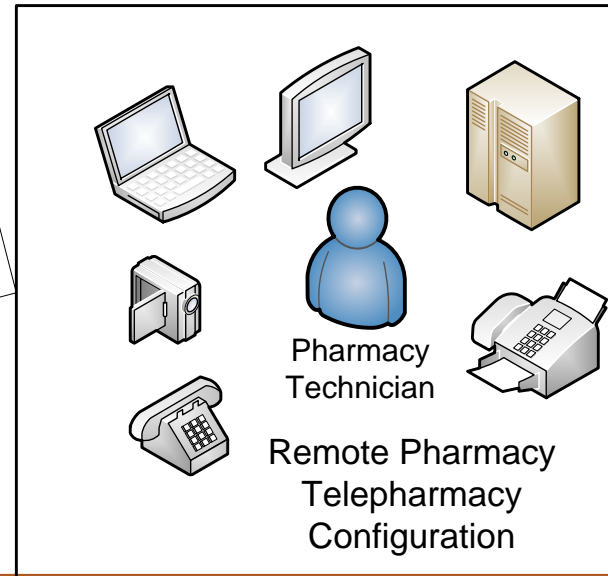
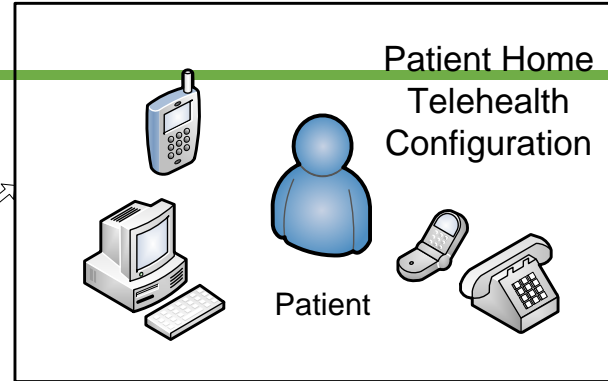
Pharmacy Configuration for Telepharmacy



Incident to requirement for reimbursement



Secure Internet Connections



Patient Remote Telepharmacy Configuration

Pharmacist / Technician Remote Telepharmacy Configuration

Chat Room Discussion

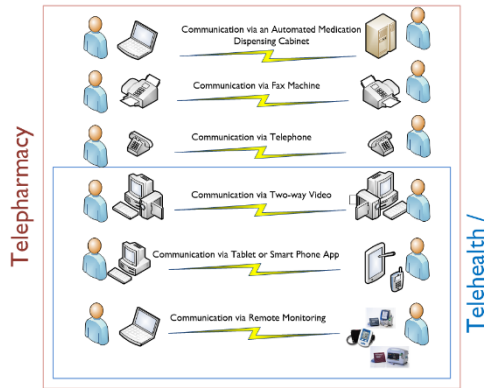


Let's stop here and open the Chat Room for ideas regarding the following question:

- Where is the “Innovation” in Telehealth or Telepharmacy that was driven by the COVID-19 pandemic?

Feel free to send your answer using the chat icon. I'll try to keep up with them and read them back to everyone.

Where's the Innovation in Telepharmacy and Telehealth?



The pandemic-driven innovations in Telehealth were not primarily technological.

- The use of telehealth technologies did increase, but not the basic design of telehealth platforms.

The major innovation appears to be bureaucratic:

- Congress passed the *Coronavirus Preparedness and Response Supplemental Appropriations Act*.
- Medicare changed its reimbursement policies.



Adaptive Change in Medicare Telehealth Rules



The Centers for Medicare & Medicaid Services (CMS) broadened access criteria for Medicare telehealth services.

- CMS applied the 1135 waiver authority from Congress.
- Medicare will now pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence.
- Doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers became able to offer telehealth to their patients – but not pharmacists.

Medicare Telehealth Eligibility



Prior to the 1135 Waiver Medicare could only pay for telehealth when the patient received service in a medical facility in a designated rural area.

- Medicare patients can now access services that generally occur in-person as telehealth services in a medical facility or at home without the rural restriction.
- Providers must use real-time interactive audio and video that permit communication between the distant site and the patient at home.

Adaptive Change in Medicare Telehealth Rules



HHS Office of Inspector General (OIG) decided not enforce administrative sanctions for reducing or waiving coinsurance and deductibles that a patient may owe for telehealth services.

- Medicare will pay for brief communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner.
- Medicare Part B separately pays clinicians for **E-visits**, which are non-face-to-face patient-initiated communications through an online patient portal.

Summary of Medicare COVID-Related Telehealth Services



TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none">• 99201-99215 (Office or other outpatient visits)• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>

Summary of Medicare COVID-Related Telehealth Services



VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none">• HCPCS code G2012• HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none">• 99421• 99422• 99423• G2061• G2062• G2063	For established patients.

Medicare Discretionary Waivers



- HHS decided not to conduct audits to ensure that a prior relationship with a patient existed for telehealth claims submitted during the public health emergency.
- The HHS Office for Civil Rights decided to waive penalties for HIPAA security violations against providers using non-secure channels such as FaceTime, Skype, and Zoom to deliver Medicare telehealth services.
- Doctors can conduct Virtual Check in services by telephone, audio/video, secure text messaging, email, or use of a patient portal.

Billing for Telehealth



Distant site telehealth practitioners can include: physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

- Pharmacists are not included in the practitioners who can bill directly for telehealth services.
- Pharmacists must provide and bill for telehealth services rendered *incident to* services provided by a Medicare-eligible provider.

Florida Medicaid Telehealth Criteria



Telemedicine is the practice of health care delivery by a practitioner who is located at a site other than the site where a recipient is located.

- Florida Medicaid only reimburses for telehealth services that allow two-way, real time, interactive communication between doctor and patient.
- Florida Medicaid reimburses the doctor who is providing evaluation, diagnosis, or treatment at a site other than where the recipient is located.

Florida Medicaid Telehealth During the COVID Pandemic



During the COVID pandemic, Florida Medicaid expanded telehealth services in the fee-for-service delivery system for physicians, APRNs and PAs.

- Expanded telemedicine coverage to:
 - Behavior analysis services
 - Therapy services
 - Specified behavioral health services
 - Early intervention services
- Allowed payment parity for telemedicine services in Medicaid Managed Care.
- Allowed well-child visits to be provided via telemedicine.

Florida COVID-19 Emergency Order Regarding Telehealth



Governor Ron DeSantis issued an emergency order for the pandemic:

To respond to and mitigate COVID-19 effects, health care professionals **not licensed** in Florida were allowed to provide health care services to a patient in Florida via telehealth services.

- This exemption applies only to the following out of state health care professionals holding a valid, clear, and unrestricted license:
 - Physicians,
 - Osteopathic physicians,
 - Physician assistants,
 - Advanced practice registered nurses.

Florida Office of Insurance Regulation Telehealth Memorandum



The Florida Office of Insurance Regulation (OIR) encouraged all health insurers and health maintenance organizations to broaden access to care for telehealth services.

- OIR requested all health insurers and Pharmacy Benefit Managers to transition to an electronic audit process.
- Pharmacy Benefit Managers were strongly encouraged to extend audit deadlines during the public health emergency.

Commercial Payers Reimburse for Telehealth

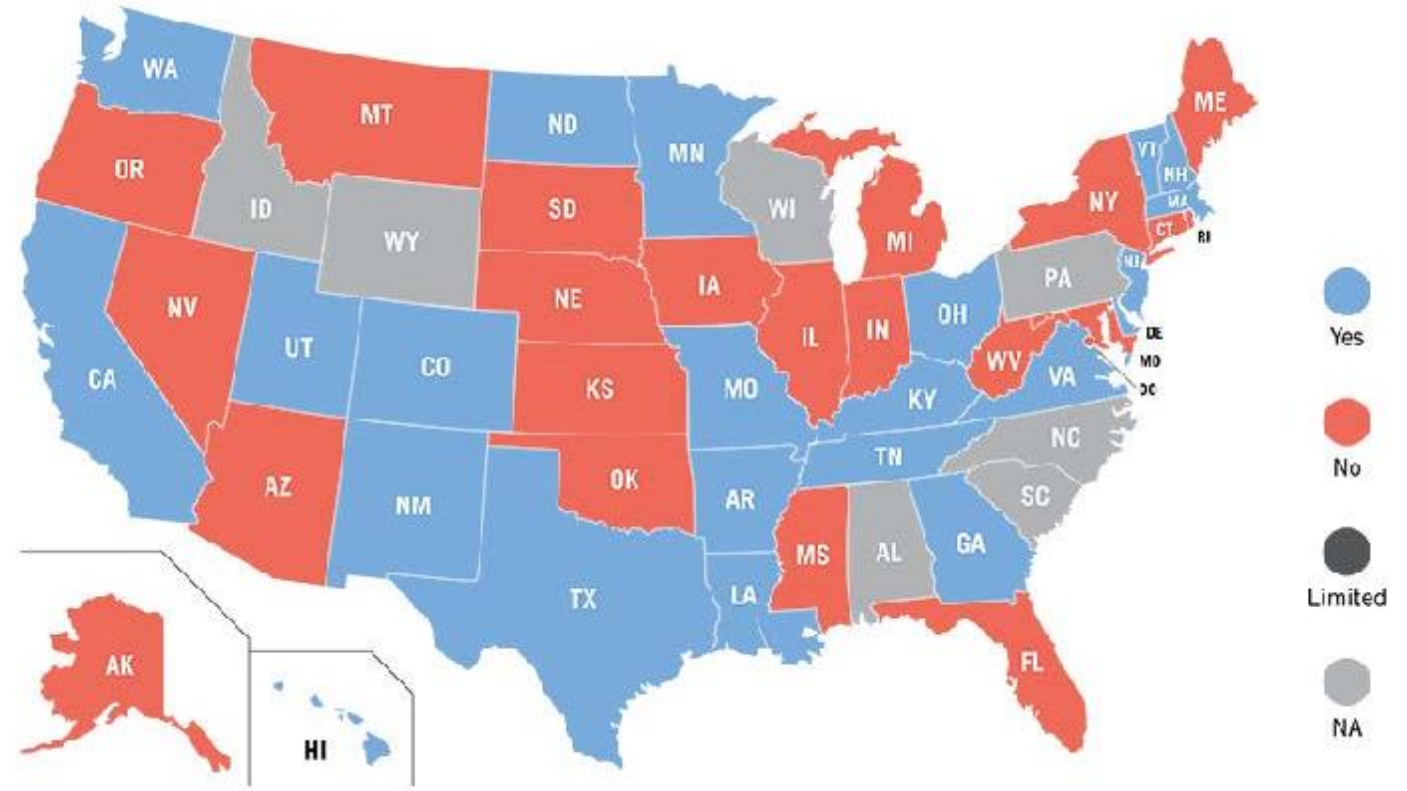


Payer	Telemedicine/Telehealth Updates
Aetna	All member cost-sharing waivers for covered in-network telemedicine visits for outpatient behavioral and mental health counseling services.
Blue Cross Blue Shield Association	Expanded coverage to include waiving cost-sharing for telehealth services for fully insured members with in-network telehealth providers.
CIGNA	Cigna reimbursed virtual care services when services used interactive audio and video internet-based technologies as if the service was provided face-to-face
Humana	Humana encouraged the use of telehealth services. Medicare Advantage benefits included no member cost share for in-network telehealth visits.
United Healthcare	UnitedHealthcare reimbursed appropriate claims for telehealth services based on national reimbursement determinations, policies and contracted rates.

States with Telehealth Provisions in Law



Telehealth coverage laws typically require health plans to cover telehealth services to a member to the same extent the plan already covers the services for that member if the health care was provided through an in-person visit.



Chat Room Discussion



Let's stop here and open the Chat Room for ideas regarding the following question:

- With the telehealth reimbursement changes taking place among federal, state and commercial payers, what happened to telehealth and/or telepharmacy services?

Feel free to send your answer using the chat icon. I'll try to keep up with them and read them back to everyone.

Federal Investment Into Telehealth



In March 2020, the FCC COVID-19 Telehealth Program released \$200 million to eligible health care providers.

- The funding paid for all of their telecommunication services, information services, and devices necessary to provide critical connected care services.
- Another \$249 million was announced in April 2021, as Round 2.



In February, 2021, United States Department of Agriculture released \$42.3 million to provide rural residents with access to health care and educational opportunities

Healthcare Investment in Telehealth



In 2020 digital health ventures saw funding rise by 72% from a record high set in 2018, amounting to \$14 billion invested across 440 deals.

- Telemedicine visits skyrocketed from 1-2% of ambulatory care visits pre-pandemic to 30% of all visits during the pandemic.
- Investment in telemedicine solutions nearly tripled between 2019 and 2020, growing from \$1.1 billion to \$3.1 billion.
- Total funding for Remote Patient Monitoring more than doubled in 2020—from \$417 million to \$941 million.

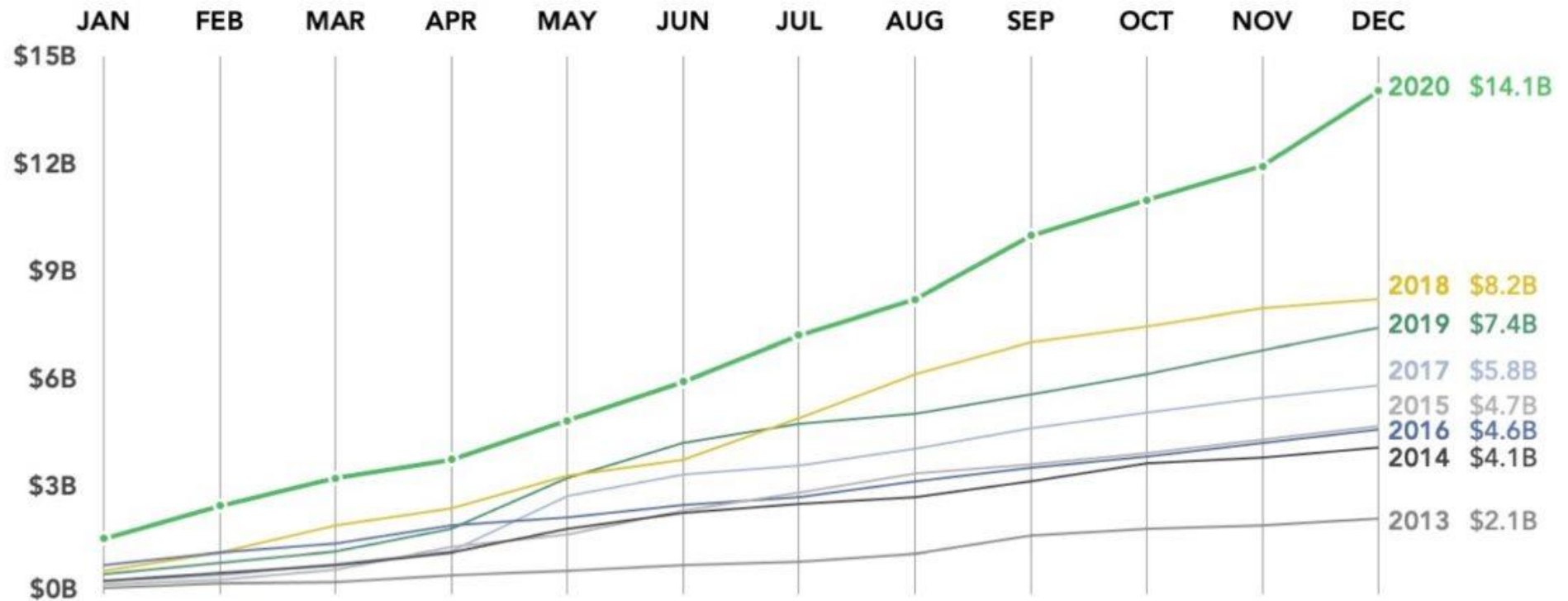
Pandemic Investment in Telehealth



Investment in telehealth increased by 72% in 2020 to \$14.1B, from the previous high of \$8.3B in 2018.

DIGITAL HEALTH VENTURE FUNDING
2013-2020

ROCK
HEAL+H



Note: Only includes U.S. deals >\$2M; data through December 31, 2020
Source: Rock Health Funding Database

Pandemic Investment in Telehealth



40 Mega-deals of over \$100M accounted for 57% of total 2020 investment in telehealth technology and services.

FUNDING, DEALS, AND DEAL SIZE
2013-2020

TOTAL VENTURE FUNDING



AVERAGE DEAL SIZE

\$10.7M

\$13.9M

\$14.7M

\$13.5M

\$15.9M

\$21.5M

\$19.7M

\$31.9M

Note: Includes U.S. deals >\$2M; data through December 31, 2020
Source: Rock Health Funding Database

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Growth of Telehealth Services During the COVID Pandemic

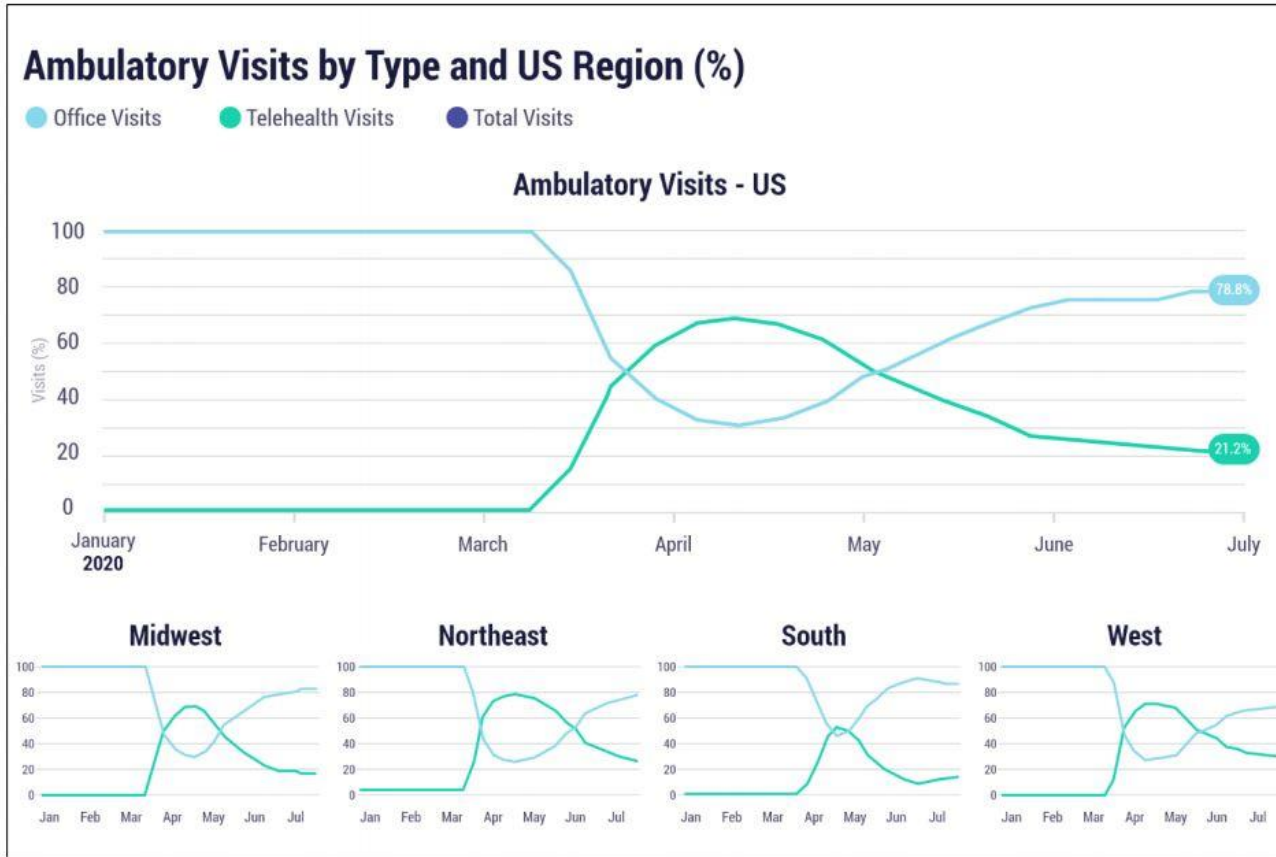


Figure 2. Percentage of office visits and telehealth visits out of total ambulatory visits, grouped by United States region. Regions were grouped according to the Census Regions and Divisions of the United States guidelines.³

Recent EHR data from 37 healthcare organizations show that telehealth volumes peaked in mid-April, 2020

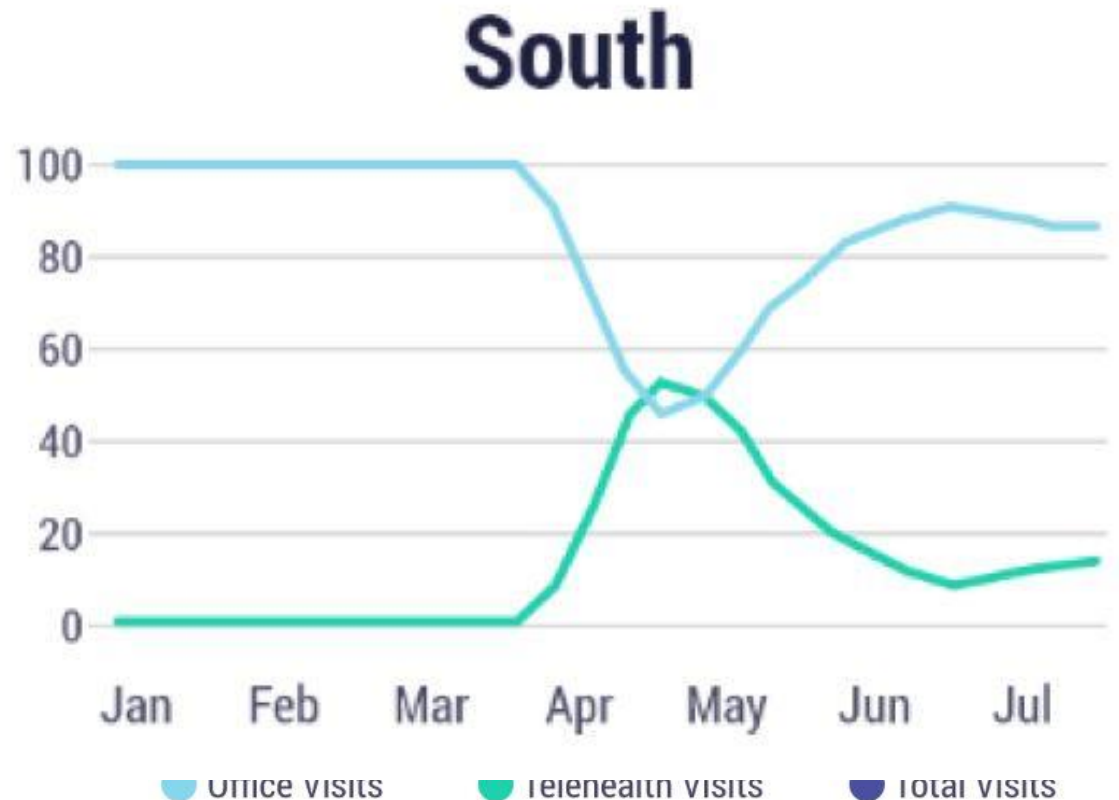
- Telehealth visits made up 69% of total visits.
- By July, 2020, levels had dropped to 21% of total visits.
- But telehealth is no longer at 0%.

Growth of Telehealth Services During the COVID Pandemic



The Southern Region had the lowest percentage of telehealth usage among healthcare organizations.

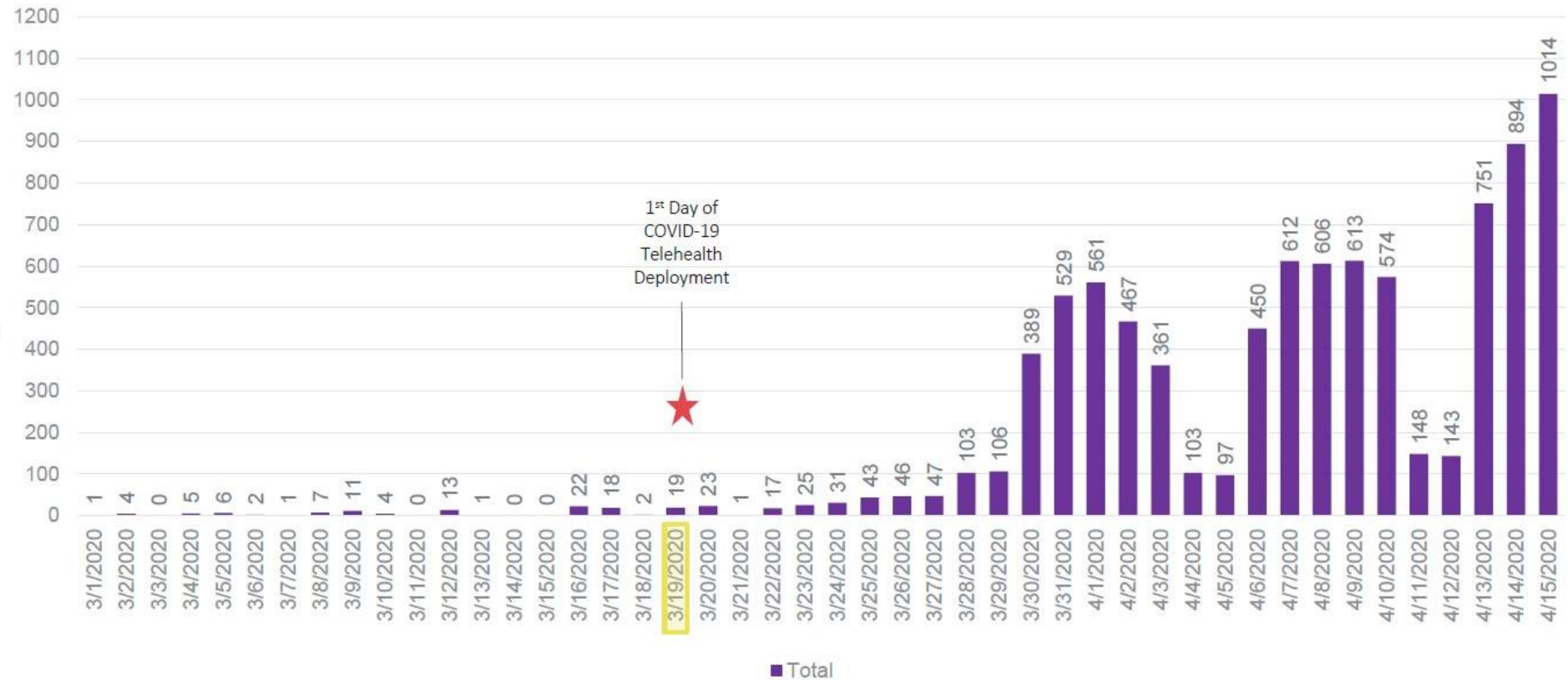
- Telehealth made up 53% of total physician visits by April 2020.
- By July 2020, telehealth visits were down to 13% of total visits.
- But telehealth is no longer at 0%.



New York University Langone Telehealth Activity, April 2020



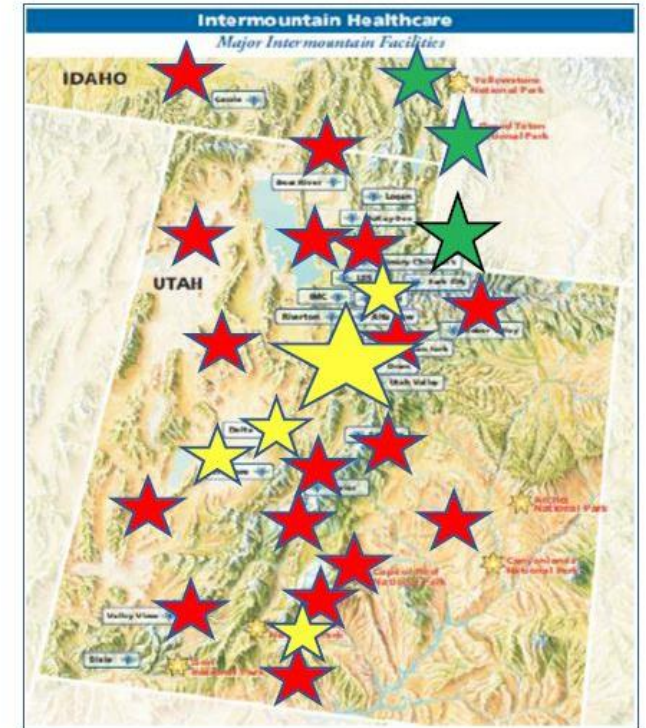
NYU Langone Health video connections during the first month of the pandemic in New York jumped from 19 on March 19 to 1,014 on April 15.



Intermountain Healthcare Telehealth Services

Intermountain Healthcare in Utah increased its telehealth footprint significantly during the COVID-19 pandemic.

- **DAILY Multi-disciplinary/multi-state COVID-19 rounds**
 - Community Hospital Providers
 - Care Managers
 - Tele-ID physician
 - Tele-ID pharmacist
 - Tele-Critical Care Physician
 - Research Coordinators
- **Subject matter expertise to include:**
 - Current therapeutics
 - Standardized review for hospital transfer
 - Eligibility for clinical trials
- **Structured aggregate COVID-19 Workflow and Review**
- **Realtime decision making**



Intermountain Healthcare Telehealth Technical Platform



Intermountain Healthcare already had an extensive telehealth network prior to the COVID pandemic.

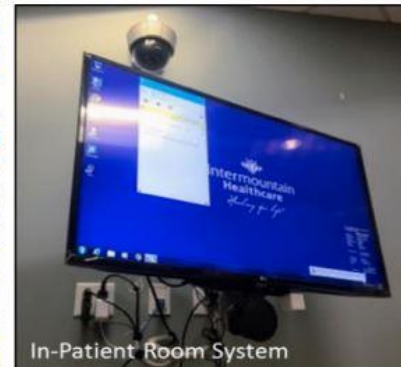
Telehealth Infrastructure

PSM



Fall Risk
60 Locations

Room Kits



1100 installed
50 locations

Mobile



150 installed
40 locations

Interpretation & Family Calls



950 installed
24 locations

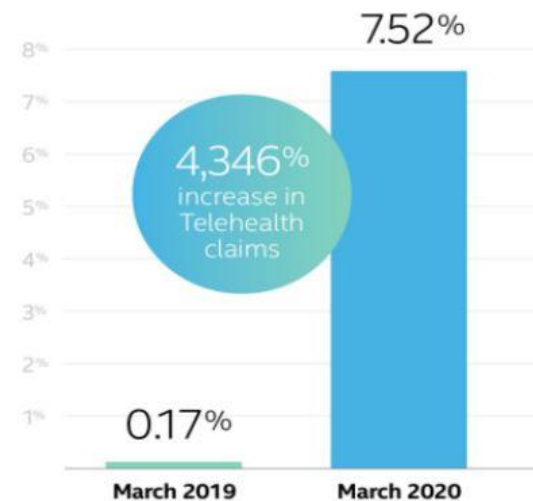
Intermountain Healthcare Telehealth Claims Increasing



Intermountain Healthcare found its telehealth usage increased by 4,346% in 2020 from the previous year.

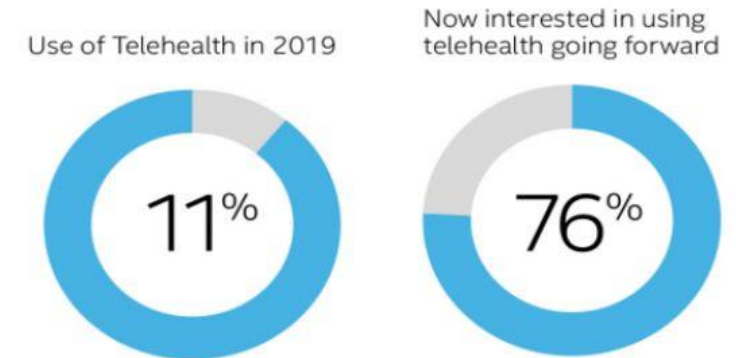
COVID and the Acceleration of Telehealth Use/Acceptance

Telehealth claims have skyrocketed



Source: FAIRHealth

COVID-19 has changed attitudes towards telehealth



Source: McKinsey

<https://www.intel.com/content/www/us/en/corporate-responsibility/covid-19-telehealth-article.html>

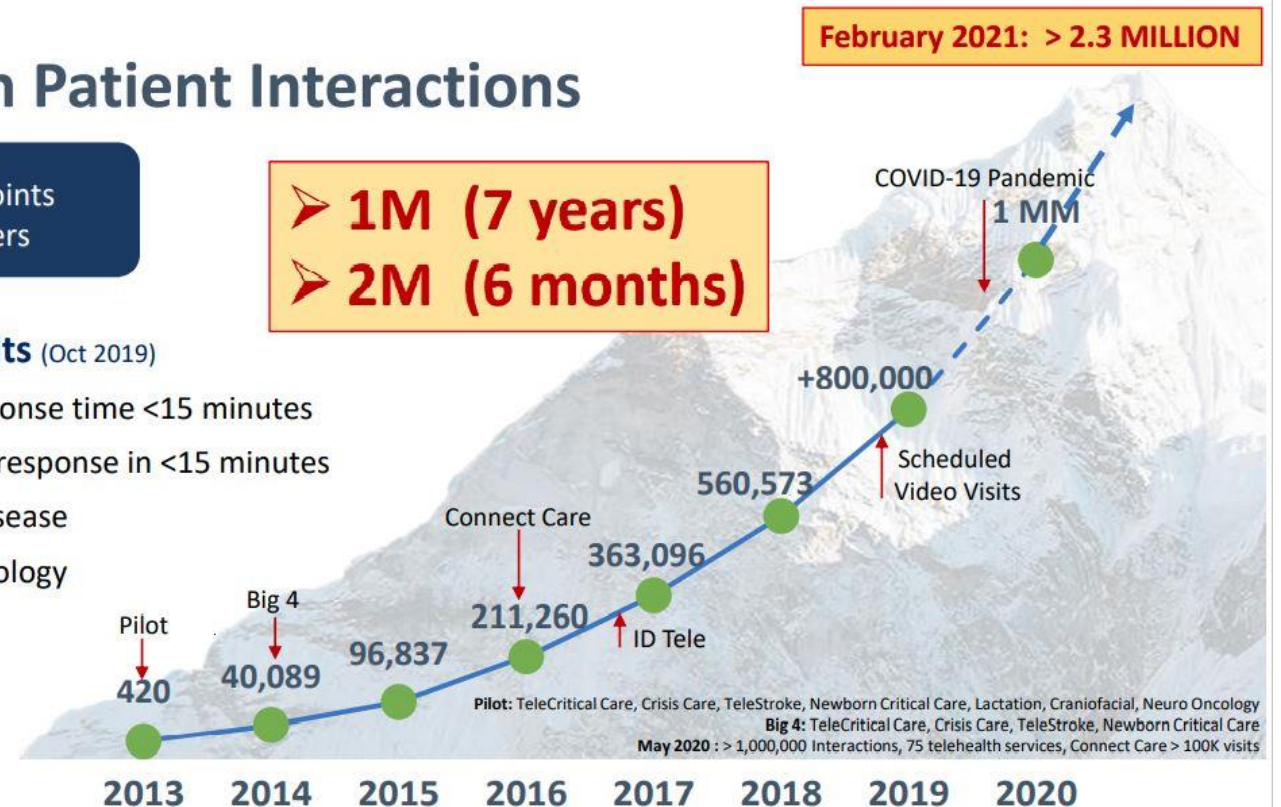
Intermountain Healthcare found its telehealth patient interactions reach 1 million in 2020 and projected 2.3 million telehealth patient interactions by 2021.

Telehealth Patient Interactions

- 1,300 Access points
- 1,000+ Caregivers

Acute Care Consults (Oct 2019)

- 3,800 Stroke – response time <15 minutes
- 6,000 Crisis Care – response in <15 minutes
- 3,500 Infectious Disease
- 2,000 Medical Oncology



Global Partnership for Telehealth

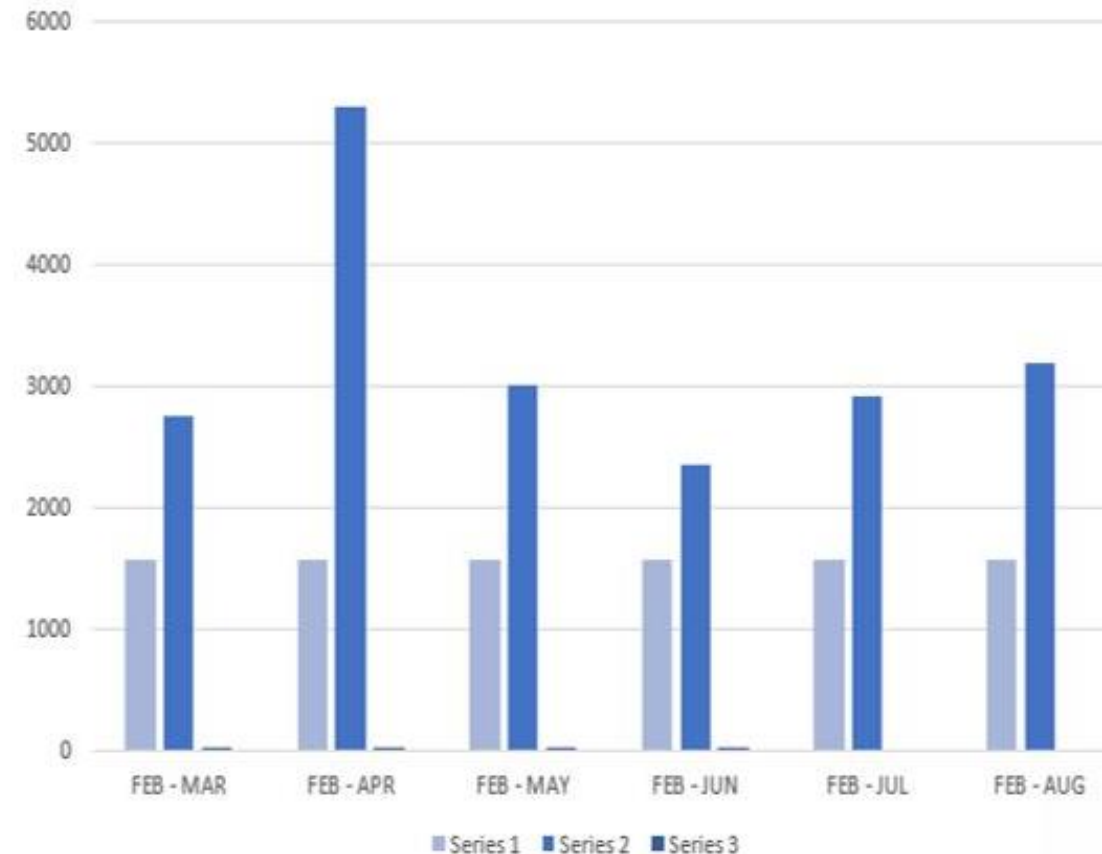


Dramatic Increase In Provider Utilization



GLOBAL PARTNERSHIP FOR
TeleHealth

2020 Surge -
FEB vs. MAR 74% Increase
FEB vs. APR 236% Increase
FEB vs. MAY 91% Increase
FEB vs. JUN 49% Increase
FEB vs JUL 86% Increase
FEB vs AUG 103% Increase



Georgia Department of Public Health



Georgia Department of Public Health (DPH) went from on-site, telemedicine consultations to remote patient care.

- 90% of all in-clinic services transitioned to virtual care.
- DPH expanded its existing telehealth platform to allow for external clients and staff to join virtually from non-DPH locations.
- DPH purchased and equipped 50 mobile telemedicine solutions and trained over 2,000 clinicians on new telehealth platforms and resources.
- DPH staff responded to over 3000 inquiries from clinicians on Georgia's Telemedicine regulations and provided referrals.

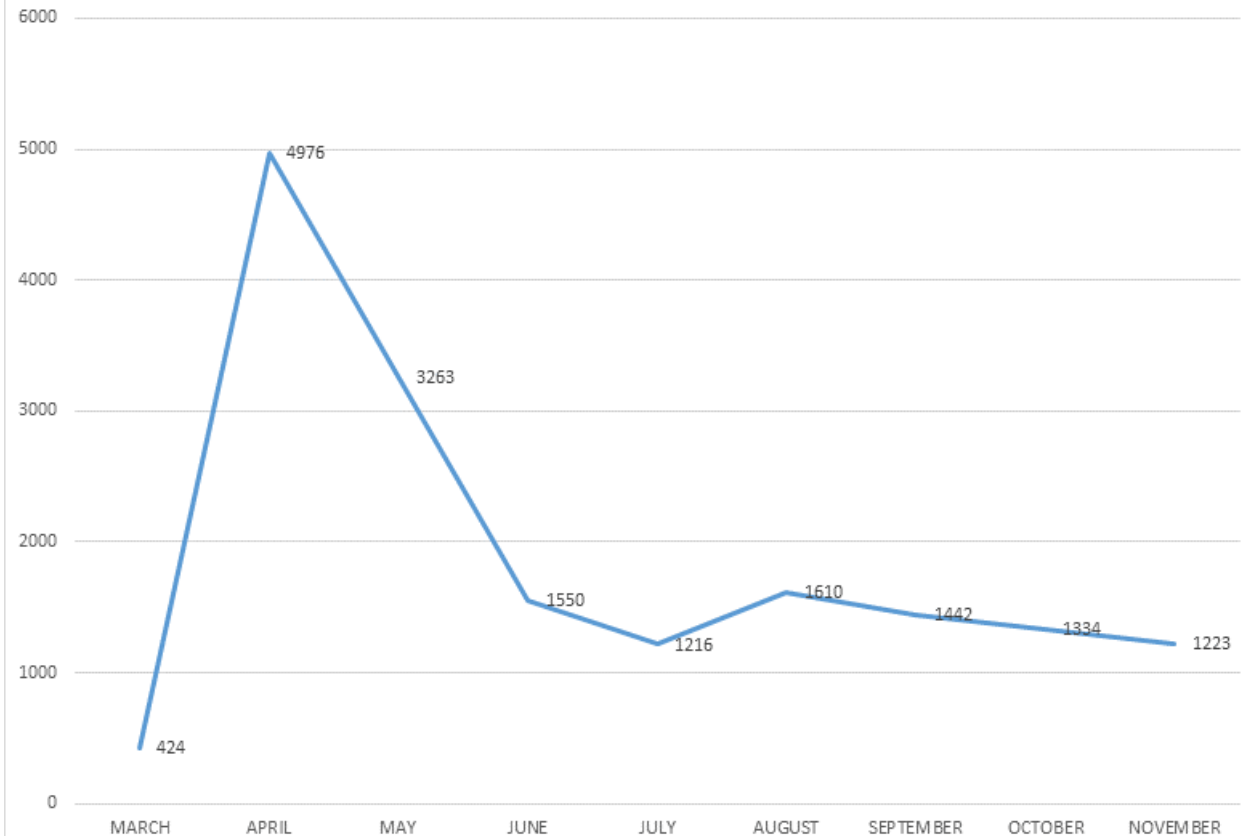
Augusta University Health



Augusta University Health in Augusta, Georgia, averaged 150-160 outpatient telehealth visits per month pre-COVID.

- In April 2020, outpatient telehealth visits jumped to 4,976 for that month alone.
- Since June 2020, average is 1,395 outpatient telehealth visits per month.

TOTAL # OF VISITS - AU HEALTH CLINICS

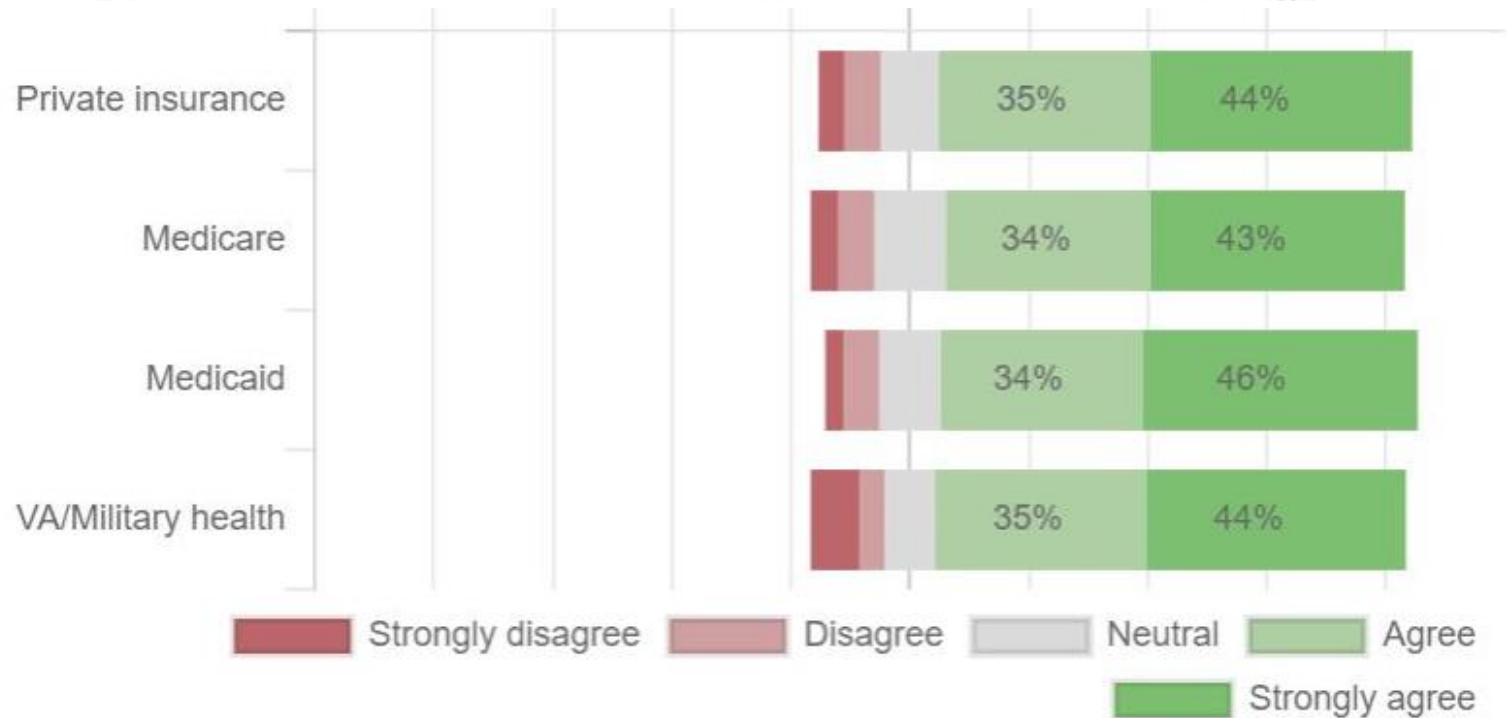


Patient Satisfaction with Telehealth During the Pandemic



“ I was very satisfied with the care I received during that visit. ”

The Telehealth Impact Patient Survey was designed to evaluate the experiences and attitudes of patients during the COVID-19 pandemic.

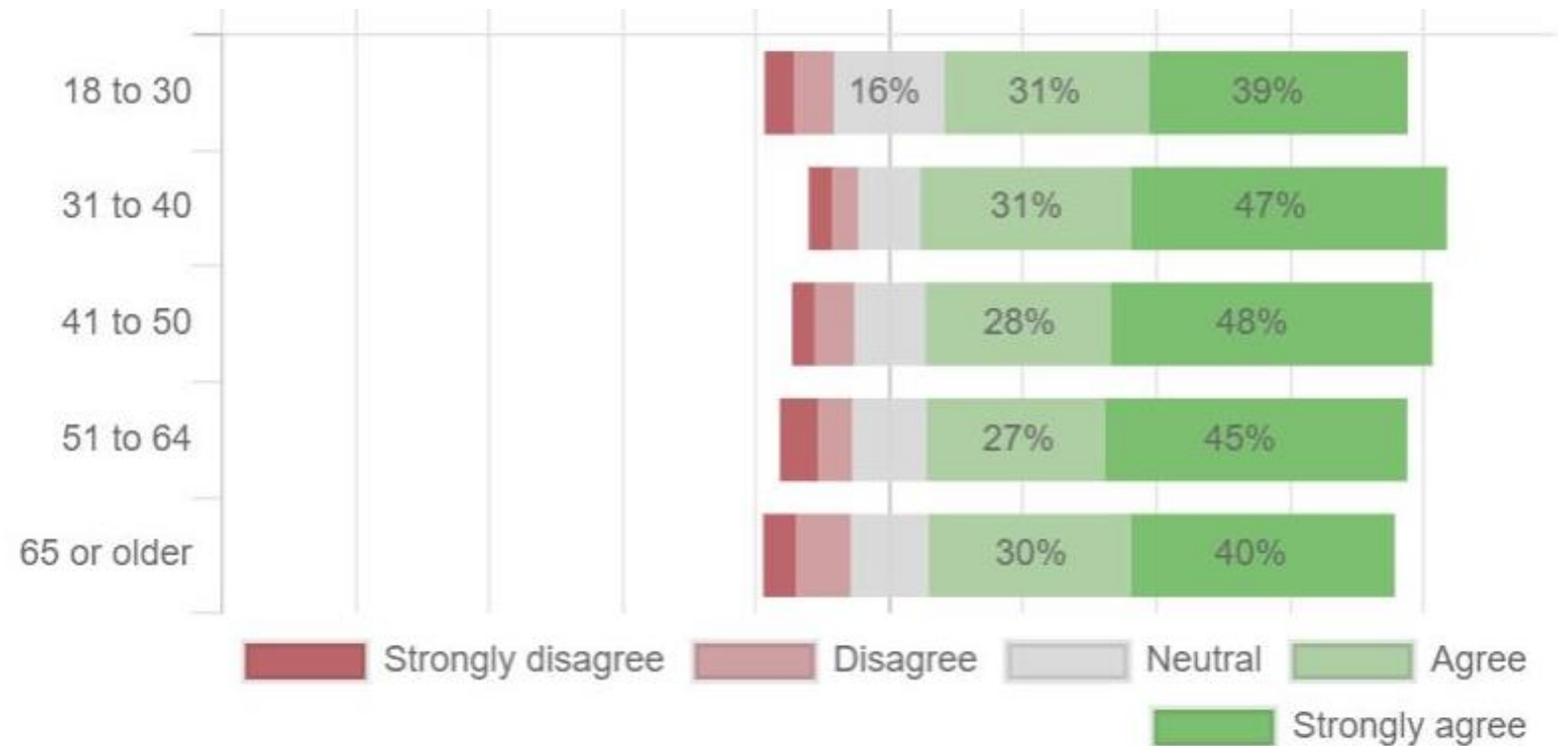


Patient Satisfaction with Telehealth During the Pandemic



“ I will continue to use telehealth services in the future. ”

Survey responders included 2,007 persons from across the U.S. who received telehealth services during the pandemic.



Chat Room Discussion



Let's stop here and open the Chat Room for ideas regarding the following question:

- With the success of telehealth services for health care, how did the investment in clinical care via telehealth impact you as pharmacists?

Feel free to send your answer using the chat icon. I'll try to keep up with them and read them back to everyone.

Pharmacists as “Incident To” Service Providers



- Pharmacists are not included as practitioners who can bill for Medicare services.
- Pharmacists must provide and bill for telehealth services rendered as “incident to” services provided by a Medicare-eligible provider.
- Physicians must bill for the services provided by pharmacists that are *incident to* the physician’s professional care.
- Pharmacists must be directly employed by the clinician or are contracted as third party for his or her *incident to* services

CMS Rules for Reimbursing Pharmacists Using Telehealth



Stakeholders have asked about pharmacists who provide medication management services, covered under both Medicare Part B and Part D.

- Pharmacists fall within the regulatory definition of auxiliary personnel under our regulations at § 410.26.
- Pharmacists may *incident to* provide services under the supervision of the billing physician or NPP, if payment for the services is not made under the Medicare Part D benefit.
- According to CMS, direct supervision would be allowed through the use of real-time audio and video technology.

CMS Rules for Reimbursing Pharmacists Using Telehealth



Pharmacists have requested to directly bill office/outpatient E/M visit codes or allow physicians to bill these codes for the time spent by pharmacists providing these services.

- Medicare does not have the ability to pay (or even price) services that are furnished and billed directly by pharmacists.
- CPT does not define codes 99202-99215 as clinical staff codes, so they cannot be used to bill for services performed by a pharmacist on an “*incident to*” basis.

FAMU College of Pharmacy Telehealth Outreach During COVID



The FAMU College of Pharmacy, working with a Federally Qualified Health Center (FQHC) in Pensacola, FL, introduced a telehealth solution to work with the clinic's patients.

- Student pharmacists worked with pharmacists at the FQHC to assist them interviewing patients and providing medication-related help via telehealth.
- The students learned to interview patients, formulate care plans, and make recommendations to health care providers via platforms such as Zoom.
- Rural patients could continue to receive patient visits with ambulatory care pharmacists and student pharmacists virtually during the pandemic.

Clinical Pharmacist Telehealth Services During COVID-19



The University of Washington (UW) Medicine healthcare system in Seattle, WA, provides services to 300 clinics and 4 acute care facilities.

- Credentialed clinical pharmacists at UW Medicine altered their delivery of clinical services to patients using telehealth services.
- In April 2020, clinical pharmacist telehealth services were offered to 139 patients. Of these patients, 83% (n = 116) completed telehealth visits.
- Telehealth was a valuable option for credentialed pharmacists to complete medication education requiring visualization across all clinic types.

Clinical Pharmacist Telehealth Services During COVID-19



At UW Medicine, 69 pharmacists are credentialed to offer medication management via telehealth to patients.

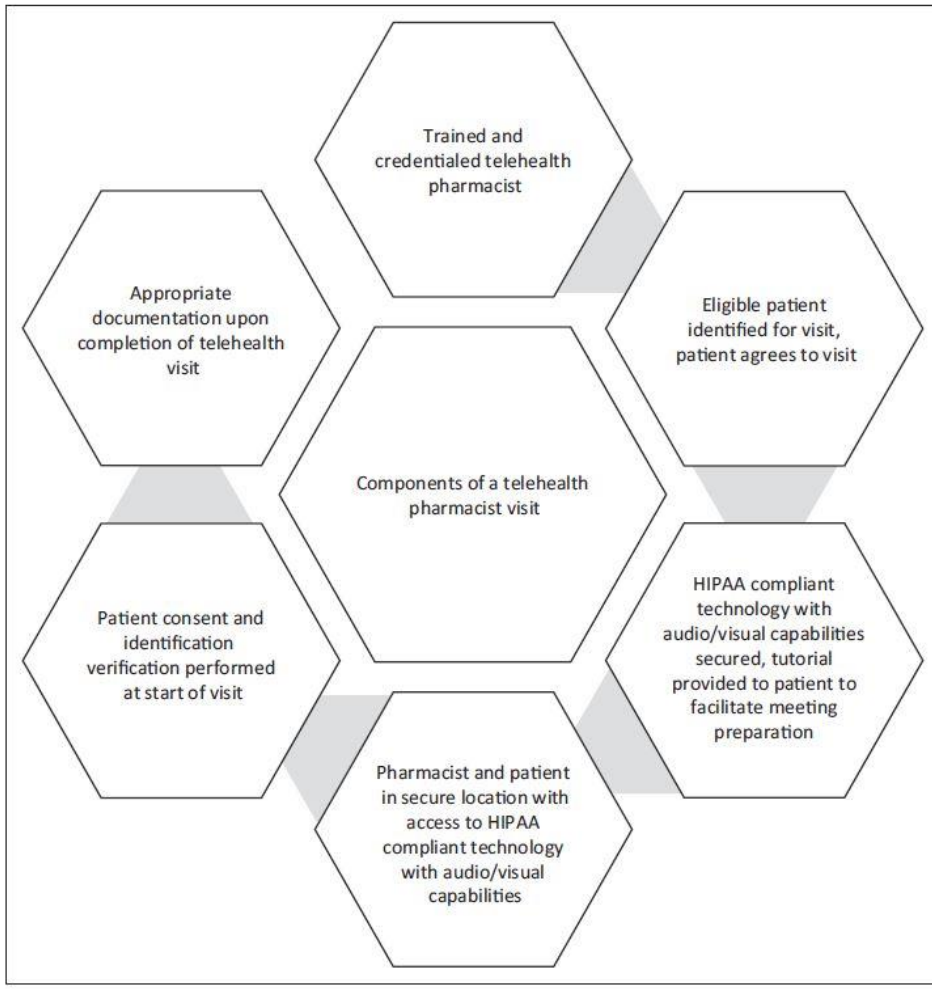
- To become credentialed to provide telehealth services, pharmacists completed two comprehensive learning modules developed internally by the UW Medicine telehealth department
- Modules included using the telehealth platform's technical requirements, obtaining HIPAA-compliant access to the platform and setting up audio and video.
- 32 pharmacists have completed telehealth visits to date.

Clinical Pharmacist Telehealth Services During COVID-19



For telehealth to be successful, new workflows and resources had to be created.

- In a telehealth appointment the pharmacist must minimize distractions or lack of eye contact with the patient when reviewing notes.
- The telehealth platform allows the pharmacist to conduct necessary protocols, ensure patient understanding, and visually establish rapport and trust with the patient.



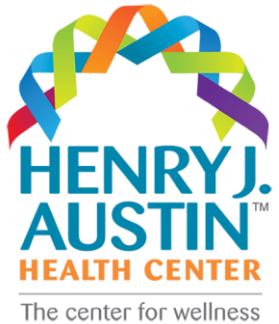
Clinical Pharmacist Telehealth Services During COVID-19



The benefits of telehealth visits included:

- Personalized communication
- The ability to visually review the patient's medications or injection technique remotely, and
- Avoidance of office space limitations for in-clinic visits, particularly with social distancing requirements during COVID.
- Both pharmacist and the patient could use verbal and nonverbal cues to determine whether the patient had a good understanding of his or her medications.

Medication Management During COVID-19



Pharmacists at the Henry J. Austin Health Center in Trenton, NJ, have provided the majority of their clinical services using telehealth since the COVID-19 crisis began.

- The Health Center is under a collaborative practice agreement, so it can prescribe and order labs via telehealth.
- Pharmacists conduct a mix of phone and video consultations and have been able to see more patients in a given day.

A Pharmacist's Experience With Telehealth



Rocking Horse
Community Health Center

The clinical pharmacist providing chronic care management at the Rocking Horse Community Center in Springfield, OH, used telehealth frequently through the pandemic.

- Access to telehealth care benefited both the patient and pharmacist.
- The clinic's "no-show" appointments were less than "in-person."
- The clinic reached patients who previously had been difficult to reach.
- Patients enjoy the ability to join visits from their own home and are more willing to engage in follow-up visits.

Ambulatory Care Pharmacists Turned to Telehealth



Ambulatory care pharmacists at St. John Fisher College Wegmans School of Pharmacy in Rochester NY. manage care for patients with chronic conditions in a doctor's office.

- Telepharmacy can be provided in any patient-facing pharmacy setting.
- For the pharmacists it meant transferring appointments that are typically held in the clinic to phone and video calls.
- Pharmacists counsel patients the same way but do it over the phone. They still go through all their medications and side effects they've been having.

Chat Room Discussion



Let's stop here and open the Chat Room for ideas regarding the following question:

- What changes would you suggest to better help you practice telehealth as a pharmacist?

Feel free to send your answer using the chat icon. I'll try to keep up with them and read them back to everyone.

Pharmacy Today Offers Some Telehealth Tips



Pharmacy Today offers some suggestions for conducting a telehealth visit with a patient.

- Smile to improve the tone of your voice.
- Personalize your greetings, for example —“Hi, Mrs. Smith...”
- Set the stage for the telehealth visit:
 - 1) Explain the purpose of the call
 - 2) Ask permission to chat and share
 - 3) Set expectations for the interaction.

Pharmacy Today Offers Some Telehealth Tips



- Keep your patient engaged by asking open-ended questions and checking to see if patient has any questions for you.
- Ask for their help.
- Identify early on what the patient's chief concern is and weave that through the conversation.
- Pause for responses and be OK with silence.
- Prepare all references and resources.

Post-Presentation Question 1



Was there a universal transition to Telehealth services by pharmacists during the COVID pandemic?

- A. Yes
- B. No
- C. Only under certain conditions
- D. Only when patients requested a Telehealth encounter
- E. Don't Know

Post-Presentation Question 2



Medical visits using Telehealth services spiked to levels previously not seen during the COVID pandemic and have stayed there since.

- A. Yes
- B. No
- C. Only for a couple of months at the beginning of the pandemic
- D. No, Telehealth visits were already at high levels
- E. Don't Know

Post-Presentation Question 3



The use of Telehealth services played a role in the education of young pharmacy students during the COVID pandemic.

- A. Yes
- B. No
- C. Only at the beginning of the pandemic
- D. Only if they worked for a large pharmacy
- E. Don't Know

Thank you for your attention



Questions?



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This presentation, with notes, is available at:

www.imageresearch.com/telepharmacy